

EFFECT OF VIRECHANA KARMA ALONG WITH JANU BASTI IN JANUSANDHI-GATAVATA

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ABSTRACT

A Case report of female patient aged 52 year, with the classical sign and symptoms of *Janusandhigatavata* came for treatment at our institute in the Department of Panchakarma. Patient was treated with *Virechana Karma* along with *Janu basti* with *Ksheerbala taila* for 14 days. Follow up was taken 7days after completion of treatment and Maximum Improvement was found in reduction of the signs and symptoms.

Keywords: *Janusandhigatavata, Virechana Karma, Janu basti, Ksheerbala taila.*

INTRODUCTION

Sandhigatavata is a disease of *sandhi* with symptoms of *Sandhishula, Sandhistabdhta, Sparshashayata and sandhisphutana* etc. *Sandhigatavata* is a degenerative joint disease due to vitiation of *vata*. This disease establishes mostly in movable and weight bearing joint where “*kha-vaigunya*” exist. In modern, *Sandhigatavata* is compared with Osteoarthritis (OA). According to World Health Organization, Osteoarthritis is the 2nd commonest musculoskeletal problem in the world after back pain¹. It affects approx. 10-20% of population worldwide. Osteoarthritis is estimated to be 4th leading cause of Disability. Mostly occurs in weight bearing joints like Knee joint. Based on clinical sign and symptoms *Janusandhigatavata* can be correlated with Osteoarthritis of Knee. For patient mainly analgesics, anti-inflammatory drugs or surgery are the options for the treatment of OA, mostly causes hazardous side effects. So that there is a need to come up with an effective and safe treatment based on *dosha* dominance. Hence classical *Virechana Karma* along

with *Janu-basti* was tested to see its efficacy in *Janusandhigatavata*.

Here aim was not to see efficacy of *Virechana karma* or *Janu basti* which one is better, here main Aim was to give relief to patient via *Panchakarma Treatment*.

CASE REPORT

A 52 year old female came to our hospital with complaint of having *Sandhishula, sandhi stabdhta, Sparshashayata, Sandhi sphutana* in *janu sandhi* since 1year. Continuous pain use to disturb daily activities. She consulted in Orthopedic department of leading hospitals of Sangli and nearby area. She has taken miscellaneous treatment for *Janusandhigatavata* but don't provide remarkable recovery. After that she decides to take *Ayurvedic* treatment and came to our institute in the Department of Panchakarma for further treatment.

CRITERIA FOR ASSESSMENT –

To access the efficacy of Treatment, assessment criteria were done before and after treatment.

A) Sandhi shoola (pain)

• No Pain	-	0
• Bearable pain occasionally faded away without medicine	-	1
• Severe pain recurring continuously, severe sometime at peak, Always disturb daily routine work subside with medicine	-	2
• Severe intolerable pain, daily routine activity not Possible, disturbed night sleep, may not subside evenly medicine	-	3

B) Sandhi stabdhta (Stiffness)

• No stiffness	-	0
• Mild Stiffness (1-15min)	-	1
• Moderate Stiffness (16-30 min)	-	2
• Severe Stiffness (31-60 min)	-	3

C) Sparshashayata (Tenderness)

• No Tenderness	-	0
• Pain without winching of face	-	1
• Pain with winching of face	-	2
• Does not allow to touch the joint	-	3

D) Sandhi sphutana (Crepitus)

• No crepitus	-	1
• Palpable crepitus	-	2
• Palpable crepitus with pain	-	3

PERIOD OF STUDY – 14 Days

FOLLOW UP – 7 days after completion of treatment.

TREATMENT GIVEN – Patient was planned for:

A) *Virechana Karma* B) *Janu Basti* both simultaneously

A) VIRECHANA KARMA :-

Purva Karma: *Abhyantara Snehapana* with *Go-ghrita* was given to patient in increasing order for 5 days, starting from testing dose i.e. 30ml and increased up to 150ml on day 5, followed by lukewarm water till fill hungry. After 5 days of *Snehapana*, *samyak snigdha lakshana* like *Vatanulomana*, *Diptagni*, *Varcha asam-hatvam*, & *tvacha snigdhatvam* was seen, after which *snehapana* was stopped.

After *snehapana*, *sarvang abhyang* with *Ksheerbala taila* and *sarvang*

swedana with *Dashmoola kashaya* was done for 3 days before *Virechana karma* as per mentioned in classics. During this period light diet was given to patient.

Pradhana Karma: *Virechana yog* was prepared in the department of Panchakarma according to reference of *Sarangdhara Samhita (Madhyam khanda 2/1-2)*. *Virechana yog* contain decoction of *Triphala churna* and *Trivrit (nisotha)churna*. *Eranda taila* was added when temperature of decoction comes normal.

Virechana yog was administered in morning at 10 a.m. in empty stomach. Patient was advised to take lukewarm water.

Observation of Virechana

✓ Monitoring of patient (like pulse, BP etc.) was done at regular intervals.

✓ Total number of *Vega* = 14

- ✓ *Shuddhi* =
madhyam
 ✓ *Antiki* =
Kaphanta

Paschat Karma: After completion of *Virechana karma*, according to number of *vega* and *shuddhi*, *sansarjana krama* was advised for 2 *annakaal*.

B) JANU BASTI :-

Janu basti was done for 14 days continuous along with *Virechana karma* from 1st day of *Snehapana* to last day of *sansarjana krama* i.e. of 14 days. It is done by using *Ksheerbala taila*² which is well known *Vatashamaka* oil in *Sahastrayoga*.

Janu basti procedure

First, *masha pishti* was prepared by adding sufficient quantity of water to the flour of black gram. Lower limb was extended and knee joint was exposed properly. *Janu basti yantra* was placed over *janu*

sandhi and gap between *yantra* and skin was sealed with *masha pishti* to prevent any leakage of *taila*.

Bowl containing *Ksheerbala taila* was heated indirectly by keeping over hot water to maintain constant temperature throughout procedure. Level of *taila* should be 2 *angula* above the highest point inside cavity.

Time Period of Janu basti : In *vataja disorder*, *dravya* should be retained for Ten thousand *matra kaal*³, hence procedure was done for 45 minutes daily for 14 days.

OBSERVATIONS & RESULT –

It was observed that *Virechana karma* along with *Ksheerbala taila Janu basti* showed Maximum Improvement in reduction of Sign and Symptoms of *Janusandhigatavata*, mentioned in table below:

Table NO. 1:

SYMPTOMS	BEFORE TREATMENT	AFTER TREATMENT	FOLLOW UP i.e. on 21 st Day
<i>Sandhi shula (Pain)</i>	02	01	01
<i>Sandhi Stabdhta (Stiffness)</i>	02	01	0
<i>Sparshashayata(Tenderness)</i>	01	0	0
<i>Sandhi Sphutana (Crepitus)</i>	03	02	02

DISCUSSION

Janusandhigatavata mostly occurs in old age people. In old age increased *vata* diminishes *sneha* from *asthi dhatu* due to which “*Kha-vaigunya*” occurs in *asthi* which is responsible for the cause of *Sandhigatavata* in *Janu sandhi*.

Mridu Virechana is the procedure mentioned by *Acharya charaka* for the treatment of *Sandhigatavata* especially in Overweight people. *Janu basti* is considered under *bahya snehana and swedana*. *Janu basti* has both *snehana* and *swedana* properties⁴. Hence due to *Snehana* it mainly acts against *ruksha guna* and by *Swedana* mainly act against *sheeta guna*. It

also reduces stiffness and heaviness of joints.

Here, main complaint of patient was *Sandhishula* with decreased range of motion i.e. *Akunchana* and *Prasarana*. *Shoola* is one among the feature of *Janusandhigatavata*. The properties of *Ksheerbala taila* such as *snigdha, guru* and *ushna* are totally opposite to properties of *vata*. Thus it act well against *Janusandhigatavata*. Relief in pain, stiffness and tenderness helps to increase the range of movement of knee joint in patient.

Patient was called for follow up after 7 days of completion of treatment to access the efficacy of therapy. After 7 day

also patient was better without any medication.

CONCLUSION

Though it is a one patient case report, hence it is difficult to draw a definite conclusion regarding this study. But It can be concluded from the present study that *Sandhigatavata* is commonly found in old age people & its ratio is more in female than male. The present study reveals that treatment provided in this study was highly significant & provide relief in *Janusandhigatavata*. The improvement remains steady even after 07 day without treatment. This shows the stable efficacy of the treatment. It is noticed that relief of symptoms has been found in spite of stopping NSAIDs in the patients. *Janusandhigatavata* is *Yapya* in nature, so repetitive use of this therapy is needed. This therapy is safe and effective in the management of *janusandhigatavata*.

SCOPE FOR FURTHER STUDY –

It's a single case report; further studies with larger sample for longer duration will be beneficial to authenticate result obtained in the present study.

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