

JANUSANDHIGATAVATA CHIKITSA – A CLINICAL APPROACHV.V.Phanindra¹, Byresh A²¹PG Scholar, ²Professor,

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ABSTRACT

Sandhigataavata vis-à-vis Osteoarthritis is a progressive degenerative condition of the joints characterized by pain, stiffness, restricted movements and deformity in severe cases. It warrants active care to combat the progressive crippling associated with this disease eventually requiring joint replacement. *Sandhigataavata*, one among the *Gata Vata* requires the *Samanya Vata Upakrama* viz., *Snehana*, *Swedana* and *Mridu Samshodhana* along with *Shamanaushadhi*. In this study 10 patients of *JanuSandhigataavata* were selected from the OPD & IPD of SKAMCH&RC, Bangalore. They were subjected to *Taila Parisheka* over the *JanuSandhi* for 30 mins daily followed by *Manjisthadi Lepa* for 7 days followed by *Adho Shakha Abhyanga & Shastika Shali Pinda Sweda* for 8 days. Internally, *Trayodashanga Guggulu* with *Rasnairandadi Kashaya* was twice daily and *Gandharvahastadi Taila* was given the bed time. The patients were assessed after 15 days and followed up after 30 days. External treatment was for 15 days in total and internal medication for 30 days. Significant reduction in symptoms was observed. The study shows beneficial effects of Ayurvedic treatment in the management of *Janu Sandhigata Vata* for a longer duration. The treatment gives stability to the *Janu Sandhi* and delay further degeneration.

Key words: *Abhyanga, Janusandhigataavata, Manjisthadi Lepa, Trayodashanga guggulu, Shastika-shalipindasweda, Taila parisheka*

INTRODUCTION

Gata Vata is a unique concept of Ayurveda where in the increased *Vata* gets lodged in the otherwise normal *Dhatu* leading to *Dhatu Kshaya* at that *Ashaya*. *Sandhi Gata Vata* is one such disease where in increased *Vata* gets localized in joints. The most common presentation of this pathogenesis is seen as *Janu Sandhi Gata Vata*. The clinical features resemble Osteoarthritis (OA) of modern medical science. Osteoarthritis is the most common articular disorder begins asymptotically in the 2nd & 3rd decades and is extremely common by age 70. The prevalence of OA rises strikingly with age. Regardless of how it is defined, OA is uncommon in adults under age 40 and highly prevalent in those over age 60. It is also a disease that, at least in

middle-aged and elderly persons, is much more common in women than in men. Almost all persons by age 40 have some pathologic change in weight bearing joint¹.

Conventional system of medicine has its own limitation in managing this disease. It can provide either symptomatic conservative management with NSAID'S or in severe cases surgical intervention as the last resort. *Janu Sandhi Gata Vata* responds well to *Samanya Vata Upakrama* viz. *Snehana*, *Swedana* and *Mridu Samshodhana* along with *Shamanaushadhi*. *Prakrutisthiti*(equilibrium stage), *Swasthanesthiti* (Normal habitat) and *Avyahatagati* (unimpeded course of activity) are the three functional status of *Vata* are necessary for the maintenance of life without ail-

ment². The word ‘Gata’ may be used to denote an initiation of a movement, carrying something along with, to reach a particular site, through any particular pathway, leads to occupancy at a particular site. *Sama Dhatu Gati* means normal metabolic transformation of tissues³. *Marmasthisandhi Gati* is also explained under the *Trividha Gati*⁴. When *Vata* gets vitiated, it attains more *Chala Guna* and starts moving in abnormal directions with impaired movements (*Gati*). *Dhatu Durbalata* causes *Riktata* (vacuum) in *Dhatu*, creates more space (*Avakasha*) and further enhances the movement of *Vata*. Thus, the vitiated *Vata* abnor-

mally move in into the tissues and gets occupied. When this happens in the *Sandhi*, it manifests as *Sandhigata Vata*. Due to the *Nidana*, *Vata Dosha* becomes *Prakupita* in the body. When there is *Khavaigunya* in the *Sandhi*, the *Vruddha Vata* localizes there. This in turn will lead to decrease of *Shleshaka Kapha* in the joints both in quality and quantity. Reduction of *Kapha* in *Sandhi* makes *Sandhi Bandhana Shithilata*. Due to the reduction in the *Snehamsha*, there is *Rukshata* in the *Sandhi*. This leads to *Sthanasamshraya* and *Shuladi Lakshanotpatti* in the *Sandhi* and ultimately manifesting as *Sandhigatavata*⁵.

Dosha	Vata Vyana Vata – Gunataha Vriddhi; Kapha - Shleshaka kapha – Gunataha Kshaya
Dooshya	Rasa, Asthi, Majja, Snayu,
Srotas	Mamsavaha, Vatavaha
Srotodusti	Sanga
Agni	Jataragni, Asthi-Dhatvagni
Ama	Jataragni Dhatvagni MandyaJanya
RogaMarga	Madhyama
Udbhavasthana	Pakvashaya
Sancharasthana	Sarvasharira
Vyaktasthana	Sandhi
Adhishtana	Asthi, Sandhi
Rogaswabhava	Chirakari

Table No.1 Showing Samprapti Ghataka Aims & Objectives: Management of Janu Sandhi Gata Vata with Samanya Vatasya Upakrama.

Materials and methods: 10 Patients, suffering from *Janu Sandhi Gata Vata* / Osteoarthritis – Knee joint, were selected from OPD and IPD of SKAMCH&RC, Bangalore.

Inclusion Criteria

- Classical sign and symptoms of *Sandhigatavata* are *Shula*, *Shotha*, *Stambha*, *Sparsha-asahyata*, *Sphutana*, *Akunchana PrasaranVedana* of *Janu Sandhi*⁶.
- Patients between age group of 30 - 70 years.

Exclusion Criteria:

- Patients below 30 and above 70 years of age.
- Patients suffering from Rheumatoid arthritis, Gout, traumatic knee joint pain, TB knee joint were excluded.

Intervention:

1. *TrayodashangaGuggulu*⁷500mg with 50ml *RasnairandadiKashaya*⁸ was given twice daily one hour before food for 30 days.
2. *GandharvahastadiTaila*⁹ 10ml with ½ glass warm milk was given at bed time for 30 days.
3. *Taila Parisheka* with *Sukhoshna Murivenna&Ashwagandha Bala Lakshadi Taila* to both *Janu Sandhi* for 30 minutes followed by application of *Manjishtadi*

*Lepa*¹⁰ to both knee joints (removed after 3 hours of application) for first 7 days.

4. *Adhoshakha Abhyanga* with *Murivenna* + *Ashwagandhabalalakshaditaila* followed by *Shastika Shali Pinda Sweda* from 8th day till 15th day.

Assessment Criteria:

<i>SandhiShula</i>	
No Pain	0
Pain During Excessive Movement	1
Pain During Rest, tolerable	2
Continuous Pain, Not tolerable	3

<i>SandhiSotha</i>	
No Swelling	0
Mild Swelling	1
Moderate Swelling	2
Severe Swelling	3

<i>Sandhigraha</i>	
No Stiffness	0
Stiffness during first morning walk	1
Stiffness during every movement after rest	2
Persistent Stiffness	3

<i>Sandhisphutana</i>	
No Crepitus	0
Palpable Crepitus	1
Audible Crepitus	2

VAS of 0 to 10 with 0 for least pain and 10 for maximum pain

Table No 2 Showing the Grading For Assessment

Observations:

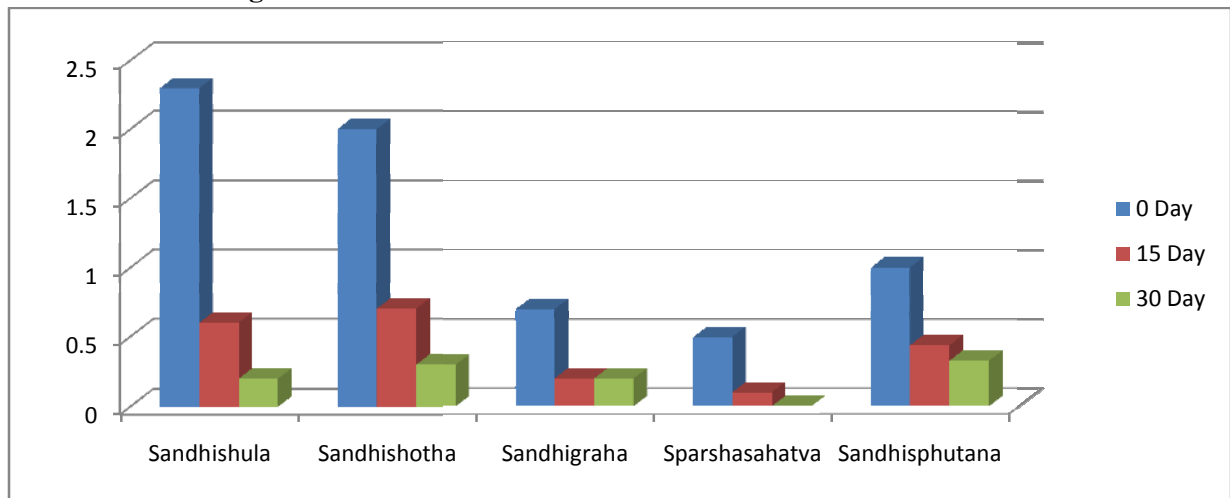
Attribute	%
Age of 55-56 Years	60
Females	60
Housewives	40
Low middle Class	60
Urban Living	80
Gradual Onset	80
Chronicity > 5 Years	50
<i>Madhyama Sara</i>	80
<i>Madhyama Samhanana</i>	80
<i>Madhyama Satmya</i>	60
<i>Avaravyayama Shakti</i>	50
<i>Sthulakaya</i>	50
<i>Divaswapna</i>	50
<i>Atiruksha Ahara</i>	50

Atisheeta Ahara	40
Ati Vyayama	40
Ati Alpa Ahara	40
Psychological Stress	30
Mamsavahasrotodusti Lakshana	70
Medovahasrotodusti Lakshana	50
Pureeshavahasrotodusti Lakshana	20

Table No 3 Showing General Observations

Complaints	n	Mean Scores			T Value	P Value	Remark
		0Day	16 Day	30 Day			
Sandhishula	10	2.3±.64	0.6±0.49	0.2±0.4	11.69	<0.001	H.S.
Sandhishotha	8	2±1.09	0.7±0.46	0.3±0.46	5.51	<0.001	H.S.
Sandhigraha	4	0.7±1.0	0.2±0.4	0.2±0.4	2.25	<0.05	S.
Sparshasahatva	4	0.5±0.67	0.1±0.3	0	2.23	<0.05	S.
Sandhisphutana	6	1±0.89	0.44±0.49	0.33±0.47	3.67	<0.005	H.S.

Table No 4 Showing Statistical Results



There was a significant decrease in the mean scores after the external treatments. There was an increase in the pain noticed on the 3rd or 4th day once the treatment was started in 4 patients which subsided without any intervention. There was a significant decrease in the VAS score after the treatment. *Gandharvahastadi Taila* has regulated the *Vata Gati*, *Trayodashanga Guggulu* along with *Rasnairandadi Kashaya* ensured *Vyadhipratyanika Upashaya*.

DISCUSSION:

SandhigataVata starts at the age of 40 years which is declining stage of *Madhya Vaya*. 60% were female patients, which indicate that *SandhigataVata* is more common in fe-

males. Lack of oestrogen in the post-menopausal period acts as a triggering factor. Modern texts also reflect the same type of prevalence. The symptoms, such as pain and inflammation, appear in middle age. Till the age of 55 it occurs equally in both sexes; after 55 the incidence is higher in women. 80% patients did not have regular exercise in routine life. Lack of practice or exercise gradually leads to the weight gain which ultimately leads to *SandhigataVata*. *Divaswapna* was found in 60% which increases *Kapha* and *Meda* which leads to weight gain. These *Nidana* played an important role in aggravation of *Vayu* and thus causes *SandhigataVata*. Among the Chief Complaints, *Sandhishula* was common in all

the cases. In *SandhigataVata* there will be aggravation of *VataDosha* which is responsible for any kind of *Shula Pradhana Vedana*. *AkunchanaPrasaranajanaVedana & Hantibandhi* was found more in the patients, which occurs due to aggravation of *VataDosha* and *Kaphakshaya*. *TailaParisheka & Abhyanga - Taila* (oil) used in *Abhyanga* has *Snigdha* (unctuous), *Guru* (heavy), and *Mridu* (soft) properties, which are opposite to the properties of *Vata*. *Abhyanga* reduces the *Vataprakopa* thus *Dhatukshaya*. Absorption increases with contact duration through the skin by *Parisheka* and *Abhyanga* of *Taila*. The potency of the medicaments used for *Abhyanga* is absorbed by the action of *Bhrajaka Pitta* located in the skin and acts against the disease. *Murivenna* is an *AnubhutaYogam*, used to treat joint disorders. The ingredients have *Vatashamana* and *Bhagnasandhanakara* properties *Taila* (sesame oil) is a potent *Vata*-alleviating substance. *AshwagandhabalalakshadiTaila* is indicated in the management of *Kshaya*, *Kasa* and *Vataroga*. This also acts as a *Rasayana*, *Kshayahara* and *Vatashamaka* due to the ingredients. *ManjistadiLepais* known to heal the tissues surrounding the joint i.e., the soft tissues. There will be *Sphutana* of the *Sandhis* in *Sandhigatavata*. The ingredients of *Manjistadhilepa* prevent the further increase of the *Sphutana* and helps prevent the further *Asthidhatukshaya* in the *sandhi*. *ShastikashalipindaSvedais* specially indicated in symptoms like *Sankocha* (contraction or flexion), *Ayama* (extension), *Shula* (pain), *Stambha* (stiffness), *Gaurava* (heaviness), and *Supti* (numbness). These are the usual clinical manifestations of *Sandhigatavata*. *Svedana* also has actions like *Stambhaghna* (cures stiffness), *Svedakaraktva* (creates perspiration), *Gauravaghna* (cures heaviness), and so on. *Shasthika Shali Pinda Sweda* has *Brumhana* properties whereby it nourishes the surrounding supporting tissues of the joint. It helps in *Brumhana* of the *Mamsadhatu*, whose *Kshaya* leads to *Sandhivedana*. *Brum-*

hana is also *Vata Hara*. In the present study, obese people did not appreciate much difference on the VAS score. This may be probably because of the *Sthaulya*. *Trayodashangaguggulu-Guggulu* is *Vatahara* and *Rasayana*(rejuvenating). The ingredients in *TrayodasangaGuggulu* are *Madhuravipaka* and are mentioned under the *Rasayana*, *Balya* as well as *Vayasthapaniya* groups. Due to rejuvenating property, *TrayodasangaGuggulu* might have decreased further degenerative process and improved the vitality and longevity of the joints. *Guggulu* has the property of pacifying *Vata* and *Kapha*. *Guggulu* possesses anti-inflammatory and analgesic actions. It helps in prevention against degenerative changes that may occur in bones and joints due to arthritis. *Guggulu* reduces inflammation and joint stiffness as well as pain associated with arthritis, and increases joint mobility. *RasnaErandaadiKashayais* indicated for *Shula* and *Shotha*. The ingredients have *Shula* and *Shothahara* properties and the same is evident in the trial as the patients had statistically significant reduction in the pain and swelling. *GandharvahastadiTaila* causes *Mriduvirechana*. It cleanses the *Srotas*, which improve the nourishment to the body components. In addition, this also helps in maintaining or restoring the normal *Anulomagati* of *Vatadosha*. The *ErandaBeeja*, having *Vibhedana* (purgative), *Srotoshodhana* (channel-cleansing), and *Anulomana*, (directing *Vata* in the right direction) actions, is used for *Mriduvirechana*. *ErandaTaila* has *Vatahara* action.

CONCLUSION

Pain is the manifestation of *Vata Vriddhi*. Management of pain is the initial approach by adopting various *Vatasya Uakramas*. Later, to stabilize the joints *Brumhana* line of management is adopted. VAS of 6.8 ± 1.93 came down to 2.3 ± 0.64 which is an important subjective parameter. It can be concluded from the present study that *Sandhigatavata* is a commonly

encountered problem in the elderly. The present study reveals that Ayurveda treatment according to the *Vatasya Upakrama* provided highly significant relief in *Sandhigatavata* of the knee joint. The improvement remained steady after 30 days of outdoor treatment also. This shows the efficacy and long-term benefits of the treatment. It is noticed that relief of symptoms has been found in spite of stopping NSAIDs in 6 patients who were consuming it before. *Sandhigatavata* is *Yapya* (manageable) in nature, so repetitive use of this therapy is needed. This therapy is safe and effective in the management of *Sandhigatavata*.

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