ROLE OF TAILADHARA AND UPANAHA FOR JOINT RESCUE
Vijayalakshmi S. Byresh A.
Dept. of Kayachikitsa, Sri Kalabyraveshwaraswamy Ayurvedic Medical College,
Bangalore, Karnataka, India

ABSTRACT
Vatavyadhi as mentioned by Acharya caraka consists of gamut of various disorders caused by vitiated vata dosha in various parts of the body. Sandhigata vata is one among the crippling disorders affecting the locomotor system by deranging the major joints of the body presenting with Sandhisoola, Sandhi shotha, Prasarana akunchana vedana, and Sandhi atopa which simulates with the OA according to the modern science with similar features such as pain, stiffness, swelling in joints, crepitus and difficulty in movement. Knee joint being the major weight bearing one is more prone for wear and tear, resulting with the early degenerative changes, with the steady raise in prevalence from the age 30 such that by 65 years, 80% of people have radiographic evidence of OA. Aani marma and Janu marma are located in the Janu pradesha, both being Vaikalyakara marma when injured presents with symptoms such as increased pain, inflammation, lameness, limping or loss of movement, which are similar as that caused by vitiated vata dosha when present in Janu sandhi. Bahya snehana and swedana are two important treatment modalities to combat vata dosha. Snehana and Upanaha are directly recommended in Sandhigata vata. Hence Tila tailadhara as snehana and Astishrunkala upanaha as swedana can be a promising combination of treatments which can be effectively adopted in treating the vitiated vata dosha in sandhi pradesha.

Keywords: Ayurveda, Taila dhara, upanaha, sandhigata vata

INTRODUCTION
The goal of medicine is to prevent disease, restore health and reduce the suffering. Richness of ayurveda lies in the fact that it mainly aims to restore arogya (health) which is the prime requisite to attain Dharma, Artha, Kama, and Moksha.

Disease is the destroyer of health causing hindrances for the attainment of salvation. Certain set of disorders which affect the musculoskeletal system can be the best example for the above as they hamper the locomotion which is one of the important needs of the living beings in order to fulfil the personal needs, to carry out their daily activities and is essential for the survival.

Amavata, Sandhivata, Koshtukashirsha, vatarakta etc., are the set of disorders that affects the joints. Janu sandhi being the major weight bearing one is more prone for wear and tear and gets mainly affected by the vitiated vata leading to a condition known as Sandhigata vata, presenting with Sandhisoola, Sandhisotha, prasarana akunchana vedana and Sandhi atopa. In modern parlance, the features simulates with OA which is characterised by pain, stiffness, swelling in joints, crepitus in movement and Crepitus. There are certain
vital points in the body, which when injured causes ailments such as pain, deformities or even death. They are termed as marmas. In janu pradesha there are two such vital points namely Aani marma and Janu marma. Janu marma is a type of Sandhi marma and is located at the meeting place of calf and thigh, which when injured causes Lameness or limping. Ani marma is located 3 angulas (6cm) above the janu marma which when injured causes increase of swelling, loss of movement of the joint and severe pain. Both Janu marma and Aani marma comes under Vaikalyakara marma. When Vaikalyakara marma is injured the person suffers with deformities only, if the body is protected by the efficiency of the Physician. As the vaikalyakara marma is saumya (dominated by water or moon) there will be stability and sustenance of life and only limits with causing deformities when injured. Similar features are seen in the chronic cases of OA causing loss of movement, severe pain and deformities of the affected joints. According to ayurveda there can be no vyadhi without the involvement of Vata dosha, which is also same in marmabhighata. Hence the treatment should primarily aim to pacify vitiated vata. Among different types of vatopakramas, Bahya snehana and swedana are said to be best to pacify vata in localised area. Hence the use of Tila taila dhara as snehana and Astishrunkala Upanaha as swedana karma can be more promising line of treatment in marmabhighata pertaining to Janu pradesha.

**Tailadhara**

Dharakarma is one of the treatments mentioned under Murdhni taila chikitsa as shirodhara. The same dhara treatment can be applied on whole body and is considered as Sarvanga dhara or for the localised part as Ekanga dhara. Different types dharas are done based on the medicament used and is called as Taila dhara when the aushadha dravya is used along with taila as the medium. Taila is considered as the best Vatashamaka and Tailadhara can be successively adopted in Vatavikaras. Tila taila is said to be the best vata shamaka owing to its properties such as Madhura Kashaya Tikta rasa, guru and snigdha guna, Ushna veerya, Madhura vipaka. It also act as Shotahara. Upanaha “Upanaho bahalam lepam dattva charmabhiravrutya vyadhiyukta angasya bandhanam”

According to Chakrapani Upanaha means application of thick lepa over the diseased part and tying it with the help of a leather piece.

Astishrunkala Upanaha can be taken under Niragni, Snigdha type of upanaha which is applied for Ekanga. Astishrunkala (Cissus quadrangularis) is a drug with Madhura rasa, Ushna veerya, Madhura vipaka by which it does Vata and Kapha shaman a and hence is very useful in treating Asthigata vikaras such as bhagna, shotha etc.

Since Vata is the main dosha involved in Marmabhighata, Snehana in the form of Tila taila dhara followed by Astishrunkala upanaha can be effectively adopted to combat Vata dosha involved in the pathogenesis of marmabhighata.

**DISCUSSION**

The general line of treatment as explained in the context of Gata Vatas for Sandhigata Vata is “Sneha Upanaha Agnikarma Bandhana Unmardanani Cha”. Hence Snehana in the form of Tila taila dhara and Swedana as upanaha would be promising to relieve the symptoms.
Snehana in internal as well as external use is said to combat aggravated Vata. This helps significantly in preventing the rate of degeneration and helps in restoring the joint mobility. The trans-dermal absorption depends upon the lipid solubility of the drugs and hence taila acts as means to carry the potency of the drugs (Tila) to penetrate the epidermis.

Upanaha being a type of swedana acts as shoolahara and shothathara. The drug used, i.e., Asthishrunkala is rich in phytogenic steroid, keto steroids, sitosterol and Vitamin-C. Phyogenic Steroids showed bone healing properties while Coloside-A posses smooth muscle relaxant effect.

Probable mode of action

Taila dhara and Upanaha sweda are considered as Bahyopakramas/Bahir Parimarjana Chikitsa. Mode of action of the dravyas is said to be same for both the treatment modalities. According to Acharya Sushruta, the veerya of the dravyas applied over the skin is absorbed by the Tiryagaami dhamanis which are present all over the body and are attached to Romakoopas. Through the openings of these Romakoopas, enter the veerya of the dravyas used in taila dhara and upanaha that are carried through Tiryagaami dhamanis and reaches the target part. Hence, there will be pacification of the vitiated doshas.

The combined effect of snehana in the form of Tila taila dhara and Swedana in the form of Upanaha reaches the structures involved in Aani Marma and Janu Marma and hence, the symptoms such as pain, loss of movement, swelling, etc., will be relieved.

**CONCLUSION**

Janu Marma which is a type of Sandhimarma involving anatomical structures such as knee joint, posterior cruciate ligament, oblique posterior ligament, Plantaris and Gastrocnemius muscles, popliteal artery and vein, Femur, Tibia & Patella bones, Medial Popliteal nerve is the anastomosis of various structures, when injured causes severe pain, edema, difficulty in walking, disfigurement and impairment of all the functions of the joint. Likewise, Aani Marma, which is a type of Snayu Marma, situated 3 angulas above the Janu Marma comprises of Medial and Lateral ligaments of the knee joint, Quadriceps femoris, Adductor magnus muscles, Femoral artery, tributaries of Femoral vein and Cephanus nerve. When injured it causes severe pain and loss of functions of knee joint. The symptoms caused due to the Marmabhighata of both the marmas seem to be because of vata dosha as shoola is the main symptom. Hence, Vatahara line of treatment adopted in the form of Snehana and Swedana gives better relief from the symptoms, also hindering the progression of degenerative changes of the articular joint and other structures involved which further can be managed by advising the patient to do marma paripalana by avoiding trauma, doing exercises, regularly anointing the body, etc.

**REFERENCES**

2. Sushruta, Sushruta Samhita, Nibandha Samgraha Commentary of Sri Dalhanacharya and Nyaya Chandrika Panjika on Nidanasthana Commentary of Sri Gayadasacharya, by; Vaidya Yadavji Trikramji Acharya, Chaukhamba Surabharati Prakashan, Varanasi, reprint-
5. Dr. Avinash Lehe, Dr. Subhash Ranade, Dr. David Fraewley, Secrets Of Marma, Chaukambha Sanskrit Pratishthana, pp-115, pg-56
6. Dr. Avinash Lehe, Dr. Subhash Ranade, Dr. David Fraewley, Secrets Of Marma, Chaukambha Sanskrit Pratishthana, pp-115, pg-57
7. C P Khare, Indian Medicinal Plants- An Illustrated Dictionary, pp-812, pg-152

CORRESPONDING AUTHOR
Dr. Vijayalakshmi S.
PG Scholar, Dept. of Kayachikitsa, Sri Kalabhyraveshwara Swamy Ayurvedic Medical College, Hospital & Research Centre, Vijayanagar, Bangalore India
Email: drviju.prati.09@gmail.com

Source of support: Nil
Conflict of interest: None Declared