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

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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 Sandhi shula, sandhi stabdhta, Sparshashayata, Sandhi sphutana in janu sandhi since 1 year. 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.

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.
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 untolerable 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) VIRESHANA 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 Vathamuloma, Diptagni, Varcha asamhatvam, & tvacha snigdhatvam was seen, after which snehapana was stopped.

After snehapana, sarvang abhyang with Ksheerbala taila and sarvang swedana with Dashmoolo 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 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, 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>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>BEFORE TREATMENT</th>
<th>AFTER TREATMENT</th>
<th>FOLLOW UP i.e. on 21st Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandhi shula (Pain)</td>
<td>02</td>
<td>01</td>
<td>01</td>
</tr>
<tr>
<td>Sandhi Stabdhta (Stiffness)</td>
<td>02</td>
<td>01</td>
<td>0</td>
</tr>
<tr>
<td>Sparshhashayata(Tenderness)</td>
<td>01</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sandhi Sphutana (Crepitus)</td>
<td>03</td>
<td>02</td>
<td>02</td>
</tr>
</tbody>
</table>

**DISCUSSION**

Janusandhigatavata mostly occurs in old age people. In old age increased vata diminishes sneha from asthi dhatu due to which “Kha-vai gyrhya” 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 properties. 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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