

MANAGEMENT OF SANDHIGATAVATA WITH SPECIAL REFERENCE TO JANU SANDHIGATAVATA (KNEE JOINT OSTEO ORTHROSIS) AND POSSIBLE ROLE OF JANU BASTI: A CONCEPTUAL REVIEW

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ABSTRACT

The disease *sandhigataavata* is as old as mankind and results to the vitiation of *vata-dosh*, which get lodged in the joints causing disequilibrium in between articular cartilage and imposed properties of the tissues. It is analogous with Osteoarthrosis mentioned in modern parlance. Osteoarthrosis condition manifests in the middle and elderly age group of patients and most often seen as an insidious course. This disease still is a challenging problem to the modern science, causing agonising pain, swelling, deformity, and permanent disability of the joints. Especially weight bearing joints like knee joint i.e., *janusandhi*. Among elderly knee OA is the leading cause of chronic disability. *Janubasti* is one such simple procedure cost effective, less time consuming and can be practised easily in their busy schedule.

Keywords: *Atopa*, *Crepitus*, *Janubasti*, *Janusandhigataavata*, *Shula*, *Shotha*.

INTRODUCTION

The disease *SandhigataVata* is as old as mankind and results to the vitiation of *vata-dosh*¹ which get lodged in the joints causing disequilibrium in between articular cartilage and imposed properties of the tissues. It is analogous with osteo - arthrosis mentioned in modern parlance. Osteoarthrosis condition manifest in the middle and elderly age group of patients and most often run an insidious course. This disease still a challenging problem to the modern science, causing agonizing pain, swelling, deformity and permanent disability of the joints. 2 Especially weight bearing, joints like knee joint i. e. *janusandhi*. Among elderly knee OA is the leading cause of chronic disability.

Description available regarding the disease *sandhigataavata* is very minimum in *Bhruhatrayees*. No contribution has been found from the later authors in this regard. So detailed description of *sandhigataavata* is not available in ancient texts of medicine i.e., *Ayurveda*, but a lot of work has been carried out in contemporary science in this field.

Both *Ayurveda* as well as contemporary science agree that the possibility of complete cure is less or rather difficult and in majority of cases we can offer only a temporary relief. The methods and medicines which are used to give temporary relief are also not satisfactory. Some of them fail to give the desired relief after some

time and some others results in serious side effects. As a result of all these limitations the disease becomes progressive. Hence there is a need to evaluate an alternate method of treatment to cure the condition if possible or if not, to manage it successfully.

Acharya Sushruta advocates *snehana*, *upanaha*, *bhandhana*, *mardana* and *Agnikarma* are the different modules in the management of *sandhigatavata*.³

Janubasti is one such procedure, which does both *snehana* and *swedana*. It is one of the variety of *bahyasneha*.⁴ Detailed description about its procedure and direct indications are not available in the classics. Hence a comprehensive procedure of *Janubasti* was formulated based on the concepts of *Ayurvedic* literature.

Probable mode of action of *janubasti*:

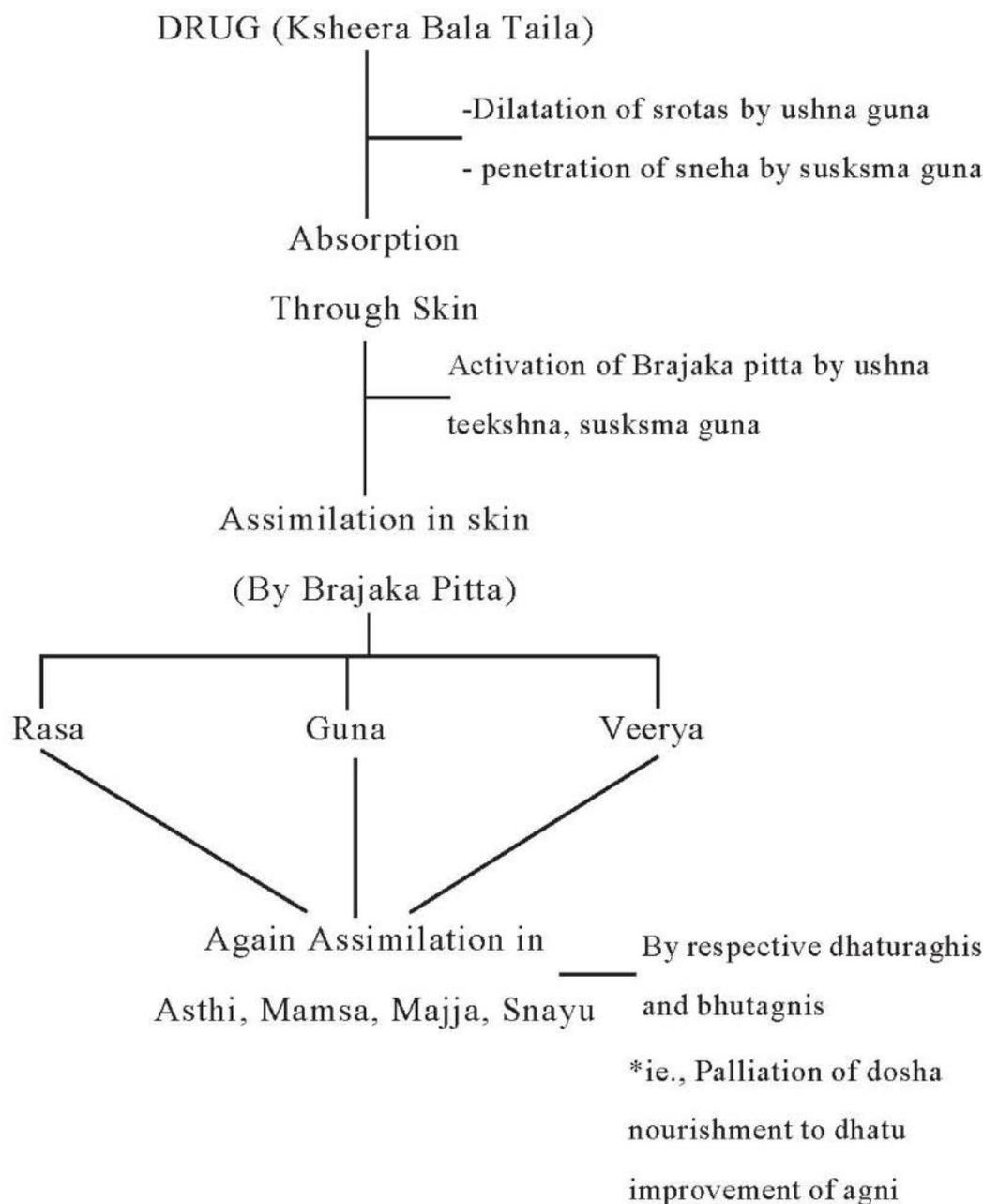
In *sandhigatavata*, vitiated *vyanavata* is *agantudosha* to *sandhi* and *shleshakakapha* is *sthanikadosha*. Here *sthanikadosha* is decreased and *agantu dosha* gets increased. Moreover *sthanika dosha* and *agantu doshas* are antagonistic to each other.⁵

Ksheerabalataila used in the procedure *Janubasti* has the following properties.

Ushnaguna because of *sukoshnata* of *taila*, *suskma*, *sara*, *drava*, *snigdha*, *mrudhu*, *manda*, *guru*, *picchila*.⁶

Because of the *ushna guna srotovishadhana* (dilatation of *srotas*) takes place in *twacha*. By its *suskshma guna sneha* enters into the *twacha*. Again by its *ushna guna*, *sneha* accelerates the action of *brajaka pitta* and this activated *brajaka pitta* in turn increases, absorption and digestion of *sneha* which is placed on *twacha*. Constant pressure exerted from externally by the quantity of oil taken. *Veerya* of the *sneha* enters the inner *dhatu*s i.e., *rakta*, *mamsa*, *asthi*, *majja* etc. When once *sneha* enters into the *twacha* by its *ushna* and *suskshma guna*, *sneha* spreads into surrounding *dhatu*s by the virtue of remaining *gunas* of *sneha* i.e., *sara*, *drava*, *snigdha*, *mrudhu*, *manda*, *guru*, *picchila* etc., Again the *sneha* gets digested by the respective *dhatu*ragni. Acharya Sushruta explained that "the principle of the *chikitsa* is to decrease the increased *dosha*, increase the decreased *doshas* and maintain the equilibrium state of *doshas*."

MODE OF ACTION OF JANU BASTI



In Janusandhigatavata, the vatadosha increased was vyanavata. By the procedure Janubasti vatashamana occurs. i.e., rukshaguna controlled by snigdha guna, khara guna by mrudu, sheeta by ushna guna and chala guna by manda, guru, picchila gunas.

At the same time decreased kapha i.e., shleshakakapha gets increased. Snigdha, sheeta, guru, manda, properties of shleshakakapha gets nourishment from the similar gunas of sneha used in the study.

Brajaka pitta which is situated in the twacha over the Janusandhi has the following properties. They are Sasneha, teekshna, ushna, sara, drava. Which gets nourishment from snehas by its similar properties.^{7?}

By the procedure Janubasti vyanavata shamana and shleshakakaphavridhi occurs in accordance with the 'Samanyavisheshasiddhanta'⁸

By bird's eye view over these *gunas* of the different ingredients of the *ksheera-balataila*, it seems that all the *gunas* does *vatashamana*, *kaphavardhana*, *balya*, *shtirata*, *bramahana* and *sandhaneeya* properties and *sampraptivighatana* takes place.⁹

CONCLUSION

Janubasti is one such simple procedure, cost effective, less time consuming conservative treatment, it not only manages the condition but also prevent the further degeneration to some extent. In fresh cases it is one of the confident management modules and in advanced cases it may act symptomatically.

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