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 sandhigatavata is as old as mankind and results to the vitiation of vatadoshá, 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, Janusandhigatavata, Shula, Shotha.

INTRODUCTION

The disease SandhigataVata is as old as mankind and results to the vitiation of vatadoshá which get lodged in the joints causing disequilibrium in between articular cartilage and imposed properties of the tissues. It is analogous with osteo-orthrosis mentioned in modern parlance. Osteoarthritis 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 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.

Description available regarding the disease sandhigatavata is very minimum in Bhruhatrayees. No contribution has been found from the later authors in this regard. So detailed description of sandhigatavata 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 curve the condition if possible or if not, to manage it successfully.

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

Janubasti is one such procedure, which does both snehana and swedana. It is one of the variety of bahyasneha. 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 vyānavata is agantudosha to sandhi and shleshakakapha is sthanikadosha. Here sthonikadosha is decreased and agantu dosha gets increased. Moreover sthanika dosha and agantu doshas are antagonistic to each other.

Ksheerabalataila used in the procedure Janubasti has the following properties.

Ushnaguna because of sukoshnata of taila, susksma, sara, drava, snigdha, mrudh, manda, gur, picchila.

Because of the ushna guna srotovishadhana (dilatation of srotas) takes place in twacha. By its suskshma guna sneha enters into the twacha. Again by 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 i.e., rakta, mamsa, asthi, majja etc. When once sneha enters into the twacha by its ushna and suskshma guna, sneha spreads into surrounding dhatus by the virtue of remaining gunas of sneha i.e., sara, drava, snigdha, mruudhu, manda, gur, picchila etc., Again the sneha gets digested by the respective dhaturagni. Acharya Sushruttha 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.

By the procedure Janubasti vyanavata shamana and shleshakaphavriddhi occurs in accordance with the 'Samanyavisheshasiddhanta'
By bird’s eye view over these gunas of the different ingredients of the ksheera-balataila, it seems that all the gunas do vatashamana, kaphavardhana, balya, shiti-rata, bramahana and sandhaneeya properties and sampraptivighatana takes place.  

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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Source of Support: Nil
Conflict of Interest: None Declared