

SHODHANA, SHAMANA AND NAIMITTIKA RASAYANA IN THE MANAGEMENT OF JANUSANDHIGATA VATA

Vasantha Lakshmi.C¹, Abdul Khader²

¹PG Scholar, ²Professor;

Department of PG Studies in Kayachikitsa SKAMCH & RC, Vijayanagar, Bangalore, Karnataka, India

Email: lvasu2007@gmail.com

ABSTRACT

The basic concept of *Ayurveda* is “*Rogastudoshavaishamyamdoshasamyamarogata*”. Equilibrium of *Tridosha* is considered as *Swastya*. Among these *Tridosha* *Vata* is responsible for all *chesta*. *SandhigataVata* is one among the *Vatavyadhi* which is explained under *Gatavata* in the *Ayurvedic* classical literature. *GataVata* is a unique concept of *Ayurveda* where in the increased *Vata* gets lodged in the normal *Dhatu* leading to *Dhatu Kshaya* at that *Ashaya*. *JanuSandhigataVata* is one such disease where in increased *Vata* gets localized in knee joints. Clinical features of *Sandhigatavata* resembles with Osteoarthritis according to contemporary science. *Janu Sandhi* being a weight bearing joint, it is more prone for wear and tear leading to degenerative changes in the long course. *Sandhi* is one of the types of *Marma* and form a part of *MadhyamaRogaMarga*. Thus, involvement of *Marma*, *MadhyamaRogaMarga*, *VataDosha* and *Dhatu kshaya* make disease *Yapya*. *SandhigataVata* is one among the chronic disease. Conventional system of medicine has its own limitation in managing this disease. In such conditions the only hope of treatment could be the radical treatment through *Shodhana* and *Rasayana* therapy added to appropriate *Shamana* therapy.

Keywords: *Janu SandhigataVata, Dhatukshayajanyaja, Margavarodhajanyaja, Shodhana,*

INTRODUCTION

Basic principles of *Ayurveda* are based on *Tridosha* theory. Among *Tridosha*, *Vata* is given primary importance with respect to either physiological or pathological conditions. The other two *dosha* being inert, their equilibrium depends on *Vata*. The *Vayu* is considered be-

ing the chief motivating force behind all the activity. It is responsible for all movements, which gets disturbed when *Vayu* gets vitiated. *Sandhigatavata* is a type of *Vatavyadhi* which is mentioned in all *Brihatrayi* and *Laghutrayi*. *Gatavata* is a unique concept,

where in increased Vata gets lodged in the otherwise normal dhatu leading to Dhatu kshaya at that ashaya. The most common presentation of this pathogenesis is seen as Janu Sandhi Gata Vata¹.

Janu Sandhigatavata is one of the common clinical problems in day to day Ayurvedic practice. Osteoarthritis is the 2nd most common rheumatological problem with prevalence of about 22-39% in India. Among them 29.8% people between 45-64 years of age group are diagnosed with arthritis².

Janu Sandhi being a weight bearing joint, it is more prone for wear and tear leading to degenerative changes in the long course. It limits everyday activities like walking, dressing, bathing etc., thus making patient disabled and handicapped.

Conventional system of medicine has its own limitation in managing this disease. It can provide either symptomatic, conservative management with NSAID or in severe cases surgical intervention is the last resort. Janu sandhigatavata is Yasya in nature, so repetitive use of appropriate Shodana, Shamana and Rasayana is needed for the effective management. By this treatment SampraptiVighatana of the disease can be achieved.

NIDANA: The Nidana mentioned for Vatavyadhi can be understood in terms of Janu SandhigataVata according to three classifications as 1. Vyadhihetu, Doshahetu, Ubhayahetu 2. Dhatu kshayakarahunu, Margavarodhahetu 3. Utpadaka hetu, Vyanjakahetu. Most of the etiological factors involve like excessive or in appropriate use of the joint like excessive walking, excessive physiological exercise, traumatic causes like Abhigata,

Marmaghata and Bhagna consider as Vyadhihetu. In Doshahetu involve the intake of food such as Kashaya, Katu and Tikta Rasa, Ruksha/ Shushka, Laghu and SheetagunapradhanaAhara, which cause VataDoshPrakopa. The Aharavidhi also plays an important role in Vataprakopa in the form of Alpa anna/ Alpaashana, Vistambhi Bhojana, Upavasa/ Abhojana, Langhana, Vishamashana, Adhyashana, Jirnatana, Pramitashana and Kshudita Ambupana. Vega Dharana (Purishavega Dharana) can be considered as Ubhayahetu, Which cause provocation of VataDosh and have a direct effect on pathogenesis of the disease. Most of the Nidana leading to Vataprakopa can be considered as Dhatu kshayakarahunu as they cause VataDoshPrakopa leading to Asthi Dhatu Kshaya. Ama can be considered as the Margavarodhahetu for SandhigataVata. Excessive walking, excessive physical exercise, trauma to the knee joint, fracture are the direct causes in the pathogenesis of Janu sandhigatavata considered as Utpadakahetu. AharajaNidana, KalajaNidana, ManasikaNidana which aggravates Vata is considered as VyanjakaNidana.

SAMPRAPTI GHATAKA³:

Dosha: Vata-VyanaVata – GunatahaVridhhi;

Kapha - Shleshakakapha – GunatahaKshaya

Doosha: Rasa, Asthi-sandhi, Majja, Snayu,

Srotas: VataVaha, asthivaha

Srotodusti: Sanga

Agni: Jataragni, Asthi-Dhatvagni

Ama: Jataragni, DhatvagniMandyaJanya

RogaMarga: Madhyama

Udbhavasthanana: Pakvashaya

Sancharasthanana: Sarvasharira

Vyaktasthanana: Sandhi

Adhishtana: Asthi-Sandhi

Rogaswabhava: Chirakari

SAMPRAPTI:

1. *Dhatu Kshayajanyaja*: Age factor plays an important role in precipitation of disease. In *Jaraavasta* there will be an *Asthivahasrotodusti* and *Khavaigunya* in *Sandhi*. *VataVardhakaAhara* leads to *Vataprakopa*, which takes place in *sandhi* cause to *ShleshakaKapha Kshaya*. *DushitaVyanaVataStanamsrayi* in *Janusandhi* causes to manifest the Disease.

2. *Margavarodhajanyaja: Nidana sevana* (improper diet, faulty life style) causes vitiation of *Kapha* and *Meda* which leads to *AgniVai-shamyata* and *Sthoulya*. Therefore *Ama, MedoVridhhi* causes *Asthi Dhatu* and *Majja dhatu Kshaya*. *Ama, MedoVridhhi* further leads to *Avarana* of *vata*, which causes *Khavaigunyata* in *Sandhi*. In this stage *Nidanasevana* causes *VataPrakopa* which takes place in *janu Sandhi* leading to manifest the disease.

3. *Abhigataja:Vata* will get vitiated in the joints by *Avarana* of *vata* due to *Abhigata*. This vitiated *Sthanikavayu* produces series of changes in joint after *doshadushyasammurchana* and produce *SandhigataVataLakshana*.

In *Chaya purvakasamprapti: Vataprakopa* due to *nidanasevana* for a prolonged duration results in *dhatu Kshayaja* or *MargaAvarodhahasto* undergo *ChaydiKriyakakala* Stages for the manifestation of the symptoms of *JanusandhigataVata*. In *AchayaPurvakaSampraptithi* *Abhigata* to *janu Sandhi* or *Janu sandhi marma* will be acute cause to *Vataprakopa* which is manifests before undergoing *chayadi Shat kriya kala* stages.

LAKSHANA: The disease may not show any *poorvaroopa*. But the clinical signs and symp-

toms like *Prasaranaakunchanapravruthisavedana* due to *Kandara, Snayu Dusti, Asthi Kshaya, Vatapoornadritisparsha* type of *shotha* due to degeneration of cartilage of knee joint (*Slesmadhara kala*), *Atopa* due to *Sroto Riktata* at *janu sandhi* (*Kleda, Slesma Kshaya*)⁴.

Hanti sandhi: The term *Hantisandhigath* can be interpreted in two ways.

1. As a functional component: *Sandhi Stabdata*⁵, which means stiffness and hence causing restriction to the knee joint movement.

2. As a structural component: *Sandhi Vishlesha*⁶, which means dislocation of the knee joint.

ANALYSIS OF CHIKITSA:

Ideal treatment of *SandhigataVata* should be planned by taking into consideration factors like *doshic* involvement and *samprapti*.

According to Acharya Charaka, *samanyavataVyadhichikista* should be followed like *Vatasyaupakrama* (*snehana, swedana, mrudusamshodhana*). *Shusruta* mentioned specific treatment as *Snehana, Upanaha, Agnikarma, Bandhana* and *Unmardana*⁷.

1) In **DHATU KSHAYAJA**-Treatment should be given for *Snehana, Swedana, Mriduvirechana* and *Dhatu poshana*. *SandhigataVata* is a degenerative disorder with swelling and stiffness.

Shodhana:

1. *Snehana: Sneha* is antagonistic to the degeneration process caused by excessive *rukshaguna* and *kharaguna* of vitiated *Vata*. *Tikta rasa pradhanaghrita* is best for *snehapana*. *Panchatiktaghrita* removes the factor of

dhatu kshaya by its *madhura, katu, tikta, kashaya rasa* and *picchila, snigdha*guna..

2. *Swedana*: After administration of *snehapana*, *swedana* will be administered, to bring *doshas* from *Shakha* to *Koshta*.

3. *Pradhan Karma*: *Virechana* is one of the best treatments for *Sandhigata*vata. *Mridu-Virechana* is the line of treatment for *Vatavyadhi*. *Trivruth-sukhavirechanadravya* in *Vata* and *pittajadosha* involvement, *Aragwadha- mriduvirechanadravya* in *kapha* and *pitta dosha* situated in *pakwashaya*. *Virechanadravya* are *prithvi* and *jalamahabhuta* predominant having *ushna, teekshna, sukshmaguna* and *adhobhagahara* as their *prabhava*. Because of these properties *Vataanulomana* will occur which in turn relieves pain, inflammation and stiffness of the degenerative joints in *Sandhigata*Vata.

Sneha Virechana, where in the medicines, which have a laxative property are given in low doses on a daily basis to expel *doshas*. *Erandataila* or *Gandharvahastyaditaila* can be used on daily basis by its *guna* of *Srotovishodhana, Vrishyam, Adhobhagadosha hara* and it regulates the *VataGati*⁸. *Basti karma* is the specific therapy for *Vatadosha*. In *dhatukshayajanyasandhigata*Vata, *Tiktakaksheera/Rasa siddha basti* should be selected. It has *Brihmana* property to give strength to muscles and give *poshana* to *Asthi dhatu*. *Tikta rasa* has *vayu* and *akashamahabhuta*. In *Vatavyadhi Sneha* should be in 1/4th of total and *Madhu* should be 1/8th of the total *Basti dravya*⁹.

Shamana : 1. **Bahyachikista**: *Shastikashalipindasweda* has *Brimhana* property which nourishes the surrounding tissues of the knee

joint as well as it relieves characteristic features of *janusandhigata*Vata like *Shula* (pain), *Stambha* (stiffness), *Gaurava* (heaviness). *Upanahasweda* in *sandhi rogas* as it has *Ushna* and *snigdha*guna and it relieves the symptoms *Shoola, Stabdata* of *Janusandhigata Vata*¹⁰. *Janu basti* is specialized knee therapy which rejuvenates the *janumarma*. This procedure is done to strengthen the muscles, joints and improving the functions of knee joint thereby preventing their further degenerative changes using *Balaashwangadhalakshaditaila, Masha* and *Mahamasha*Taila, *Ksheerabala*Taila, *Bala*Taila. *Murivenna* is a *Anubhootayoga* prepared with *Karanja, Kumari, Shigru, Palandu* processed in coconut oil. It reduces the pain, swelling and Stiffness¹¹. *Shothagna Lepa*¹² - in *sandhi shoola* and *shotha*.

2. **Abhyantarachikista**: *Shula prashamanadravya* like *Abhaguggulu, Trayodshangaguggulu, Yogarajaguggulu* should be administered. *Rasaoushadhis* like *Brihatvata Chintamani ras, Vatavidwamsini rasa, Balarista, Ashwagandharista* is more helpful in degenerative conditions. *Asthiposhakadravya* like *Godanti, Shigru, Ashwagandha, Bala* and also *Tiktapradhana Kashayas* like *Balaguduchyadi Kashaya, Guggulutiktaka Kashaya* should be administered.

NaimittikaRasayana: *Ashwagandhachoorna, Shatavari, Bala, Masha, Go dugda, Takra* to give on a daily basis, to prevent further damage of tissue surrounding at knee joint. *Ashwagandhachurna* give strength to muscles and also *Vayastapaka* property. *Masha* and *Bala* promote strength and bulk to the weakened muscles and soft tissues and helps in recovery

(*Brihmana, Balya*) process and also avoid re-occurrences. *YogarajaGugguluRasyanaanupana* with *Rasnakwatha* is very beneficial to relieve pain, stiffness and alleviates *Vata, kapha dosha*¹³. *Kukkuntandatwakkbhasma, Shankhabhasma* is the supplements of calcium, which is a key for health in bone tissue.

2) In MARGAVARODHAJANYA:

Shodhana: Initially treat vitiated *Kapha* and *Medo dhatu* by doing *Rukshana* therapy to remove *Avarana*. After *Rukshana* therapy *Vatasyaupakramas* should be followed. 1. *Snehapana*: *GugguluTiktagritha* is best for *Snehapana* as it is *kaphamedo hara*. Here in *sthoulya* patient for *Basti chikitsa* should be more than *Sneha*. *ErandamoolaksharaBasti* and *Vaitaranabasti* act as *Srotoshodaka*.

Shamana;

1. **Bahyachikitsa:** eg: *Udwartana* or *Sarvangachooranapindasweda*.

2. **Abhyantarachikitsa:** Drugs which are having *Shothahara, Agnideepaka, Vedanasthapaka* and *Srotoshodaka* properties should be selected. Eg: *Punarnava, Gokshura, Shunti, Pippali, Pippalimoola, Rasnasaptaka Kashaya, Dashamooladi Kashaya, Rasnadiguggulu, Amritadiguggulu*.

NaimittikaRasayana: *Shilajit* is one of the best anti-ageing Remedy. It gives strength to bones, prevents depletion of calcium from the bones. This anti-oxidant and anti-inflammatory property helps to decrease and relieve joint inflammation and pain. *Laghu and Rukshaguna* of *Shilajit* helps to reduce the weight in *Sthoulya*. *LasunaRasayana* is *pathya* in *Vatarogas*. It helps to remove *Avarana* which is caused by *Vata* and the property

of anti-inflammatory, antioxidant to reduce inflammation. If a person takes *Lasuna* with *ksheera* or *ghee* on daily basis, the person will achieve longevity. *Hareetaki* is useful to reduce the *Sthoulya*.

3) **ABHIGHATAJANYA:** *Tikta rasa pradhanaDravya, AsthiposhakaDravya, AsthisandhanakaraDravyalike Laksha, Asthishrinkhala* along with *Vedanastapakadravya* should be selected. *Dhara/seka* is useful in ligament tear conditions. *Manjistadilepa* is useful in hairline fracture. *DashangaLepa, AsthiShrinkhalaLepa, LakshachurnaLepa* – All these can be used in *AbhigatajaSandhigataVata*.

DISCUSSION

SandhigataVata is *madhyamarogamargagata Vatika* disorders in which vitiated *Vata* gets lodged in *Sandhi*. *Nidanasevana* like *Bharaharana*-repetitive stressful movements may lead to excessive strain leading to erosion and joint damage. *Janu Sandhi* is a *VaikalyakaraMarma*, *Abhighata* is direct cause for *Vaikalyata*. *Vardakya*: In *JaraAvasta, Vatavridhi, Agni vaishamyata* causes *dhatukshaya*. According to *Acharya Sushruta*, though *Jara* starts after 60 years, there is very specific commencement of degenerative changes after 40 years which is termed as *ParihaniAvastha* of *MadhyamaVaya*, where the individual develops the tendency to suffer from *Vatavyadhi*, if a person is exposed to *Vataprapakanidana* and fails to take appropriate measures will lead to disease. *Manasikakaranas* like *krodha, shoka, bhaya, chinta* there will be *agnimandya* and formation of *ama*. This causes improper formation of *rasadid-*

hathus and leads to *dhathukshaya*. *Sthoulya* is another indirect causative factor for *Sandhigata-vata*, considered as *Margavarodhajanya-januSandhigata*. Women are more prone to the disease than males due to the hormonal changes women experience during menopause (*Artavakshaya*).

Poorvaroopa of *SandhigataVata* mentioned as *avyakta*. *Avyakta* means *alpatwenai.e. lakshanasin milder form*. Mild or occasional *Sandhishoola*, *Sandhishotha* and *Atopa* are considered as *poorvaroopa* of *SandhigataVata* due to weak causative factors and less *avarana* of *dosha*. “*Hantisandhi*” is explained as “*Akunchanaprasaranayhoabhavacha*” i.e. inability to do flexion and extension and “*Sandhivishlesha, stambha*”, these symptoms are not seen in early stages.

Should treat the disease according to the *Sthana*, *Dosha* and *Dushya*. In case of *Avruthavata*, the medicine should not be *Kaphakaraka* but *Snigdha* and *Srotoshodhaka*. To treat *SandhigataVata* drugs acting on both *Vata* and *Asthi* should be selected. *Asthipradoshajachikitsa* like *tiktadravyas*, *ghritha* and *ksheeraBasti* should be adopted. *Ghritha is Vata-pittashamaka, Balya, Agnivardhaka, VrishyaandVayasthapaka. Ghritha* also contains Vit-D which plays an important role to absorb Calcium and phosphorus. *Snehana* pacifies the *Vata*, softens the body and eliminates the accumulated *malas*. *Swedana* relieves stiffness and heaviness of the knee joint. *Shodana* is very much essential for resolving *Srotoriktata* and *Srotoavarodha* and doing the *samprativighatana* of *Sandhigata-vata*. *Acharya Sushruta* mentioned that to nourish the *Asthi* and *Majja dhatu* eight and nine *bas-*

tis should be administered. *Yapanabasti* gives good result in *Artava KshayajanyaSandhigata Vata*.

The *Bahyachikitsa* like *Upanaha, Lepa, Abhyanga, Janu Basti* has the combined effect of *Snehana* and *Swedana* to dilate the blood vessels, improves local circulation and reduces inflammation. *Bandhana* helps in relieving the pain and supports the worn-out ligaments and tendons of the knee joint. *Unmardana* (Trampling of the body) is advised as it may bring relief by the pressure effect. *Agnikarma* and *Jaloukaavacharana* helps in relieving pain and stiffness instantly. *Agni karma* alleviates *Ama*, stiffness, *sheeta, shoola*. *Ushnaguna* of *Agni* helps to remove *Avarana* effectively and stabilizes the movement of *Vata*¹⁴. *Raktamokshana* is recommended for the treatment of *Snayu SandhigataVata* and for *Vedanashamanarta*¹⁵. *Samshodhana* therapy is considered as a *poorvakarma* of *Rasayana* therapy. *NaimittikaRasayana* acts as an adjuvant to cure chronic diseases like *SandhigataVata*, prevents wasting of muscles, delay the ageing process and keeps bones and tendons strong. *Rasayana* has to be administered to prevent the recurrence of disease and maintain the *dhatu samyata*.

CONCLUSION

JanusandhigataVata is a degenerative joint disorder which calls for an early management, progression of the disease could be stopped at the right time before it brings permanent physical impairment. Depending upon the *Rogi* and *Rogabala*, *Nidana*, *Samprapti* appropriate *Shodana*, *Shamana* and *Rasayana*

treatment modalities should be adopted. *Samshodhana* is essential before administering of *Rasayana* therapy for the treatment to be effective. *Rasayana* therapy when given along with *Shamana Oushadi* helps to reduce the disease in a short time. “*PoorvavayasemadyevamanushyasaRasayanam*” means if *Rasayana* is administered in the early stages we can prevent the diseases occurring in the later stages of life due to degeneration process occurring in the body. Concept of *Naimittika Rasayana* is a unique concept in Ayurveda, proved for its beneficial role in the patients suffering from chronic diseases in promoting vitality, and ability to withstand the devastating effects of these diseases. This concept brings a new dimension into the health-care, and promotes an integrated approach between different modalities in the field of medicine. *Janu sandhigata vata* is *Yapya* in nature, so repetitive use of appropriate *Shodana*, *Shamana* and *Rasayana* is needed for the effective management.

REFERENCES

1. Concept of Gata vata From Ayurvedic prospective- A Review Article by Nishant. K. Poonam, DGMAMC, Gadag.
2. Chopra A, Patil J, Bilampelly V, Relwani J, Tandale HS. The Bhigwan (India) COPCORD: Methodology in first information report. APLAR J Rheumatol. 1997; 1:145–54.
3. Janu Sandhigata Vata Chikitsa – A Clinical Approach written by V.V. Phanindra, P.G. Scholar in dept. of Kayachikitsa, SKAMC & RC, Bangalore.
4. A Review On Sandhigata Vata And Its Management Principles -written by Nagesh Gandagi, Reader, Dept. of Kayachikitsa, Palakkad
5. Susruta. Susruta Samhita, Nibandhasamgraha commentary of Dalhana and Nyayachandrika of Gayadasa, edited by Vaidya Yadavji Trikamji Acharya, Chowkhambaorientals, Ed.2013, Nidana Sthana Chapter -1, Verse-28, Pp 824, pg.no.231.
6. Madhavakara, Madhava Nidana, Madhukosa commentary by Vijayaraksita and Srikanthadatta and with extracts from Atankadarpana edited by Vaidya Jadavjai Trikamji, Chaukamba publications, Edition 2010, Vol 1, Chapter-22, Vatavyadhi Nidana Verse -21, Pp 568, Pg. no. 463.
7. Susruta. Susruta Samhita, Nibandhasamgraha commentary of Dalhana and Nyayachandrika of Gayadasa, edited by Vaidya Yadavji Trikamji Acharya, Chowkhambaorientals, Ed.2013, Chikitsa Sthana Chapter 41, Verse-88, Pp 824, pg.no.420.
8. Chakradatta edited by translated by P.V. Sharma, Sanskrit Text with English Translation, Chapter -22, Verse- 11, Pp:730, pg.no:184.
9. Agnivesha, Charakasamhita, Ayurveda Deepika Commentary of Chakrapani, edited by Vaidya Yadavji Trikamji Acharya, Choukambha Surabharati Prakashan, Varanasi, year of reprint-2011, Sid-distana, Chapter-3, Verse-30, Pp-738, Pg.no.694
10. Susruta. Susruta Samhita, Nibandhasamgraha commentary of

Dalhana and Nyayachandrika of Gayadasa, edited by Vaidya Yadavji Trikamji Acharya, Chowkhambaorientals, Ed.2013, chikitsa Sthana, Chapter -1, Verse-23, Pp 824, pg.no.399.

11. Janu Sandhigata Vata Chikitsa – A Clinical Approach written by V.V.Phanindra, P.G. Scholar in dept. of Kayachikitsa, SKAMC & RC, Bangalore.
12. Sharangadhara –Samhita by prof. Srikantha, Murthy, Chaukamhaorientalia, Varanasi. English translation, Uttara khanda, chapter-11, Verse-3 :Pp-336 , pg.no.184
13. Sharangadhara Samhita by prof. Srikantha, Murthy, Chaukamhaorientalia, Varanasi.english translation, Madyama khanda, chapter- 7th, Verse-56-69Pp-336, pg.no.107
14. Susruta. Susruta Samhita, Nibandhasamgraha commentary of Dalhana and Nyayachandrika of Gayadasa, edited by Vaidya Yadavji Trikamji Acharya, Chowkhambaorientals, Ed.2013, chikitsa Sthana, Chapter -12, Verse-10, Pp 824, pg.no.399
15. Agnivesha, Charakasamhita, Ayurveda Deepika Commentary of Chakrapani, edited by Vaidya Yadavji Trikamji Acharya, Choukambha Surabharati Prakashan, Varanasi, year of reprint-2011, chikitsastana , Chapter-28, Verse-92, Pp-738, Pg.no.621.

Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Vasantha Lakshmi.C& Abdul Khader: Shodhana, Shamana And Naimittika Rasayana In The Management Of Janusandhigata Vata. International Ayurvedic Medical Journal {online} 2017 {cited August, 2017} Available from:
http://www.iamj.in/posts/images/upload/3067_3074.pdf