



Clinical study on janusandhigata vata w.s.r to osteoarthritis and its management by chinchadi taila and rasona taila.

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ABSTRACT

Sandhigata Vata is the commonest form of articular disorder. It is a type of *Vatavyadhi* which mainly occurs in *Vridhnavastha* due to *Dhatukshaya*, which limits everyday activities such as walking, dressing, bathing etc thus making patient disabled or handicapped. It being a *Vatavyadhi* located in *Marmasthisandhi* and its occurrence in old age makes it *Kashtasadhya*. *Vata Dosha* plays main role in the janusandhigata vata disease. *Shula Pradhana Vedana* is the cardinal feature of the disease associated with *Sandhishotha* with *Vata Purna Druti Sparsha*, lack of movements of the joints or painful movement of the joints. In this study total 60 patients having the complaints of Osteoarthritis were randomly divided into 2 groups. In Group A, patients were treated with *Chinchadi taila janubasti* and in group B patients were treated with *Rasona taila*. The data shows that *Rasona taila* i.e. group B has provided better relief in the disease *Sandhigata Vata*.

Key words: *Sanadhigata vata*, Osteoarthritis, *Chinchadi Taila* ,*Rasona Taila*.

INTRODUCTION

In *Vridhnavastha*, all *Dhatus* undergo *Kshaya*, thus leading to *Vataprakopa* and making individual prone to many diseases. Among them *Sandhigata Vata* stands top in the list. The incidence of osteoarthritis in India is as high as 12%. It is estimated that approximately four out of 100 people are affected by it. Osteoarthritis is the most common articular disorder begins asymptotically in the 2nd & 3rd decades and is extremely common by age 70. Almost all persons by age 40 have some pathologic change in weight bearing joint¹

Sandhigata vata is one such disorder where in these locomotive functions are affected. *Sandhigata vata* is described as one of the main *vata vyadhis* in *Ayurveda*. As the name suggests the *Sandhi* or joints (the *Shleshaka Kapha Sthana*) are specifically affected by the *Prakupita Vata* (*Vyana*), which leads to

clinical features like *Vata Poorna Druti Sparsha, Shopha, Prasaaranakunchayoho Vedana, Sandhi Atopa, Sandhi Graha* ²

According to World Health Organisation (WHO), Osteoarthritis is the second largest and commonest musculoskeletal problem in the world population, global prevalence of knee OA was 16 % in individual aged 15 and over, and was 22.9% in individual aged over 40. The pooled global incidence of knee OA was 203 per 10,000 person-years (95% CI, 106-331) in individuals aged 20 and over. Correspondingly, there are around annual 86.7 (95% CI, 45.3-141.3) million individuals (20 years and older) with incident knee OA in 2020 worldwide³

Janu Basti imparts *Snehana & Swedana* and opens up the *Srotas* in the *Shareera* facilitating more nourishment and free movement of *Vata Dosha*. This results in the relief of *Stambha* and facilitates free movement of the *Sandhis*. All the drugs in the *Chinchadi taila* ⁴ and *Rasona taila* ⁵ have *Shoolahara, Vata Doshahara, Srotoshodhaka* and *Balya* properties. Taking the above points into consideration it is an ideal treatment of choice in *Sandhigata vata*.

AIMS AND OBJECTIVES

1. To study *Sandhigata Vata* in detail.
2. To study Osteoarthritis in detail.
3. To evaluate efficacy of *Chinchadi Taila Janu basti* in the management of *Janu Sandhigata Vata*.
4. To evaluate the efficacy of *Rasona Taila Janu Basti* in the management of *Janu Sandhigata Vata*.
5. To compare the efficacy of both *Chinchadi Taila* and *Rasona Taila Janu Basti* in the management of Osteoarthritis of knee joint.
6. To assess the efficacy of *Janu Basti* on the *Dushti Lakshanas* of *Dosha, Dushya* and *Srotas*.

MATERIAL & METHODS

Patients, suffering from Osteoarthritis, were selected from O.P.D. and I.P.D. of Ayurveda mahavidhyalaya hubli.

Inclusion criteria

1. Subjects with classical features of *Janu Sandhigata Vata*.
2. Subjects of either sex and age group between 40-80 yrs.
3. Subjects presenting with classical symptoms of *Janu Sandhigata Vata* like *Sandhishula, Sandhi atopa, Prasarana Akunchanayoho Savedana, Vatapurna dhritivat sparsha*.

Exclusion criteria

1. Subjects with any congenital bony deformity.
2. Subjects below 40 and above 80 years of age.
3. Subjects of *Amavata / Vatarakta, Janu Sandhigata Vata* due to *Abhigata*.
4. *Janu Sandhigata Vata* secondary to endocrine dysfunction, septic arthritis etc.

Grouping-

Group A: *chinchadi taila janu basti*

- *Shunthi Choorna* for *Amapachana*.
- *Masha* was used for the preparation of *Masha Kalka Pishti*
- *Chinchadi Taila* was used for *Janu Basti*. For 7 days.

Group B: *Rasona taila janu basti*

- *Shunthi Choorna* for *Amapachana*.
- *Masha* was used for the preparation of *Masha Kalka Pishti*.
- *Rasona Taila* was used for *Janu Basti*. For 7 days.

OBSERVATIONS

Total 60 patients were registered (group A 30 & group B 30), Status wise distribution of 60 patients of *sandhigata vata* .In this study 80 % subjects were found in from 40 to 50 years from the Age group , 93.33 % were Females , 95% were Hindus ,100 % were married., 91.66% were educated, 76.66% were House wife, 80 % belonged to middle class, 95% were from urban area.

50% subjects were consuming vegetarian food and 50% were consuming Mixed (veg & non veg) food. 40% had *Vishamagni*, 41.66% had analysed *Madhyama Koshta*, 85% had Tea addiction , 48.33% were with *Vata Pitta prakruti*, 30% *Pitta Kaphaja Prakruti* and 13 subjects 21.66% subjects were of *Vata Kaphaja prakruti*, 41 subjects 68.33% had *Madhyama Sara*, 66.6% had *Madhyama Samhanana*.

63.33% had *Madhyama praman* , 80% were of *Madhyama Satwa* , 81.66% had *Madhyama Satmya*, 75% had *Madhyama Vyayamashakti*, 75% had *Madhyama Deha Bala*, 43.33% were having *Chinta*, 45% had a chronicity of 1 yr to 2yr , 98.33% reported with *Prasaaranah akunchanayoh vedana* and 56.66% with *Sandhigraha*, 96.66% with *Sandhi atopa* ,76.66% with *Sandhi gati asamarthya*, 20% were reported with *Sandhishopha* and 13.33% with *Sparshaasahishnuta*, 63.33% were not having any family history , 78.33% presented with a limping gait and the other 21.66% had a normal gait,

Sheeta shaman was seen in 60 subjects(100%), *Shoola shaman* was seen in 57 (95%)Subjects, *Gaurava nigraha* was seen in 56 (93.33%) Subjects, *Stambha nigraha* was seen in 52 (86.66 %)Subjects , *Mardavata* was seen in 16 (26.66%) Subjects and *Vyadhi haani* were seen in 60 (100%)subjects.

Results-

Table no.01 Statistical analysis table of Group A for BT and AT

Parameter	Sum of the ranks	Mean of the ranks	MD	SD	Z value	P value	Remarks
<i>Sandhi shola</i>	465	232.5	1.4	48.62	4.78	<0.00001	H.S
<i>Sandhi graha</i>	91	45.5	1.62	14.31	3.17	0.0014	S
<i>Sandhi shotha</i>	190	95	0.26	24.85	3.82	0.00014	S
<i>Sandhi atopa</i>	210	105	0.8	26.79	3.91	0.00008	H.S
<i>Sandhigatiasamarthat ha</i>	325	162.5	1.8	37.17	4.37	<0.00001	H.S
<i>Spaarsha asahishnuta</i>	325	162.5	0.56	37.17	4.37	<0.00001	H.S
Walking time require to cover distance	435	217.5	1.59	46.25	4.70	<0.00001	H.S
Womac	378	189	0.22	41.62	4.54	<0.00001	H.S

Table no.02 Statistical analysis table of Group B for BT and AT

Parameter	Sum of the ranks	Mean of the ranks	MD	SD	Z value	P value	Remarks
<i>Sandhi shola</i>	465	232.5	2.33	48.62	4.78	<0.00001	H.S
<i>Sandhi graha</i>	195.5	105	2.15	26.79	3.37	0.0007	S
<i>Sandhi shotha</i>	231	115.5	1.71	28.77	4.01	<0.00001	H.S
<i>Sandhi atopa</i>	210	105	2.15	26.79	3.91	0.00008	H.S
<i>Sandhigatiasamarthat ha</i>	300	150	2.04	35	4.28	<0.00001	H.S
<i>Spaarsha asahishnuta</i>	183	95	1.47	24.85	3.54	0.0004	S
Walking time require to cover distance	465	232.5	2.33	48.62	4.78	<0.00001	H.S
Womac	378	189	1.96	41.62	4.54	<0.00001	H.S

Table no.03 Statistical analysis table between Group A and Group B for BT and AT

Parameter	Sum of the ranks	Mean of the ranks	SD	U value	Z value	P value	Remarks
<i>Sandhi shola</i>	1830	30.5	67.63	265	2.72	0.0063	S
<i>Sandhi graha</i>	1891	31	69.31	189.5	3.96	0.00008	H.S
<i>Sandhi shotha</i>	1830	30.5	67.63	352	1.44	0.14	N.S
<i>Sandhi atopa</i>	1830	30.5	67.63	371	1.16	0.24	N.S
<i>Sandhigatiasamarthat ha</i>	1830	30.5	67.63	349.5	1.47	0.13	N.S
<i>Spaarsha asahishnuta</i>	1830	30.5	67.63	309	2.07	0.037	S
Walking time require to cover distance	1891	31	69.31	282	2.63	0.0085	S
Womac	1830	30.5	67.63	298	2.23	0.025	S

Table no.04 Showing the Overall assessment of therapy in both Group A and Group B (In percentage)

Remarks	Group A	%	Group B	%
Marked relief (above 75%)	5	16.66%	28	93.33%
Moderate relief (50% - 75%)	17	56.66%	2	6.66%
Mild relief (25% - 50%)	8	26.66%	0	0
No relief (below 25%)	0	0	0	0

The above mentioned data shows *janubasti* with *chinchadi taila* in group A and *janubasti* with *Rasona taila* in group B. That is Group B showed better results in all the parameters compared to Group A. So *Rasona Taila* has much contributory effect in *Janu Sandhigata Vata* even though *Chinchadi Taila* also has a significant role in *Janu Sandhigata Vata*.

DISCUSSION-

48 subjects (80 %) were from Age group 40 to 50 years while 12 subjects (20 %) were from the Age group 51 to 60 years ,As a result of *Vardhakya*, *Dhatu kshaya* occurs which results in Degenerative changes. 56 subjects (93.33 %) were Females and This shows the higher incidence of osteoarthritis in females as compared to males. In females Menopause is one of the risk factors for Osteoarthritis, because of estrogen hormone deficiency.

46 (76.66%) subjects were House wife due to lack of time, work nature and increased physical activity (prolonged standing) of house wives & also due to negligence towards self-care and health routine check-ups, they end up with bone degeneration. 57 subjects (95%) were from urban area the higher incidence of *Janu sandhigata vata* in urban population may be because of the nature of work, food habits and mental stress etc. Urban population leads a sedentary lifestyle. The modernized form of food which is so called junk food contains fewer nutrients. Apart from this Mental stress due to ultra-urbanization also plays a role in the higher incidence of *Janu sandhigata vata* in urban population.

30 subjects (50%) were consuming Mixed (veg & non veg) food. Generally more of Non vegetarian food produces *Agnimandhya* and paves way for diseases. Out of 60 subjects, maximum number of 35 subjects (58.33%) was consuming *Madhura Rasa Ahara*, As *Sthoulya janita Sandhigata vata* is a result of *Avarana janya vata vrudhi*, for which *Madhura*, *Amla rasa pradhana ahara* are precipitating factors among others, while the remaining *Ahara rasas* are responsible for *Vata vrudhi* resulting in *Dhatu kshaya*, hence the result in this group.

As *Snigdha* and *Guru ahara* are difficult to digest along with sedentary lifestyle of present era leading to *Mandagni* which further develops into *avarana janita Vata vyadhi* and *Rooksha*, *Laghu*, *Sheeta Guna* cause *Vata kopa* and results in *Vata Vyadhi*.

24 (40%) had *Vishamagni*, In the present study almost all the subjects were having *Vata pradhana prakrti* along With *pitta* or *kapha*. *Mandagni* is the stage of *agni* which is because of *kapha dosha*. As said earlier the *upachayakaraka* (anabolic) *dhatwagnis* are governed by the *jatharagni*. Hence when there is *vishamata* or *mandyata* of the *Jatharagni*, simultaneously there will be *vishamata* or *mandyata* of the *upachayakaraka* (anabolic) *Asthi dhatwagni*, leading to the improper transformation of the *Poshaka Asthi dhatu* into the *poshya* or *sthayi Asthi dhatu* finally resulting in *Janu sandhigata vata*.

25 (41.66%) subjects had analysed *Madhyama Koshta*, Since almost all the patients in the present study had *Vata-Pitta pradhana Prakrti* most of the patients had *Madhyama kostha*. And the *Kostha* also depends upon the type of *Ahara* the patients consumed. 34 (56.66%) subjects reported with disturbed sleep ,the number was was high in the disturbed sleep group. This is because of *vata prakopa*. *Nidra bramsha* and *dinata* are also the *laxanas* of *vata vrudhi* and modern science says that insomnia is one of the symptoms of Osteoarthritis. 29 subjects (48.33%) were with *Vata Pitta prakruti*, 18 subjects (30%) *Pitta Kaphaja Prakruti* and 13 subjects (21.66%) subjects were of *Vata Kaphaja prakruti*

This analysis of *prakruti* shows that most of the subjects were with *Vata pradhana prakruti* and *vata* is the predominant *dosha* in the old age. As explained in the *nidana* aspect because of inverse proportional law of *Asthi* and *Vata* (*Ashrayiashrayi bhava*) the incidence of *Asthi kshaya* is more in the persons with *Vata* dominant *Prakruti*.

probable mode of action

Sandhigata Vata is *Madhyama Roga Margagata Vatika* disorders in which vitiated *Vata* gets lodged in *Sandhi*. Hence to treat *Sandhigata Vata* drugs acting on both *Vata* and *Asthi* should be selected

Figure No.3 Schematic representation of *Janubasti with Chinchadi Taila*

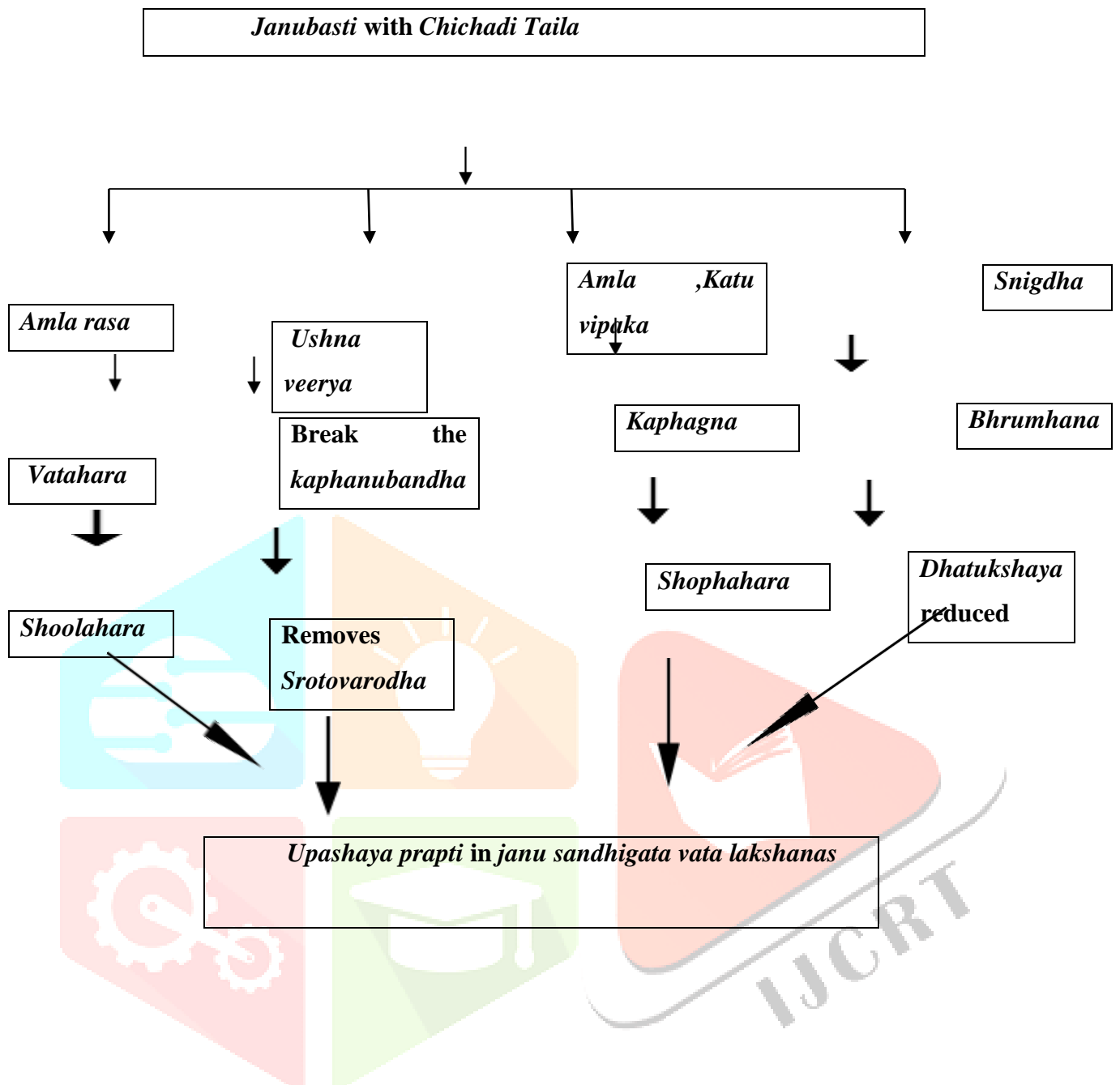
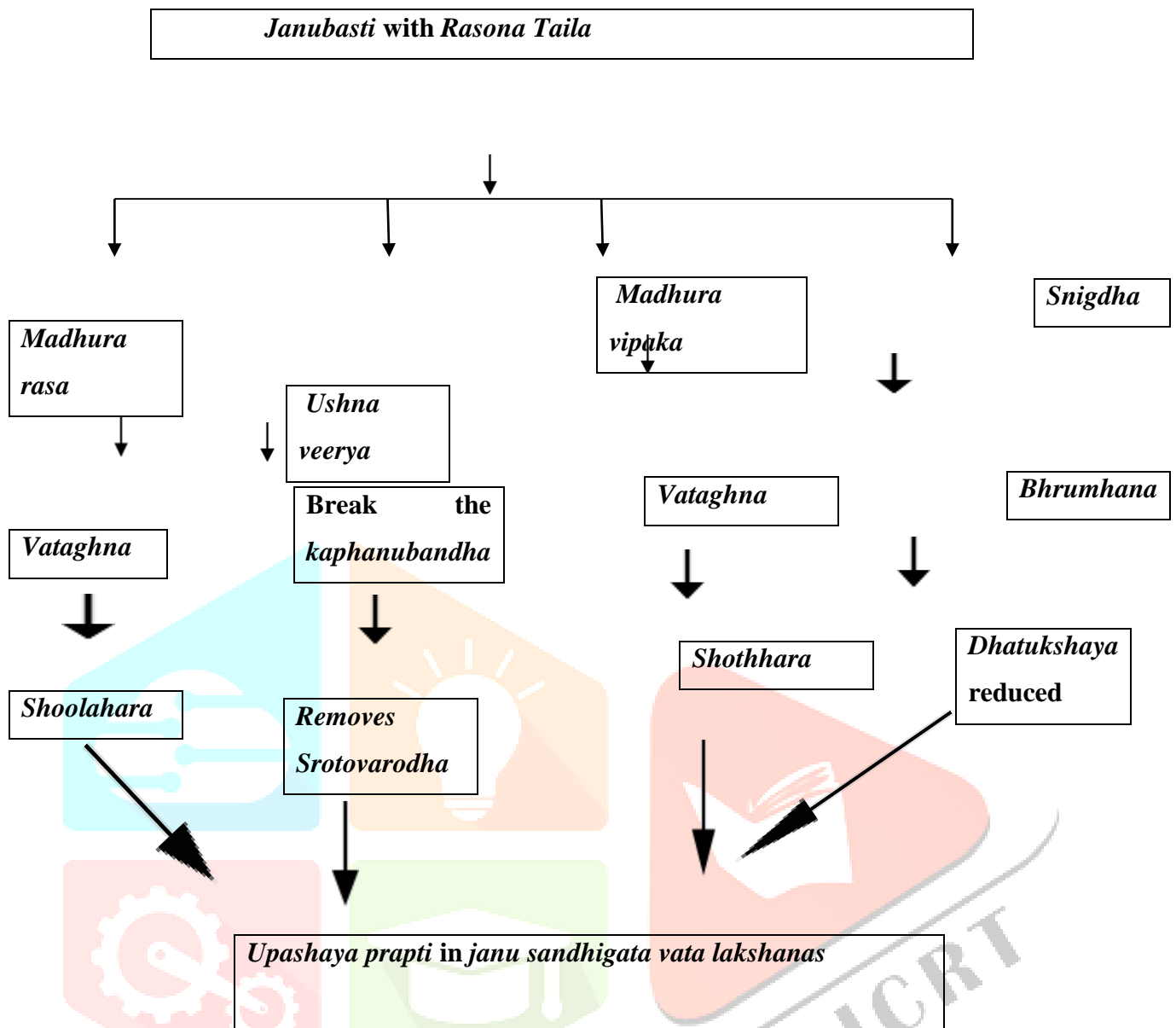


Figure No.4 Schematic representation of *Janubasti with Rasona Taila*

CONCLUSION

Sandhigata Vata is one of the *Vata Vikara* & it is *Yapya Vyadhi*. On comparison between the two groups *Tailas* it showed that *Janubasti* with *Rasona taila* provided a better relief in the signs and symptoms of *Janu sandhigata vata* mainly in *shoola*, *sandhi graha*, *sparsha asahishnuta*, *sandhi shotha*, *sandhi atopa*, gait and range of movements clinically compared to *Chinchadi taila*. *Rasona taila* being a *shoolahara*, *shotahara*, *sandhanakara* and *balakara* along with *Vata hara* property.

The *Chinchadi taila* possesses *amla*, *katu*, *tikta*, *kashya rasa* and being *katu vipaka* would have given better results in *kaphanubandhi sandhigata vata* than *kevala vata anubandhi janu sandhigata vata*. Hence on comparison between two groups, group B with *Rasona taila* has given better result than Group A with *Chinchadi taila* in *Janu Sandhigata vata*.

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