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AYURVEDIC APPROACH IN THE MANAGEMENT OF JANUSANDHIGATVATA ASSOCIATED WITH STHOULYA- A CASE STUDY

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ABSTRACT

There are so many reasons for pain, the most common cause of joint pain often affecting the middle age and older age people is *sandhigatvata*. The main symptoms of *sandhigatvata* are pain, stiffness, swelling, and crepitus. It is mainly occurs due to the etiological factors which are classified as *Dhatukshyjanya* and *Margavrodhjanya*. Aging and obesity are the major risk factor of increased prevalence as the occurrence of osteoarthritis. In present study 46 yr female having 88kg complaining of *Janusandhishool*, *Kriyakashtata*, *Shoth*, *Malavshthambh* was diagnosed as *Upstambhit Janusandhigatvata*. The *Ayurvedic* drug combination which include *Trifala guggul*, *Bhallatakasav*, *Medohar guggul*, along with *Panchakarma Procedure* which includes *Lekhan Basti*, *Taildhara* of *Chandanbala Lakshadi Tail*, etc was given for 15 days to manage *Upstambhit Janusandhigatvata*.

Keywords: *Janusandhigatvata*, Osteoarthritis, *Lekhan basti*.

Introduction:

Osteoarthritis is disease caused due to vitiation or aggravation of *Vata*. *Sandhigatvata* described under *Vatavyadhi* in all *Samhitas* and *Sangrah granthas*. The affliction of *Sandhi* by *Prakupit vata* is a chief phenomenon in *samprapti* of *sandhigatvata*, it is *kashtsadhya vayu* and mainly occurs due to etiological factors which are classified as *Dhatukshyjanya* and *Margavrodhjanya*. *Shaman* (conservative) and *Shodhan* (biological purification of the body) treatments are advised in *Ayurveda*. Whereas anti-inflammatory, analgesics, steroids and disease modifying drugs are required for its management as per modern medicine, which are not free from side effects. The prevalence of Knee OA was found to be 28.7%.The associated factor were found to be female gender (prevalence of 31.6 %.)

Presenting Complaints:

A 46 yr old female patient came for consultation in Panchakarma OPD of *Ayurved* hospital for the complaints of *Janusandhishool*, *Shotha*, *Kriyakashtata*, *Malavshthambh* since 4yrs. She was operated for meniscus repair 5 yrs back. No history of Hypertension, Diabetes and any other major illness was noted.

Clinical findings:

The patient was having *Janusandhi*, *shool*, *shoth*, *kriyakashtata*. On examination of patient it was found that pulse 76/min, BP: 110/70 mmHg, *vishmagni*, *krurkoshtha*, tongue was coated, Sound was clear. Patient was having *kaphvataj prakruti* with *Madhyamsara*, *Hinsamhan*, *Sthool Praman*, *Madhyamsatav*, *Madhyam aaharshakti* and *Jaranshakti*.*Rasvaha*, *Asthivaha* and *Majjavah Strotodushti*. Baseline hematological investigation done on 2 Sept22 reveled Hb 12.5gm/dl, Leucocytes count 7300/cumm, Platelet count 2.68 lack/cumm, ESR 26, sr. calcium 8.1.

Materials and Methods:

Therapeutic focus and Assessment

First line of treatment given to the patient was *aampachan*, *deepen* and *shoolaghan chikitsa*. A oral herbal *ayurvedic* combination including *Trikatu* and *guduchi churna* 3 gm with *koshn jal* twice a day, *kaishor guguul*, *trifala guggul*, *medohar guggul* twice day with luke warm water after meal, *Bhallatakasav* 20 ml twice a day aftermeal . *Lekhan basti* and *Taildhara panchakarma* treatment given for 15 days.No allopathic medication was given for during this whole treatment.

Follow up and Outcome:

Good result was observed on *janusandhishool*, *kriyakashtata* and *shoth* by the treatment regimen. *shool*, stiffness, *kriyakashtata*, *malavshtambh lakshnas* was relieved on completion of fifteen days of treatment. The patient was advised to continue oral medicine for next one month some diet regimen.

Discussion

Lekhanbasti and *Taidhara* was the line of management for the present case.

Drug Action

Lekhanbasti: *lekhan* of excess *meda*, *kafvataghn*. *Taidhara*: *vatanashak* *Medohar guggul*: *medopachak* *Trikatu*: *deepen pachan* *Bhalatakasav*: *pachan*, *vatrognashak*, *sandhimajjagat vatrog nashak*.

Hence, taking the above point of consideration, the above herbal drug combination has established properties like *deepen*, *pachan*, *aamnashan*, *vat kafhara*, *medohar* which all antagonist to present disease entity. Hence this drug was effective in correcting the pathological condition of the disease *Janusandhigatvata* associated *sthoulya*.

Conclusion: The combined effect of above drugs were helpful in treating pathology of *santrpanjanya janusadhigatvata*. This kind of approach may be taken in to consideration for further treatment and research work for *Janusandhigatvata*.

Table no.1: Therapeutic intervention and *Panchakarma* given in *janusandhigatvata*

| Medication Given | Trikatu churna | Medohar guggul Trifala guggul Kaishor guggul | Bhallatakasav | Lekhan basti | Taidhara of Chandanbala – Lakshadi taila |
|-------------------------|----------------|----------------------------------------------------|---------------|--------------|------------------------------------------|
| Anupan | Koshn Jal | Koshn Jal | Koshn Jal | - | - |
| Route of Administration | Oral | Oral | Oral | Anal route | Jsnu sandhi pradesh |
| Aushdhisevan kala | Adhobhakta | Adhobhakta | Adhobhakta | Pragbhakt | - |
| Dose | 3 gm TDS | 500mg 1 tab TDS | 20mlBD | 500 ml | 500ml |

Referances:

1. Joint disorders (internet) available from <http://www.medscape.org>, developer madescape, nature reviewrheumatology.
2. prevalence of osteoarthritis from Thesis of Ankita shete-2021 [A RCT to study the effect of Rason siddha tail janubasti in management of Janusandhigatvata wsr to knee osteoarthritis.
3. Ambikadutta shastri, Hindi commentary, edited with ayurved tatva sandipika, Reprint edition, Varanasi, Choukhamba Prakashan, Reprint 2012, Sushrut Chikitsa sthan, chapter Niruhkram chikitsa 38/82, page no 214.
4. Ambikadutta shastri, Hindi commentary, edited with ayurved tatva sandipika, Reprint edition, Varanasi, Choukhamba Prakashan, Reprint 2012, Sushrut chikitsasthan 4/24.
5. Kashinath Shastri, Hindi commentary, edited with chakrapanidutta-Ayurved dipika, Reprint edition, Varanasi, Choukhamba Prakashan, Reprint 2007, Charak Sutrasthan 41/24, page no 281.
6. Bhavprakash madhyamkhand, part-2 of Bhavmishra edited with vidyotini Hindi commentary Choukhamba Prakashan, Reprint 2003, vatraktadhikar 29/210
7. Kashinath Shastri, Hindi commentary, edited with chakrapanidutta-Ayurved dipika, Reprint edition, Varanasi, Choukhamba Prakashan, Reprint 2007, Charak Sutrasthan 21/20.