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 Dhatukshyanya 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, Malavshambh 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 Dhatukshyanya 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 Janusandhisheel, Shotha, Kriyakashtata, Malavshambh since 4 yrs. 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 Janrashakti.Rasvaha, Ashvihava and Majjavah Srotodushhti.Baseline hematological investigation done on 2 Sept22 reveled Hb 12.5gm/dl,Leucocytes count 7300/cumm,Platelet count2.68 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 koshin Jal twice a day, kaishor guguul, trifala guggul,medohar guggul twice day with Luke warm water after meal.Bhallatakasav 20 ml twice a day after meal . 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, kriyakshata and shoth by the treatment regimen. Shool, stiffness, kriyakshata, malavshambh 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
Hense, taking the above point of consideration, the above herbal drug combination has established properties like deepen, pachan, aamnashan, vat kafrara, medohar which all antagonistto present disease entity. Hense 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 janusandhigatvata. This kind of approach may be taken in to consideration for further treatment and research work for Janusandhigatvata.

Table no.1: Therapeutics intervention and Panchakarma given in Janusandhigatvata

<table>
<thead>
<tr>
<th>Medication Given</th>
<th>Trikatu churna</th>
<th>Medohar gugul</th>
<th>Triphala guggul</th>
<th>Kaishor guggul</th>
<th>Bhallatakasav</th>
<th>Lekhan basti</th>
<th>Taidhara of Chandanbala – Lakshadi taila</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anupan</td>
<td>Koshn Jal</td>
<td>Koshn Jal</td>
<td>Koshn Jal</td>
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<td>Route of Administration</td>
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<td>Oral</td>
<td>Oral</td>
<td>Anal route</td>
<td>Jsnu sandhi pradesh</td>
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<tr>
<td>Aushdhisevan kala</td>
<td>Adhobhakta</td>
<td>Adhobhakta</td>
<td>Adhobhakta</td>
<td>Pragbhakta</td>
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<tr>
<td>Dose</td>
<td>3 gm TDS</td>
<td>500mg 1 tab</td>
<td>20ml BD</td>
<td>500 ml</td>
<td>500ml</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

References:
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.