



CLINICAL STUDY TO EVALUATE THE EFFECTIVENESS OF JANUBASTI WITH CHINCHADI TAILA IN THE MANAGEMENT OF JANUSANDHIGATAVATA OSTEOARTHRITIS OF KNEE JOINT

C. V. Varunprasad*¹, B. A. Lohith² and Shetty Gautham³

¹PG Scholar Department of Panchakarma, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan-573201, Karnataka.

²Professor & HOD, Department of Panchakarma, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan-573201, Karnataka.

³Associate Professor Department of Panchakarma, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan-573201, Karnataka.

*Corresponding Author: C. V. Varunprasad

PG Scholar Department of Panchakarma, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan-573201, Karnataka.

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ABSTRACT

Sandhigata Vata is the commonest form of articular disorder. It is a type of Vatavyadhi which mainly occurs in Vriddhavastha due to Dhatukshaya, which limits everyday activities such as walking, dressing, bathing etc. thus making patient disabled / handicapped. It being a Vatavyadhi, located in Marmasthisandhi and its occurrence in old age makes it Kashtasadhya. Vata Dosha plays main role in the 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 30 patients having the complaints of Osteoarthritis knee joint were selected. patients were treated with janubasti with chinchadi taila for 7 days. The data shows that janubasti with chinchadi taila had shown relief in the disease janusandhigataavata.

KEYWORDS: Sanadhigata vata, Osteoarthritis, chinchadi taila, janubasti.

INTRODUCTION

Vata is the prime Dosha among the Tridosha as it is the one which governs the remaining two Dosha and whole body. Vata is the overriding Dosha in the old age and also the vitiation of Vata leads to many diseases. This dominance of Vata in old age contributes to the degeneration of the parts which were subjected to more stress and trauma in the lifetime. One of the outcomes of this is the osteoarthritis or Sandhivata that is usually found in the elderly population. Osteoarthritis is the most common articular disorder begins asymptotically in the 2nd and 3rd decades and is extremely common by age 60. Almost all persons by age 40 have some pathologic change in weight bearing joint. 25% females and 16% males have symptomatic Osteoarthritis. It may be regarded as a reward of longevity. It seems man has paid price for standing on hind limbs in form of Osteoarthritis of weight bearing joints of the body.

The disease Osteoarthritis causes work disability. It limits everyday activities such as walking, dressing, bathing etc., thus making individual handicapped. No absolute treatment is available which can prevent the disease process. In western medical science, mainly

analgesics, anti-inflammatory drugs or surgery are the options for the treatment of Osteoarthritis but they don't provide remarkable recovery, but causes great adverse effect over the joints and also in the systemic organs.

Knee joint is the most important weight bearing joint in the body and osteoarthritis of the knee joint is the most common joint disorder usually seen in the elderly people and the people who do excessive physical deeds. Due to the increased prevalence of this disorder it has become a major problem and burden over the society, indirectly reducing the working potency resulting into dependency. Joint pain and soreness, especially with movement, pain after overuse or after long periods of inactivity, joint swelling and joint fluid accumulation are the features of osteoarthritis.

In Vriddhavastha, all Dhatus undergo Kshaya, thus leading to Vata Prakopa and making individual prone to many diseases. Among them Sandhivata stands top in the list. Charaka was the first person who described the disease separately named "Sandhigata Anila", but has not included in 80 types of Nanatmaja Vyadhi.^[1] Sushruta and Vagbhata also gave importance to

Sandhivata and included in the chapter of Vata Vyadhi.^[2,3] When Vata involves Janu Sandhi, it is named as Janu Sandhivata. It is characterized by Vatapurna Driti Sparsha, Prasarana Akunchana Vedana, Shotha and Atopa.^[4,5,6] So Osteoarthritis of knee can be correlated to the Janu Sandhi Vata due to the similarities in the symptoms of both.

Sushruta has mentioned the treatment for Sandhivata as Snehana, Svedana, Upanaha, Agnikarma, Bandhana and Unmardana⁷. Vagbhata explained that Sneha should be used according to Yukti, for Bhakshana, Basti, Nasya, Abhyanga, Gandusha, Murdhni Taila, Karna Poorana and Akshi Tarpana.^[8] Janu Basti is one of the modality of treatment commonly adopted in the management of Janu Sandhi Vata. It is shown by researches that Janu Basti done with Taila gives encouraging results in reliving the signs and symptoms of Janu Sandhi Vata. Some references are available stating that other kinds of Sneha can also be used for the purpose of Bahya Snehana Chikitsa.^[9]

Janu Basti is a procedure evolved from the procedure of Shiro Basti. A pit, with the help of Masha Pishti is constructed over Janu Sandhi. Warm Sneha is poured in that pit and allowed to stay for stipulated time.^[10]

Chinchadi Taila is explained in Sahasrayogam in under tailayogas in Vata Vyadhi Chikitsa. It consists of drugs Tila, chinch, shigru, Sarja, Arjaka and Panchalavanas

Now a day only Taila preparations are given importance and used in the procedure of Janu Basti. Keeping an eye on the above mentioned facts an observational study was conducted to evaluate the effect of Janu Basti done with chinchadi taila in the management of Janu Sandhi Vata (Osteoarthritis of knee).

The results of the present study showed that the effect of Janu Basti done with chinchadi taila provided significant relief in the signs and symptoms of Janu Sandhivata such as pain, swelling, tenderness, joint stiffness. This may also bring the chinchadi taila into the lime light which is not so widely used in the therapeutic procedures by the physicians. Certainly this will heighten the poise of physicians while prescribing this drug to their patients.

Objective ODF the Study

To evaluate the effectiveness of janubasti with chinchadi taila in the management of janusandhigata vata [osteoarthritis of knee joint]

Source of Data

30 patients of janusandhigatavata fulfilling the criteria for inclusion were selected for the study from OPD and IPD of SDM College of ayurveda Hassan.

Diagnostic Criteria

- Sandhi Hanti
- Atopa

- Shoola
- Vata Purna Dhriti Sparsha
- Sandhi Shotha
- Vedana during Prasarana and Akunchana

Inclusion Criteria

Patients of either sex in age group of 30 to 80 years were included.

Exclusion Criteria

- Patients with bony deformity.
- Patients of Amavata
- Patients of Vatarakta
- Patients of Janu Sandhi Vata due to Abhighata

Laboratory Investigations

X-ray of knee joint.

Treatment Protocol

Patients of Janu Sandhi Vata were grouped into a single group which consists of 30 patients.

Intervention

All Patients were administered Janu Basti with chinchadi taila for 45 minutes, for 7 consecutive days.

Administration of Janu Basti

Janu Basti is a Bahya Snehana and Svedana Chikitsa. It was conducted in three steps such as Poorva Karma, Pradhana Karma and Pashchat Karma.

Poorva Karma

The things required for the procedures such as flour of Masha, water, metal ring, gas stove, vessels, thermometer and chinchadi taila were collected.

Pradhana Karma

The patients were asked to lie down or to sit erect on the table. With the help of a metal ring and dough prepared from the flour of Masha (black gram) by adding little water, a wall of 2 inch height was constructed around the affected knee. Then this pit was filled with oil at about 40 to 45 °C according to the tolerance of the patient. This temperature was maintained till the end of procedure. In this way the process was done for 45 minutes daily.

Pashchat Karma

After removing the oil and Basti Yantra, Mrudu Abhyanga was done over the Janu Sandhi for about 5 minutes.

Observations

After the procedure Samyak Svinna Lakshana such as Sveda Pradurbhava, Shotha Vyuparama, Stambha Nigraha, Gaurava Nigraha, Mardavata or Sveda Ayoga Lakshana such as Asveda, Stabhddata, Guruta or Atisveda Lakshana such as Vidaha, Sandhi Vedana, Sphota if any were observed.

Assessment Criteria

- Joint pain
- Tenderness
- Swelling of joints
- Range of movements
- Walking time

DISCUSSION

Effect of Therapy on Pain: In this study the mean score of left knee pain was reduced from 2.70 to 1.26 and right knee pain from 2.67 to 1.21 after the course of seven days of Janu Basti. The percentage of relief was 40 % in left knee which was highly significant at 'p' value < .001 and 43% in right knee which was highly significant at 'p' value <.001

Effect of Therapy on Tenderness: In this study the mean score of left knee tenderness was reduced from 2.60 to 1.31 and right knee tenderness from 2.53 to 1.26 after the course of seven days to Janubasti. The percentage of relief was 74% in left knee which was highly significant at 'p' value < .001 and in the right knee was significant at 'p' value < .001

Effect of Therapy on Swelling: In this study the mean score of left knee swelling was reduced from 2.62 to 1.12 and right knee tenderness from 2.63 to 1.11 after the course of seven days of Janubasti. The percentage of relief in left knee was 42 % which was significant 'p' value >.001 and 38 % in the right swelling which was significant at 'p' value <.001

Effect of Therapy on Crepitus: In this study the mean score of left knee crepitus was reduced from 0.73 to 0.53 and right knee crepitus from 0.08 to 0.67 after the course of seven days of Janubasti.

The percentage of relief for left knee was 44.6 % which was not significant at 'p' value >0.05 and for right knee was 17.6% which was not significant at 'p' value >0.05

Effect of Therapy on Stiffness: In this study the mean score of left knee stiffness was reduced from 1.00 to 0.27 and right knee from 1.13 to 0.47 after the course of seven days of Janubasti. The percentage of relief was 73.3 % in left knee which was significant at 'p' value <0.05 and 59 % in right knee which was significant at 'p' value <0.05

Effect of Therapy on Gait: In this study the mean score of gait was reduced from 1.00 to 0.33 after the course of seven days of Janubasti.

Effect of Therapy on Range of Motion (Rom): In this study the mean score of left knee ROM was increased from .933 to 1.633 and the right knee ROM from 1.42 to 2.43 after the course of seven days of Janubasti. The percentage of relief was 44 % in left knee which was significant at 'p' value <0.001 and 43 % in right knee which was significant at 'p' value <0.001

Effect of Therapy on Walking Time: In this study the mean score of walking time was same before and after the course of seven days of Janubasti. The percentage of relief was 13.6% which was not significant at p value - <0.05 > . The mean score of walking time was increased from 9.56 to 14.50 after the course of seven days of Janubasti. The percentage of relief was 13.6 % which was not significant at 'p' value >0.05

Effect of Therapy on Womac Osteoarthritis Index Score

- The mean score of WOMAC total has reduced from 4.33 to 3.6 in Janubasti with 16.9 % improvement which is significant at p< 0.05
- The mean score for domain pain in WOMAC has reduced from 2.73 to 2.33 in Janubasti with 14.6 % improvement which is significant at p< 0.05
- The mean score for domain stiffness in WOMAC has reduced from 2.2 to 2.13 in Janubasti with 3.04 % improvement which is significant at p< 0.05
- The mean score for domain activities in WOMAC has reduced from 3.07 to 2.6 in Janubasti with 3.04 % improvement which is significant at p< 0.05

Womacs measures pain, stiffness and functional limitations.

As pain and stiffness reduced, ROM and Walking time improved significantly by this intervention, same reflected in Womacs score.

Effect of Therapy on Visual Analogue Scale (Vas): The mean score for VAS has reduced from 7.2 to 5.07 in Janubasti group with 10% improvement which is significant at p<0.05

Overall Effect of Therapy: In Janubasti 5 % had complete remission with 100% relief. 25 % had marked improvement with > 90 % relief, 30% had moderate improvement with 60-90 % relief, 40 % had partial improvement with 30-60% relief.

CONCLUSION

Janubasti with chichadi taila provided good relief in the symptoms of shoola, shotha, prasarana akunchana. It also provided comparatively better relief in walking time, range of movements.

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