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Application of *Vishesha Siddhanta* in the management of *Janusandhigata Vata* w.s.r. to *Janubasti* with *Devadaru Baladi Taila* - Clinical study

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ABSTRACT

Ayurveda is the science of life. It defines any disturbance in the equilibrium of *Dhatus (Dosha, Dhatu, Mala)* is known as disease and on other hand the state of their equilibrium is health. Attainment of equilibrium is achieved by *Samanya and Vishesa siddhanta.* Vishesha has great role in Ayurveda like *Samanya* for being the *Chikitsa Siddhanta*. *Sandhigatavata* is a one among the *Vataja Nanatmaja Vyadhis*, with clinical symptoms like *Sandhishula*, *Shotha*, *Prasaranaakunchana Vedana* etc. According to WHO, Osteoarthritis is most common musculoskeletal problem in world (30%). Most pharmacological approaches for pain management are considered temporarily effective and not very safe. In *Vatavyadhi - Snehana*, *Swedana* and Basti karma are considered as the prime line of treatment. *Bahya Snehana* and *Swedana* effects will be achieved in *Janubasti*. **Results and Conclusion:** Out of 30, 12 patients (40%) had got Good response, 17 patients (56.66%) had Moderate response and 1 patient (3.33) had Mild response. Thus, *Janubasti* with *Devadarubaladi Taila* is having good result in subsiding the symptoms of *Janusandhigatavata*. *Snigdha*, *Ushna* and *Guru Guna* of *Sneha* will counteract with the *Rooksha*, *Sheeta* and *Laghu Guna* of *Vata* and hence controls the symptoms.

Key words: *Sandhigatavata, Osteoarthritis, Vishesha Siddhanta, Janubasi, Devadarubaladi Taila.*

INTRODUCTION

Any disturbance in the equilibrium of *Dhatus* (*Dosha*, *Dhatu*, *Mala*) is known as disease and on other hand the state of their equilibrium is health.[1] Disequilibrium of Dhatus may be considered either by *Vriddhi* or *Kshaya*. Attainment of equilibrium is achieved by basic concept of *Samanya* and *Vishesa Siddhanta.*[2] *Vishesha* is one among the *Shatpadarthas* and is placed 2nd in Ayurveda[3] and 5th in *Darshanas* and referred as individuality, peculiarity to differentiate one species from other.

Sandhigatavata is a one among the *Vataja Nanatmaja Vyadhis*, with clinical symptoms like *Sandhi Shula*, *Shotha*, *Prasarana Akunchana Vedana* etc.[4] Among all, *Janusandhigata Vata* is the most common type of *Sandhigatavata* and can be correlated with Osteoarthritis. Most pharmacological approaches for pain management are considered temporarily effective and not very safe**.** In *Vatavyadhi - Snehana*, *Swedana* and *Basti Karma* are considered as the prime line of treatment.[5] *Acharyas* mentioned as *"Prakopanaviparyayo Hi Dhatunam Prasham Karanam Iti".*[6] It means we should select medicines which are having opposite qualities to that disease. Hence, to analyze the *Vishesha Siddhanta* in

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Janusandhigatavata, *Devadarubaladi Taila*[7] is taken for *Janubasti*. *Bahya Snehana* and *Swedana* effects will be achieved in *Janubasti*. This invasive therapy is advised for *Janu Sandhigatavata* and is cost effective also

OBJECTIVES

1. To study the concept of *Visesha Siddhanta* mentioned in Classics and *Darshanas*
2. To evaluate the efficacy of *Janubasti* with *Devadarubaladi Taila* in *Janu Sandhigatavata*

MATERIALS AND METHODS

Research Design: A standard randomized clinical trial. All were subjected to *Janubasti*.

Sample size & Grouping: 30 patients were taken randomly in a Single group.

Diagnostic criteria

The diagnosis of the disease `*Janusandhigatavata* is made according to signs and symptoms mentioned in Ayurvedic and Modern texts.

Inclusion criteria

- Patients suffering from *Janu Sandhigatavata* with classical signs and symptoms.
- Patients of either sex with age group between 40 - 65 years.

Exclusion criteria

- Patients with simple and compound fractures.
- Other systematic conditions like Diabetes Mellitus, Carcinoma and Tuberculosis etc.

Posology

Sufficient quantity of *Devadarubaladi Taila* was used and subjected to *Janubasti* 30 minutes daily.

Study Duration

Janubasti for 8 days with 16 days of follow up, so total 24 days.

Plan of study

Therapy is divided into *Purvakarma*, *Pradhanakarma* and *Paschatkarma*.

Purva Karma

Sufficient quantity of water is added to *Masha Churna*, ring is formed and fixed over *Janusandhi*. Proper *Sandhibandhana* should be made to prevent the leakage of the *Sneha*.

Pradhana Karma

Required quantity of the *Sneha* should take in a bowl and keep the bowl in hot water. Once the *Sneha* becomes *Sukhoshna*, it should be poured over the *Janusandhi*. Once the *Sneha* becoming cool, immediately it will be replaced with the warm *Sneha*. So uniform temperature is maintained throughout the procedure for a stipulated period of time.

Paschat Karma

Sneha should be taken out. *Mashapisthi* can be removed. Oil should be wiped off. Slight massage should be done. Ask the patient to take rest for 30 minutes.

Subjective parameters

- *Sandhi Shoola*
- *Sandhi Shotha*
- *Prasarana Akunchanayorvedana*.

Objective parameters

- *Atopa*
- Range of movements (using Goniometer).
- Walking time (to cover 21 meters).

Investigations (For Diagnostic and Exclusion)

- T.C & D.C
- ESR
- Serum RA.
- X-Ray of Knee joint.

OBSERVATION AND RESULTS

Age:

Incidence of the disease was maximum in the patients of age group 46-50 years i.e., 9 (30%), followed by 8 patients (26.66%) were belongs to the age group of

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40-45 years. This indicates, because of present life styles leads to early degeneration which was observed in middle aged persons.

Sex:

14 patients (46.66%) are male and 16 patients (53.33%) are females. Women are at high risk than men. This is also supporting the *Sandhigatavata* more in females.

Occupation / Nature of work:

11 patients (36.63%) were belonging to labour group and 12 patients (40%) were belongs to the active group of occupation. This strengthens the view point that this disease is triggered by excessive physical demand on the joint. 7 patients (23.33%) were having sedentary lifestyle, which is the most common causative factor for obesity. This suggests that, obesity plays an even major role in the etiology of the most serious cases of knee OA.

Diet:

18 patients (60%) were Vegetarian and 12 patients (40%) were having mixed dietary habits. There is no specific incidence of disease with diet.

Economic status:

Socio economic status showed 9 patients (30%) were belongs to the Poor class, 8 patients (26.66%) were belonging to Middle class, 7 patients (23.33%) were belonging to the High class and 6 patients (20%) were belongs to the Upper middle class. This observation is inconclusive to make any comments also economic status is not specific incidence of the disease.

***Kula Vrittanta*:**

14 patients (46.66%) were having family history and 16 patients (53.33%) were not having family history. This shows that *Sandhigatavata* is heritable as well as inheritable disease.

Chronicity:

8 patients (26.66%) were newly diagnosed, 4 patients (13.33%) having chronicity less than one year, 8 patients (26.66%) having chronicity between 1-2 years, 6 patients (20%) of having chronicity in between 2-5 years, 4 patients (13.33%) of having chronicity of > 5years.

***Agni*:**

15 patients (50%) were afflicted with *Vishamagni*, 9 patients (30%) were had with *Mandagni* and 6 patients (20%) were having *Teekshagni*. *Vikritavasta* of *Agni* directly reflects over the status of *Tridoshas*. The *Vishamavasta* of *Jataragni* is closely related with *Vata* vitiation which is related with *Sandhigatavata*.

***Kostha*:**

6 patients (20%) were having *Mrudu Koshta*, 9 patients (30%) were having *Madhyama Koshta* and 15 patients (50%) were having the history of *Krura Koshta*. This indicates involvement of *Vata* in *Krura Koshta* and which is in *Vishamavastha* and more prone for the disease.

***Mala Vrittanata*:**

14 patients (46.66%) were having regular (free) *Mala Pravrutti* and 16 patients (53.33%) had history of constipation. Again, it shows involvement of *Vata* and its role in this disease.

***Prakriti*:**

10 patients (33.33%) were of the *Vata-Pitta Prakriti*, 11 patients (36.66%) were of the *Pitta-Kapha Prakriti* and 9 patients (30%) were of the *Vata-Kapha Prakriti*. Hence majority of the patients were having the existence of *Vata Dosha* in their *Prakriti*.

***Nidra*:**

17 patients (56.66%) had the complaint of disturbed sleep and 13 patients (43.33%) had sound sleep.

***Sthula Dehata* (Obesity):**

21 patients (70%) were obese and 9 patients (30%) were not obese. Again, it indicates obesity is one of the causes for the disease.

Limbs affected:

6 patients (20%) were suffered with left limb, 7 patients (23.33%) were suffered with right limb and

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17 patients (56.66%) were had bilateral knee joints pain.

Nature of pain:

6 patients (20%) were having pricking type of pain, 11 patients (36.66%) were having aching type of pain, 8 patients (26.66%) were having generalized type of pain and 5 patients (16.66%) were having tearing type of pain.

Overall Assessment after treatment

Out of 30 patients, 12 patients (40%) had got Good response, 17 patients (56.66%) had Moderate response and 1 patient (3.33%) had Mild response.

Showing the Statistical result on Effect of *Shula*

Effect of *Shula*										
Descriptive statistics				**Wilcoxon signed rank**				**Statistical test**		
Pairing	Mean	SD	Reduction in %	R	N	Mean rank	Sum of rank	Z	P	Remarks
BT with AT				R+(BT>AT)	30	15.50	465.00	5.035	<0.001	HS
BT	2.30	0.702	55.21	R-(BT<AT)	0	0	0			
AT	1.03	0.669		R0(BT=AT)	0	0	0			
BT with AF				R+(BT>AF)	30	15.50	465.00	4.920	<0.001	HS
BT	2.30	0.702	65.21	R-(BT<AF)	0	0	0			
AF	0.80	0.551		R0(BT=AF)	0	0	0			

The symptom Sandhi Shula was reduced from 2.30 to 1.03 i.e. by 55.21% after treatment (AT), it is Highly Significant at p<0.001 and it was reduced from 2.30 to 0.80 i.e. by 65.21% after follow up (AF), it is Highly Significant at p<0.001.

Statistical result on Effect of *Shotha*

Effect of *Shotha*										
Descriptive statistics				**Wilcoxon signed rank**				**Statistical test**		
Pairing	Mean	**SD**	Reduction in %	R	N	Mean rank	Sum of rank	Z	P	Remarks
BT with AT				R+(BT>AT)	11	6.00	66.00	3.317	<0.001	HS
BT	0.77	0.817	48.05	R-(BT<AT)	0	0	0			
AT	0.40	0.563		R0(BT=AT)	19	0	0			
BT with AF				R+(BT>AF)	11	15.50	465.00	3.207	<0.001	HS
BT	0.77	0.817	51.94	R-(BT<AF)	0	0	0			
AF	0.80	0.563		R0(BT=AF)	19	0	0			

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The symptom *Sandhi Shotha* was reduced from 0.77 to 0.40 i.e. by 48.05 % after treatment (AT), it is Highly Significant at p<0.001 and it was reduced from 0.77 to 0.80 i.e. by 51.94% after follow up (AF), it is Highly Significant at p<0.001.

Statistical result on Effect of *Prasaranaakunchanasavedana*

Effect of Prasaranaakunchanasavedana										
Descriptive statistics				**Wilcoxon signed rank**				**Statistical test**		
Pairing	Mean	**SD**	Reduction in %	R	N	Mean rank	Sum of rank	Z	P	Remarks
BT with AT				R+(BT>AT)	26	13.50	351.00	5.014	<0.001	HS
BT	1.60	0.894	56.25	R-(BT<AT)	0	0	0			
AT	0.70	0.7		R0(BT=AT)	4	0	0			
BT with AF				R+(BT>AF)	26	15.50	351.00	4.874	<0.001	HS
BT	1.60	0.894	60.62	R-(BT<AF)	0	0	0			
AF	0.63	0.718		R0(BT=AF)	4	0	0			

The symptom *Prasaranaakunchanasavedana* was reduced from 1.60 to 0.70 i.e. by 56.25 % after treatment (AT), it is Highly Significant at p<0.001 and it was reduced from 1.60 to 0.63 i.e. by 60.62 % after follow up (AF), it is Highly Significant at p<0.001.

Statistical result on Effect of *Atopa*

Effect of *Atopa*										
Descriptive statistics				**Wilcoxon signed rank**				**Statistical test**		
Pairing	Mean	**SD**	Reduction in %	R	N	Mean rank	Sum of rank	Z	P	Remarks
BT with AT				R+(BT>AT)	23	5.00	45.00	3.000	<0.003	MS
BT	0.90	0.885	33.33	R-(BT<AT)	0	0	0			
AT	0.60	0.675		R0(BT=AT)	7	0	0			
BT with AF				R+(BT>AF)	20	5.00	45.00	3.000	<0.003	MS
BT	0.90	0.885	33.33	R-(BT<AF)	0	0	0			
AF	0.60	0.675		R0(BT=AF)	10	0	0			

The symptom *Atopa* was reduced from 0.90 to 0.60 i.e. by 33.33 % after treatment (AT), it is Markedly Significant at p<0.003 and it was reduced from 0.90 to 0.60 i.e. by 33.33 % after follow up (AF), it is Markedly Significant at p<0.003.

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Statistical result on Effect of walking time

Effect of Walking Time										
Descriptive statistics				**Wilcoxon signed rank**				**Statistical test**		
Pairing	Mean	**SD**	Reduction in %	R	N	Mean rank	Sum of rank	Z	P	Remarks
BT with AT				R+(BT>AT)	23	12.00	276.00	4.508	<0.001	HS
BT	1.43	0.893	62.93	R-(BT<AT)	0	0	0			
AT	0.53	0.571		R0(BT=AT)	7	0	0			
BT with AF				R+(BT>AF)	20	10.50	210.00	4.379	<0.001	HS
BT	0.90	0.885	48.95	R-(BT<AF)	0	0	0			
AF	0.73	0.740		R0(BT=AF)	10	0	0			

The symptom Walking time was reduced from 1.43 to 0.53 i.e. by 62.93 % after treatment (AT), it is Highly Significant at p<0.001 and it was reduced from 0.90 to 0.73 i.e. by 48.95 % after follow up (AF), it is Highly Significant at p<0.001.

Statistical result on Effect of Range of movement

Effect of Range of movement										
Descriptive statistics				**Wilcoxon signed rank**				**Statistical test**		
Pairing	Mean	**SD**	Reduction in %	R	N	Mean rank	Sum of rank	Z	P	Remarks
BT with AT				R+(BT>AT)	23	12.00	276.00	4.707	<0.001	HS
BT	1.20	0.761	66.66	R-(BT<AT)						
AT	0.40	0.563		R0(BT=AT)						
BT with AF				R+(BT>AF)	19	10.00	190.00	4.359	<0.001	HS
BT	1.20	0.761	52.5	R-(BT<AF)	0	0	0			
AF	0.57	0.626		R0(BT=AF)	11	0	0			

The symptom Range of movement was reduced from 1.20 to 0.40 i.e., by 66.66 % after treatment (AT), it is Highly Significant at p<0.001 and it was reduced from 1.20 to 0.57 i.e., by 52.5 % after follow up (AF,) it is Highly Significant at p<0.001.

DISCUSSION

The *Chikitsa* of *Sandhigatavata* is *Snehana*, *Swedana, Basti* and *Agnikarma* Since it is a *Vata Vikara* and *Dhatukshaya* of resultant, *Snehana* and *Swedana* would be an ideal line of treatment. In the contemporary science treatment is mainly aimed at

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Non-pharmacological methods and analgesics. Among Non-pharmacological treatment much importance is given to physical heat therapy.

Probable mode of action of *Janubasti*

The main theme of *Vatasyopakrama* emphasizes on *Snigdha* and *Ushnabhava*. *Janubasti* is the type of *Snigdha Sweda*, through which *Bahya Snehana* and *Swedana* are carried out. Its dual action facilitates in alleviating Vata effectively. The *Vatadosha*, which is the key factor in the causation of Sandhigatavata, has almost opposite quality to Sneha. Moreover, properties of Sneha dravya resemble *Properties* to that of *Kapha*. In *Sandhigatavata, Sthanika Kaphakshaya* occurs due to *Agantu Vata Dosha*. Thus the *Sneha* used in *Janubasti* neutralizes the *Vata Dosha* and simultaneously nourishes the *Sthanika Kapha Dosha*. This helps in *Samprapti Vighatana* of *Sandhigatavata*. *Snehana* corrects the *Shuska* dhatus which are the root cause for the *Vata* vitiation and imparts strength. *Swedana* relieves Toda, *Ruk*, *Ayama*, *Shotha*, *Stambha*, etc of symptoms of Vata and smoothens the body parts. Repetitive uses of these *Karmas* are essential for the total control of *Vata* and restoration of its normal functions.

Sandhigatavata is a disease of the *Madhyama Rogamarga* involving the *Asthi Sandhis* of the body. *Asthis* are the *Ashraya* for *Vata Dosha* and the vitiation of Vata hampers the mal-nourishment of *Asthis*, which reflects in *Sandhis*. Such a mal-nourishment involves the reduction of the *Sleshaka Kapha* and deterioration of the *Sleshmadhara Kala*. *Snehana* provides the *Snehabhava* needed for the nourishment of these in turn controls the vitiated Vata. Sushruta stated that out of the four *Tiryak Dhamanis*, each divides gradually hundred and thousand times and thus become innumerable. These cover the body like network and their openings are attached to *Romakoopa*. Through them only *Veeryas* of *Abhyanga*, *Parisheka, Avagaha, Alepa* etc. enters into the body after undergoing *Paka* with *Bhrajaka Pitta* located in Skin. In *Sutrasthana* he explains, *Lepa* in *Bahirparimarjana* treatments yield result by entering into *Romakoopa* thereby enters in circulating through *Swedavaha Srotas*.

Cell membrane act as a barrier to the passage of water-soluble molecules but provide free passage to lipid and lipid soluble substances. Rapid diffusion of lipid soluble substances through cell membranes and the dependency of the rate of diffusion on solubility in lipids have been proved. Lipoid substances which are similar to the cell membrane lipids get directly in corporate into the cell membrane. Some of the lipids and lipid soluble substances directly reach the cytoplasm trough cell membrane.

Application of heat through unctuous substance causes the generation of a temperature gradient across the cell membrane. Besides facilitating the diffusion of liquid substances through the cell membrane, this plays key role in the formation of lipoid vesicles from the dropouts in the membrane in areas of flow temperature. This causes an expansion in the cell volume as well as surface area. But it cannot expand freely, especially in the peripheral direction as it is bound by other cells around. This makes the blebbing of cell membrane inside. The temperature gradient and pressure gradient caused by the heat further helps in blebbing in this particular direction. These lipoid vesicles or blebs detached from the cell organelle or other side of membrane and remain there till a critical surface is reached. These membranes then blebs out and spread further thus providing nourishment to the tissues. The whole phenomenon of dropping of cell membrane vesicles and their incorporation into other membranous structure was described as “Membrane flow Hypothesis” by Palade in 1959.

Thermal therapy acts by increasing the circulation and local metabolic process with the relaxation of the musculature. Application of heat causes relaxation of muscles and tendons by improving the blood supply, venous drainage, lymph supply and activates the local metabolic processes which are responsible for the relief of pain, swelling, tenderness and stiffness. Trans-dermal absorption depends upon lipid solubility of the drug. Drugs in oils and other lipid soluble

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carriers can penetrate the epidermis as it is a lipid barrier. The movement is slow, particularly through the layers of cell membranes in the stratum corneum. But once the drug reaches the underlying tissues it will be absorbed into the circulation. Suspending the drug in an oily vehicle can enhance absorption through the skin. Because hydrated skin is more permeable than dry skin.

Sneha reaches deep into the body tissues, causing partial rejuvenation of cell organelles and cell membrane by replacing their older components with new ones. By this mechanism of *Janubasti* fulfills the expected changes in *Sandhigatavata*. All these are hypothetically proposed aspects.

Discussion on probable mode of Action of *Devadaru Baladi Taila*

The ingredients of *Devadaru Baladi Taila* are *Devadaru*, *Bala*, *Rasna*, *Jatamamsi*, *Sarshapa*, *Nagara* and *Tila Taila*. Which are having properties viz *Ushna Veerya*, *Katu Vipaka, Vata-Kaphahara, Deepana*, *Vayasthapana, Brimhana, Balya, Rasayana* etc. and possessing actions like *Vedanashamaka*, *Shotahara* and *Vatanulomana* which plays vital role in correcting the pathology. Hence used in *Sira- Sandhi-Asthigata Vata*. The *Guru Guna*, *Ushana Veerya* and *Snigdha Guna* of *Sneha* will counteracts with the *Laghu*, *Sheeta* and *Rooksha Guna* of *Vata*, hence once Vata is controlled ultimately the symptoms will also subside.

Conclusion

Sandhigata Vata is one among *Vataja Nanatmaja Vyadhis*, occurring due to aggravation of *Vata* and depletion of *Kapha Dosha*. So, the treatment which is opposite to *Vata* is advised (as per *Vishesha Siddhanta*). Hence, the drugs which are having *Vatahara* and *Brumhana* properties should be advised. *Snehana, Swedana, Basti* etc. are the best line of treatment for this disease. *Samanya* and *Vishesha Siddhanta* should be followed in a rational way while describing the Medicine or Diet based on the quantitative and qualitative knowledge of *Vriddhi* or *Kshaya* of Doshas. *Januvasti* is comes under *Bahya Snehana* and does *Snigdha Swedana*. Moreover, this is *Sthanika Shamana Chikitsa*. *Snigda, Ushna* and *Guru Gunas* of the *Sneha*, counteracts the *Rooksha*, *Sheeta* and *Laghuta* of *Vata* (*Visheshastu Viparyayah*). Symptomatically over all response was good and being a *Bahirparimarjana Chikitsa*, there was a considerable improvement. Except *Atopa*, statistically rest of the parameters showed highly significant results.

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