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Effect of *Dashmoola Siddha Ksheera Janu Basti* and *Jatamayadi Upanaha* in *Sandhigataavata* (Osteoarthritis) - A Case Study

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ABSTRACT

Sandhigataavata is one of the *Vata Vyadhi* characterized by the symptoms as *Sandhi Shoola* and *Sandhi Sphot*. Most middle-aged and older adults experience degenerative joint disorders with symptoms such as swelling, pain on flexion and extension. Symptoms of *Sandhigataavata* exhibit apparent similarity with that of osteoarthritis, a degenerative disorder that occurs when articular cartilage wears down and the failure of diarthrodial joint. A Single clinical case study was conducted to evaluate the effectiveness of *Dashmoola Ksheera Janu Basti* and *Jatamayadi Upanaha* in *Janu Sandhigataavata*. *Dashmoola Siddha Ksheera* was freshly prepared, used in *Sthanik Janu Basti* and *Jatamayadi Upanaha* applied externally over the affected knee joints of the patient for 1-2 hrs daily, for 21 days. After the treatment, the patient experienced significant relief and observed visible reduction in predominant symptoms.

Key words: *Sandhigataavata*, *Dashmoola Ksheera Janu Basti*, *Jatamayadi Upanaha*, *Osteoarthritis*, *Degenerative joint disease*.

INTRODUCTION

The word *Sandhivata* mainly having two parts, *Sandhi* - anatomical aspect and *Vata* - physiological aspect of the body, which is described under *Vata Vyadhi* in *Samhita* and *Samgrah Granth*. *Acharya Charaka* has described *Sandhivata* as a separate disease under the chapter of *Vata Vyadhi* with the name of "*Sandhigata Anila*" with the symptoms of *Sotha* in *Sandhi*, palpable as an air-filled bag (*Vata Purna Driti Sparsha*), pain on

flexion and extension [*Akunchana Prasarana Pravrittisch Vedana*]^[1] and in the later stage *Hanti Sandhigatah*.^[2]

Osteoarthritis of knee joint comes under the inflammatory group which is almost similar to the *Janu Sandhigata Vata* in *Ayurveda*. The disease that is frequently seen in clinical practice as chronic progressive degenerative joint disease that affects the articular cartilage, subchondral bone, ligaments, capsule and synovium. It commonly involved major joints and weight bearing joints, characterized by pain and swelling in joints, stiffness, impairment of movement and bony crepitations. There are two type of osteoarthritis is seen in clinical practice- primary OA and secondary OA. Primary OA occurs in the elderly, more commonly in women than man.^[3] At the end of 4th decade clinical symptoms are progressively and steadily increase. Secondary OA may appear at any age and is the result of any previous injury, fracture, inflammation, loose bodies and congenital dislocation of the joint. According to WHO, osteoarthritis is the second commonest musculoskeletal problem among the world population (30%) after back pain (50%).

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Worldwide osteoarthritis of hip joint is very prevalent but in India OA of knee joint is very frequent.^[4]

Contemporary science treats the disease with calcium supplementation and analgesics which might have adverse effects like gastric irritation, hepatotoxicity, on the contrary *Ayurveda* treatments like *Snehan* (oleation), *Swedan* (steam), *Upanaha* (poultice), *Lepa* (topical application) and *Bandhan* (Bandage) yield better relief from pain and swelling thus to restore the mobility without any side effects.

Janu Basti is one of the modalities of treatment commonly adopted in the management of *Janusandhigatvata*. It gives combined effects of *Snehan* and *Swedan Karma*. Most of the Drugs in *Dashmoola* are having *Madhura & Kashaya Rasa*, *Laghu Ruksha Guna*, *Ushna Veerya*, *Madhura Vipaka*, which mainly act on *Vata Dosh*. When *Dashmoola* is processed with the *Ksheera*, it provides *Dhatu Poshan* and alleviates *Vata*.^[5] *Upanaha Swedana* is a standard treatment modality used in the *Ayurveda* for the management of pain and inflammation. The ingredients of *Jatamayadi Upanaha* are having *Kapha-Vata Shamaka* and *Vedanasthapaka* properties.^[6] So for the better management of *Sandhigatavata* by the local *Panchkarma* therapy with less time consuming, *Dashmoola Siddha Ksheera Janu Basti* and *Jatamayadi Upanaha* are taken for the study.

CASE REPORT

A case of 57year old female patient visited in P.K. OPD with chief complain of bilateral knee joint pain swelling over the joint since 7 months. Pain aggravated during walking and climbing the stairs and pain is relieved by resting. Pain had affected her daily living activities. On examination reveals tenderness, swelling, crepitus and range of movement of both legs are reduced. The patient was taking NSAIDS, but there was no satisfactory relief. In radiographical examination narrow joint space and osteophytes was found.

Subjective Criteria

Following sign and symptoms will be considered for diagnosis:^[7]

1. Pain in joints (*Sandhi-Shoola*)
2. Swelling in joints (*Sandhi-Shotha*)
3. Stiffness (*Sandhigraha*)

4. Pain on pressure (*Sparsha Vedana*)
5. Muscle weakness and impairment of movement with pain (*Akunchan-Prasaranayo Vedana*)
6. Bony crepitation (*Sandhi-Sphutan*).

Examination of Patient

Ashtavidha Pariksha^[8]

1. *Nadi* - 80/min
2. *Mutra* - 3-4 time /day, normal in colour
3. *Mala* - once per day with *Niram Mala*
4. *Jivha* - Non coated
5. *Shabda* - *Spashta*
6. *Sparsha* - *Samsheetoshna*
7. *Druk* - Normal
8. *Akruti* - *Sthula*

Aturbala Pramana Pariksha^[9]

1. *Prakriti* - *Pitta Pradhan Kapha Anubandha*
2. *Vikruti* - *Sandhigatavata*
3. *Sara* - *Madhyam*
4. *Samhanan* - *Madhyam*
5. *Pramana* - *Madhyam*
6. *Satmayatah* - *Avar*
7. *Satva* - *Avar*
8. *Ahar Shakti* - *Madhyam*
9. *Vyayam Shakti* - *Avar*
10. *Vaya* - *Madhyama Avastha*

Treatment Protocol

1. Local *Abhyanga* with *Vata Shamak* oil over the affected knee joint.
2. *Dashmoola Siddha Ksheera Janu Basti* - 35 min/day for 21 days
3. *Jatamayadi Upnaha Swedan* - 1hr 30 min /day for 21 days

Material required**Table 1: Material required for Dashmoola Siddha Ksheera Janu Basti preparation^[10]**

SN	Drug	Quantity/Dose
1.	Dashmoola (Yava Koota Churna)	50gm
2.	Ksheera	400ml
3.	Water	1600ml
4.	Black gram flour	350gm
5.	Vessel	3
6.	Spoon	1
7.	Cotton	Q.S.

Table 2: Material required for Jatamayadi Upanaha Swedana^[11]

SN	Drug	Quantity/Dose
1.	Jatamansi (Fine Powder)	20gm
2.	Chandana (Fine Powder)	20gm
3.	Tagara (Fine Powder)	20gm
4.	Kushta (Fine Powder)	20gm
5.	Kundurushka (Fine Powder)	20gm
6.	Sarala (Fine Powder)	20gm
7.	Rasna (Fine Powder)	20gm
8.	Ashwagandha (Fine Powder)	20gm
9.	Saindhava Lavan	20gm
10.	Godhuma	40gm
11.	Murchit Tila Tail	40ml
12.	Kanji	As required

Procedure**Purva Karma:**

For Janu Basti drug- Dashmoola, Milk and Water are considered in the ratio of 1:8:32. All these are taken in a clean stainless-steel vessel and boiled over mild flame until Ksheera Avashesh (only milk part remains).

Make thick dough with black gram powder by mixing some adequate quantity of water.^[12]

For Upanaha Swedan - Jatamansi (*Nardostachys jatamansi*), Chandana (*Santalum album*), Tagara (*Valeriana jatamansi*), Kushta (*Saussurea lappa*), Kundurushka (*Boswellia serrata*), Sarala (*Pinus roxburghii*), Ashwagandha (*Withenia somnifera*), Rasna (*Pluchea lanceolata*), Godhuma (*Triticum sativum*), Moorchita Tila Taila (*Sesamum indicum*) and Saindhava Lavana. Above said ingredients were mixed with sufficient quantity of Kanji and homologous semi-solid paste was prepared. Paste was heated till it attains sticky uniform consistency.

Pradhan Karma:^[13]

The patient should sit in comfortable position with extended legs and expose the Knee area. Using the thick dough make a rim and fix it firmly on the affected area. Take the warm Dashmoola Siddha Ksheera and pour on the inner wall of rim taking care not to ooze out. When Ksheera becomes cool, remove it with syringe & again refill with warm medicated Ksheera.

After Janu Basti warmed paste was applied over affected joints. Then covered with Eranda Patra (leaves of Ricinus Communis) and it was firmly bandaged with Cotton cloth. Upanaha was retained for 1-2 hours and then removed; the part was cleaned with warm water.

Study Duration: 21 Days**Assessment****Table 3: Assessment was done on the basis of WOMAC Criteria^[14]****Sandhi Shool (Pain)**

Symptoms	Score/ grading
No pain	0
Mild pain with no difficulty in walking	1
Slightly difficulty in walking due to pain	2
Severe difficulty in walking	3

Sandhi Shoth (Swelling)

Symptoms	Score/ grading
No swelling at all	0
Swelling noticeable but not masking the bony prominence	1

Swelling sufficient to cover the bony prominence	2
Swelling with positive fluctuation	3

Sandhi Graha (Stiffness)

Symptoms	Score/ grading
No stiffness	0
Mild stiffness	1
Moderate stiffness	2
Severe stiffness more than 10 min	3

Akunchan Prasarnaya Vadana (Pain during flexion and extension)

Symptoms	Score/ grading
No pain	0
Pain without winching of face	1
Pain with winching of face	2
Prevent complete flexion	3
Does not allow passive movement	4

Sparsh Ashyata (Tenderness)

Symptoms	Score/ grading
No tenderness	0
Patient say tenderness	1
Winching of face on touch	2
Does not allow to touch the joint	3

Sandhi Sphutan (Crepitus)

Symptoms	Score/ grading
No crepitus	0
Palpable crepitus	1
Audible crepitus	2

Overall Assessment Criteria

Thus, the total effect of the therapies will be graded as follows:

Complete remission 100% relief

Marked improvement <100% to ≥75% relief

Moderate improvement <75% to ≥50% relief

Mild improvement <50% to ≥25% relief

No improvement < 25% relief

RESULT & DISCUSSION

As per objective assessment criteria, the patient signs were analyzed before treatment & after treatment and during the followed period. The result is shown in table no. 4

Table 4: Patient symptoms evaluation.

SN	Joint Pain		Joint Swelling		Joint Stiffness		Crepitation		Tenderness		Pain During Flexion & Extension	
	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
Right Knee Joint	3	1	2	0	2	0	1	1	2	1	3	1
Left Knee Joint	2	0	1	0	1	0	1	0	1	0	2	1

As observed in the above table, the patient score of right & left knee joint was 13 and 8 respectively at the time of admission & was reduced to 4 and 1 at the time of discharge. It showed moderate improvement (69.23%) in right knee & marked improvement (87.5%) in left knee joint.

CONCLUSION

As ageing occurs *Dhatu Khsaya* limited daily activities such as walking, dressing, bathing etc. and making the patient disabled. Global osteoarthritis prevalence increased more than 113% between 1990 and 2019, with the most cases appearing in China, India and the United States. Osteoarthritis has been affecting more than 15 million adults annually, with India contributing 22% to 39% share to the global numbers.

Sandhigatavata comes under *Vatavyadhi* but not include in eighty type of *Vata Nanatmaj Vikar*. *Vata* stimulating factors are accepted as *Nidan*. *Vyan Vayu* and *Shleshka Kapha* are crucial component for pathogenesis of *Sandhigatavata*. *Snadhigatavata* can correlated with Osteoarthritis. Osteoarthritis is a chronic degenerative joint disease, On the basis of clinical manifestation, pathogenesis and complication. In OA patient is suffering from Pain, Stiffness, Tenderness, Swelling and Crepitus in knee joint and pain during movement as common symptoms. Modern pathy has its own limitation in managing the OA. It has either conservatives or surgical treatment with some trouble and hazardous side effects with financial burden. Where as in *Ayurveda* this type of disease can be fully treatable by the *Panchkarma* therapy. *Janu Basti* and *Local Upanaha* have shown best for the *Vata Vyadhi*. In our case study *Sandhivata* is treated from *Dashmoola Siddha Ksheera Janu Basti* and *Jatamayadi Upnaha Sweda* for 21 days. This treatment has provided better relief in the sign and symptoms of *Sandhigatavata* and patient can walk comfortably without any trouble. This may be because of *Vata* and *Kapha* propitiating effect of *Dashmoola Siddha Ksheera Janu Basti* and *Jatamayadi Upanaha Sweda Karma*. Our intention is searching the simple, effective, convenient, patient friendly, pocket friendly *Panchkarma* therapy with easily available substances without any hazardous side effects. So, this type of study has been planned, which can be done on a large scale.

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