

Management Of Jannusandhighat Vata With Trayodashang Guggulu And Rasansaptak Kawath Along With Nadi Swedan With Dashmoola Kawath - A Case Study

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¹Received: 08 June 2024; Accepted: 20 August 2024; Published: 23 August 2024

ABSTRACT

Sandhigata Vata (Osteoarthritis) is common amongst the elderly and obese persons. It is mainly caused by aggravation of *Vata Dosha*. When there is involvement of *Janu Sandhi* (knee joint), it is known as *Janusandhigata Vata*. i.e. knee is the mostly affected joint in *Sandhigata Vata*. The symptoms includes *Vatapoorna-Dritisparsha*, *Sandhi Shotha*, *Prasarana Acuchanayo Vedana*, *Atopa*, *Sandhi Hanti*, *Sandhisphutana*. *Janusandhigata Vata* can be correlated with Osteoarthritis of knee joint due to similarity in clinical features. Osteoarthritis is the most common type of arthritis. It mainly affects weight-bearing joints of the body specially knee, hip, lumbar spine. Being commonest variety of articular disorders, *Sandhigata Vata* poses a large hindrance in day-to-day activities of the sufferer like walking, dressing and bathing etc. Available treatment options include use of NSAID's, calcium supplementation and ultimately joint replacement. General lines of treatment for *Sandhigata Vata* are *Nidanaparivarjana*, *Snehana* (*bahya and abhyantara*), *Swedana*, *Basti karma* and *Shamana chikitsa*. Here during this case study, a 66-year-old female patient with *Janu Sandhigata Vata* came to JIAR OPD with complaints of Right knee joint pain, crackling sound in Right knee joint since 15 days and swelling in Right knee joint along with stiffness and restricted movement of Right Knee Joint since 2 months. Due to long standing and straining, the patient had these symptoms. The Patient was given completely *Ayurvedic* medicine for 45 days and the result were remarkably seen. The medicine given were *Trayodashang Guggulu* (1 tab TDS), *Rasansaptak Kawath* (20ml BID) along with *Nadi Swedan* with *Dashmoola kawath Choorna*. Hence this study was taken to prove that *Ayurvedic* management has remarkable result in *Janu Sandhigata Vata* (Osteoarthritis). Observation and results were drawn on the basis of assessment criteria. Discussion was done on the basis of entire observation during the research. Conclusion was drawn on the basis of research.

Keywords: *JanuSandhigataVata*; Osteoarthritis; *Vatavyadhi*; *Nadi Swedan*; *Shamana chikitsa*.

INTRODUCTION

Joint problem is one of the most frequent complaints which come before a medical practitioner. Joint pain is very prevalent among elderly people, especially due to osteoarthritis. Osteoarthritis is a chronic degenerative disorder which mainly affects large and weight bearing joints like hip joint, knee joint and spine etc. Osteoarthritis accounts for 0.6% of all Disability adjusted life years (DALYs) and 10 % of DALYs due to musculoskeletal conditions. This burden accounted for 2.2% of global years of life lost due to disability (YLD) and 10% of all YLD from musculoskeletal disorders Hip and knee osteoarthritis was ranked as the 11th highest contributor to global disability and 38th highest in Disability adjusted life years (DALYs) . Osteoarthritis knee occurs in 12 % of the person age ≥ 60 in the United States and 6 % of all adults.

In *Ayurveda Sandhigata Vata* is described under *Vatavyadhi* in all the *Samhitas* and *Sangrahas*. It is a major problem as large percentage of population suffers from this disease. *Acharya Charak* has first described *Sandhigata Vata* as *Sandhigata Anilawith* symptoms of *Sotha* (swelling) which on palpation feels like bag filled with air and *Shula* (pain) on *Prasara* and *Akunchana* (pain on flexion and extension). *Acharya Sushruta*

¹ How to cite the article: Riya; Management Of Jannusandhighat Vata With Trayodashang Guggulu And Rasansaptak Kawath Along With Nadi Swedan With Dashmoola Kawath - A Case Study; *International Journal of Innovations in Applied Sciences and Engineering*; Special Issue 1 (2024), Vol 10, No. 1, 70-75

also mentioned Shulaand Sothain this disease leading to the diminution (*Hanti*) of the movement at joint involved. *Madhavkara* adds *Atopa* (crepitus in joints) additional feature of it. It is said to be caused by excessive intake of *Vatavrudhikara ahara* like *Kattu*, *Tikta* and *Kashaya Rasa Pradhana dravyama*, excessive stress and strain of joints or *Abhigata* (Injuries).

Nadi Swedana is one type of *Swedan Karma* (sudation therapy) and is a popular and easy method of traditional sudation therapy. *Nadi Swedana* is a specialized traditional method type of *Agnisvedaḥ* in which sudation is done by giving steam for relieving pain, swelling and stiffness. A detailed description of *Swedana* is found in *Ayurvedic* literature and is used by *Ayurvedic* physicians in the management of *Sandhigata Vata*. However, we couldn't find any report in the literature of research investigating the effect of *Nadi Swedana* on pain, swelling and stiffness in a patient with knee osteoarthritis. Therefore, the purpose of this observational study was to evaluate the effect on pain, swelling and stiffness of traditional Sudation therapy for the patient with knee osteoarthritis.

Samprapti Ghatakas (CH.CHI 28/59)

<i>Dosha</i>	<i>Vyana Vata, Shleshaka Kapha</i>
<i>Dhatu</i>	<i>Kshaya of Mamsa, Asthi, Majja and Majja Pradosha</i>
<i>Srotas</i>	<i>Mamsavaha, Asthivaha and Majjavaha Srotas</i>
<i>Srotodushiti</i>	<i>Srotosanga</i>
<i>Rogamarga</i>	<i>involvement of Madhyama Roga Marga</i>
<i>Udbhavasthanana</i>	<i>Pakwashayodbhava</i>
<i>Vyaktasthana</i>	<i>Vyakta in Janu, Hasta and Anguli Sandhi</i>
<i>Adhishthana</i>	<i>in Sandhi Adhishtana</i>
<i>Agni</i>	<i>Jatharagni Mandyata</i>

CASE STUDY:

A 66 years old female patient registered in JIAR OPD of *Kayachikitsa* in Jammu Institute of Ayurveda And Research Nardani, Jammu. She presented herself with the followings complaints:

Chief Complaints with duration: Severe pain in right knee joint along with crackling sound in right knee joints from last 2 months. Patient noticed swelling in Right knee joint along with stiffness and restricted movement of Right Knee Joint 2 months before but she got relieved with allopathic analgesics medicine.

Other complaints: Not any associated complain is seen.

History of Present illness: Patient was normal 2 months before and then gradually developed above symptoms. So, for the proper treatment she came to Jammu Institute of Ayurveda And Research OPD.

Family History: Not any Family illness of such history to any relatives.

Past History: No H/o DM-II, HTN, TB, thyroid disorder, and no past surgical H/o.

Table 1 showing Personal H/o

Appetite	Decrease
Bowel	Regular
Micturition	Regular (5-5timesDay/Night)
Sleep	Disturbed
Diet	Vegetarian
Addiction	None

Table 2 showing Astavidha pariksha: -

Nadi-	78/min
Mala	Vibandha
Mutra	Samyak
Jihva	Niram
Shabda	Spashta
Sparsha-	Anushana sheeta
Druk-	Prakruta
Aakriti-	Madhyama

General Examination:

- ✓ General examination- moderate, Afebrile.
- ✓ Pulse rate- 82/min.
- ✓ B.P.- 130/80mmHg.
- ✓ Respiratory rate- 18/min.
- ✓ Temperature – 98.6° F
- ✓ Pallor/ Icterus /Cyanosis/Lymphadenopathy/Clubbing –Absent.
- ✓ Height – 5'4"
- ✓ Weight – 70 kg.

Systemic examination:

- ✓ **Per abdomen** – Soft, non- tender, no signs of organomegaly present.
- ✓ **Cardiovascular system** – S1, S2 audible, no any added sound present.
- ✓ **Respiratory system** – Normal vesicular breath sound, no any added sound present.
- ✓ **Central nervous system** – NAD.

Local examination:**Inspection**

- ✓ There was no valgum deformity.
- ✓ Swelling present over right knee joint.
- ✓ No muscle wasting is seen.
- ✓ No scar, redness or rashes is seen.

Palpation:

- ✓ Crepitus present while moving the right knee joint.
- ✓ Tenderness present on right side of knee joint.
- ✓ No rise in local temperature is seen.
- ✓ Effusion present over right knee joint.

Range of motion (ROM):

Patient felt restriction and pain while flexion and extension of Right knee joint and movements were limited to 110° for flexion and 20° for extension.

Examination of knee:

- Bulge test: negative(B/L)
- Patellar tap test : negative(B/L)

- Anterior drawer test: negative (B/L)
- Posterior drawer test : negative(B/L)

CRETERIA:

a) Clinical Assessment Criteria

GRADE	<i>Sandhishoola</i> (Joint Pain)	<i>Sandhishotha</i> (Swelling)	<i>Sandhigraha</i> (Stiffness)	<i>Akunchana</i> <i>Prasaranjanya</i> <i>Vedana</i> (pain during flexion and extension of joint)	<i>Sandhisphutana</i> (crepitus)
0	No pain	No swelling	No stiffness	No pain	No crepitus
1	Mild pain	Slight swelling	Mild stiffness	Pain without winching of face	Palpable crepitus
2	Moderate pain	Moderate swelling	Moderate stiffness	Pain with winching of face	Audible crepitus
3	Severe pain	Severe swelling	Severe difficulty due to stiffness	Prevent complete flexion	Always audible crepitus

Investigations:

Hb; 11.2gm/dl

RBS: 121mg/dl

S. Uric acid: 5.6mg/dl

ESR: 15mmhr.

R.A. Factor- Negative.

RADIOLOGICAL INVESTIGATIONS:**X ray of Right knee joint (A.P. & Lat. view)**

- Osteoarthritic changes are seen in the condyles of tibia & femur and also in the patella of right sides.
- Articular surfaces are smooth and regular.
- Joints spaces are markedly reduced.
- Soft tissue around the joints shows swelling.

Impression: The above features are suggestive of osteoarthritis of Right knee joint.**INTERVENTION (TREATMENT)**A. *Rasnasaptak kawath* (20ml BID) before meals.

Ingredients: *Rasna* (Pluchea Lanceolata), *Amruta* (Tinospora Cordifolia), *Devdaru* (Cedrus Deodara), *Aragwadha* (Casia Fistula), *Trikantaka* (Tribulus Terrestris), *Eranda* (Castor Root), *Punarnava* (Boerhavia Diffusa).

Reference of *Rasnasaptak Kawath* is taken from *chakradutta*^(6.)

B. *Trayodashang Guggulu* (1 tab TDS), with Luke warm water; after meals.

Ingredients: *Suddha Guggul* (commiphora mukul), *Ashwagandha* (Withania Somnifera), *Hauber* (juniper berries), *Giloy* (Tinospora cordifolia), *Shatavari* (Asparagus), *Gokhru* (Tribulus Terrestris), *Nishoth Kala*

(Operculina turpethum), *Saunf* (Fennel Seeds), *Rasna* (Pluchea lanceolata), *Kachur* (Zedoary), *Ajwain* (Cumin Seeds), *Ginger* (Zingiber officinale), *Cow's Ghee* (Clarified Butter).

Reference of *Trayodashang Guggulu* is taken from *Baishajya Ratnawali*⁽⁷⁾.

- C. *Nadi swedan* with *Dashmoola kawath churun* for 7 days.

Ingredients of Dashmoola kawath is *Bilva* (Aegle marmelos), *Agnimantha* (Premna serratifolia), *Gambhari* (Gmelina arborea), *Shyonaka* (Oroxylum indicum), *Patala* (Stereospermum suaveolens), *Brihati* (Solanum indicum), *Shalaparni* (Desmodium gangeticum), *Kantakari* (Solanum xanthocarpum), *Gokshura* (Tribulus terrestris), *Prishnaparni* (Uraria picta).

- ✓ *Nadi swedana* with *Dashmoola kawath* over the knee Joint is given to the patient. Duration of *Nadi Swedana* was 15-20 minutes.

Reference of *Dashmoola kawath* is taken from *Charak Samita*⁽⁸⁾.

PATHYAPATHYA (DO'S AND DON'T):

Dietary guidelines were advised to follow throughout the lifetime.

Pathya (Do's)- One of the best regimens uses ingredients like *Yava* (Hordeum vulgare) powder and *Amalaki* (Emblica Officinalis) powder. In order to preserve health, he also suggested *Prashatika*, *Priyanguka* (Setaria italica), *Shyamak* (Echinochloa frumentacea), *Yavaka & Madhumeha* (Avena sativa Linn.), *Yava* (Hordeum vulgare), *Joornaahva* (Sorghum Vulgare Pers), *kodrava* (Paspalum scrobiculatum), *mudga*, Cheese, yogurt, soybeans, beans, tofu, etc.

Apathya (DON'T)- *Rooksha Laghu*, non nourishing diet, Excessive Weight lifting, *Ati Chankramana*, *Vata Karaka Ahara Vihara*, *Kaphahara Ahara Vihara*, *Toor dal*, *Urad dal*, Vegetables like Capsicum, Potato, Cabbage, Spinach, Tomato and non - vegetarian food.

OBSERVATIONS:

On the basis of Assessment Criteria Observations are as follows-

CLINICAL OBSERVATION

S.NO	SYMPTOMS	BEFORE TREATMENT	AFTER TREATMENT
1	Joint Pain	3	0
2	Swelling	3	0
3	Stiffness	3	0
4	Pain during Flexion and Extension of Joint.	2	0
5	Crepitus	1	0

RESULTS:

Total study period was 45 days with medicine along with 7 days *Nadi Swedan* with *Dashmoola Kawath churan* in morning. It was observed that almost 60% of her symptoms disappeared in 1 month and patient was free from complaints at the end of 45 days. There is no pain and no difficulty in the movement of right Knee joint.

DISCUSSION:

Sandhigataavata is the commonest disorder which mainly occurs due to *Dhatukashya* and other *Vata Prakopaka Nidana*. Even though *Sandhigataavata* is not a fatal disease but it cripple the movement of patient and makes him or her dependent on others. In *Janusandhigata Vata* there is *Rūkṣa Vṛddhi* and *Kapha Kṣhaya*. *Vāta* and *Kapha* are *Sita* in nature. So, the medicine must be *Uṣṇa*, *Bhrimhaṇa* and *Anulomana*.

This decoction is prepared for *Nadi Swedan* with *Rasna*, *Guduchi*, *Aragvadha*, *Devadaru*, *Gokshura*, *Eranda* and *Punarnava*. It has anti-inflammatory, analgesic, antiarthritic and antioxidant activities. It reduces pain, swelling and stiffness of joints. *Nadi Swedana* is a traditional and popular method used in this research had a heat transfer effect on the applied area. It was reported that heat application decreased pain and disability of patients with Knee Osteoarthritis. Blood flow, capillary permeability, nerve conduction and collagen extensibility increase through vasodilation as a result of heat treatment and it may reduce pain and stiffness. The analgesic effect of *Dasamoola* drugs is already proven. *Nadi Swedana* (sudation) seems to be a traditional *Vata Shamaka* procedure. *Snehana* (oleation) and *Swedana* (sudation) are opposite properties of *Vata*, viz., *Sheeta* (coldness), *Ruksha* (dryness) etc. with this mechanism *Nadi Swedana* produces relief in all sorts of *Vata Vyadhi*.

Trayodashang Gugulu is a herbal preparation. It is indicated in *Vata roga*. It acts as a *Rasayana* (rejuvenative). It has anti-inflammatory, analgesic, anti-arthritis and muscle relaxant activities. It helps to reduce pain, swelling and stiffness of joints.

CONCLUSION:

The present scenario of lifestyle is prone to cause many lives deteriorating conditions. *Janu Sandhigata Vata* is *Madhyama Rogamarga Vataja Vyadhi* affecting the middle-aged, obese and elderly population. Following *Dinacharya* and *Ritucharya* that are mentioned in our *Samhitha* are beneficial in preventing many diseases. *Ayurvedic* treatments that include external application of drugs, like *nadi swedan*, offer advantage of immediate relief and negligible adverse effects. Patient treated and presented as this case study got remarkable relief with *Janu basti* and some common *Ayurvedic* drugs. Therefore it can be concluded that use of *baahyaparimarjan chikitsa* (classical external *Ayurvedic* treatment) in the background of accurate diagnosis can cure the patients suffering from osteoarthritis. Being safe, devoid of adverse effects, *Ayurvedic* management is the only option to avoid painful intervals, advancement of the disease and repeated use NSAIDs. Delaying of surgical intervention by few years by external *Ayurvedic* treatments is considered as great relief by the patients. Use of external therapies like *Nadi swedan* offers additional advantage of reducing systemic exposure due to oral use of medications. This study will encourage further research in the field with evidence based methodology.

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