



Case Study

## ROLE OF JANUBASTI ON JANUSANDHIGATAVATA (OSTEOARTHRITIS)

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### ABSTRACT

Joint pain is a common complaint among the elderly. The 62 year-old male patient in this case study has osteoarthritis in his knee joint and has been enrolled in an Ayurvedic program for treatment. A type of *Vatavyadhi* called *Janusandhigataavata* is described in Ayurveda and is almost identical to osteoarthritis of the knee joint. In this case study, the impact of *Janubasti* combined with *Mahanarayanataila* and *Dashmoolakwathnadi-swedana* is evaluated. The patient has been advised to have two therapy sessions, each lasting six days, with a six-day break in between. According to the study, there has been a noticeable improvement in subjective parameters such as joint pain, *Sandhi shoola*, and pain during flexion and extension of the joint in *Vatapurnadritisparsa, Prasaranakkunchanapravritisavedana*. Following the study, *Sandhi Shotha* (joint swelling) is totally resolved.

### INTRODUCTION

One of the most common complaints that people bring to a doctor is a joint problem. Older adults frequently experience joint pain, particularly from osteoarthritis. Osteoarthritis is a long-term degenerative condition that primarily affects large, weight-bearing joints, such as the spine, hips, and knees. 10% of DALYs caused by musculoskeletal disorders and 0.6% of all DALYs are attributable to osteoarthritis. 2.2% of years of life lost due to disability (YLD) worldwide and 10% of all YLD from musculoskeletal disorders were attributed to this burden. In terms of disability-adjusted life years (DALYs), hip and knee osteoarthritis was ranked as the eleventh largest contributor to global disability and the 38th highest. In the United States, 6% of adults and 12% of those over 60 have osteoarthritis in their knees.

#### *Sandhigataavata*


One of the eighty varieties of *Vatavyadhi* that are mentioned in different Ayurvedic treatises is *Sandhigataavata*.

The first mention of *Sandhigata Vata* is found in the *Charaka Samhita*. The clinical features of *Sandhigataavata* are *Vatapurnadritisparsa* (coarse crepitation), *Shotha* (swelling), and *Prasaranakkunchanapravritisavedana* (pain during flexion and extension of the joint). A disease known as *Janusandhigataavata* develops as a result of *Sthansamshraya* of vitiated *Vata dosha* at the knee joint (*Janu sandhi*).

This illness is very similar to osteoarthritis in the knees. The main goal of the *Sandhivata* treatment plan is to reduce the *Vata dosha*. Oil therapy is the most effective way to treat vitiated *Vata dosha*, according to Acharya Charaka. In order to treat *Vatavyadhi*, it is also recommended to apply *Snehana* with *Swedana* over the affected area. This reduces pain, stiffness, and enhances flexibility.

#### *Janu Basti*

In Ayurveda, this is a specialized procedure that is particularly recommended for *Janu Sandhigata Vata*. The traditional Ayurvedic texts do not mention or describe *Janu Basti* directly. It is comparable to a therapeutic Ayurvedic massage. Since *Janubasti* is a form of *Bahyasnehana* and *Swedana* (external oil application and sudation), it can be regarded as *Bahirparimarjanachikitsa*. On the other hand, some people also think of *Janu Basti* as *Snigdha Sweda*. Depending on the condition, different kinds of medicated oils are used in *Janubasti*. A well-known

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Ayurvedic formulation called *Mahanarayanataila* has been suggested for the treatment of various forms of *Vatavyadhi*. For the current case study, *Janu Basti* with *Mahanarayana Taila* has been chosen.

### Case Study

A male patient, age 62, who has been experiencing pain in his left knee joint for the past two years, came to the outpatient department (OPD) on April 25, 2024, bearing registration number 4469. The patient has pain over their knee joint that crackles and makes it difficult for them to walk. The pain gets worse with movement and goes away when they rest. Two years ago, there was a history of local trauma (car accident) to the left knee joint. For the same issue, he saw an orthopedic specialist earlier. His left knee joint's X-ray shows degenerative changes, a narrow joint space, and some osteophytes. His left knee joint was diagnosed with osteoarthritis. It is recommended that he take anti-inflammatory and painkilling medications on a regular basis for a while, then only on occasion (as needed).

Antalgic gait is typical for the patient. Examining the left knee joint reveals both audible and palpable joint crepitation during painful joint movement. Normal skin covers the knee joint. The patellar tap test results are positive, confirming the visible swelling over the joint. The medial side of the joint was tender, but not inflamed. The patient is instructed to take *Janubasti* with *Mahanarayanataila* after a clinical examination and assessment, and then *Dashmoolakwathanadi-Swedana*

### MATERIAL AND METHOD

For the present study, the following materials are required for each therapy session-

1. *Masha* (black gram) flour – 1 kg
2. *Mahanarayanataila* – 500ml
3. *Dashmoolakwath* – 2 litres (for *Nadiswedana*),
4. Spatula – 01
5. Small piece of sponge – 01
6. Water – as per requirement
7. *Nadi swedanayantra* (Local steam apparatus) – 01

### METHODS

The first step in making *Janubasti* is to make *Mashapisti*, or black gram paste, by adding enough water. The patient is then instructed to sit up straight on the table with their knees extended. The lower limbs receive a mild *Abhyanga* and the knee joint is appropriately exposed. Then, over the knee joint, *Mashapisti* is applied as a circular boundary wall that is 4 *Angula* (roughly 4 inches) high. This is called *Basti Yantra*, after the circular boundary of *Mashapisti* is allowed to settle for five to ten minutes. In the event

that the *Basti yantra* leaks oil, precautions should be taken. Using a tiny piece of sponge, heated *Mahanarayanataila* is poured into the *Basti yantra* until it reaches the level of two *Angula*. The oil's temperature should be such that the patient can tolerate it well. Warm oil should be added to the oil to maintain its temperature as it cools down over time. This process takes thirty minutes to complete. Following this, the boundary wall of *Masha Pisti* is removed and oil is drained from the *Basti Yantra*.

**Nedi Swedana:** In this study, the knee joint was treated with mild *Abhyanga* following *Janu basti*. The patient is then given *Nadiswedana* with *Dashmoolakwatha* over the knee joint. *Nadi Swedana* lasted for fifteen to twenty minutes.

**Therapy schedule:** The patient in this case study received two therapy sessions. Six days make up each therapy session, and parameters were assessed both before and after each session. Six days elapsed between each of the two therapy sessions.

### Assessment parameters

1. *Vatapurnadritisparsa* (joint crepitations)
2. *Shotha* (joint swelling)
3. *Sandhi shoola* (joint pain)
4. *Prasaranakkunchanapravritisavedana* (pain during flexion and extension of joint)

### Grading of parameter

1. *Vatapurnadritisparsa* (joint crepitations)
  - Grade 0 - No crepitus
  - Grade 1 - Palpable crepitus
  - Grade 2 - Audible crepitus
  - Grade 3 - Always audible crepitus
2. *Sandhi Shotha* (joint swelling)
  - Grade 0 - No swelling
  - Grade 1 - Mild swelling
  - Grade 2 - Moderate swelling
  - Grade 3 - Severe swelling
3. *Sandhi Shoola* (joint pain)
  - Grade 0 - No pain
  - Grade 1 - Mild pain
  - Grade 2 - Moderate pain
  - Grade 3 - Severe pain
4. *Prasaranakkunchanaanapravritisavedana* (pain during flexion and extension of joint)
  - Grade 0 - No pain
  - Grade 1 - Pain without winching of face
  - Grade 2 - Pain with winching of face
  - Grade 3 - Prevent complete flexion

## RESULTS

## Criteria for Assessment - Subjective

S.No	Subjective Parameter	Before Treatment	After 1 <sup>st</sup> Session	After 2 <sup>nd</sup> Session
1.	<i>Vatapurnadritisparsa</i>	3	2	1
2.	<i>Shotha</i>	2	1	0
3.	<i>Sandhi Shoola</i>	3	1	1
4.	<i>Prasaranakkunchanapravr itisavedana</i>	2	1	1

## Criteria for Assessment Objective

Objective Criteria	Before Treatment	After Treatment
Serum Uric Acid	8.50 mg/dL	5.83 mg/dL

## DISCUSSION

Several common factors that aggravate *Vata dosha* include excessive consumption of rich foods, excessive walking or physical activity, direct injury, and suppressing natural urges. *Guna* (properties) of *Vata* such as *Ruksha* (dry), *Shita* (cold), *Laghu* (light), and *Chala* (movement) also increase from their normal levels in various combinations as *Vata* becomes vitiated. To normalize vitiated *Vata dosha*, it is recommended to use herbs and formulations with opposite *Gunas*, such as *Sneha* (oily), *Ushna* (hot), *Guru* (heavy), and *Sthira* (stable). It is mentioned in the development of *Vatavyadhi* that aggravated *Vata* takes up the empty space in the body channels and body parts. According to Acharya Chakrapani, this empty space is simply the location within the body where *Guna*, such as *Sneha*, etc., are lacking or absent. The primary *Gunas* that are aggravated in *Janusandhi gatavata* are *Ruksha* (dry) and *Shita* (cold), which results in *Dhatu kshya* (joint degeneration). The initiation of treatment protocol, investigations were carried out and it was reported that the level of S. uric acid was significantly lowered. Patient somehow not believed on reported so he goes for another test from lab and confirmed the lowered value of S. uric acid, while other complaints were also reduced significantly.

The patient in this case study initially experiences excruciating joint pain and joint swelling. *Janu basti* significantly relieves these symptoms after two sessions. Following *Janu Basti*, there is a decrease in initial audible joint crepitations as well. Joint pain during movement is a very common *Janusandhi gatavata* feature. With two sessions of *Janubasti* therapy, there is a marked improvement in this symptom. One of the thirteen *Swedana* types recommended for the treatment of *Vatavyadhi* is *Nada Swedana*. According to this study, *Nadiswedana* with *Dashmoolakwath* and *Janubasti* completely relieve joint swelling. Given that the herbs in *Dashmoola* primarily have *Shothahara* properties, it might be the result of *Dashmoola*.

## CONCLUSION

Knee osteoarthritis, or *Janu Sandhigata Vata*, is a very common musculoskeletal condition in the elderly. The primary cause of it is vitiated *Vata dosha*, there was reduction of complaints as well as improvement in uric acid level (lowering of uric acid) in short period of treatment protocol as well during the follow up period also. The case study concludes that the management of *Janu Sahdhigata Vata* can be greatly benefited by following *Mahanarayana Tail Janu Basti* after *DashmoolaKwath Nadi-Swedana*.

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