ABSTRACT
Joint pain is the global problem in patients with almost 70 to 80% of the world population suffering from it. Statistical analysis shows that by the age of 60 to 75 years 80% of the population shows radiographic evidences of osteoarthritis. Management of osteoarthritis in modern science involves many problems and rarely substantial improvements are achieved. In modern medicine providing symptomatic relief and pain management are the main aim of treatment, in our classics it can be compared with sandhi gat vaat. Acharya has described snehan, upnaha bandahan as a line of treatment, therefore janu basti has been choosen for the present case study for relieving pain stiffness and improving physical functions are the important goals of this intervention

KEYWORDS
Osteoarthritis, Sandhi Gat Vaat, Janu Basti
INTRODUCTION

Osteoarthritis (OA) is one of the most common joint disorders. It is the second most common rheumatological problem and is most frequent joint disease with prevalence of 22% to 39% in India\(^1\),\(^2\) and inflicts about 4-6 crore Indians. It is the most common cause of locomotor disability in the elderly\(^3\) and begins asymptptomatically in the 2\(^{nd}\) & 3\(^{rd}\) decade; mostly in persons by age 40 have some pathologic change in weight bearing joints\(^4\). NSAIDs are the drug of choice in this disease\(^5\). The signs and symptoms of OA has resemblance with Sandhivata; one of the disease conditions described under Vatavyadhi of Ayurveda\(^6\). Sushruta samhita delineates the disease in Vatavyadhi chapter under the heading of Sandhigata vata, while Charaka delineates it under Sandhigata vata under the Vatavyadhi as Sandhigata anila\(^7\). Sandhigata Vata is briefly described in Ayurvedic Samhitas.

In Charaka Samhita, it has been described for the first time in the name “Sandhigata Anila” with the symptom as “Vatapurna Driti Spars), “Sopha” (swelling),“Prasaranakunchanyoh Pravritt ischa Savedana” (painful on flexion and extension movement). Acharya Susruta in Nidanasthan has described it as “Sandhigata Vata” and defined it as Sandhihanti (destruction of joints), Sandhisoola (painful joints), Sandhisopha (swollen joints)\(^8\). Sushruta has mentioned the treatment for Sandhigatavata as Snehana, Svedana, Upanaha, Agnikarma, Bandhana and Unmardana\(^9\).

MATERIALS AND METHODS

Case study: A 46 year old female came in OPD with chief complain of pain, swelling and inability to walk or climb stairs since 6 months. X-ray of both knee joints showed osteophyty changes and reduced gap, suggesting of osteoarthritis.

Further physical examination showed presence of crepitus in both the knee joints and pain in extension and flexion with tenderness. She took allopathic medicine along with physiotherapy but there was no satisfactory result.

Treatment plan: patient was planned for janu basti with sehcharadi oil for 7 days.

Assessment criteria:

Janu basti: One of the advance interventions of panchkarma is janu basti, janu means knee and basti means to hold. It is a type of bahya snehan and swedan

Materials required:
- Black gram flour: 250 gms
- Sehcharadi tail: 500 ml
- Cotton roll
- Towels: 2
Purva karma: Mild abhyanga was done in both the knee joints. A paste of the black flour was prepared and a circular leak proof wall of this paste was made around the knee joint.

Pradhan karma: Luke warm oil was poured in this ring, when oil cool down it was replaced with the warm oil. This was repeated for 30-45 mints.

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Pashchat karma: ring is removed and extra oil is cleaned. Patient is asked to take proper rest.

**Table 1**

<table>
<thead>
<tr>
<th>Sr.no</th>
<th>Symptoms</th>
<th>Grading</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Sandhi shoola/pain on walk</td>
<td>No pain: 0; Mild pain on exertion: 1; Moderate intermittent pain on walk: 2; Constant pain on walk: 3; Severe pain unable to walk: 4;</td>
</tr>
<tr>
<td>2.</td>
<td>Sandhi graham/stiffness</td>
<td>Normal flexion: 0; Mild restriction: 1; Moderate restriction: 2; Severe restriction: 3</td>
</tr>
<tr>
<td>3.</td>
<td>Gait/aakrutti</td>
<td>Free swinging, no limp: 0; Limping gait with no additional support: 1; Limping gait with unilateral support: 2; Limping gait with bilateral support: 3</td>
</tr>
<tr>
<td>4.</td>
<td>Tenderness</td>
<td>No tenderness: 0; Patient complains of pain on touch: 1; Patient complains of pain on touch and winces: 2; Patient withdraws joint on touch: 3; Patient doesn’t allow touching the joint: 4</td>
</tr>
<tr>
<td>5.</td>
<td>Swelling/shotha</td>
<td>Swelling absent: 0; Swelling present: 1</td>
</tr>
<tr>
<td>6.</td>
<td>Crepitus/aatopa</td>
<td>No crepitus: 0; Crepitus present: 1</td>
</tr>
<tr>
<td>7.</td>
<td>Range of movements</td>
<td>flexion 135°: 0; lesser than 135°&amp; more than 100°: 1; lesser than 100°&amp; more than 75°: 2; lesser than 75°: 3</td>
</tr>
</tbody>
</table>

OBSERVATIONS AND RESULTS

The procedure was completed and grading of the symptoms before and after the treatment (table 2) was observed and noted.

After treatment there was complete relief in symptoms like stiffness, gait, tenderness, and swelling and significant relief in rest of the symptoms.

DISCUSSION

Sandhigata vaat specially occurs in vriddha avastha in which dhatukshaya takes place which leads to vata prakopa. Vata & asthi have ashraya ashrayi
sambandha. That means vata is situated in asthi. In vriddha avastha increased vata diminishes the sneha from its asthi dhatu by its opposite qualities to sneha.

Table 2 Effect of therapy on symptoms

<table>
<thead>
<tr>
<th>Sr.no</th>
<th>Symptoms</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Sandhi shoolapain on walk</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Sandhi graham/stiffness</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>3.</td>
<td>Gait/aakruti:</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4.</td>
<td>Tenderness:</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5.</td>
<td>Swelling/shotha</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>6.</td>
<td>Crepitus/aatopa</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>7.</td>
<td>Range of movements</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Due to diminution of sneha, kha vaigunya(rikta srotas) occurs in asthi which is responsible for the cause of sandhigata vata in the weight bearing joints especially in janusandhi causing janusandhigata vata\textsuperscript{11} in our texts Bahyasnehan (external application of oil) is mentioned as one of the therapeutic measures in curing various types of Vata disorders. So, External application of Janu basti with sehcharadi oil that has specific property like (Madhur & Tikta Rasa & UshanaViryatamak) GatiVisheshatvam (helps to move) it can be given in condition like the disease having difficulty in walking, pain, swelling, Tenderness and stiffness\textsuperscript{12} was used during intervention.

Janu basti provides dual effect as snehan due to use of oil and swedan. snehan nourishes the joint, dhatu and muscles while swedan helped in pacifying stiffness, pain and swelling that was present by increasing blood circulation due to heat of the oil. Janu Basti helps curing Vata disorders quickly and effectively due to its Vatahara as well as Brihmhana (nourishing) property.

CONCLUSION

Result of above study supports the fact that Janu basti provides dual effect of snehan and swedan at the same time and has no side effect unlike modern medicine. So it can be used as a choice of intervention for treating Janu sandhigat vaat.
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