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## ***JanusandhigataVata* (Osteoarthritis of the Knee Joint) and Its Management in Ayurveda**

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### **ABSTRACT**

The disease SandhigataVata is mentioned under Vatavyadhi in Ayurvedic classics. In old age all dhatus undergo kshaya leading to vataprokopa making individuals prone to many diseases like SandhigataVata. Here affliction of the joints by vitiated vata is the chief phenomenon in the pathogenesis of the disease. The cardinal feature of the disease is shulapradhanavedana (pain) along with sandhisotha (inflamed joints) and vatapurnadrutisparsha (swelling) as mentioned in Ayurvedic classics. It can be compared with Osteoarthritis of Modern medical Science.

The Osteoarthritis, also known as degenerative joint disease is the most common articular disorder which begins asymptotically in the 2<sup>nd</sup> and 3<sup>rd</sup> decades and is extremely common by the age of 70 years. In Modern medical Science the main treatment is conservative and surgical which has its own limitations and side effects. In Ayurvedic classics the management procedures of SandhigataVata is vividly described. The present clinical study was done on the 100 patients at Govt. Ayurvedic College & Hospital Guwahati, and it has shown very good results in reducing the all the symptoms i.e. pain, inflammation and swelling of the JanusandhigataVata. In this clinical study, the Rasayan drugs like Ashwagandha, and Shigru which has anti-inflammatory, analgesic, immunomodulator properties etc & Yastimadhu which act as phytoestrogen has been given orally for 90 days along with Matrabasti with AshwagandhaGhrita has been given for 8 days. Basti is considered best for all the Vatavyadhis.

**KEYWORDS** *JanusandhigataVata, Osteoarthritis, Ashwagandha, Yastimadhu, Shigru, Matrabasti*



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## INTRODUCTION

Ayurveda has described about all aspects of human health and diseases inflicting them with detailed preventive and curative aspect. SandhigataVata is one of the disease which has afflicted the mankind since thousands of years and till date every physician has to face in his or her daily practice. It is usually considered to be an ailment related to geriatric population but also found asymptotically in 2<sup>nd</sup> and 3<sup>rd</sup> decades of one's life. It is extremely common after 60 years of age.

Sandhigatavata has been described as an independent clinical entity in Ayurvedic Samhitas and was discussed under the chapter of Vatavyadhiadhyaya in Brihattryee. The etiological factors for Vatavyadhi are also considered as the etiological factors for Sandhigatavata. In classical texts, Janusandhigatavata is characterized by sandhisula ( joint pain), sotha ( inflammation), prasaranna-akunchanapravruttivedana (pain due to flexion & extension of the joint)<sup>1</sup>. It can be correlated with OA of the Knee joint. OA or degenerative joint disease results as a consequence of articular cartilage failure induced by multi factorial etiology. Osteoarthritis is a disorder characterized by progressive joint failure in which all structures of the joints undergoes

pathologic changes. There are numerous pathways that lead to OA, but the initial step is often a joint injury which leads to a failure of protective mechanisms

The present study is an effort to cure or regress the disease Sandhigatavata. AcharyaCharaka has mentioned the use of snehana, svedana, basti and mriduvirechanafor the treatment of Vatavyadhi. AcharyaSushrutahas described specific treatment like snehana, upanaha, agnikarma, bandhana and unmardana<sup>3</sup> for Sandhigatavata.

Here, MatraBasti with Ashwagandha Ghrita<sup>6</sup> along with oral medicines like Ashwagandha<sup>5,8</sup>, Yastimadhu<sup>2</sup> and Shigru<sup>10</sup> has been selected for the present study. The Basti<sup>6</sup> has been selected, as it is mentioned as the best therapy for the Vatavyadhis and it can be administered in all the six ritus (seasons), irrespective of age, sex & time. Ashwagandhaghrita and all the oral medicines has got vatashamaka and rasayanaproperties. As the disease osteoarthritis is a degenerative condition a rasayana should give good result because it slow down the process of destruction (ageing) in the body and helps in rejuvenation<sup>12</sup>.

**AIM** To evaluate the effect of Ashwagandha, Yastimadhu, and Shigru along with AshwagandhaghritaBasti in the

management of Janusandhigatavata (Osteoarthritis of the knee joint).

## MATERIAL AND METHODS

It was single centre, open level, observational clinical study with pre and post test assessment. The study protocol was approved by the Institutional ethics committee and Ethical clearance for the Trial was taken (Ref. No. IEC/1620-21) dated 09-05-2016. Hundred patients of either sex diagnosed as Janusandhigatavata were selected incidentally from the outpatient and inpatient units of Dept. of Kayachikitsa, Govt. Ayurvedic College & Hospital, Jalukbari, Guwahati-14, Assam.

### INCLUSION CRITERIA:

- i. Patients of both sex will be included.
- ii. Patients between the age group of 40-70 years
- iii. Patients fit for basti karma
- iv. Patients without any previous anatomical deformity.

### EXCLUSION CRITERIA:

- i. Patients below 40 years and above 70 years of age
- ii. Patients with aamavata (rheumatoid arthritis).
- iii. Patients with vatarakta (gouty arthritis)
- iv. Complete loss of articular cartilage
- v. Patients not fit for basti.

### DIAGNOSTIC CRITERIA

Signs and symptoms mentioned in Ayurveda for Sandhigatavata along with signs and symptoms for osteoarthritis knee in modern science (Table 1).

**Table 1: Signs & Symptoms of Janusandhigatavata (knee OA) according to Ayurveda and Modern science:**

Janusandhivata	Osteoarthritis of knee
Vatapurnadhrutisparsha	Inflamed knee joints.
Sandhisula	Pain in the Joint
Vedana during prasarana	Pain during extension and flexion
Atopa	Crepitations
Sandhi hanta	Stiffness of the joint

### INTERVENTION:

- ☐ (a) Ashwagandha (*Withaniasomnifera*) capsule- 500 mg, (b) Yastimadhu (*Glycyrrhizaglabra*) capsule- 500mg, (c) Shigru (*Moringaoleifera*) capsule - 500 mg twice daily for 90 days.
- ☐ MatraBasti with 60 ml AshwagandhaGhruta for 8 days.

### OBSERVATION AND RESULTS

In the present study, total 100 patients were enrolled, out of which 80 patients completed the study. Maximum number of patients were of age group 51 – 60 years (47.5%) followed by age group 40-50 years (30%) and age group 61-70 years (22.5%). Majority of the patients were females (73.75%) and 87.5% Hindus. In this study it was observed that majority of patients were housewives i.e. 52.5%. Most of the patients i.e. 82.5% were on mixed

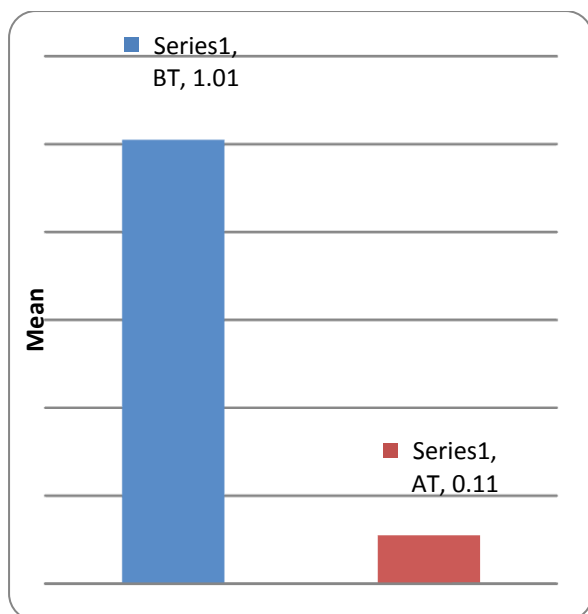


diet. It was found that maximum numbers of patients i.e. 48.75% had an insidious onset followed by chronic onset in 31.25%

of patients and acute onset in 20% of patients.

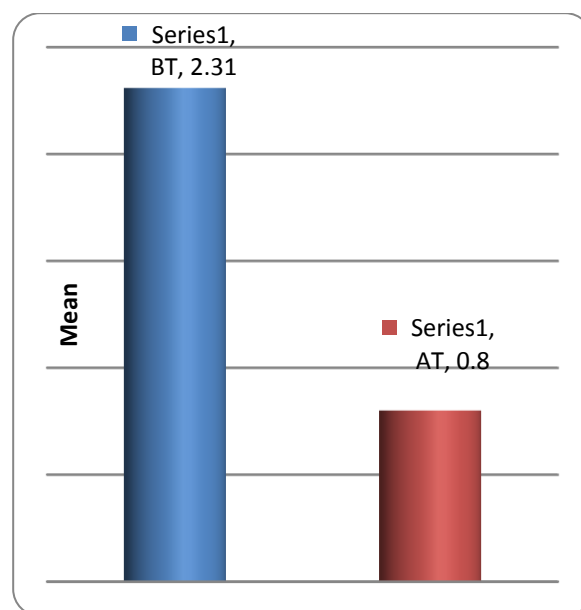
**Table 2** Effect of the Therapy on *Vatapura Druti Sparsa* (swelling)

S. No.	Mean		SD		SE	Z value	P value	Remarks
	BT	AT	BT	AT				
80	1.01	0.11	0.87	0.32	0.10	9	P<0.001	Highly Significant



**Fig 1:** Effect of the Therapy on *Vatapura Druti Sparsa*

P<0.001; hence the result is statistically highly significant. It implies that the effect of the therapy on *Vatapura Druti Sparsa* after 90 days i.e. after treatment is highly significant (Table No.2, Fig.1).



**Fig 2** Effect of the Therapy on Sandhi Sula

P<0.001; hence the result is statistically highly significant. It implies that the effect of the therapy on Sandhi Sula after 90 days i.e. after treatment is highly significant (Table No.3, Fig.2)

**Table 3** Effect of the Therapy on Sandhi Sula (Joint Pain)

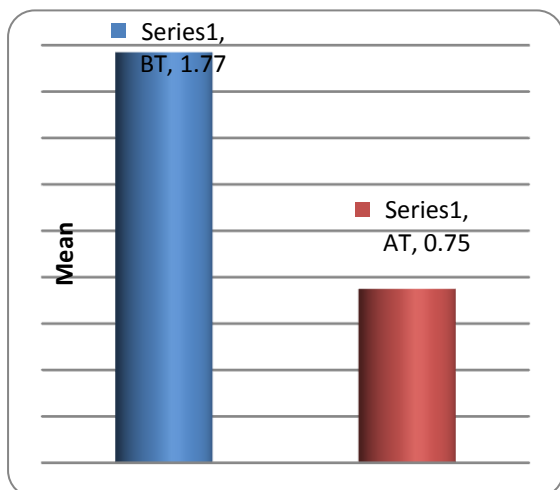
N	Mean		SD		SE	Z value	P value	Remarks
	BT	AT	BT	AT				
80	2.31	0.8	0.61	0.62	0.1	5.69	P<0.001	Highly Significant

**Table 5** Effect of the Therapy on Atopa (crepitation)

N	Mean		SD		SE	Z value	P value	Remarks
	BT	AT	BT	AT				
80	1.77	0.75	0.67	0.46	0.09	11.33	P<0.001	Highly Significant

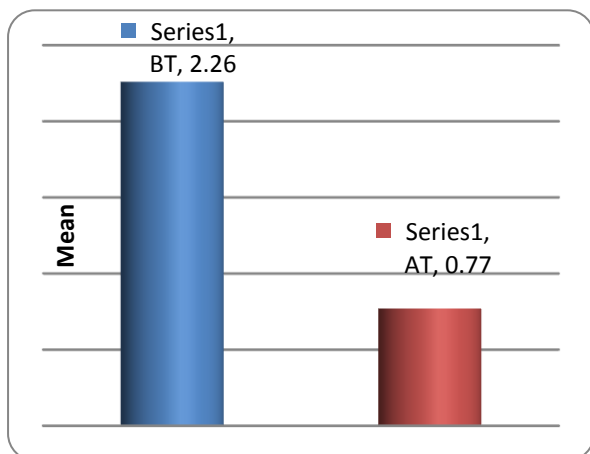
**Table 6** Effect of the Therapy on Sandhi Hanti(stiffness)

N	Mean		SD		SE	Z value	P value	Remarks
	BT	AT	BT	AT				
80	2.26	0.77	0.56	0.52	0.09	16	P<0.001	Highly Significant



**Fig 4** Effect of the Therapy on Atopa

$P < 0.001$ ; hence the result is statistically highly significant. It implies that the effect of the therapy on Atopa after 90 days i.e. after treatment is highly significant (Table No.5, Fig.4)



**Fig 5** Effect of the Therapy on Sandhi Hanti

$P < 0.001$ ; hence the result is statistically highly significant. It implies that the effect of the therapy on SandhiHanti after 90 days i.e. after treatment is highly significant (Table no.6, Fig.5).

## CONCLUSION

From the outcome of the study the following conclusions were found:

Statistically, the overall effect of the combine therapy of oral medicines and Matrabasti were found to be of good result by seeing the effective improvement in the symptoms of all the patients. The drugs Ashwagandha (Withaniasomnifera), Yastimadhu (Glycyrrhizaglabra), Shigru (Moringaoleifera) with MatraBasti of Ashwagandhaghrita is very effective in controlling the pain, swelling, stiffness, crepitus and improvement in restricted

movement, thus giving them a big relief for the normal activities like increased walking distance.

Thus, it could be concluded that the oral medicines for 90 days along with AshwagandhaGhritaBasti (Matrabasti) for 8 days showed significant improvement on all the parameters of the study.

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