

CASE STUDY

# An Ayurvedic Management of *Janusandhigatavata* – A Case Study

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## ABSTRACT

According to *Ayurveda* science the musculoskeletal and neurological disorders are mentioned under the general term *Vatavyadhi*. *Sandhigatavata* is one of the diseases of *Vatavyadhi*. When the *VataDosha* gets vitiated & accumulated in various *Sandhi Sthana* and that causes impairment in normal function of *Sandhi*, so it is called *Sandhigatavata*. In that *Janusandhigata Vata* is the most commonly seen. The condition similar to *Sandhigata Vata* has been described as Osteoarthritis in modern science. Osteoarthritis is the chronic degenerative joint disease, which commonly affects the knee joint which leads to difficulty in walking, movement restriction or painful movement. A 53-year-old female patient was diagnosed with *Sandhigatavata* since 6 months. Patient was treated with the help of general *Vatavyadhi* chikitsa along with direction of *Pathyapathya*. After 3 months treatment, symptoms were significantly reduced. Patient had marked improvement after 3 months complete course of treatment plan. The detailed case study will be described in full paper.

**Key Words** *Vatavyadhi, Sandhigata Vata, Osteoarthritis, Ayurvedic Management*

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## INTRODUCTION

In Ayurveda, health is defined as a balance between body, mind, spirit, and social wellbeing. The balance of *Tridosha* is also considered as a Health<sup>1</sup>. Imbalance of these *Doshas* is termed as a *Roga*. Among *Tridosha* *VataDosha* is responsible for *Kshaya* of all *Dhatu*s, and so leading to *VataPrakopa*. This results in occurrence of the many diseases.

Osteoarthritis is the chronic degenerative disease, which commonly affect the knee joint. In India increasing number of elderly due to increase in life expectancy is observed in recent years, hence

the problem of osteoarthritis is increased. OA of knee joint contribute to nearly 80% of total OA. It majorly affects the quality of life. The condition similar to OA has been described is *Sandhivata* in *Ayurveda* in which vitiated *Vata* afflicts the joint & causes destruction of cartilages, and reduction in synovial fluid inside the joint capsule, leading to swelling and painful movement of joints.

## LITERATURE REVIEW

In classical texts, all *Acharyas* have described *Sandhigatavata* as a one of the clinical entity in the *vatavyadhi Adhyaya*. *Acharya Charaka* have

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mentioned signs and of sandhigatavata, which are *Vatapurna Dritisparsh Sotha* (swelling), *Akunchan-Prasarane Vedana* (painful movement during flexion and extension of joints) *Sandhi Vedana* (joint pain)<sup>2</sup>. *Sushrut acharya* added a new symptom *HantiSandhi* which means complete destruction of joint<sup>3</sup>. *VridhdhaVagbhataacharya* and *Vagbhattacharya* mentioned *Vatavyadhi* as a *Maharoga*<sup>4,5</sup> & accepted signs and symptoms given by *Charakacharya* & line of treatment given by *Sushrutacharya*. *Acharya Madhavakara* mentioned the *Atopa* instead of *Sotha*. Which means swelling over joints<sup>6</sup>. *Acharya Bhela* has not clearly mentioned it, but explaining the *Asthi-Majjagata Vyadhi*, he has described *Sandhivichyuti*. *Acharya Bhavamishra* also mentioned the treatment portion of *Vatavyadhi* in *Madhyam Khanda*. *Acharya Harita* mentioned the line of treatment for *Snayu Sandhi Asthigata Vata* like *Snehana, Mardana, Basti* & also *Bhedana*.

*Janusandhigatavata* is mentioned as an Osteoarthritis in modern science. Osteoarthritis is a non-inflammatory condition of joints characterized by degeneration of articular cartilage and formation of new bone i.e., osteophytes and associated with hypertrophic bony changes. It is common form of arthritis and one of the leading cause of pain and the disability worldwide.

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A 53-year-old female patient with chief complaint of pain over knee joint since 6 months,

consulted in OPD of *Kayachikitsa* at Government Akhandanand Ayurved Hospital, Bhadra, Ahmedabad on dated 05 July, 2021 with Registration no 11266. She complained of both knee joint pain associated with difficulty in walking and crackling sound over the knee joint since 6 months and abdominal heaviness and burning in chest since a week.

Onset was gradual starting with B/L knee joint pain before 6 months then she experienced difficulty during walking. No previous medical history was noticed. The vital data including pulse rate 80/min, Respiration rate- 18/min, Blood pressure – 140/90 mm of Hg and temperature 98F with normal cardiac function. She was not suffering from other lifestyle disorders.

Patient had typical antalgic gait. On examination, bilateral knee Joint crepitation was present during movement associated with pain. Pain is aggravated by walking or climbing stairs and relieved by rest. The range of movement was restricted in both extension and flexion. Skin over knee joints is normal. There is no swelling over both knee joints and no rise of temperature over knee joint. Lab investigation was not done.

The diagnosis of *Janusandhigatavata* was established on basis of above findings.

**Reviewing her condition following *Samprapti Ghataka* were observed.**

*Dosha* – *Vatapradhana Kapha*

*Dushya* – *Asthi, Majja, Meda*

*Adhishthana* – *Asthi, Sandhi*

*Srotas* – *Asthivaha, Majjavaha, Medovaha*

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*Srotodudhtiprakara - Sanga*

*Agni – Vishama*

*Udbhavsthana- PakwashayaSamuttha*

*Rogamarga- Madhyama*

*Vyadhiswabhabv-Chirakari*

*Sadhyasadhyata-Krichhrasadhya*

*Vyaktasthana - Janu sandhi*

### Management

The below treatment was continued for 3 month.

**Table 1** SandhigataavataChikitsa

Sr.no.	Aushadha	Aushadha karma
1.	RasnadiKwatha 10gm BD	Agnidipana, Vatahara, Anulomaka, Shulahara, Sothahara, and Rasayan properties
2.	LashunadiVati2 BD (b/f)	Vatakaphahara, Ushnavirya, Katu-kashayarasatmakaAampachaka,Aadhmanhara, Udarashulahara
3.	AshwagandhaChurna- 2gm RasayanaChurna_ 1 gm Godanti bhasma-500 mg	} Itsf BD Madhura- tiktarasatmaka, sthairyakaranam, vata-pitta shamaka, Balya,
4.	Yogarajguggulu 2 TDS	
5	BalaashwagandhaTaila for LocalAbhyanga followed by Swedana	Vatashamaka, Balya, Brumhaniya,

## RESULTS

**Table 2** Improvement in symptoms with treatment

Symptoms	1 <sup>st</sup> day	15 <sup>th</sup> day	30 <sup>th</sup> day	45 <sup>th</sup> day	60 <sup>th</sup> day	75 <sup>th</sup> day	3 month
<b>Sandhishula (Kneejt. Pain)</b>	+++	+++	++	++	++	+	-
<b>Aakunchan-PrasaraneVedana (Difficulty in movement)</b>	++	++	+	+	+	-	-
<b>SandhiSphutana (Crepitation)</b>	++	++	+	+	-	-	-
<b>UdaraAdhaman (Abd. Heaviness)</b>	++	++	-	-	-	-	-

The results of the given medication are shown in figure 1 and 2.



**Figure 1** Before treatment

**Figure 2** After Treatment

## DISCUSSION

*Janusandhigat Vata* special occur due to *Vata Prakopa*, which lead to *Dhatu Kshay*. *Vata Dosh* and *Asthi Dhatu* have *Ashray-ashrayi*

*Bhava*, which means *Vata* is situated in *Asthi*. According to *Acharya Vagbhata Asthi* is the prime sight of *Vata*. *Prakupit Vata Dosh* absorbs *Snehansha* from *Asthisandhi* leading to *kapha (Shleshak Kapha) Kshay* by *Guna* like *Ruksha, Khara, Laghu, Parusha* etc. of *Vata* by which *Kha-vaigunya* occur in *Asthi*.

As per *Ayurvedic* management *Sodhan* and *Shamana Chikitsa* are described. Treatment planned based on general *Vatavyadhi Chikitsa* with using some oral medication and local  
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application. Here, in *Shamanachikitsa* *Rasnadikwatha* given with *Yogaraj Guggulu* & *Ashwagandhadi Yoga*. *RasnadiKwatha* have the properties like *Vedanashamaka*, *Sothahara*, *Tridoshashamaka*, *Rasayana*. *Yogarajguggulu* alleviates all the three *Doshas* and has *Rasayana* action. it is used in all the *Vata Rogas*. It acts as *Vedanahara*, *Sothahara*. *Ashwagandhadi Yoga* have combination of *Ashwagandha Churna*, *Rasayana Churna* & *Godanti Bhasma* which provides supplementation of calcium and stability to the joints, and it have *Balya* and *Vatahara* properties significantly.

### CONCLUSION

This is well concluded from above case study that the *Ayurvedic* management of *Janusandhigata Vata* provides remarkable improvement in patient. Patient got 75% improvement within 3 months in her condition. Complete cure is possible if the condition is not chronic, and patient follows *Pathyapathya* properly.

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