

**AYURVEDIC MANAGEMENT OF JANUSANDHIGATA VATA WITH
JADAMAYADI UPANAHA- A CASE REPORT****Keerthi Sudhakaran***

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ABSTRACT

One among the Vata Vyadhi is Janusandhigatavata which is distinguished by the symptoms Sandhi Shoola and Sandhi Sopha. Degenerative joint illnesses, which present with symptoms including swelling and pain during flexion and extension, primarily affects the middle-aged and older persons. JanuSandhigatavata symptoms seem to be comparable to those of osteoarthritis, a degenerative condition caused by the breakdown of articular cartilage and diarthrodial joint failure. To assess the efficacy of Jadamayadi Upanaha in Janu sandhigatavata, a single clinical case study was carried out. The treatment involved external application of the choorna in form of upanaha over the patient's damaged knee joints for one hour every day for thirty days. Following the procedure, the patient noticed a noticeable improvement in the majority of her symptoms as well as substantial alleviation.

KEYWORDS: *Janusandhivata, jadamayadi Upanaha, swedana, Osteo-arthritis.*

INTRODUCTION

One of the most frequent degenerative joint illnesses in India is Janusandhigatavata, a common type of joint ailment.^[1] Due to a loss of body tissues (Dhatukshaya), this condition mostly affects elderly people (Vridhnavastha), which has a major influence on their everyday activities such as dressing, walking, and taking a bath. In contemporary medicine, osteoarthritis is frequently identified as the cause of joint pain, which is commonly ascribed to the deterioration of joints with age.^[2] The predominant Vata Dosha in the pathophysiology of Janusandhigata Vata is characterized by symptoms like pain (Shoola), swelling (Sopha),

stiffness (Stabdhata), heaviness(gouravata), crepitus (Atopa). The dominance of Katu, Tikta, and Kashaya tastes in the food, inactivity (Avyayama), depletion of tissue (Dhatukshaya), trauma (Abhigata), and lack of physical activity are some of the elements that aggravate Vata. From the perspective of contemporary medicine, this illness is quite similar to osteoarthritis in the knee, a common joint problem. The progressive loss of cartilage in the joint is a hallmark of osteoarthritis. Clinically, it presents as reduced joint mobility, joint stiffness, discomfort, pain during movement, crepitus (cracking sound), and radiographic abnormalities such as constriction of the joint space, growth of osteophytes, and deformities in the joint contour. Osteoarthritis is a common condition in India, affecting about 12% of the population.^[3] In Ayurveda, Osteoarthritis correlates with Sandhigata Vata. Acharya Charaka mentioned this disease under Vatavyadhichikitsa adhyaya. The symptoms are swelling like an air-filled balloon and pain during flexion and extension of the joints.^[4]

AIM

To study the Effectiveness of Jadamayadi Upanaha swedana in The Management of Janusandhigatavata.

OBJECTIVE

To study the role of Jadamayadi Upanaha swedana to reduce sign and symptoms of Sandhigatavata.

CASE PRESENTATION

A 54 -year-old female patient having complaints of Janusandhi Shula, Sotha, crepitus, stiffness and difficulty in walking since 3 yrs has come to OPD in Dept. of Panchakarma in our Hospital.

History of present illness

A female patient, 54 years old, presented to the outpatient department with the aforementioned concerns, having had them for the previous three years. For the last three years, she had been taking NSAIDS, an allopathy medication, but she did not fully get better. Thus, the patient sought additional care and management in Panchakarma OPD.

Past history

N/H/O- Diabetes mellitus, Hypertension.

Personal history

Appetite: Poor

Food habits: Mixed diet

Sleep: disturbed

Bowel: Constipation

Bladder: Urination normal

Addiction: Tea

Examination

Ashtavidha pariksha

Nadi (Pulse)	80/min
Mala (Stool)	Vibandha
Mutra (Urine)	Samyak (Normal)
Jivha (Tongue)	Alpa Sama (Slightly coated)
Shabda (Speech)	Spashta (Clear)
Sparsha (Skin)	Samyak (Samshitoushna)
Druka (Eyes)	Prakruta (Natural)
Aakruti (Posture)	(Prakruta)

Aturbala pramana pariksha^[5]

1. Prakriti - Pitta Pradhan Kapha Anubandha
2. Vikruti - Sandhigataavata
3. Sara - Madhyama
4. Samhanan - Madhyama
5. Pramana - Madhyama
6. Satmayatah - Avara
7. Satva - Avara
8. Ahar Shakti - Madhyama
9. Vyayam Shakti - Avara
10. Vaya - Madhyama Avastha

Locomotor examination

Inspection	Palpation and Examination
Difficulty and pain in both knee joints while walking long distances and sitting longer. Slight swelling noted	No T Tenderness Present Crepitus elicited Swelling present -slight Temperature slightly raised Range of movements -possible with pain

Investigations

Anteroposterior and lateral views of the right knee's X-ray revealed a reduction in joint space, joint overlap of the femur's lateral epicondyle over the tibia, and significant osteoporotic alterations with osteophytes.

Drug review

Material required for jadamayadi upanaha swedana^[6]

SN	Drug
1.	<i>Jatamansi</i> (Fine Powder)
2.	<i>Chandana</i> (Fine Powder)
3.	<i>Tagara</i> (Fine Powder)
4.	<i>Kushta</i> (Fine Powder)
5.	<i>Kundurushka</i> (Fine Powder)
6.	<i>Sarala</i> (Fine Powder)
7.	<i>Rasna</i> (Fine Powder)
8.	<i>Ashwagandha</i> (Fine Powder)
9.	<i>Saindhava Lavana</i> -3gm
10.	<i>Haridra</i> -5gm
11.	<i>Ksheerabala tailam</i> - 20ml
12.	<i>Kanjika</i> -quantity sufficient
13.	<i>Godhuma</i> -quantity sufficient

Treatment protocol

1. Jadamayadi Upanaha Swedan - 1hr /day for 30 days

Jatamansi (*Nardostachys jatamansi*), Chandana (*Santalum album*), Tagara (*Valeriana jatamansi*), Kushta (*Saussurea lappa*), Kundurushka (*Boswellia serrata*), Sarala (*Pinus roxburghii*), Ashwagandha (*Withenia somnifera*), Rasna (*Pluchea lanceolata*), Godhuma (*Triticum sativum*), Ksheerabala Taila (*Sida cordifolia*), Haridra and Saindhava Lavana are used for Upanaha Swedana. After combining the aforementioned materials with an adequate amount of Kanjika, an analogous semi-solid paste was created. Paste was cooked until it reached a consistent, sticky consistency.^[7] Eranda patra was heated and used for placing over the upanaha and bandaging was done and left for the whole day.

Study duration: 30 Days.

OBSERVATIONS AND RESULTS

The patient's clinical characteristics and radiological results were assessed. Patient got relief after 30 days of upahana, now her pain, stiffness, swelling are gone. Patient advised to further pathya-apathya ahara bihar and maintained a healthy lifestyle.

DISCUSSION

Dhatu Khsaya restricted everyday activities like walking, dressing, bathing, etc. as the patient grew older, rendering them incapacitated. Although it is not included in Nanatmaj Vikar's eighty types of Vata, JanuSandhigatavata falls under Vatavyadhi. Factors that stimulate Vata are recognized as Nidan. Shleshka Kapha and Vyan Vayu are essential to the pathophysiology of Janusandhigatvata. Osteoarthritis and Snadhigatavata may be associated conditions. The management of the OA is limited by modern pathology only either conservative or surgical treatment is available, but both come with risks and high costs. On the other hand, Panchkarma therapy is a totally treated form of this type of sickness in Ayurveda. For the Vata Vyadhi, local Upanaha have demonstrated the best.

Probable mode of action of jadamayadi upanaha

Jadamayadi Swedana is a treatment that involves sweating and has many benefits include: it has vatahara properties, leaving the skin feeling refreshed and radiant, with a post-sweat glow. Lessening the load on the digestive system, hence, eliminating a large number of toxins. Providing relief from stiffness, heaviness, and coldness in the body or body parts. Relieving pain and stiffness in the muscles and joints, making it a popular therapy for those with arthritis, back pain, or other musculoskeletal conditions. Reducing inflammation in the body, which can improve overall health and reduce the risk of certain chronic diseases.

CONCLUSION

The results demonstrated that the Jadamyadi upanaha Swedana therapy, when combined, can effectively treat Janusandhigata Vata. The results of this study need to be re-evaluated with a bigger sample size and comparable research because it only contains one case report. Put differently, it is expected that after current findings are validated, specific guidelines for controlling Sandhigata Vata would be created.

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