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Case Study

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A CASE REPORT ON JANU-BASTI IN JANU-SANDHIGATA-VATA

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INTRODUCTION

Osteoarthritis (OA) of knee is an essential public health menace, and a major cause of mobility impairment mainly among the elderly population and its prevalence is 22% to 39% in India and it Is more common in women than man.

Its symptoms include joint pain, joint stiffness, instability and loss of function, which severely affect day to day activities Knee joint usually affected by osteoarthritis based on the similarity in symptoms osteoarthritis can be correlated with Sandhigata vata mentioned in Vatavyadhi prakrana in all our Ayurveda text. Sandhigata vata is as one of eighty type of Vata vyadhi. Foremost description of Sandhigata vata is given in CharkaSamhita. Vatapurandratisparsa (crepitation), Shotha (swelling) and Prasarnaakunchana pravarti savedna (pain during flexion and extension of knee joint) are the clinical features of

Sandhigata vata. Vitiated Vata dosha Sthanshanshaya in Janu sandhi (knee joint) result in the developed of a diseases termed as Janusandhigata vata.

This condition closely similar with knee osteoarthritis. in modern science different types of analgesics, intra articular steroid injections, knee replacement surgery, etc. However, sideeffect free, long-term management of this disease is still Not achieved.

In sandhigata vata chikitsa mainly focused on the allevation of vata dosha. In vatavyadhi chikitsa Acharya charka has described Vatashamak chikitsa with the use of Vatashamk oil. Use of Snehana with Swedana karma over the affected part which reliving pain, swelling, stiffness and improve flexibility. Janu Basti the word has two terms Janu means knee joint, Basti means to hold (compartment which holds) thus Janu basti means treatment in which medicated oil is poured and pooled for fixed duration of time in a compartment or a cabin constructed around the knee joint. it is a specialized procedure in Ayurveda, specially indicated for Janu sandhigata vata. There is no direct reference and discretion of Janu basti in classical Ayurveda text. It is like a supportive Ayurvedic treatment.

Janu basti is considered as Bhahirparimarjana chikita and it is types of Bahaya snehana and Swedana (external oil application and sudation) in different opinion Janu basti is considered as Snigdha sweda. Different type of medicated oils is used in janu basti according to the disease.

CASE REPORT

A female patient aged 55 years came to our Panchakarma OPD with complain of severe pain in left knee joint since 8 months.

Pain aggravated on standing, lifting weight and walking. He needs support while standing and he had restricted movement of the left leg. The X-Ray of the both knee joint showed narrowed joint space. On examination of the knee joint, there was tenderness, hard crepitation sound on movement of the both knee joint.

He took analgesics and calcium tablets along with multivitamins; still he did not get relief. The patient was advised to take three sittings of Janu Basti with ksheerbala tail with seven days gap between each cycle and take rasnadi guggulu 2 tablet twice a day.

MATERIALS AND METHODS

MATERIALS

The required materials of this study are-

- 1. Ksheerbala Taila
- 2. Til tail
- 3. Dashmool kwath
- 4. Masha Paste For Janu-Paali
- 5. 1 small bowl
- 6. 1 large bowl to boil water
- 7. Water
- 8. Cotton
- 9. Small towel/cloth
- 10. Induction heater

METHOD

Table 1: Treatment Protocol.

PoorvaKarma	Abhyanga with til Taila followed by dashmool kwath Nadi Swedana. Then clean the kneejoint with cotton cloth.
PradhanaKarma	Janubasti with ksheerbala Taila, 30 minutes for 7 days. The same procedure is repeated two times after a gap of 7 days.
Paschat Karma	Soft message and Nadi Swedana.

til Taila Snehana and Dashmool kwath Nadi Swedana was applied to the left kneejoint for three minutes each. The prepared Masha-Paali was fixed over the kneejoint. The lukewarm ksheerbala Taila was poured in the cavity formed by the Janu-Paali/Masha-Paali. The temperature of the oil should be Sukhoshna/ 2 degree above the body temperature of the patient. This oil was kept for 30 minutes (Fig. 1 & 2). To keep the warmth of the Taila, we had exchanged the Taila with the warm taila frequently. After 30 minutes, the oil was removed followed by removal of the Janu-Paali. Then soft massage and Nadi Sweda was done. This protocol was continued for next two cycle for seven days, with a gap of seven days.

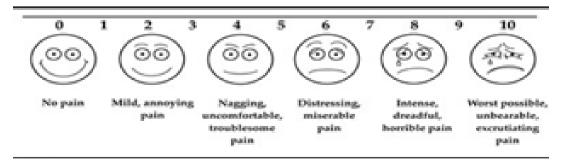




ASSESSMENT PARAMETERS

- 1. Sandhi Shoola
- 2. Joint crepitation
- 3. Walking time.

1. Sandhi Shoola (Joint Pain)



- a. Grade 0-(0)- No Pain
- b. Grade 1-(1-3)-Mild Pain
- c. Grade 2-(4-7)-Moderate Pain
- d. Grade 3-(8-10)-Severe Pain

2. JOINT CREPITATION

- a. Grade 0 None
- b. Grade 1 Mild on examination
- c. Grade 2 Felt strongly
- d. Grade 3 Heard

3. WALKING TIME

Time taken to cover 21 meters distance -

- a. Grade 0- up to 20 Sec.- Normal
- b. Grade 1-21-30 Sec. Mild
- c. Grade 2- 31-40 Sec. Moderate
- d. Grade 3-41-50 Sec. Severe

After first sitting -Patient was relaxed. There was occasionally kneejoint pain during morning walk and climbing stairs.

After second sitting -Patient was feel good with the treatment and mild knee pain during cimbing stairs.

After third sitting - Patient was satisfied with the treatment and there were no complain after third sitting and follow-up.

- 1. No Kneejoint Pain
- 2. No pain on Standing, walking.
- 3. No Pain on pressure 4. No Crepitation

CONCLUSSION

Janu-Basti is administered to the patient. As the ksheerbala Taila is very efficient in Vatabyadhi, so this is chosen for Janu Basti Karma. Janu sandhi gata vata (knee osteoarthritis) is a debilitating affecting day to day activities. It is very prevalent musculoskeletal diseases in elderly people. It is chiefly caused by vitiated Vata dosha. This case study concludes that

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ksheerbala taila janu basti followed by Dashmool kwath Nadi swedana. The treatment should be cost effective, comfortable for the patient and nil side effect. The present case study sets an example in management of osteoarthritis of knee joint. It can improve quality of life of the patient.

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