

***Role of Dashmool Taila Janubasti in Janu Sandhigat vata***

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**Abstract:**

Due to sedentary lifestyle and lack of exercise osteo-arthritis i.e. *sandhigat vata* is common in productive age group. *Sandhigata vata* is a common vata predominant disorder. It begins asymptotically in 2nd & 3rd decade. 90% of all people have radiographic features in the weight bearing joints mainly the knee joint by the age of 40. In *Sandhigata vata* mostly *janusandhi* and some other major joints i.e. hip, knee, shoulder etc. are involved. Out of these *janu sandhi* is commonly involved since it is weight bearing joint and improper habit of standing and walking. *Janu Sandhigata vata* is caused by 2 factors i.e. a) *Avarana janya* and b) *Dhatu kshaya janya*. In this trial *dhatukshaya janya Sandhigata vata* was taken, which is also known as

*nirupstambhit janu Sandhigata vata* i.e. osteoarthritis). To overcome this problem patients take regularly take NSAIDS, analgesic drugs and steroids to relieve the pain, but do not achieve good health. As there is no cure or ideal conservative management for this disease, this study definitely have good clinical results over the modern medicine.

**KEYWORDS** - *Nirupstambhit janu Sandhigata vata, janu basti, Dashmool oil,*

**Introduction:**

Acharya Charak has described bahiparimarjan chikista for various diseases. *Janu basti* (external oleation) is the one type of bahiparimarjan chikista. To prove its efficacy on *janu Sandhigata vata* 6 patients were selected with classical symptoms of *janu Sandhigata vata* from Kaya-

chikitsa OPD of K.D.M.G.S Ayurvedic Medical College, Chalisgaon. Two course of Dashmool tail *janubasti* was planned, 1st course for 7 days after a gap of 1 week again 2 7 days. Assessment of result was done on the subjective and objective parameters. Significant changes were observed in subjective & objective parameters. Subjective parameters included (5) i.e. (1) Vatapurnadrutisparsa. (2) shotha (3) shool. (4) Akunchana prasarana janya vedana Acharya Charak has mentioned common treatment for vatavyadhi i.e. repeated use of snehan & swedana, Basti & mrudu virechan, (1) while acharya Sushrut has mentioned the treatment for *Sandhigata vata* clearly as snehana, upanaha, agnikarma, bandhana & unmardana. (2) Acharya Vagbhat has also mentioned snehan, swedan and mr du samshodhan in vataj vyadh Role of *janu basti* in *janu Sandhigata vata* is based on Bahiparimarjan chikista advocated by acharya Charak (Ch.su.11/55).

#### AIMS & OBJECTIVES:

**Aims:** To study the management of nirupastambhit *januSandhigata vata* with Dashmool taila *janu basti*.

**Objectives:** 1. To study the efficacy of Dashmool taila *janu basti* in *januSandhigata vata*. 2. To study

the action of *janu basti* in *januSandhigata vata*.

#### MATERIAL & METHOD

**1) Selection of patients:** Patients were selected randomly with symptoms of *januSandhigata vata* irrespective of their age, religion, & sex etc. Patients were then subjected to detailed clinical history on the basis of specially prepared case proforma. Inclusion criteria: 1. Patients with pratyatmak lakshana of nirupastambhit *januSandhigata vata* were selected. 2. Age between 40 to 70 yrs were included. Exclusion criteria: 1. patients suffering from diseases like amavata, vatarakta & kroshtukshirsha were excluded

2. patients with condition like AID'S, tuberculosis, uncontrolled diabetes mellitus, uncontrolled hypertension and pregnancy were excluded.

3. patients with secondary osteoarthritis of diseases such as rheumatoid arthritis, malignancy & trauma were excluded.

**Material:** Collection of following materials are required for the smooth execution of the procedure.- masha (black gram flour) 500gm Dashmool oil 300ml Fiber yantra (ring), cotton one small bundle.

**METHOD (*janu basti* procedure):** First masha pishti was prepared by

adding adequate quantity of water to the black gram flour. Patient was asked to sit erect and extend the lower limb on the table comfortably. The affected knee was exposed properly. Then the fiber mantra (*janubasti yantra*) was placed over the *janu sandhi*. The gap between ring and patient's skin was properly sealed with black gram paste. It prevents the leakage of medicine retained in the cavity. The height of the *janubasti yantra* was 4angula. The bowl containing Dashmool oil was heated indirectly by keeping over hot water. Then gently heated luke warm oil was poured slowly and carefully on the *janusandhi* along the side of the bastiyantra. The heat of the oil was sufficient enough ( $.45^{\circ}\text{c}$ ) to be tolerated by the patient. The level of oil was 2angula above the highest point inside the cavity. As time passes the oil gets cooled and it is replaced with the heated oil every 5minutes so that the constant temperature was maintained through out the procedure. This procedure was carried out for 35minutes. After the specified time Dashmool oil was removed from the basti yantra and then basti yantra was removed. After removing the dravya and basti yantra massage was done in

circular motion for 5 min. covering the whole aspect of knee joint.



CRITERIA Of ASSESSMENT:

SUBJECTIVE PARAMETERS: 1. Vatapurnadrutisparsha (crepitation) 2. shotha (swelling) 3. shool (pain) 4. Akunchana prasarana janya vedana.(pain during extension & flexion of joint)

OBJECTIVE PARAMETERS: 1) X-ray of knee joint 2) Womac grading.

GRADATION CHART FOR SUBJECTIVE PARAMETERS:

Vatapoomadrutisparsha (crepitation )

1. No crepitus- 0
2. Palpable crepitus-1
3. Audible crepitus-2
4. Always audible crepitus - 3

Shotha ( swelling ) in joint

1. No swelling- 0
2. Slight swelling- 1
3. Moderate swelling-2
4. Severe swelling-3

Shoola (pain)

1. No shoola – 0
2. Mild shoola – 1
3. Moderate shoola – 2
4. Severe shoola – 4.

#### Akunchan prasaranjanya vedana

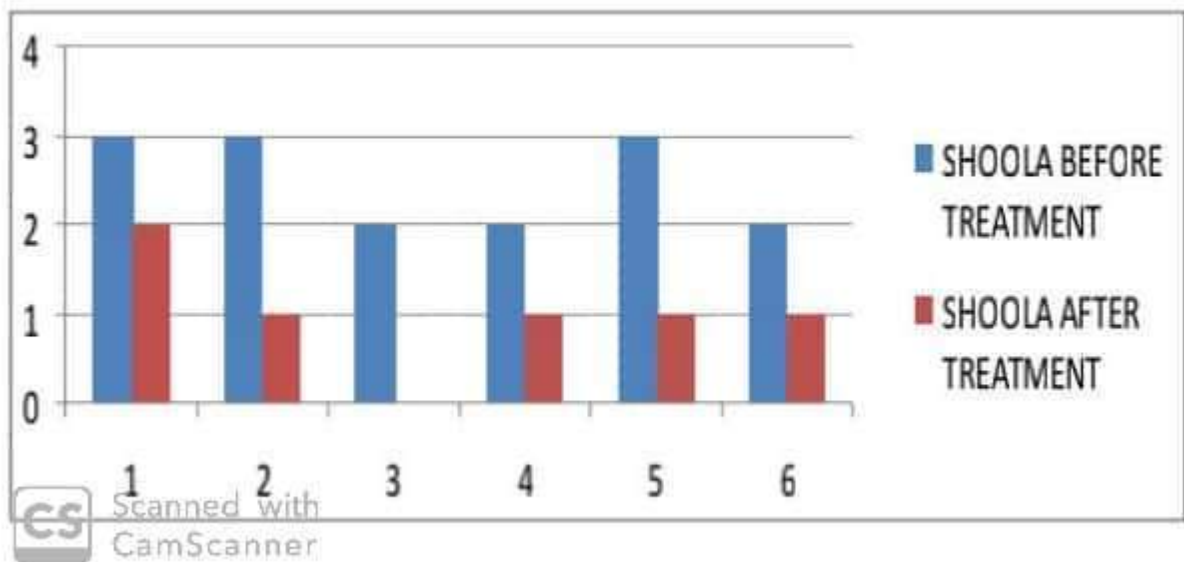
1. No pain-0
2. Pain without winching of face-1
3. Pain with winching of face-2

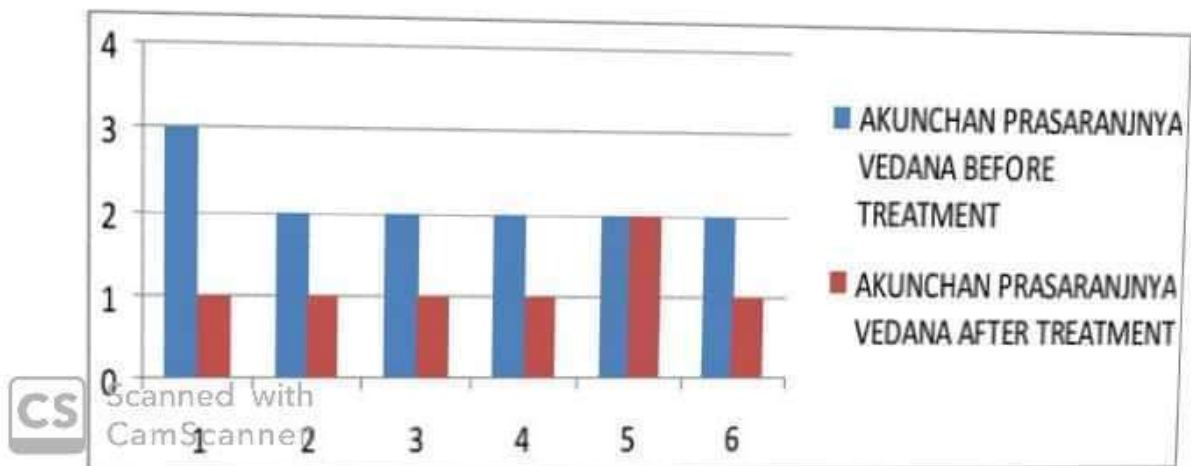
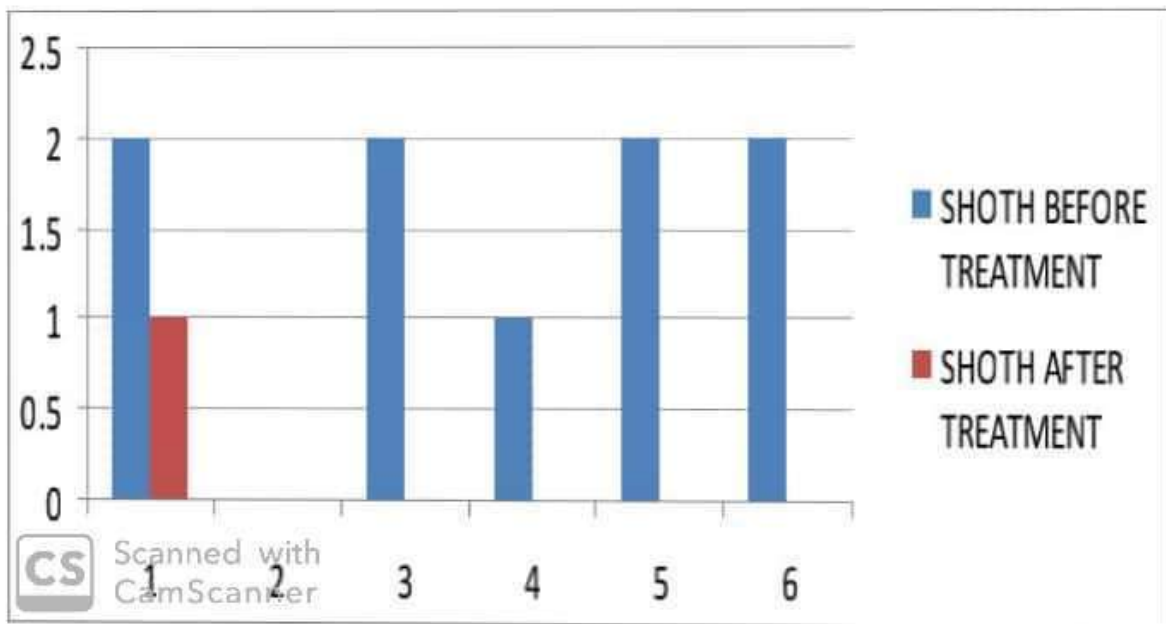
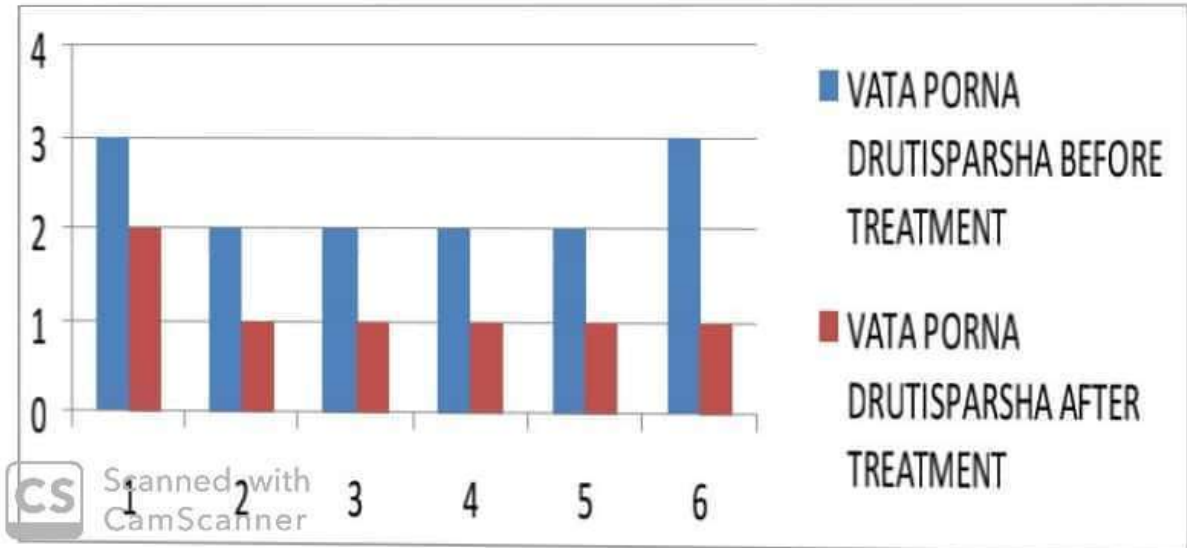
4. Prevent complete flexion-3

Statistical analysis : On the basis of subjective parameters (symptoms) & objective parameters (womac grading) statistical analysis was done by Wilcoxon signed rank test method and following results were obtained..

#### SUBJECTIVE PARAMETERS:

SYMPTOMS	MEAN BT	MEAN AT	% RELIEF	S.D	S. E.	T VALUE	P VALUE
VATA PORNA DRUTISPARSHA	2.33	1.17	50	0.408	0.17	7	0.0009
SHOTH	1.5	0.17	89	0.816	0.33	4	0.0103
AKUNCHAN PRASARANJNYA VEDANA	2.17	1.17	46	0.632	0.26	3.873	0.0117
SHOOL	2.5	1	60	0.5477	0.22	6.708	0.0001

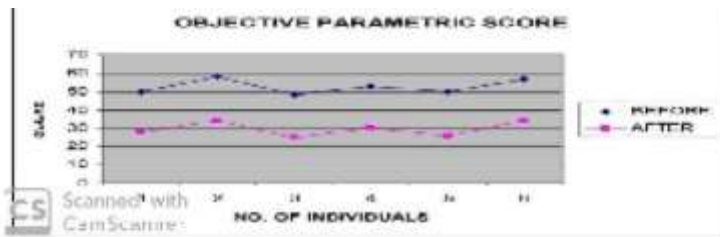




## OBJECTIVE PARAMETER

MEAN BT	MEAN AT	% RELIEF	S.D	S.E.	T VALUE	P VALUE
52.67	29.5	44	0.7527	0.31	75.38	0.0313

Using the Wilcoxon Signed rank test, the pvalue is 0.0313 and hence we can say that the treatment was effective for the objective parameters. Also using the “paired t test”, we get  $p < 0.0001$  ( $t_{cal} = 75.3879$ ) which is highly significant and hence the treatment is said to be effective.



## RESULT

It was observed that the Dashmool taila *janu* basti was very much beneficial to reduce the intensity of vataporna drutisparsha, shoth, shula, prasaran, akunchan vedana. The effect was long lasting after followup also. The Womac scale showed marked improvement after the treatment. Amongst the 6 patient with the Dashmool taila *janubasti* 4 patient got excellent relief & 2 got moderate relief statistically. No significant changes were observed in X ray finding.



## DISCUSSION & CONCLUSIONS

*Sandhigata vata* is described as a vatavyadhi in all samhitas & sangrahagranthas. Various aharaja, viharaja, manasika, & other vataprakopaka Nidan are mentioned in detail which causes vatavyadhi. *Sandhigata vata* 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. 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*. *Janu basti* is kind of *bahya snehan* and *swedan* procedure. *Snehan* mainly acts against *ruksha guna* caused by *vata* and *Swedan* mainly act against *sheeta guna*. It also reduces *Stambha* and *Gauravta*. *Dashmool* has *Vatashamak* and *Vedanasthapan* property. (6) *Shoola* (pain) was subsided due to *shaman* of *vata* which is prime reason for *shoola*. Joint stiffness is reduced by *ushna veerya* of *Dashmool* and warmth produced during the procedure. Thus reduced in pain and stiffness improves the gait of patient. *Janu basti* with *Dashmool taila* has *Snigdha* property that would have lead to the reduction in *crepitus* which is caused due to *Ruksha guna* of *Vata*. *Acharya Charak* has advocated use of *Dashmool* in *vataj vyadhi* as follows (7) *Dashmool tail* is used in *vataj vyadhi* for *massage & puran*, here in *janu basti* this oil is used as *puran* (retention of oil). In *Dashmool tail janu basti* oil is absorbed through skin & produce an action according to the properties of *Dashmool* (8). *Dashmool* has *vedana sthapana*,

*shothahar & rasayan* properties. . This helps in *vata shaman* and nourishes *dhatu* due to its *brimhan* property. Because of *shoolahara* and *shothahara* effects of *Dashmool tail upashaya* occurs. *JanuSandhigata vata* being a *vataj vyadhi* with *dhatukshaya* as its resultant, *Snehan* would be an ideal line of treatment. *Janu basti* may act as *Snehan* and *Swedan*, since in this disease *vata* is predominant so as degeneration. *Kshaya* of *snehadi guna* is seen. *Snehan* helps in bringing back the *sthanik kapha dosha* to normalcy due to its similarities in its *gunas*. As *Bahi-parimarjan Chikitsa Dashmool taila janu basti* has shown significant results but to check the reoccurrence of the symptoms *Antah parimarjan chikitsa* should be added.

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Non

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