

“Role of Janubasti on Janusandhigatavata- A Single Case Study”

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ABSTRACT

While, explaining the benefits of swedana Acharya Suhruta explains it activates the movement of stiff joint. The joints are regulated mainly by Vyana vata and Sleshaka kapha. In Sandhigata vata there is a vriddhi of the Vyana vata and kshaya of Sleshaka kapha. As Janubasti are the type of snigdha sweda, because its snehana and swedana it conquers Vata and because of its brimhana nature it corrects the Sleshaka kapha. Hence Janubasti in reversing the samprapti.

Keywords-Panchakarma, Swedana, Janusandhigatavat, Maha Narayana taila Janubasti, Case Study

INTRODUCTION

Chikista can be classified as Anta-Parimarjana, Bahi-Parimarjana and Shastra- Pranidhana on the basis of route administration. Janu-Basti may be included under Bahir Parimarjana Chikitsa.

MATERIAL AND METHODS

Case Study Details-

A 56year old female patient with chief complaint of pain over left knee joint since 2 years, visited the OPD with registration no. 1645 came to our RT college panchakarma OPD, Akola. Patient experiences difficulty in walking with pain and crackling sound over the knee joint, which worsens with movement and relieved with rest. There is a history of local trauma (road traffic accident) to left knee joint, 2 years ago. He previously consulted an orthopedician for the same problem. His X-ray of left knee joint reports marginal osteophytes, narrow joint space and degenerative changes.

She was diagnosed with osteoarthritis of left knee joint. she was advised to take pain relieving and anti-inflammatory medicine regularly for some initial time period, followed by their occasional use (when needed). He is also a known case of hypertension since 5 years and taking allopathic medicine i.e. Tab. Telmisartan 40 mg once daily under respective medical supervision. There is no other significant history of personal and family systemic illness. Patient has typical antalgic gait. On examination of left knee joint, joint crepitation is palpable as well as audible on joint movement associated with pain. Skin over the knee joint is normal. There is a visible swelling over the joint which is confirmed by positive patellar tap test. Joint was tender over its medial side but not inflamed. After clinical examination and assessment, patient is advised to take janu basti with Maha Narayana taila followed by dashmoola kwatha nadi-swedana.

For the present study, the following materials are required for each therapy session-

1. Masha (black gram) flour – 1 kg
2. Mahanarayana taila – 500ml
3. Dashmoola kwath – 2 litres (for nadi swedana),
4. Spatula – 01
5. Small piece of sponge – 01
6. Water – as per requirement
7. Nadi swedana yantra (Local steam apparatus) – 01

Procedure of Janubasti

The procedure of Janubasti can be performed in the following three stages:

1. Poorva karma
2. Pradhana karma
3. Paschat karma

Each of the Steps is explained as follows:

1. Poorva Karma:

This includes preparatory measures like preparation of patient, preparation of medicine and collection of materials required for the smooth execution of the procedure. It can be conducted under following considerations.

Atura Pariksha

The patient is examined in relation to Dashavidha Pariksha and by applying Pratyaksha, Anumana and Aptopadesha siddhantas to assess Vyadhi, Bala and Deha Bala. Then, the affected knee joint is examined properly and the region of maximum tenderness is noted. It is also examined for scars & wounds.

Sambhara Sangraha

It includes a metal ring, Masha Pishti, Aushadha Dravya , spoon, bowl, vessel, water, gas stove and table.

Atura Siddhata

Patient is asked to lie in supine position or to sit erect and extend the lower limbs on the table, whichever is more comfortable. The affected knee is exposed properly. Limbs are supported properly so that they are placed horizontally and comfortably.

PRADHANA KARMA

Basti Yantra Dharana

First, Masha pishti is prepared by adding sufficient quantity of water to the flour of Black gram. Then, with the use of metal ring and Masha pisti a pit of about 2 Angula heights is constructed over the Janu Sandhi. The concavity of pit (Basti Yantra) should be well sealed to prevent the leakage of the medicine retained in the cavity.

Aushadhi Dharana

The bowl containing medicine is heated indirectly by keeping over hot water. Then, the gently heated Luke warm oil is poured slowly and carefully on the Janu Sandhi along the side of the Basti-Yantra.

The heat of the medicine should be sufficient enough to be tolerated by the patient.

The level of the medicine should be two Angula above the highest point inside the cavity.

Maintenance of constant temperature of medicine (40-45⁰C)

The medicine in the pit is replaced with heated medicine every 5 minutes so that a constant temperature is maintained throughout the procedure.

Removal of Dravya and Basti Yantra

After the specified time, i.e., 30 minutes, the Bala taila is removed from the Basti Yantra and then the Basti Yantra is removed.

Samyak Lakshana⁴

The Samyak Lakshanas of Janu Basti is not described in our classics. Even though Janu Basti is a modification of Shiro Basti, those Samyak Lakshanas cannot be interpreted for Janu Basti.

Therefore, the Ayoga, Atiyoga and Samyakyoga bahya Lakshanas of Swedana & Snehana that are mentioned in the classics can be considered as the Lakshanas of Janu Basti.

Time⁵

In case of Vataja disorders, the Dravya should be retained for Ten thousand Matra Kala.

Pashchat Karma:

After removing the Dravya and Basti Yantra, Mridu Abhyanga is done over the Janu Sandhi for about 5 min.

Duration - This treatment is done for 21 days.

Mode of action of janubasti-

Janubasti are Bahya Swedana, Snehana & more over these are the Sthanika shamana chikitsa. It is very difficult to explain the mode of action of Janubasti Here an attempt is made to explain the probable mode of action of Janubasti .

Role of snehana and swedana in vata vikaras

Acharya Charaka and Vagbhata while explaining Vatavyadhi chikitsa described as a dry wood cannot be bent as desired by the application of Snehana and Swedana, similar even a curved or stiff limb can be slowly brought back to normalcy by the administration of snehana and swedana¹⁵. So harsha, toda, raga, aayama, shotha, stambha, graham, etc get immediately alleviated and the body is softened by the administration of fomentation therapy⁶.

Janu basti are the varieties of Snigdha sweda, so the ushnata specify the Vatadosha, it helps to relieve the stambha (stiffness of joints). This attribute is the resultant of excessive sheeta guna and also influence of factors such as Samana vata, Sleshaka kapha, ama, mamsa, vasa and medas in contributory to the production of stambha. Samana vata is ruksha guna pradhana, hence if vitiated dosha does excessive shoshana of shareera, thereby producing contractures and stiffness. Sleshaka kapha is snigdha and picchila and hence if decreased (kshaya) results in less lubrication of joints resulting in stiffness.

Janu basti being snigdha and ushna corrects both the deranged dosha ghatikas and relieves stiffness. Chakrapani⁷ has stated that stambha also means obstruction or block; therefore, Swedana not only relieves stiffness but also clears blocking of passages (srothavarodha). Srotas as a structural entity is Kapha pradhana, ayana or transport is the most important function of srotas. This is under the control of Vata.

Thereby it is evident that there is a predominant influence of Vata and Kapha over the srotas. Vitiation of these two hampers the structural and functional aspects of the srotas, we know that Swedana has the opposite qualities to that of Vata and Kapha, thereby producing a palliative effect on them and the srotas is becoming normal. It is well known that, unless there is a srotodushti there is no disease. Thus, it is evident that Swedana clears the srotodushti or sangha.

Role of Media

Generally, taila is used in janu basti procedures. As it is accepted by our Acharyas, taila is the pradhana bhesaja for Vata. The sneha by its snigdha, guru and ushna guna counter acts the ruksha, laghu and sheeta gunas of vayu respectively⁸. Apart from the opposite attributes described above, the attribute anutva or sookshma is shared with by the taila and vayu. But this enables the tailam to permeate through the sookshma srotases of the body to overcome vata.

Thus, though not exactly opposite, this anutva guna actually serves the purpose of viruddharthakari⁹ By the union of the opposite attribute of the taila and vayu the later gets overcome by the former and not vice versa because of the prabhava of the tailam.

Sneha dravya had drava, sara, snigdha, picchila, guru, sheeta, mrudu and manda gunas predominantly¹⁰.

Drava guna: syandankarkatva dravatva (Arunadutta)

Due to drava guna sneha dravya shreeya prasarana sheelata takes place. Stravana shakti, vriddhi, dosha vilayana.

Guru guna: does santarpana, deha pushtikaraka, vatahara (Hemadri)

Snidha guna: the action will be mainly snigdha guna, vata hara. Does sneha krit, mardhava krit, bala krit, varna krit (Hemadri)

Sara guna: this sara guna has gati sheelata, prasarana sheelata and prerana sheelata (Hemadri)

Manda guna: sneha when enter into root slowly it acts as shaman i.e sustaining release (Hemadri)

Sukshma guna: sneha by its sukshma guna enters into minute chidras and sookshma srotas and does the action (Su.Su.46). One unique advantage of oushadhayukta sneha is that their healing properties are absorbed.

Absorbtion

The following references are available in our texts, to explain the absorption of drugs used in the form of abhyangam, lepam, etc.

Acharya Suhruta in chikitsa stana explains sneha used in avagaha increases shareera bala by saturating through shira mukha, rooma kupa and dhamani

Acharya Suhruta in shareera stana explains out of the four tiryakgatha dhamanees, each divide gradually hundred and thousand times and thus become innumerable. These cover the body like network and their openings are attached to

roma koopa. Through them only veerya of medicines used in abyangam, parisheka, avagaha, alepa, enter into the body after undergoing paka with brajaka pitta in skin.

Vagbhata in Ashtanga hridaya while explaining the functions of brajaka pitta narrated that, brajaka pitta will do pachana of dravyas used in abhyanga, parisheka and lepa.

Dalhana explains if Snehana is done for the stipulate period then sneha wil reach and nourish the body as mentioned below. 300 Matra kala Sneha enters Roma koopa, 400 Matra kala Sneha enters Twacha, 500 Matra kala Sneha enters Rakta, 600 Matra kala Sneha enters Mamsa, 700 Matra kala Sneha enters Meda, 800 Matra kala Sneha enters Asti and in 900 Matra kala Sneha enters Majja

Briefly it can be explained as first the veerya of the medicine is absorbed through roma koopa after undergoing paka by Brajaka pitta. Then this veerya enters into the triyakgatha dhamanees which are attached to roma koopa. Afterward it starts circulating in the body through dhamanees and enters the dhatus one after the other in a stipulated time^{11,12}.



DISCUSSION

Janubasti Sweda can be thought to stimulate their release as a response to stimulation, the opioids then inhibiting the transmission of pain signals in the substantia gelatinase part of the spinal cord - what is often referred to as the spinal root part of the nerve. This is an important concept when using massage to help combat pain, Sweda may use similar methods to relieve pain by stimulating nerve pathways in order to interrupt the pain signal to the brain.

Studies have revealed the fact that lipoidal barrier is very much suitable for penetration of drug molecule through stratum corneum on this basis we can assume that in janubasti taila has been used which may serve as lipoidal barrier for the penetration of drug molecules of vatahara Patras and excretes immediate anti-inflammatory and analgesic effect. Moreover, heat applied during janubasti sweda increases the rate of drug absorption.

CONCLUSION

Janu sandhigata vata (knee osteoarthritis) is a very prevalent musculoskeletal disease in elderly people. It is chiefly caused by vitiated vata dosha. This case study concludes that mahanarayana tail janu basti followed dashmoola kwath nadi-swedana is very effective in the management of janu sahdhigata vata.

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