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## KEY TO TRANSLITERATION

अ	a, A	क्	k K	ट	ṭa	भ	bha
आ	ā, Ā	ख	Ka	ठ	ṭha	म	ma
इ	i, I	ख्	Kh	ड	ḍa	य	ya
ई	ī, Ī	ख्र	Kha	ढ	ḍha	र	Ra
उ	u, U	ग्	g	ण	ṇ Ṇ	ल	La
ऊ	ū, Ū	घ	ga	त	ta	व	Va
ऋ	ṛ ,Ṛ	घ	gha	थ	tha	श	Śa
ए	e, E	ड	ṅa,Ña	द	da	ष	Ṣa
ऐ	ai, Ai	छा	Ca	ध	dha	स	Sa
ओ	o, O	छ	Cha	न	na	ह	Ha
औ	au, Au	झ	ja	प	pa	क्ष	kṣa
अं	ṁ, Ṁ	झ	jha	फ	pha	त्र	Tra
अः	aḥ ,AḤ	ज	ña,Ña	ब	ba	ज्ञ	Jña

## ABBREVIATIONS

Caraka Saṃhitā	- Ca. Sa.
Suśruta Saṃhitā	- Su. Sa.
Aṣṭāṅga Hṛdaya	- A. H.
Bhāvaprakāśa	- Bh P.
Aṣṭāṅga Saṃgraha	- A. S.
Mādhava Nidāna	- Ma. Ni.
Dalhana Tika	- Da. Ti.
Cakra Dutta	- Ca. Da.
Śāraṅgadhara Saṃhitā	- Śā. Sa.
Bhela Saṃhitā	- Bh. Sa.
Kāśyapa Saṃhitā	- Kā. Sa.
Hārīta Saṃhitā	- Hā. Sa.
Yoga Ratnākara	- Y. R.
Before Treatment	- B. T
After Treatment	- A. T.
After Follow Up	- A.F.
Number	- No.
Nidānsthān	- Ni
Sutrasthān	- Su.
Śarirasthān	- Śa
Cikitsasthān	- Ci
Siddhisthan	- Si
Viz.	- Namely
S. No.	- Serial Number
Pts.	- patients
Gr.	- Group
Yrs.	- Years
RT	- Right
LT	- Left
SD	- Standard Error
Std.	- Standard
BT	- Before treatment
AT	- After Treatment

## **ABSTRACT**

### **Title: A Comparative Study of Janu Basti With Sahachar Tail & Agnikarama With Tamrashalaka In Janu Sandhigat Vāta**

**Introduction:** Osteoarthritis of knee is more prevalent in Indian population. This disease simulates to the Sandhigata Vāta . It is one of the degenerative Joint Disease characterised by breakdown of joint cartilage. Osteoarthritis is the 2<sup>nd</sup> most common disease in the world population i.e. 30%. Knee joint is the most affected site. The major risk factors associated with Knee joint are old age, obesity, occupational knee bending etc. which makes it an important cause of disability. Ācārya Suṣṛūṭa has explained Vāyu entrapped in Snāyu, Sandhi & Asthi which should be treated with **Snehan, Swedan, Upanāha, Agnikarma, Bandha** and **Mardana** (Su.Ci.4/8). Hence the present study was planned to evaluate efficacy of Jānubasti and Agnikarma in Jānusandhigata Vāta.

**Material & Methods:** 100 patients (50 in each Group) were taken for study. Jānubasti with Sahacar Taila administered once a day up to 7 days for Group A on 50 pts. and Agnikarma with Tamraśalāka was done on maximum area of tenderness once a day up to 7 days for Group B on 50 pts. Symptoms of Jānusandhigata Vāta viz- Śūla, Śoṭha, Sparśashatva ,Ānkuncan Prasāranajanya Vedanā , Sandhispuṭan. and Sakaṣṭacalan were assessed. All Patients were subjected to X-ray of Knee Joint AP and Lateral View for confirming diagnosis. The objective parameter were assessed with help of Ānkuncan-Prasāranajanya Vedanā (range of movement of knee) was examined using Goniometry Scale, for Śūla -Numeric Pain Intensity scale and for Sakaṣṭacalan by walking distance covered in second was taken.

**Results-** All the patients had full range of movement without increased pain and there was reduction in Numeric Pain Intensity Scale in both groups. In within the group p value is <0.05 indicating significance of each treatment group. In between group comparison the p value is >0.05 indicating no significant difference between the two groups.

**Conclusion:** Jānubasti with Sahacar Taila and Agnikarma with Tāmraśalākā were equally effective in the management of Jānusandhigata Vāta.

**Key words-** Jānubasti , Agnikarma, Symptoms of Jānusandhigata Vāta ,Goniometry