

INTRODUCTION

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 2nd 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.

Sandhigata Vāta to be caused by the excessive intake of Vāta Vrudhīkara Āhāra like Katu, Tikta , Kaṣāya Rasa Pradhāna Dravya And Ativyāyāma (excessive strain or stress to the joints) or Abhighāta (injuries)¹.

Osteoarthritis is a degenerative joint disease due to the degradation of the joints, the articular cartilages and subchondral bone. It is caused by the mechanical stress to the joints and produces the symptoms like joint pain, swelling, stiffness etc. Even though the disease effects any joint in the body, most commonly involved joints are major joints and weight bearing joints of the body like hip and knee joint. Due to the life style, Indians suffers from knee joint osteoarthritis whereas western country suffers from hip joint osteoarthritis commonly.

The incidence of this disease increases with the age and the prevalence is more in females (25%) when compared to the males (16%). (<http://en.wikipedia.org/wiki/Osteoarthritis>). Almost all persons by Age 40 have some pathologic change in weight bearing joint. The reported prevalence of Osteoarthritis from a study in rural India is 5.78%. Obesity, Occupational knee bending, Physical labour etc., are some of the predisposing factors for the disease.

Need of the Study:

No satisfactory, comprehensive & time bound treatment schedule for Jānusandhigata Vāta is available at present. Even other treatments have their own limitations in the management of this disease. Other systems of medicine can provide either conservative or surgical treatments which are highly symptomatic and commonly

associated with troublesome side effects. Whereas such type of conditions can be better treatable by the management and procedures mentioned in Āyurvedic classics².

Ācārya Suṣrūta has explained Vāyu entrapped in Snāyu, Sandhi & Asthi which should be treated with **Snehan, Swedan, Upanāha, Agnikarma, Bandhan** and **Mardana**³. These treatments are economical and they have long lasting effects and the chances of recurrence are less. Hence we took Jānubasti and Agnikarma for this study.

Hypothesis :

Ho: There is no significant difference in the efficacy of Jānubasti with Sahacar Taila and Agnikarma with Tāmraśālākā in Jānusandhigata Vāta.

H1: There is significant difference in the efficacy of Jānubasti with Sahacar Taila and Agnikarma with Tāmraśālākā in Jānusandhigata Vāta.

Lacuna: Previously works had been done on the effect of Jānubasti and other procedures in the management of Jānusandhigata Vāta . But there is no work done on Jānubasti and Agnikarma in Jānusandhigata Vāta .. No comparative study on Sahacar Taila And Tamraśālākā in Jānusandhigata Vāta had been done. Thus, by considering all these factors, this study was undertaken with following Aim and Objectives.

✓ **Aim :**

To study the efficacy of Jānubasti with Sahacar Taila and Agnikarma with Tāmraśālākā in Jānusandhigata Vāta .

✓ **Objectives:**

- To evaluate the effect of Jānu Basti with Sahacar Taila on Janusandhigata Vāta symptoms viz-. Śūla, Śoṭha, Sparśashatva , Ānkuncan-Prasāranajanya Vedanā , Sandhispuṭan. and Skaṣṭacalan.
- To evaluate the effect of Agnikarma with Tamra Shalaka on Janusandhigata Vāta symptoms viz- Śūla, Śoṭha, Sparśashatva , Ānkuncan-Prasāranajanya Vedanā , Sandhispuṭan. and Skaṣṭacalan
- To compare and determine the effect of Jānubasti with Sahacar Taila and Agnikarma with Tāmraśālākā in Jānusandhigata Vāta .

❖ **Introduction:**

The dissertation comprises: Review of Literature, Materials and Methodology, Observations and Results, Discussion and Conclusion.

- ❖ **Review of Literature:** This part includes: Literary review of Sandhigata Vāta was taken from various Saṃhitā like Brhatrayee and laghutrayee ,in which Nidān Pancak along with treatment were studied in Taila (Ca.Ci.28/37 and Ma.Ni. 22/21) and Osteoarthritis of Knee. Review of Jānubasti (Aṣṭāṅg Hṛūday) and Agnikarama (S.Su. 12-2). In the Drug Review description concerning about properties of ingredients Sahacar Taila is mentioned (Ca.Ci.28/144 -145).

❖ **Previous Work Done:-**

Review of Previous work done has been taken from different journals (J-aim, IJAP, IJPR, Iamj and Ayu) . Previously works were done on the efficacy of Jānubasti and other procedures or only Agnikarma procedure in the management of Jānusandhigata Vāta but there is no work done on Jānubasti with Sahacar Taila and Agnikarma with Tāmraśalākā in Jānusandhigata Vāta. Following MD level research work were done previously. A comparative study of Jānubasti and Agnikarmain in Jānusandhigata Vāta had not been done.

1. Bose Subhashchandra (2001) ‘ A controlled clinical study on the efficacy of what are the parameters to assess the efficacy of Abhyang & Jānubasti in Jānusandhigata Vāta’. MD thesis, M – Govt. Ayurvedic Medical College Mysore, Rajiv Gandhi University.
2. Basant Kumar(2002-2003) ‘ A comparative study on Jānubasti performed with hot water bag and Daśmūla Kāvatha in the mangment of Jānusandhigata Vāta’. SDM college Hassan ,M.D Thesis, Rajiv Gandhi University.
3. Panday Pragesh (1990) Role of Agnikarama in management of Sandhigata Vāta. - M .D . thesis ,Gujarat University .
4. Vyasdev Mahant j. (2005) ‘A Clinical mangment of Sandhigata Vāta with special reference to cervical Spondylosis by Agnikarama’,M.D. thesis,Gujarat Ayurved University.

- ❖ **Materials and Methodology:** In this part Description of all materials required for standard procedure for Jānubasti and Agnikarama was done. The clinical study was done on 100 patients (50 in each Group) coming under inclusive criteria. Patients were subjected to X-ray Cervical spine AP and Lateral View for confirming diagnosis. Details about the selection criteria, study design, plan of the study, parameters and grading for Assessment Criterion are mentioned.
- ❖ **Observations and Results:** It includes Observations on demographic data's with their graphical representation and Results of individual symptoms followed overall response of the treatment. On statistical analysis 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.
- ❖ **Discussion:** This includes Discussion on Observation, Discussion on Disease, Discussion on Treatment/ Procedure, Discussion on Results of individual Symptoms, Discussion on overall Results of the treatment and mode of action of Jānubasti and Agnikarma.
- ❖ **Conclusion:** Both Jānubasti and Agnikarama revealed significant results in cardinal signs of Jānusandhigata Vāta symptoms viz. Śūla , Śoṭha, Sparśasahatva ,Ānkuncan-Prasāranajanya Vedanā, Sandhispuṭan. and Skaṣṭacalan with Sahacar Taila is equally effective in the management of Jānusandhigata Vāta as Agnikarma with Tāmraśalākā.
- ❖ **Summary:** The whole Study has been summarized in this topic, as Comparison effect of Jānubasti can be equally performed to that of Agnikarma in relieving the signs and symptoms of Jānusandhigata Vāta.
- ❖ **Bibliography:** According to the Harvard System format, bibliography has been written.