

Effectiveness of Janu Seka with Swadamstra Taila and Wax Bath Therapy in Janusandhigata Vata : “A Clinical Study”

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KEYWORDS

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Abstract

Background: Janusandhigata Vata is explained in concise form in our Samhitha. Sandigata vata is a type of vatavyadi due to Dhatukshaya. which commonly known as “wear and tear” arthritis. The symptoms includes Vatapoorna-Dritisparsha, Sandhi Shotha, Prasarana Acuchanayo Vedana, Atopa, Sandhi shoola. These lakshanas are observed in the Janu sthana, the condition is referred to as Janusandhigata vata. Various treatment modalities have been employed such as Bahya and Abhyantara Snehana, Basti Prayoga, Upanaha, Agnikarma, Bandhana, Unmardana. Aetiology and symptomology of Sandhigata Vata mentioned in Samhitha, correlates with the symptoms of osteoarthritis in contemporary science. Janu Sandigata vata is one such disorder affecting locomotive functions in which movement of joint is restricted due to pain and swelling.

Osteoarthritis is defined as a non-inflammatory degenerative joint disease marked by degeneration of articular cartilage, accompanied by pain and stiffness of joints. When left untreated this disease makes the person crippled and dependent on others for attending normal daily activities.

Objective: This study compared the efficacy of Swadamstra taila Januseka and Wax bath therapy in reducing pain, stiffness and improving range of motion.

Methods: It was a comparative clinical study conducted using a pre-and post-test design. Patients diagnosed with Janu Sandhigata vata were randomly selected and divided into two groups: Group A received Januseka and Group B received Wax bath therapy with 20 patients in each group. Three outcome measures were used for the assessment: pain intensity, assessed using the Numerical Pain Rating Scale; stiffness, graded from 0 to 4; and the range of motion, also graded from 0 to 4. Assessment was conducted on the 0th, 11th, 18th, and 25th days.

Results: Janu Sandhigata vata can be effectively managed using Janu seka and Wax bath. A comparison between the two groups revealed a statistically significant difference ($P < 0.01$) in pain intensity and Wax bath therapy demonstrated superior results across all the parameters and showed marked improvement in quality of life starting from 10th day of treatment.

Conclusion: Average percentage of improvement in Group A was 70.28%, which is notably higher than the 48.59% observed in Group B. Hence, it can be concluded that Janu seka (Group A) was more effective than Wax bath therapy (Group B) in the management of Janu Sandhigata vata events.

1. INTRODUCTION

In the present era, Janusandhigata vata is a major problem due to changed life style, excessive physical strain, improper posture, obesity, diet, sedentary life style and it is more prone to develop in obese patients.

It is seen more in women than men, 61% in women and 39% in men by the age of 40-60 yrs, which is characterized by progressive cartilage degeneration and functional disability.

Prevalence of osteoarthritis in India is among 1,065,070,607 people 78,314,013 are suffering from osteoarthritis with ageing population and increasing rates of obesity and injury.

Janu Sandhigata vata is one of the Vatavyadhi described in various Ayurvedic treatises. Most commonly occurs in Vridhavaasta due to dhatu kshaya², common symptoms are sandhi shotha, sandhi shoola³, vatapurna druti sparsha and prasaran akunchan ayoho sa vedana⁴.

In contemporary science Janu Sandhigata vata is correlated with Osteoarthritis. It is a degenerative joint disorder resembling sign and symptoms, that is joint pain, joint instability, joint tenderness, crepitus on movements, limitation in range of movements⁵, osteoarthritis is generally managed with analgesics and NSAIDs, prolonged use of these drugs results

in adverse effect like nausea, bloating and GI bleeding, in chronic cases arthroplasty like surgery will be done.

In Ayurveda Snehana, Swedan, Abhyanga, Upanaha, Basti⁶ are advised in Janusandhigata Vatavyadhi among these treatments Januseka is one of the drava sweda, Januseka with Swadamstra Taila which having the qualities of shotha hara and shoola prasaman.

Wax bath therapy, is a superficial thermotherapy modality. It is mainly indicated in osteoarthritis, due to its heat conduction quality it reduces pain, stiffness, and increases the range of movement.

Prevalence of Janusandhigata vata is more in Ilkal because of granite factories so, people are more exposed to strenuous work daily also people are using hard water which contains more fluorine which affects the joint so, the present study is under taken as a comparative clinical study to evaluate the efficacy of Janu seka with Swadamstra taila and wax bath therapy.

2. MATERIALS AND METHODS

The present study was a single-blind, randomized, comparative clinical study. The study was approved by the Institutional Ethical Committee (IEC), SVM Ayurvedic Medical College, Ilkal, Karnataka. Written consent from the participants was obtained in the consent form approved by the institutional ethics committee, provided in the local language prior to the initiation of screening procedures.

Participants criteria

Inclusion criteria

The diagnosis was made based on the symptoms like Sandhi Shool (pain), Sandhi shootha (swelling), Sandhi atopa (creepitus) and Joint tenderness, Limitation of range of movement.

Patients aged between 40 - 60 years, of both the genders were included in the study. Only the patients fit for Janu Seka (Snehan and Swedana karma) and wax bath therapy were considered.

Exclusion criteria

Patients diagnosed with local skin lesion of knee joint, traumatic injuries to the knee region, patients suffering from any secondary osteoarthritis, and circulatory dysfunctions like DVT, Arterial diseases were excluded.

Settings and locations for data collection

A minimum of 40 patients, suffering from symptoms of Janu sandhigata vata and fulfilling the above mentioned criteria were randomly selected from the IPD and OPD of S.V.M Ayurvedic Medical College's RPK Ayurvedic Hospital, Ilkal. These patients were randomly allocated to Group A and Group B, with 20 patients in each group.

Interventions

Patients allotted to Group A received Janu seka for a duration of ten days, while the patients in Group B received wax bath therapy for the same duration.

Group A: Janu seka

Purva karma: preparing the patient. After completing their morning routine, the patient was instructed to lie in supine/ sitting position.

Pradhana karma: Sukhoshna taila (maintained at approximately 42°C to 45°C) was filled in a Kindi patra (mug). The taila was poured continuously over the Janu pradesha from a height of approximately 12 Angula (about 9 inches) without any interruption. The taila was reheated and reused and the procedure was continued for 45 minutes.

Paschat karma: The area was then cleaned with cotton. The patient was advised to take rest for 15 minutes followed by warm water bath. The patients were advised to consume Laghu (light), Ushna (hot) and Anabhishyandi ahara (food which does not cause obstruction to the channels after digestion).⁷



The procedure of Januseka is shown in Figure 1.

Group B: Wax bath therapy

Pre operative: After the morning routine, the patient was asked to sit on a knee height stool. And liquification of the paraffine wax.

Operative: the temperature of the wax was confirmed to be in the range of 45°C to 50°C by testing it on the dorsum of the hand, it

was gently applied over the Janu pradesha. 8-10 coats of liquified wax on the knee joint with the help of paint brush, once the thick coating of wax is formed the treated area should be wrapped 1st in a plastic and then wrapped with a towel for maintain uniform temperature throughout the procedure, which was carried out for 30 minutes.⁸



Outcomes

The outcomes were measured using subjective parameters. Pain intensity was assessed using the Numerical Pain Rating Scale, as described in Hutchinson's Clinical Methods. Shotha was graded on a scale from Grade 0 to Grade 4, and the range of movement was measured using a Goniometer. Readings were recorded in degrees. Observations were noted at the baseline (0th day), and subsequently on 11th, 18th, and 25th days after the treatment.

Sample size and randomization

A two-sided test was planned with a level of significance set at 5% and a power of 80% to detect significant differences. A total sample size of 40 subjects was calculated to detect an effect size of 0.47. This yielded a statistical power of 70.28%. After accounting for dropouts, 40 patients remained and were divided into two groups (n=20 per group) using simple random sampling via the lottery method.

Statistical methods

Intra-group comparisons were conducted for quantitative parameters using paired t test, and the inter-group comparisons were performed using unpaired t test. Hypothesis testing was performed for each parameter, and results were interpreted accordingly. The level of significance was maintained at 0.05. Appropriate summary statistics, including mean, SD, and t-values were calculated. To compare outcomes between Group A and Group B, paired t-test was used.

Blinding

Evaluator-blinded data collection was maintained throughout the study. The outcome variables related to the interventions were documented and statistical analysis was also performed in a blinded manner.

3. RESULTS

Demographic detail and baseline data

All the demographic and baseline data of the participants were evaluated, and the results indicated no significant difference between Group A and Group B in terms of patients' age, gender, marital status, religion, education, socio-economic status, inhabitance, diet, Koshta, Prakurti, disease duration and history of other illnesses. No patient underwent concomitant treatments during the study period.

Outcomes and estimation

paired t-test was used to compare outcomes between Group A and Group B. As observed in Table 1, the P value for the parameter 'range of movements' is less than 0.01. Therefore, we conclude that there is a statistically significant difference between Group A and Group B in the management of janusandhigata vata. Furthermore, the average percentage of improvement in Group A was 70.28%, which is notable higher than the 48.59% observed in Group B. This suggests that intervention in Group A was more effective than that in Group B.

Table 1

PARAMETER	GROU P	Mean	% of Improvement	T-Value	P-Value	Remarks
SHOOLA	A	0.4	85.71	2.9142	<0.01	S
	B	0.95	66			
STOOTH	A	0.65	64.86	2.5156	<0.01	S
	B	1.1	46.34			
TENDERNESS	A	0.4	82.29	3.7336	<0.01	HS
	B	1.15	54.90			
CREPITUS	A	0.85	65.21	3.3575	<0.01	HS
	B	1.45	36.95			
ROM	A	1.05	53.33	2.3643	<0.01	S
	B	1.5	38.77			

6. DISCUSSION

Janu seka mode of action

Januseka procedure is having both snehana and swedan effect. swedana has its main actions like Stambhaghna, Gouravaghna, and Sheetaghna and Swedakaraktwa. Swedan performs their actions, we can understand it as below.⁹

Stambhaghna– stambhaghna means stiffness, swedana is Snigdha and ushna so it relieves stambha. ushna guna of swedana does srotoshodhana and amapachana and so it relieves stiffness.

Gouravaghna– swedana relieves heaviness in the body. (apya) liquid substance of the body comes out through sweda. Apya is Guru due to their expulsion, lightness, is achieved. swedana stimulates muscles and nerves and so attained lightness.

Sheetaghna– is mainly ushna so it relieves sheeta by opposite property.

Sweda karkatva- swedana promotes sweating, impurities of the body come out with sweda , swedana drugs by ushna and tikshana guna are capable of penetrating the micro circulatory channels ,where they activate the sweat glands to produce more sweat.

Snehan effect through taila I,e swadamstra taila the ingriends are Gokshur ,Tila taila ,Dugdha ,Sunti and Guda.¹⁰ Swadamstra tail main contain is Gokshur (Tribulus terrestris) is Madhur rasa with Guru and Snigdha gunu .it portrays sheeta virya and Madhura vipaka .ayurveda classifies this herb as Tridosahara .and action on analgesic and,anti inflammatory activity. ¹¹

Adrak relieve stiffness, swelling ,and pain brought on by rheumatic disorders because they let cold and dampness into the body .¹²

Guda is having the guru guna, gives Balya, Tarpana, Triptijanak, virechana and Vrishya. it acts as a vatahara and kaphavardhak, nourishes dhatus and increases mala.¹³

Ksheera is Jeevaniya ,Balya ,Rasayana ,Medhya ,Sara, and Anulomaka in nature and has Madhura rasa ,Snigdha Guna and Madhura Vipaka.it gives support to dhatus ,muscles and joints.

Wax bath therapy

Paraffin Wax bath is a form of deep heating therapy which mainly use paraffin wax and mineral oil. wax to promote pain relief to hand, feet, joints and muscles. The heat transfer during paraffin wax bath therapy occurs through conduction from the layer of solid paraffin wax into the skin. When the warm paraffin wax are applied to the skin, it causes the blood vessels to get expand by improving the circulation, promote healing and removing toxins out of the skin.¹⁴ it improves local blood circulation ,it reduces muscle spasm and joint stiffness ,enhances collagen extensibility improve range of movement and provides analgesic effect by reducing pain.

7. CONCLUSION

The following conclusions can be drawn based on the research under taken

on Swedanakarma at R.P. Karadi Ayurvedic Hospital, Ilkal. The diseases janusandhigata vata and osteoarthritis show similarity in their signs and symptoms. Janusandhigata vata is one of the Madyam rogamarga Vataja vyadhis. In the Occupational strain,improper postures,and sleeping or sitting on irregular surfaces are identified as the precipitating factors in the pathogenesis of Janusandhigata vata.

The condition appears more prevalent in females and in the age group of 40-60 years, although this may be influenced by the small sample size.

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