

A CASE STUDY ON EFFECT OF YOGRAJ GUGGUL IN THE MANAGEMENT OF JANUSANDHIGATAVATA**Vd. Shital Sul^{1*}, Vd. Vrinda Kurande², Vd. Medha M. Joshi³, Vd. Rupali Khobragade⁴, Vd. Abhishek Taksale⁵, Vd. Japa Phadake⁶**¹MD Scholar, Dept. of Kayachikitsa, PDEA'S College of Ayurved and Research Centre, Nigdi Pune, Maharashtra India.^{2,4}Associate Professor, Dept. of Kayachikitsa, PDEA'S College of Ayurved and Research Centre, Nigdi Pune, Maharashtra India.³Professor and HOD, Dept. of Kayachikitsa, PDEA'S College of Ayurved and Research Centre, Nigdi Pune, Maharashtra India.^{5,6}Assistant Professor, Dept. of Kayachikitsa, PDEA'S College of Ayurved and Research Centre, Nigdi Pune, Maharashtra India.***Corresponding Author: Vd. Shital Sul**

MD Scholar, Dept. of Kayachikitsa, PDEA'S College of Ayurved and Research Centre, Nigdi Pune, Maharashtra India.

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ABSTRACT

The happiness and well-being of an individual often rely on their ability to move using their joints. When this mobility is compromised, it not only makes the person unhappy but also places a burden on their family and society. The loss of joint function, often caused by joint dysfunction, can lead to disability if left untreated. *Sandhigata Vata* is a common joint disorder, typically affecting older individuals due to a decrease in bodily tissues. This condition can be likened to osteoarthritis (OA), a chronic and degenerative joint disease that significantly impacts an individual's quality of life. Traditional texts provide various treatment methods to address this condition effectively. In this particular study, we aimed to clinically evaluate the effects of *Yograj Guggulu* in managing *Janusandhigatavata*. This article is a case study of a 58 years male patient with signs & symptoms of *Janu Sandhigatvata*. This case study shows potential of Ayurveda and it proves Ayurveda has evidence-based treatment. In this case study patient of *Janusandhigatavata* was treated with *Yograj Guggulu*. patients experienced greater relief from the signs and symptoms of *Janusandhigatavata*.

KEYWORDS: *Janusandhigatavata, Knee osteoarthritis, Yograj Guggulu.***INTRODUCTION**

Sandhigata Vata stands as a prevalent form of joint disorder and ranks as one of the most common degenerative joint diseases in India.^[1] This condition primarily affects older individuals (*Vridhavashta*) due to a depletion of bodily tissues (*Dhatukshaya*), significantly impacting their daily activities like walking, dressing, and bathing. In the context of modern medicine, Osteoarthritis is a frequent culprit behind joint pain, often attributed to the wear and tear of joints as individuals age.^[2] In the pathogenesis of *Sandhigata Vata*, the dominant *Vata Dosha* manifests as symptoms such as pain (*Shula*), swelling (*Sopha*), stiffness (*Stabdhata*), and heaviness (*Atopa*). Several factors contribute to *Vata* aggravation, including the predominance of *Katu*, *Tikta*, and *Kashaya* tastes in the diet, lack of physical activity (*Avyayama*), tissue depletion (*Dhatukshaya*), and trauma (*Abhighata*). In the context of modern medicine, this condition closely resembles knee osteoarthritis, which is a prevalent joint

disorder. Osteoarthritis is characterized by the gradual deterioration of the joint's cartilage. Clinically, it manifests as joint pain during movement, joint stiffness, tenderness, crepitus (crackling sound), limited joint mobility, and radiographic changes like joint space narrowing, osteophyte formation, and joint contour deformities. In India, the incidence of osteoarthritis is high, affecting approximately 12% of the population. By the age of 40, most individuals exhibit some pathological changes in weight-bearing joints, with 25% of females and 16% of males experiencing symptomatic osteoarthritis.^[3]

Conventional treatments for the disease include NSAIDs, pain-relieving medications, physiotherapy, corticosteroids, and, as a last resort, surgery. However, these treatments can be costly and lead to unwanted side effects, with surgery often falling short of providing complete relief. Acharya Charaka's principles of *Vata Vyadhi Chikitsa* recommend the repeated use of *Snehana*

(oleation) and *Swedana* (sudation) as therapeutic approaches.^[4] In Panchakarma, *Snehana* and *Swedana* are employed both as preparatory steps (*Poorvakarma*) and as primary treatments (*Pradhanakarma*) for various diseases. *Swedana*, in particular, is a therapeutic method used to manage *Vata* and *Kapha* predominant disorders, offering multiple techniques for its application. According to *Acharya Sushruta*, the treatment of *Sandhigata Vata* involves principles such as *Snehana*, *Swedana*, *Agni Karma*, *Bandhana*, and *Mardana*.^[5] For this case report, the aim was to assess the efficacy of *Yograj Guggulu* in managing *Janusandhigatavata*, aligning with the principles of Ayurveda.

AIM: To study Effect of *Yograj Guggulu* in The Management of *Janusandhigatavata*.

OBJECTIVE: To study role of *Yograj Guggulu* to reduce sign and symptoms of *Janusandhigatavata*.

CASE REPORT

A 58-year-old male patient having following complaints was came in OPD of Kayachikitsa Department, PDEA'S College of Ayurved and Research Centre, Nigdi Pune.

Chief Complaints

Janusandhi Shula
Janusandhi Shotha
Janusandhi Graha
Janu Sandhi Asparsha sahyata
Sandhi Sphutanata } since last 3-4 years

History of Present Illness

58 years male patient came to OPD with Above complaints since last 4 years. he was taking Allopathy medicines (NSAIDS) for same complaints in the last 4 years but he did not get relief completely. So for treatment, patient came to Kayachikitsa OPD for further treatment and management.

Past History: K/C/O: Hypertension since last 10 years on medications

Present Medicinal History: Tab Telmisartan 40mg once a day in morning Tab Diclofenac (Occasionally).

Family History: *Matruj Kula: Jivit, Pitruj Kula: Mruta.*

Past Surgical History: No History of any major Surgery.

General examination

Temperature	98.4 F
RR	20/ Min
Pulse rate	84 /Min
Blood pressure	130/80 mm of Hg

Systemic Examination

RS	AEBE
CVS	S1 S2 Normal
CNS	Conscious, oriented
P/A	Soft and Non tender

Ashtavidha Parikshan

<i>Nadi</i>	<i>Sarpa Gati</i>
<i>Mutra</i>	6-7 times a day
<i>Mala</i>	<i>Samyak</i>
<i>Jivha</i>	<i>Nirama</i>
<i>Shabda</i>	<i>Spashta</i>
<i>Sparsha</i>	<i>Samshitoshna</i>
<i>Druk</i>	<i>Prakrit</i>
<i>Akruti</i>	<i>Sthoola</i>

Sharir Praman

Height: 1.54 m

Weight: 76kg

BMI:32 kg/m²

Hetu

General Hetu of Janusandhigatavata

1. Aaharaj Hetu
2. Viharaj Hetu

1. Aaharaj- Hetu

Ruksha (dry), *Sheet* (cold), *Alpa* (in small quantity), *Laghu* (light diet), *Agnimandhya*, *Tikta*, *Katu*, *Kashay Rasatmaka Aahara* (diet), and formation of *Aama* (product of improper digestion and metabolism) is responsible for the *Vataprakop* which leads to *Janusandhigatavata*.^[6]

2. Viharaj- Hetu

1. Remaining awake at night in excess.
2. Keeping fast in excess.
3. Restoring to wayfaring, exercise and other physical activities in excess.
4. Loss of *Dhatu*.
5. Sleeping and sitting over uncomfortable beds.
6. Anger, sleep during day time, fear and suppression of natural urges.
7. Riding over fast-moving vehicles and falling down from the seats on these animals and vehicles.^[7]

Samprapti of Janusandhigatavata

This process starts from *Nidan Sevana* or consumption of the etiological factor causing *Dosha Prakopa*, circulates throughout the body, localization then manifestation and differentiation. From the pathological point of view, *Dosha, Dhatu, Strotas* is essential in relation of *Sandhigata Vata*. (*Janusandhigatavata*)

SAMPRAPTI GHATAKAS

Dosha *Vatavruddhi, Kapha Kshaya (Sleshaka Kapha)*^[8]
Dushya *Asthi, Snayu (Sandhi Avayava)*^[9]
Srotas *Asthi Vaha, Majja Vaha*^[10]
Agni *Dhatwagni*
Roga-marga *Madhyama*^[11]
Udbhavasthana *Pakwashaya*^[12]
Vyaktasthana *Janu-Sandhi*^[13]

Vyadhi Nidan: Janusandhigatavata (Dhatu-Kshaya Janya).



Fig. No. 1: Showing X Ray Knee joint.

Management: *Yograj Guggulu*^[14]

- *Drug:* *Yograj Guggulu*
- *Matra:* 500mg 2 tablet twice a day
- *Anupana:* *Sukoshna Jala*
- *Aushadhasevan Kala:* *Vyano-Udane*
- *Duration:* 2 months

Table 1: Latin Name, Family and Prayojyanga use in of Dravya in Yograj Guggul.

No.	Drug	Latin Name	Family	Part Used
1.	<i>Chitrak</i>	<i>Plumbago zeylanica</i> Linn.	<i>Plumbaginaceae</i>	<i>Multwak</i>
2.	<i>Pippalimul</i>	<i>Piper longum</i> radix Linn.	<i>Piperaceae</i>	<i>Mul</i>
3	<i>Yawani</i>	<i>Trachyspermum ammi</i>	<i>Apicaceae</i>	<i>Beej</i>
4	<i>Karavi</i>	<i>Piper chaba</i>	<i>Piperaceae</i>	<i>Phal</i>
5	<i>Vidanga</i>	<i>Embelia ribes</i>	<i>Myrsinaceae</i>	<i>Phal</i>
6	<i>Ajmoda</i>	<i>Carum roxburghianum</i>	<i>umbellifereae</i>	<i>Phal</i>
7	<i>Jirak</i>	<i>Cuminum cyminum</i> Linn.	<i>Umbellifereae</i>	<i>Beej</i>
8	<i>Surdaru</i>	<i>Cedrus deodara</i> Linn.	<i>Pinaceae</i>	<i>Kandsar</i>
9	<i>Chavya</i>	<i>Piper cheba</i>	<i>Pinaceae</i>	<i>Phal</i>
10	<i>Ela</i>	<i>Elletaria cardamomum</i>	<i>Zingiberaceae</i>	<i>Phal, Beej</i>
11	<i>Kushta</i>	<i>Saussurea lappa</i>	<i>Compositae</i>	<i>Mul</i>
12	<i>Rasna</i>	<i>Pluchea lanceolata</i>	<i>Compositae</i>	<i>Panchang</i>
13	<i>Gokshur</i>	<i>Tribulus terrestris</i>	<i>Zygophyllaceae</i>	<i>Phal, Mul</i>
14	<i>Dhanyak</i>	<i>Coriandrum sativum</i> Linn.	<i>Umbellifereae</i>	<i>Panchang</i>
15	<i>Amalaki</i>	<i>Emblia officinalis</i> Linn.	<i>Euphorbiaceae</i>	<i>Phal</i>
16	<i>Haritaki</i>	<i>Terminalia chebula</i> Ritz.	<i>Combrataceae</i>	<i>Phal</i>
17	<i>Bibhitak</i>	<i>Terminalia belerica</i> Roxb.	<i>Combrataceae</i>	<i>Phal</i>
18	<i>Mustak</i>	<i>Cyperus rotundus</i> Linn.	<i>Cyperaceae</i>	<i>Kand</i>
19	<i>Shunthi</i>	<i>Zingiber officinale</i> Roxb.	<i>Zingiberaceae</i>	<i>Kand</i>
20	<i>Marich</i>	<i>Piper nigrum</i> Linn.	<i>Piperaceae</i>	<i>Phal</i>
21	<i>Pippali</i>	<i>Piper longum</i> Linn.	<i>Piperaceae</i>	<i>Phal</i>
22	<i>Twak</i>	<i>Cinnamomum Zeylanicum</i>	<i>Lauraceae</i>	<i>Twak</i>
23	<i>Ushir</i>	<i>Vetiveria zizanioidis</i> Linn.	<i>Gramineae</i>	<i>Mul</i>
24	<i>Talispatra</i>	<i>Abis webbiana</i>	<i>Pinaceae</i>	<i>Patra</i>
25	<i>Yavakshar</i>	<i>Pottasium carbonate</i>		
26	<i>Guggul</i>	<i>Commiphora mukul</i>	<i>Burseraceae</i>	<i>Niryas</i>
27	<i>Patra</i>	<i>Cinnamomum Tamala</i>	<i>Lauraceae</i>	<i>Patra</i>
28	<i>Ghee</i>	<i>Clarified butter</i>		

Table No. 2: Showing Observation and results.

Symptoms	Gradation	Grade	BT	AT
Shoola (Pain)	No pain	0	3	0
	Mild Pain	1		
	Moderate pain but no difficulty in walking	2		
	Slightly difficult in walking due to pain	3		
Shotha (Swelling)	No swelling (0 cm)	0	2	0
	Mild Swelling (0.1-1cm)	1		
	Moderate Swelling (1.1-2 cm)	2		
	Severe Swelling (2.1 cm and above)	3		
Sandhigrah (Stiffness)	No stiffness	0	2	0
	Mild Stiffness (1-10 min)	1		
	Moderate Stiffness (11-20 min)	2		
	Severe difficulty due to Stiffness (21-30 min)	3		
Sparsha Asahatva	No Tenderness	0	3	0
	Tender	1		
	Tender and Winced	2		
	Tender Winced withdrawn	3		
Sandhi Sputanta	No Crepitus	0	2	1
	Palpable Crepitus	1		
	Audible Crepitus sometimes while walking	2		
	Audible with every locomotive movement	3		

DISCUSSION

Yograj Guggul^[14] is *Agni Deepaka*, *Bala Vardhaka*, and *Kaphavatahara*. It is indicated in *Sandhi Vata*, *Vataroga*, *Majjagata Vata*. *Dosha* effect: It reduces *Vata* and *Kapha*. *Dhatu* (tissue): *Rasa*, *Rakta*, *Mamsa*, *Meda* and *Majja Strotas* (channel): Circulatory, female reproductive system. most of *Dravya* in *Yograj Guggul* has *Rasa* (Taste): *Katu* (pungent) *Kashaya/Astringent* and *Madhura/Sweet*, *Guna* (Characteristics): *Laghu/Light*, *Ruksha/Dry*, *Virya* (Potency): *Ushna/Hot* and *Vipaka* (Post Digestive Effect): *Katu/Pungent* Overall *Rasa Guna Karma* act as *Vata Kaphahara*, it has *Shothahara* action as well as analgesic properties, hence it aids in interrupting the progression of *Janusandhigatavata*. To summarize, the unique attributes (*Guna* and *Karma*) of individual *Dravyas* and the formulation as a whole counteract the factors contributing to *Janusandhigatavata*, offering a comprehensive approach to managing the condition.

CONCLUSION

With the Aim that ayurvedic medicines may be effective to manage *Janusandhigatavata*. In this case study, there is reduction in Subjective parameters (Table No. 1) like *Janusandhi Shoola*, *Sandhi Shotha*, *Sandhigraha*, *Sparsha-Asahatva* and *Sandhi Sputana*. The Ayurvedic Concepts in *Janusandhigatavata*, having fruitful effect; be planned and evaluated systematically, adopting meticulous methods.

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