

# Clinical Evaluation of Laghumashadi Taila Janubasti and Vahni Rasa on Janusandhigata Vata

Bishnupriya Sethi<sup>1</sup>, Prabhakar Kannalli<sup>2</sup>

<sup>1</sup>Assistant Professor & Ph.D. Scholar, Department of Rasashastra & Bhaishajya Kalpana,  
Desh Bhagat University, Mandi Gobindgarh, Punjab, India

<sup>2</sup>Assistant Professor, Department of Rasashastra & Bhaishajya Kalpana,  
Akkamahadevi Ayurvedic Medical College & Hospital, Bidar, Karnataka, India

## ABSTRACT

As Age advances Vata dosha increases in an individual. This increasing vata triggers & accelerates dhatu kshaya (Depletion of tissues) & Bala Kshaya (Reduction of strength). Sandhigata vata is Commonest disorder that occurs due to Dhatukshaya. Vata dosha plays the main role in this disease. Shoola is the cardinal feature of this disease, associated with sandhishotha & other symptoms, so can be treated with Laghumashadi taila<sup>1</sup> & Vanhirasa<sup>2</sup> these are the versatile medications to treat the all the joint disorders. Present the unique approach of Ayurveda with specially designed five procedure of internal purification of the body through the nearest possible route. such purification allows the biological system to return to homeostasis and rejuvenate rapidly and also facilitates the desired pharmacokinetic effect of the medicines administered there after. Panchakarma provides comprehensive therapy role as a promotive, preventive, curative & rehabilitative procedure. Panchakarma is not a merely as it is understood, but also has wider range of therapeutic such as replenishing, depleting rejuvenating therapies etc. present era most of the people suffering from Joint pain (Sandhigatavata), so it can be treated with completely without Adverse effect to the joints.

**KEYWORDS:** JanuSandhigatavata, Laghumashadi taila, vanhirasa, Osteoarthritis, joint disorders

## INTRODUCTION

Ayurveda is the Veda for the age, Veda is the pious and spiritual knowledge The concept of 'Science of life' probably makes it the oldest medical science having a positive concept of health which is to be achieved through a blending of physical, mental, social, moral and spiritual welfare. Ayurveda has given priority to keep the person healthy first and besides these efforts, if disease occurs then cure it. This means that Ayurveda believes in maintaining good health, free from diseases. Ayurveda is the most trusted among present-day medicines available. Although other contemporary medicines has found cures for many troubling health problems including some infectious diseases that cause sickness and premature death on a grand scale, it has been less successful in combating many chronic illnesses such as Vata vyadhis, Hridrogas, Prameha etc.,

Among the 80 Nanatmaja vata vyadhis, Sandhigata vata is dominated by shola (pain), Shotha (Swelling), & Prasarana akunchana, apravarthi (pain & tenderness during movements) so it can be correlated as a Osteoarthritis. The term Sandhigata vata mentioned by Acharya Charaka as Sandhigata anila, the vayu situated in the joint produce above symptoms. Osteoarthritis is a second commonest musculoskeletal disorder characterized by gradual loss of cartilage in joints which results in bone rubbing together & creating stiffness, pain & impaired movement. The modern line of treatment includes, Analgesics, Steroids etc. so these can harm to the body system and can't cure completely again they will advice for the surgical line of treatment. So here we can taken a challenge and treated with these patients.

**How to cite this paper:** Bishnupriya Sethi | Prabhakar Kannalli "Clinical Evaluation of Laghumashadi Taila Janubasti and Vahni Rasa on Janusandhigata Vata" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-8 | Issue-1, February 2024, pp.361-367, URL: [www.ijtsrd.com/papers/ijtsrd62407.pdf](http://www.ijtsrd.com/papers/ijtsrd62407.pdf)



Copyright © 2024 by author (s) and International Journal of Trend in Scientific Research and Development Journal. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0) (<http://creativecommons.org/licenses/by/4.0>)



**AIMS AND OBJECTIVES**

The study in detail about Janu sandhigata vata<sup>4</sup>.

**MATERIAL AND METHODS**

**Materials:** This includes

1. Major raw drugs.
2. Associated Raw drugs
3. Equipment's and associated equipment's

**Major Raw Drugs<sup>4</sup>:**

Parada, Gandhaka, Lavanga, Maricha, Jatiphala, Vatsanabha, Tintidikaphala, Tila taila, Manjista, Haritaki, Amalaki, Vibhitaki, Musta, Lodhra, Ketaki, Bala, Tamala patra, Vatankura, Haridra, Masha, Dashamoola, Saindhava, Shatavari, Hingu, Vacha, Rasna, Jatamamsi, Nagara, Moorchita tila taila.

**Associated raw drugs:**

- Godugdha, Goghrita for Gandhaka Shodhana.
- Jambheera swarasa for Hingula Mardana.
- Haridra choorna for Parada Shodhana<sup>5</sup>.
- Goghrita for Hingu Shodhana<sup>6</sup>.

- Gomutra for Shodhana of vatsanabha<sup>7</sup>.
- Jala as a kashaya dravya for Taila preparation<sup>8</sup>.
- Amla Takra for shodhana of Maricha<sup>9</sup>.
- Tintidikaphala swarasa for bhavana for VR.

**Equipments:** The Yantras required were KhalvaYantra, Urdhwa patana yantra, pot etc.,

**Associated equipments :** These include Iron pan, Gas stove, Cora cloth, Knife, Juice extractor, match stick, Thread, glass beaker, Multani mitti, glassrod, spoon, utensils etc.,

**Method:**

The whole method of preparation includes:

1. Selection of Raw materials.
2. Shodhana of Raw materials.
3. Extracting parada from hingula.
4. Preparation of Kajjali.
5. Preparation of choornas of kashtoushadhis.
6. Preparation of VR and LMT.

**RESULTS OF CLINICAL STUDY**

**Table No. 1: Showing effect on Cardinal symptoms of 15 patients of Group A**

Cardinal symptoms	N	BT	AT	% Relief	SD	SE	T	P	Remarks
Sandhi Shoola	15	43	7	83.91	0.6324	0.163	14.72	<0.001	Highly Significant
Sandhi Shotha	6	8	0	100	0.742	0.191	2.77	>0.01	Significant
Stambha	4	5	0	100	0.608	0.157	2.101	>0.05	Significant
Prasarana Akunchanjanya vedana	14	23	0	100	0.741	0.191	8.01	<0.001	Highly Significant
Sandhi Sputana	10	13	2	84.88	0.590	0.152	4.80	<0.001	Highly Significant
Sparsha Asahatva	5	5	0	100	0.469	0.121	2.72	>0.01	Significant

**Effect on cardinal symptoms of group A-** Highly significant results were obtained in the symptom of Sandhi Shoola, prasarana akunchanjanya vedana and sandhi sputana at  $p < 0.001$ , whereas Sandhi Shotha and sparsha asahatva were statistically significant at  $p > 0.01$ . Stambha is statistically significant at  $p > 0.05$ . Sandhi Shoola, Sandhi Shoth, Stambha, Prasarana Akunchanjanya Vedana, Sandhi sputana and Sparsha asahatva are relieved by 83.91 %, 100%, 100%, 100%, 84.88%, 100% respectively.

**Table: Showing effect on Cardinal symptoms of 15 patients of Group B**

Cardinal symptoms	N	BT	AT	% Relief	SD	SE	T	P	Remarks
Sandhi Shoola	15	40	21	45.11	0.44	0.11	11.45	<0.001	Highly Significant
Sandhi Shotha	3	5	4	21.21	0.2569	0.0663	0.9049	NS	Not Significant
Stambha	4	7	4	43.47	0.4123	0.1293	1.5467	>0.10	Significant
Prasarana Akunchanjanya vedana	11	25	13	48.19	0.6397	0.1652	5.202	<0.001	Highly Significant
Sandhi Sputana	10	18	15	16.66	0.4140	0.1069	1.8709	>0.10	Significant
Sparsha Asahatva	2	3	1	70	0.3507	0.0906	1.4348	>0.10	Significant

**Effect on cardinal symptoms of group B-** Highly significant results were obtained in the symptoms of Sandhi Shoola, and Prasarana Akunchanjanya Vedana. i.e.,  $p < 0.001$  whereas Stambha, Sandhi Sputana and Sparsha asahatva were statistically significant at  $p > 0.10$ . Sandhi shotha is not significant. Sandhi Shoola, Sandhi Shotha, Stambha, Prasarana Akunchanjanya Vedana, Sandhi sputana and Sparsha asahatva are relieved by 45.11%, 21.21%, 43.47%, 48.19%, 16.66% and 70% respectively.

**Table No. 02 : Showing effect of unpaired t-test between group A and group B**

Cardinal symptoms	Mean score			SE	T	P	Remarks
	Gro-A	Gro-B	A-B				
Sandhi Shoola	0.467	1.400	0.933	0.187	4.995	<0.001	Highly Significant
Sandhi Shotha	0.000	0.267	0.267	0.153	1.740	<0.10	Significant
Stambha	0.000	0.267	0.267	0.153	1.740	<0.10	Significant
Prasarana Akunchanjanya vedana	0.000	0.867	0.867	0.192	4.516	<0.001	Highly Significant
Sandhi Sputana	0.133	1.000	0.867	0.256	3.389	<0.001	Highly Significant
Sparsha Asahatva	0.000	0.067	0.067	0.067	1.000	>0.20	Significant

Highly significant results were obtained in the symptoms of Sandhi Shoola, sandhi sputana and Prasarana Akunchanjanya Vedana i.e.,  $p < 0.001$  whereas Sandhi shotha and Sandhi Shotha and stambha were statistically significant at  $< 0.10$ . Sparsha asahatva is statistically significant at  $p > 0.20$ .

**Table No. 03 : Showing Overall Effect**

Remarks	Group A	Group B	Total	%
Marked Relief >75%	14	0	14	46.66
Moderate Relief 50%-75%	1	5	6	20
Mild Relief 25%-50%	0	10	10	33.33
No Relief <25%	0	0	0	0

### DISCUSSION ON PROCEDURE OF JANUBASTI:

**Quantity of oil required:** It was observed during the study that for bilateral Knee minimum of 150-200 ml of oil was required for three days including the wastages and again for next four days fresh oil of 150-200ml was used. Hence on an average of total oil 400-500 ml of oil needed for smooth conduction of the procedure for 7days.

**Quantity of flour:** During the study it was observed that a maximum Maṣhapiṣṭi for both knees and average of 500 gram of flour is required. The dough once used can be preserved or can be reused. Nearly 1kg of flour was sufficient to carry out the procedure.

**Height of Janubasti Pit:** As Janu is an irregular area the basti has to be constructed with due to care and try to accommodate larger surface area as possible. Hence, it is advised and easy to use a still rim for support. On an average the pit should 3-4 inch height to submerge the whole of Janu.

**Temperature of oil:** One has to be very cautious while maintain temperature of the oil as it may causes scald when hot oil is poured. It is advised to pour the oil along the wall of the basti rather than pouring it directly on the skin. In an average a temperature of 40 -45 C was well tolerated by the patients. During the period of 30 minutes the oil was replaced for times.

**Duration of the procedure:** In the present study the duration of procedure was fixed to 30 min looking at the convenience of the patients.

### Investigations

**RA-Factor:** This is a diagnostic test to rule out Rheumatic Arthritis. All the patients showed negative RA-Factor.

**Uric Acid:** This is also a diagnostic test to rule out Gouty Arthritis. Some times due to increase level in uric acid leads to pain the joint. All the patients showed the normal uric acid level.

**Hb% and Urine Analysis:** These are usually normal in Osteoarthritis. So their values is in ruling out other types of arthritis, especially inflammatory type of arthritis, or establishing a base line for monitoring treatment. All the reports are within the normal limits.

**ESR:** This is not usually elevated, though it may be slightly, so in case of erosive inflammatory arthritis. All the patients showed the normal ESR values.

**X-Ray:** This is used to confirm the diagnosis of Osteoarthritis. This can reveal osteophytes at the joint margins, joint space narrowing and subchondral bone sclerosis. 75% of the patients showed the reduced space. After treatment no changes had been occurred, pain and crepitus was reduced.

### Total effect of Therapy:

- Marked relief was found in 14 (93.33%) patients in the group-A.

- Moderate relief was found in 1(6.66%) patient in group A and 5 (33.33%) patients in group B.
- Mild relief was found in 10 (66.66%) patients in group B
- As a total 30 patients were studied, among them total 14(46.66%) patients showed marked relief, 6(20%) patients showed Moderate relief, 10(33.33%) patients Showed Mild relief.
- Effect of therapy was statistically Highly Significant at the level of  $p>0.001$  in cardinal symptoms like, Sandhi Shoola, Sandhisputana and Prasarana Akunchanajanya Vedana of Group-A and Sandhi Shoola and Prasarana Akunchanajanya Vedana of Group-B.
- By seeing the overall assessment, here null hypothesis is rejected and alternate hypothesis is accepted.

#### **PROBABLE MODE OF ACTION OF VAHNI RASA10**

- The causative factors for the production of complete aetio-pathogenesis of the disease Janusandhigata vata are: the Agni, the dhatus, the doshas. So the ultimate aim of the treatment should be correcting in all these involved factors.
- The concept of Agni is of paramount interest in Ayurveda. Disturbances of Agni results in Ama formation which by itself may culminate in various ailments or by thwarting absorption and assimilation impede with the efficacy of the drug used in treatment.
- In Vahni Rasa, most of the drugs having Agni vardhaka, Deepana, Pachana, vataghna etc, Properties which provoke the Agni

X-Ray: This is used to confirm the diagnosis of Osteoarthritis. This can reveal osteophytes at the joint margins, joint space narrowing and subchondral bone sclerosis. 75% of the patients showed the reduced space. After treatment no changes had been occurred, pain and crepitus was reduced.

#### **Total effect of Therapy:**

- Marked relief was found in 14 (93.33%) patients in the group-A.
- Moderate relief was found in 1(6.66%) patient in group A and 5 (33.33%) patients in group B.
- Mild relief was found in 10 (66.66%) patients in group B
- As a total 30 patients were studied, among them total 14(46.66%) patients showed marked relief, 6(20%) patients showed Moderate relief, 10(33.33%) patients Showed Mild relief.
- Effect of therapy was statistically Highly Significant at the level of  $p>0.001$  in cardinal symptoms like, Sandhi Shoola, Sandhisputana and Prasarana Akunchanajanya Vedana of Group-A and Sandhi Shoola and Prasarana Akunchanajanya Vedana of Group-B.
- By seeing the overall assessment, here null hypothesis is rejected and alternate hypothesis is accepted.

#### **MODE OF ACTION OF EXTERNALLY APPLIED TAILA<sup>11</sup>:**

Phospholipase A2 is an inflammatory enzyme found in synovial fluid of OA.

The linoleic acid and oleic acid in Taila blocks the phospholipase A2 enzyme thus reducing the inflammation. The application of heat on skin induces increased metabolic activity, increased circulation and stimulation of nerve endings on skin and tissues. It also has many indirect effects in the body mechanism. The metabolic activity is increased in the part where more heat is applied. This increased metabolism creates demand for oxygen and nutrients.

#### **CONCLUSION**

Conclusions are drawn based on the observation and interpretations made during the whole study.

1. Vahni Rasa and Laghumashadi Taila is the formulations containing ingredient which acts as Vataghna in the treatment of Janusandhigatavata. Hence these formulations were selected for the study.
2. Vahni Rasa is an effective formulation which comes under Khalveeya Rasayana. It contains shuddha parada, shuddha gandhaka, shuddha vatsanabha, shuddha maricha, jatiphala, lavanga and chinchaphala swarasa bhavana.
3. Laghumashadi Taila is an effective formulation which comes under Sneha Kalpana. It contains masha, saindhava, jatamamsi, vacha, rasna, shatavari, nagara, balamoola and dashamoola.

4. Shodhana of each ingredient is an essential step before usage, which will modify the raw drugs into safe, bio-active, therapeutic form. Shodhana of vatsanabha by gomutra staphana for 3days, Shodhana of hingu by ghrita bharjana, Shodhana of hingula by Nimbu swarasa mardana for 12 hours, Shodhana of Gandhaka by Godugdha, Shodhana of maricha by amla takra.

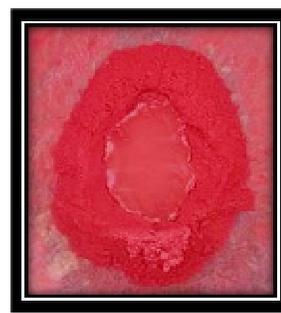
## PHOTOS



**Fig. 1 Raw drug Hingula**



**Fig.2 Nimbu swarasa**



**Fig.3 Hingula mardana**



**Fig. 4 Shuddha hingula lepa**



**Fig. 5 Urdhwapatana yantra**



**Fig. 6 Haridra mardana**



**Fig.7 Shodhita Gandhaka**



**Fig.8 Shuddha Parada**



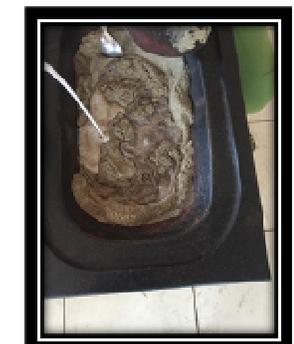
**Fig.9 Parada Gandhaka mardana**



**Fig.10 Vatsanabha shodhana**



**Fig.11 Shodhita vatsanabha**



**Fig.12 Maricha shodhana**





**Fig.25 Varti pariksha**



**Fig.26 Final product LMT**



**Fig.27 LMT Final product**



**Fig.28 Janubasthi with LMT**



**Fig. 29 Janubasthi with LMT**



## BIBLIOGRAPHY

- [1] Vaidya Pandit Hariprapannaji. Rasayogasagara. With sanskrit and english introduction and notes. Varanasi: Krishnadas Academy; 1998. Volume 2, Verse 2143, 354pp.
- [2] Brihatniganturatnakara. Commentry by Sri Dattarama Srikrishnalal Mathur. Printed by Shri Sanjay Bajaa for M/s Khemraj Shrikrishnadass proprietors Shri Venkateshwar press Bombay-400 004; 1996. volume 5, 527pp.
- [3] Shri Vagbhatacharya. Rasa Ratna Samucchaya. Edited by Pandit Sri Dharmanandana sharma. 2<sup>nd</sup> Edn. Varanasi: Motilal banarasidas publication; 1996, 3<sup>rd</sup> chapter, version 126, 55pp.
- [4] Ibid, 6<sup>th</sup> chapter, version 45, 113 pp.
- [5] Bhairavanandayogi. Rasarnava or Rasatantram – edited by Dr Indradev Tripathi, with Rasachandrika Hindi commentary. edited by Dr. Shri Krishna Dixit. 3rd ed. Varanasi: Choukhambha Samskrit Series Office; 1995, 7th Patala, Shloka 2, 93pp.
- [6] Govinda Bhagavatpada. Rasa Hridaya Tantram. Mugdavabodhini Sanskrit commentary of Chaturbhuj Mishra. edited by Acharya Doulatram Shastri. 2nd edition. Varanasi: Choukhamba Publications; 2001, 9th Chapter, Shloka 4, 239pp.
- [7] Dundukanatha. Rasendra Chintamani. Translated by Siddhinandan Mishra. 1st edition. Varanasi: Chaukhamba Orientalia; 2000. 7th Chapter, Shloka 117, 107 pp.
- [8] Somadeva. Rasendra Chudamani - Hindi translation edited by Dr. Siddhinandana Mishra. 3rd edition. Varanasi: Choukhamba Orientalia Publication; 2004, 15th chapter, Shloka 100-102, 148pp.
- [9] Bhava Mishra. Bhava Prakasha - English translation by Prof. K.R. Shrikantha Murthy. 1st Ed. Varanasi: Krishnadas Academy Publication; 1998, Vol.I, 6th ch, Sub ch VIII, Shloka 90-92, 345pp.
- [10] Madhava. Ayurveda Prakasha - Hindi commentary. edited by Shri Gulraj Sharma Mishra. Varanasi: Chaukhambha Bharati Academy Publication; 1999. 1st Ch, Shloka 426- 427, 205pp.
- [11] Shastri SVR. Anandakanda. Tanjore: S.Gopalan Publication; 1952. 1st ch, Shloka 44 - 52, 5pp.
- [12] Gopalkrishna. Rasendra Sara Sangraha - English translation, edited by Dr. Ashoka. D. Satpute, 1st ed. Varanasi: Choukhambha Krishnadas Academy Publication; 2003. 1st chapter, Shloka 226, 140pp