Magna Scientia Advanced Research and Reviews

eISSN: 2582-9394

Cross Ref DOI: 10.30574/msarr

Journal homepage: https://magnascientiapub.com/journals/msarr/

(RESEARCH ARTICLE)

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Effect of Janu basti with Ksheerbala oil in Anterior Cruciate Ligament (ACL) injury – A single case study

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Magna Scientia Advanced Research and Reviews, 2021, 03(01), 091-094

Publication history: Received on 15 September 2021; revised on 23 October 2021; accepted on 25 October 2021

Article DOI: https://doi.org/10.30574/msarr.2021.3.1.0071

Abstract

The knee joint, the largest joint in the human body, is a complex structure that allows for movement and weight-bearing. It primarily connects the femur (thigh bone), tibia (shin bone), and patella (kneecap), involving both tibiofemoral and patellofemoral articulations. Key components include bones, cartilage, ligaments, and bursae. The ACL is an important structure in the knee for resisting anterior translation of the tibia on the femur.This ligament is a very well known ligament due to the high injury rate of athletes. However, surgical reconstruction does not guarantee a previous level of activity.

In this single case study an effort has been made to manage knee ligament injury through Ayurvedic treatment. A 35 years old female suffering from pain and swelling over right knee joint, tenderness, also having difficulty in walking. MRI of Right knee joint showing anterior cruciate ligament tear and posterior horn of medial meniscus, bursitis. *Janu basti* an tradition ayurvedic therapy selected for treatment with internal medicine. The duration of the treatment was 15 days, which provided relief from pain with noticeable improvement in the movement of knee joint.

Methodology: Janu basti were done followed by nadi swed for 15 days with internal medication just after removal of brase of knee joint (after 1 month of history of fall).

Observation: Patient showed significant changes in pain relief and also walking improved.

Conclusion: It can be concluded that after *janu basti* patient got significant relief in *janu shool* (knee joint pain).

Keywords: Janu Basti; Janu Shool; Knee Joint; Ant Cruciate Ligament; Nadi Swedan**.**

1. Introduction

Literature on Ayurveda by Acharya Sushrutha had explained *Sandhi* as a site where there will be conjunction of bones and classified it into 8 types such as *Kora, Ulukhula, Samudhga, Pratara, Tunasevani, Vayustund, Mandala, Shankavartha* then while narrating the examples for *Kora Sandhi* as *Anguli, Manibandha, Janu, Gulpha, Kurpura* among which *Janu Sandhi* can be correlated to Knee Joint. *Janu Sandhi* (Knee joint) is mentioned as site of *Marma* which is meeting point of *Mamsa, Asthi, Sandhi, Sira and Snayu*. Any sort of injury to this site will lead to severe symptoms like *Khanjata* (difficulty while walking).

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Knee ligament injuries consist of trauma to any of the ligament like anterior cruciate ligament, posterior cruciate ligament, medial collateral ligament and combination of these. These injuries are characterized by long term loss of knee movements with mild to quite severe symptoms.[1].

Ligament injury[2] Injury to the anterior cruciate ligament, medial collateral ligament and Medial meniscus, may present with pain, swelling, local tenderness, haemarthrosis, sprain (ligament injury), strain (muscle and tendon injury).

1.1. Sprain

- I degree - minimal tear with local tenderness and no instability
- II degree - more disruption but no instability
- III degree - complete disruption Current treatment option[3].

These injuries are treated with surgical repair to restore knee function. However it does not guarantee the previous level of activities and good knee function. Also surgery is too costly option for middle class people. Early medical treatment for knee ligament injury may include the following;

- Rest – knee joint minimal movements. (Like no bending).
- Ice pack application (to reduce swelling that occurs within hours of the injury).
- Compression (from an elastic bandage or brace).
- Elevation.
- Analgesics.

2. Cost effective therapy

An efforts made to manage knee injury (ACL tear) with cost effective therapy based on treatment of Sandhigatvat.[4]. The treatment protocol includes janu basti with internal medication.

Aim

The present study was carried out to find out efficacy of janu basti for the treatment of ACL tear injury of knee joint.

2.1. Case report

A 35yr female patient came to OPD of kaychikista department having OPD no 2930 on 04-02- 2021 having complaints of pain at right knee joint, swelling and tenderness, difficulty in walking with history of fall from scooty 1 month back without having any major illness.

Treatment history-Patient had taken allopathic treatment for 1 month that includes analgesics, compression with belt, but still she had pain after walking and difficulty in walking.

- History of past illness- NAD
- Family history- Not significant.
- Chief complaints- Right knee joint pain, swelling, difficulty in walking since 1 month.
- Genral examination- BP- 110/70 mm/hg, P- 74/min, Bowel and bladder habits – normal, sleep – normal.
- Systemic Examination- p/a – soft , CVS- S_1S_2 Normal, CNS- conscious and oriented, RS- AEBE clear,
- Investigations- MRI- finding showing ACL tear with posterior horn of medial meniscus, bursitis. – which was done after fall down from vehicle.
- Treatment –**External-** janu basti therapy with ksheerbala tail done for 15 days.

2.1.1. Procedure of janu basti-

Purv karm- Written concest taken. Site selected for procedure.

Pradhan karm- Janu basti instrument kept on knee joint and it is fixed at that site with help of udad dal ata. Then ksheerbala oil luke warm oil poured with help of cotton in it. Coold oil again heated and in luke warm form again pured. This is repeated for 4 times for 30 min. procedure.

Paschat karm- Nadi sweadan done at site.

2.1.2. Internal medicine

Table 1 Internal medicine history

No	Drug	Dose	Kala	Duration
1	Mahayograj guggulu	2BD	before food(apane)	30 days
2	Lakshadi guggulu	2BD	After food (vyanodane)	30 days
3	Cap. Ksheerbalaa 101	1BD	After food	30 days
4	Ashwagandharishta	4tsf	After food	30 days

3. Ingradients of Ksheerbala tail

As explained by vaghbhtacharya Main ingradients- bala mool and ksheer [5]

4. Observations -

Table 2 Observation during each setting

Sign and symptoms	BT	After 4 days	After 7 days	After 15 days
Pain	++++	+++	++	+
Restricted movements	+++	++	+	-
Difficulty in walking	++	+	+	-
Tenderness	+	+	-	-

4.1. Observations

- Patient got significant relief from symptoms.
- After 4 days pain and restricted movements improved.
- After 7 days patient walking easily.
- After 14 days patient having relief from pain and tenderness.

5. Discussion

Anterior Cruciate Ligament tear can be symptomatically correlated with Sandhigata Vata. Ayurvedic points of view pathogenesis of Sandhigat Vata is as follows; Due to Abhighata (trauma) there will be Rasa, Raktadi Dhatu Dushti and Vata Prakopa which leads to Vikruti in Asthi, Sandhi, Snayu, Kandra and causes Sandhigata Vata. Ksheerbala Taila is indicated in ancient text for fracture and dislocation. It is well known in reducing pain and helps in faster healing.[6] So Janubasti with Ksheerbala Taila becomes very useful in knee injury. Besides this, Shamana treatment is also necessary to break down Samprapti. For this purpose patient was given Shamana drugs available in the hospital. Mahayograj guggulu helps to relive pain, lakshadi guggulu gives strength to joint, cap ksheerbala101 increases lubrication of joint, and ashwgandhristha acts as balya, pachan, and helpful for bone health.

Thus combination of Janubasti along with Shamana provided good result in ligament tear.

6. Conclusion

From the present case study it can be concluded that the Janu Basti is a promising Ayurvedic management of ACL tear of knee joint but further more work should be done on it.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

References

[1] Harsh Mohan, Textbook of Pathology. 6th edition. Jaypee Brothers Medical Publishers (p) Ltd, New Delhi, 2010;p.843.

[2] Harsh Mohan, Textbook of Pathology. 6th edition. Jaypee Brothers Medical Publishers (p) Ltd, New Delhi, 2010;844-45.

[3] API Textbook of Medicine. 10th edition, Vol. 2, Jaypee Brothers Medical Publishers(p) Ltd, New Delhi, 2015;p.2466-67.

[4] Chakrapanidatta. Ayurveda Dipika Commentary on Charaka Samhita, Edited by Vaidya Jadavaji Trikamji Acarya; 5th Edition, Chaukhamba Sanskrit Sansthana Varanasi; 2001;p.618.

[5] ahtang hruday , Anmol Prakashan pune, dr ganesh krushn grde,may 2008 edition, chikistasthan,22/45-46.