



# International Research Journal of Ayurveda & Yoga

An International Peer Reviewed Journal for Ayurveda & Yoga



SJIF Impact Factor : 5.69

ISRA Impact Factor : 1.318

ISSN:2581-785X

Research Article Article

Volume: 3

Issue: 9

## A Comparative Clinical Study Of *Rasnadi Guggulu* And *Trayodashanga Guggulu* In The Management Of *Sandhigata Vata*(Related To *Janu Sandhi*) W.S.R To Osteoarthritis

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**ABSTRACT:** *Sandhigata vata* is described under *vatavyadhi* in all Samhitas and *sangrahasgranthas*. It mainly occurs in *vriddavastha* due to *Dhatukshaya*, which limits the day to day activities like walking, dressing etc thus making patient disabled. It being a *vatavyadhi*, located in *marmasthisandhi* and mainly occur in *vriddavasta* makes it *kastasadya*. Here *vata dosha* plays a main role to cause disease. The *sandhigata vata* is characterized by pain, swelling and restricted movement of joints. When *Sandhi vata* occurs in knee joint(*janu sandhi*), it is called *Janu sandhigata vata*. These clinical findings show a similarity with osteoarthritis of contemporary science. Hence the drugs *Rasnadiguggulu* and *Trayodashangaguggulu* which has the properties of *shoolahara*, *shotahara* and *rasayana* are taken for the study. So the present study was undertaken “To compare the efficacy of the *Rasnadiguggulu* and *Trayodashangaguggulu* as *shamana- oushadi* in *sandigata vata* as claimed in *Yogaratanakara* and *chakradatta*. For the present study, 40 patients with age limit 40-70 years were diagnosed as a *sandigata vata* were selected from Shri Shivayogeeswar Rural Ayurvedic Medical College and Hospital, Inchal, selected patients were systematically arranged to 2 groups. Group-A patients received *Rasnadiguggulu* 450mg 2 tab twice a day with *sukoshnajala* as *anupana* for 30 days and Group- B patients received *Trayodashangaguggulu* 450mg 2 tab twice a day with *sukoshnajala* as *anupana* for 30 days. The patients were assessed for the severity of the disease subjectively and objectively before, during and after the treatment. At the end of the follow up, the data from each group were statistically analyzed and were compared. Significant results were obtained in relieving the symptoms of *Sandhigata vata* (related to *Janu sandhi*) by the end of the treatment period in both the groups. Overall assessment showed marked, moderate and mild improvement in the patients. From the clinical study, it was evident that all patients responded to the treatment. Comparative analysis of the overall effects of treatments in both group showed that the treatment is statistically significant in Group-B when compared to Group-A.

**KEYWORDS:** *Sandigata vata*, Osteoarthritis, *Rasnadiguggulu*, *Trayodashangaguggulu*, .

Article received on- 31 August

Article send to reviewer on-1 Sept

Article send back to author on- 11 Sept

Article again received after correction on -22 Sept

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**How to Cite the Article** : Dr.Deepika.G, Dr.G. Vinay Mohan, Dr. Girish S Dharmannavar. A Comparative Clinical Study Of *Rasnadi Guggulu* And *Trayodashanga Guggulu* In The Management Of *Sandhigata Vata*(Related To *Janu Sandhi*) W.S.R To Osteoarthritis, IRJAY, September: 2020 Vol- 3, Issue-9; 88-105;

Doi: <https://doi.org/10.47223/IRJAY.2020.3908>

## INTRODUCTION:

Ayurveda is *upaveda* of *Atharvanaveda*, preaching ‘Longevity and Healthy Life’. Ayurveda propagates wholesome health. It’s objectives are to preserve the health of a healthy person and cure the ailment of the diseased . These objectives lead to an improved quality of life for all people. According to Ayurveda, simple freedom from disease is not health. For a person to called healthy, he should be physically, mentally and spiritually happy too. Ayurveda believes in the humoral (*doshik*) theory of health and disease . If body humors are in a state of equilibrium, body is normal and as soon as they get imbalanced a disease is produced. Among *tridoshas*, *vata* is responsible for all chest and also a cause of disease in old age. *sandigata vata* is explained in *Yogaratnakara*<sup>1</sup> and *chakradatta*<sup>2</sup>.

*Sandigatavata* is a type of *vatavyadhi*, which mainly occurs due to *dhatukshaya* .It being a *vatavyadhi* located in *marmasthisandhi*. *Shoolapradhanavedana* is the main feature of the disease, associated with *Sandhishotha* with *Vata purnadrutisparsha*, lack of movement of the joints<sup>3</sup>. Due to *nidanasevana vata prokopa* take place in the joints and give raise to the symptoms. This disease often compare to the degenerative disorder affecting joints and having worldwide incidence in plenty i.e Osteo- arthritis. It is a type of joint disease that results from breakdown of joint cartilage and underlying bone. The most common symptoms are joint pain and stiffness. O.A is found to afflict the joints, mainly kneejoint<sup>4</sup>. Knee joints are the key joints of locomotion. When they get hurt, injured,

degenerated or inflamed they give pain and makes life difficult, even the simplest of day-to-day activities seems to be a burden and this disease makes person crippled and dependent to attend his normal duties. It is a common disease of aged population. The prevalence of osteo -arthritis is increasing due to related factors such as obesity, old age. According to W.H.O 9.6% of men and 18.0% of women aged over 60years have O.A. Allopathic treatment has its own limitations in managing this disease and it is very costly . It can provide either conservative or surgical treatment and is highly based on symptomatic treatment. Excess use of analgesic – both NSAIDS and OPOIDS have their own side effects and recurrence. Long term use of NSAIDS leads to peptic ulcers, whereas Opioid analgesics lead to dependency. Hence there is a every need to look for alternate solutions in our system. *Acharya charaka* has been recommended drugs comprising of *tiktadravya* and *grita* as treatment for *asthyashrithavata* and *sandigataavata* in *charakaSamhita*. *Asti* and *Majja* are chief compounds of *sandi* which are affected. Hence the present study “*RasnadiGuggulu* and *Trayodashanga Guggulu* are in the management of *sandigataavata*. As *Guggulu* is *sroto-shodaka* and proved to be have both

anti-inflammatory and anti- arthritic properties by various scholars.

## AIMS AND OBJECTIVES

1. To study the disease *sandigataavata* in related to *janu sandhi*.
2. To assess the efficacy of *rasnadiguggulu* in the management of *sandigataavata*.
3. To assess the efficacy of *Trayodashangaguggulu* in the management of *sandigataavata*.
4. To compare the efficacy of the *Rasnadiguggulu* and *Trayodashangaguggulu* in the management of *sandigataavata*.

## SAMPLE SIZE ESTIMATION

The Study design is made for comparative clinical study of 40 patients.

Random sampling method was adopted and assigned the patients into Group A and GroupB.

**Source of data:** Selection of patients:

The patients of either sex, diagnosed as *sandhigataavata* were selected from the O.P.D, I.P.D and Special camps conducted in Shri *Shivayogeeshwar* Rural Ayurvedic

Medical College and Hospital ,Inchal  
591102, Belgaum Distt

### ASSESSMENT CRITERIA

1. The assessment of clinical study is done by the severity of symptomatology.
2. The range of movement (ROM) of knee joints was assessed using Goniometer.
3. The clinical assessment are done before and after treatment by grading them as mild, moderate and severe .

Unpaired t test has been used to find the significance between two groups.

Grading :

G-0-Nil - None

G-1-Mild +. Mild

G-2-Moderate ++. Moderate

G-3-Severe +++. Severe

Symptoms	None (-)	Mild (+)	Moderate (++)	Severe(+++)
<i>Sandhi shoola</i>	No pain	Pain on forcible movement of knee joint	Pain on normal movement of knee joint	Pain at rest , if no movement of knee joint
<i>Sandhi shota</i>	No swelling	Slight swelling present	Covers well over the bony prominence	Much elevated
<i>Stabdatha</i>	Absence of stiffness	+	++	+++
<i>Sandhi sputana</i>	No crepitus	palpable	Audible	Clearly audible

<b>ROM</b>	<b>Normal</b>	<b>&lt;130&gt;100</b>	<b>&lt;100&gt;75</b>	<b>&lt;75</b>
	<b>130<sup>0</sup></b>			

## RESULTS

**Table No.01: Effect of *Rasnadi Guggulu* (Group – A) on *Shoola* of *SGV*(Related to *Janu sandhi*)**

SYMPTOM	Mean score				%	S.D (±)	S.E (±)	T Value	p value
	B T			BT-AT					
<i>Shoola</i>	2.55	AT	1.65	0.90	35	0.553	0.124	4.77	<0.05
		AF	0.70	1.85	73	0.587	0.017	9.94	<0.05

**Table No 2: Effect of *TrayodashangaGuggulu* (Group-B) on *Shoola* of *SGV*(Related to *Janu sandhi*)**

SYMPTOM	Mean score				%	S.D (±)	S.E (±)	T Value	p value
	BT			BT-AT					
<i>Shoola</i>	2.20	AT	1.50	0.70	32	0.470	0.105	3.62	<0.05
		AF	0.45	1.75	80	0.786	0.025	9.07	<0.05

**Table No 3: Effect of *Rasnadi Guggulu* (Group-A) Shotha of *SGV*(Related to *Janu sandhi*)**

SYMPTOM	Mean score				%	S.D (±)	S.E (±)	T Value	p value
	BT			BT-AT					

<i>Shotha</i>	1.60	AT	1.00	0.60	38	0.503	0.112	3.56	<0.05
		AF	0.45	1.15	72	0.587	0.016	7.18	<0.05

Table No 4: Effect of *TrayodashangaGuggulu* (Group-B) Group-B on *Shotha* of *SGV*(Related to *Janu sandhi*)

SYMPTOM	B T	Mean score			%	S.D (±)	S.E (±)	T Value	p value
		AT		BT-AT					
<i>Shotha</i>	1.70	AT	1.25	0.45	26	0.510	0.114	2.54	<0.05
		AF	0.35	1.35	79	0.671	0.025	7.37	<0.05

Table No 5: Effect of *Rasnadi Guggulu* (Group-A) *Stabdatha* of *SGV*(Related to *Janu sandhi*)

SYMPTOM	BT	Mean score			%	S.D (±)	S.E (±)	T Value	p value
		AT		BT-AT					
<i>Stabdatha</i>	1.50	AT	1.10	0.40	27	0.503	0.112	1.51	<0.05
		AF	0.55	0.95	63	0.759	0.028	3.95	<0.05

Table No 6: Effect of *TrayodashangaGuggulu* (Group-B) on *Stabdatha* of *SGV*(Related to *Janu sandhi*)

SYMPTOM	BT	Mean score			%	S.D (±)	S.E (±)	T Value	p value
		AT		BT-AT					
<i>Stabdatha</i>	1.75	AT	1.05	0.70	40	0.470	0.105	2.38	<0.05
		AF	0.25	1.50	86	0.946	0.024	5.38	<0.05

**Table No7: Effect of *Rasnadi Guggulu* (Group-A) *Sandhi Sputana* of *SGV*(Related to *Janu sandhi*)**

SYMPTOM	Mean score				%	S.D (±)	S.E (±)	T Value	p value
	BT			BT-AT					
<i>Sandhi Sputana</i>	2.45	AT	1.55	0.90	37	0.308	0.069	5.09	<0.05
		AF	0.80	1.65	67	0.587	0.016	8.55	<0.05

**Table No 8: Effect of *TrayodashangaGuggulu* (Group-B)on *Sandhi Sputana* of *SGV*(Related to *Janu sandhi*)**

SYMPTOM	Mean score				%	S.D (±)	S.E (±)	T Value	p value
	BT			BT-AT					
<i>Sandhi Sputana</i>	1.90	AT	1.50	0.40	21	0.503	0.112	2.37	<0.05
		AF	0.40	1.50	79	0.607	0.029	8.98	<0.05

**Table No 9: Effect of *Rasnadi Guggulu* (Group-A) ROM of *SGV*(Related to *Janu sandhi*)**

SYMPTOM	Mean score				%	S.D (±)	S.E (±)	T Value	p value
	BT			BT-AT					
ROM	2.25	AT	1.70	0.55	24	0.605	0.135	3.10	<0.05
		AF	0.80	1.45	64	0.686	0.028	8.54	<0.05

**Table No 10: Effect of *TrayodashangaGuggulu* (Group-B) on ROM of *SGV* (Related to *Janu sandhi*)**

SYMPTOM	Mean score				%	S.D (±)	S.E (±)	T Value	p value
	BT			BT-AT					
ROM	1.85	AT	1.20	0.65	35	0.489	0.109	3.42	<0.05
		AF	0.55	1.30	70	0.733	0.021	6.44	<0.05

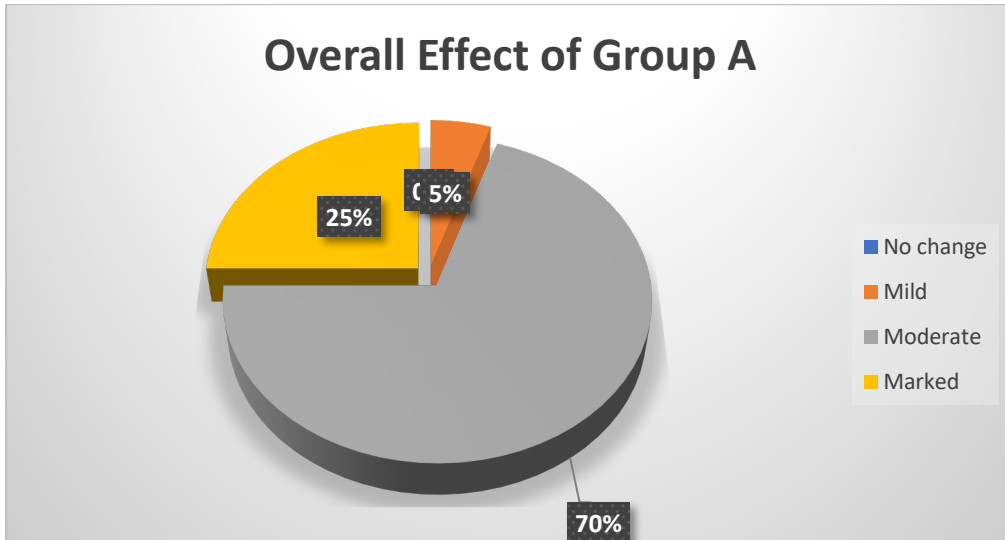
### ASSESSMENT OF TOTAL EFFECT OF THERAPY ON GROUP A

**Table No 1: Overall effect of (*Rasnadi Guggulu*) Group-A**

EFFECT OF TREATMENT IN GROUP – A		
Class	Grading	No of patients
0-25%	No change	0
26%-50%	Mild	1
51% - 75%	Moderate	14
76% - 100%	Marked	5

**Graph no 1: Result on Group A**



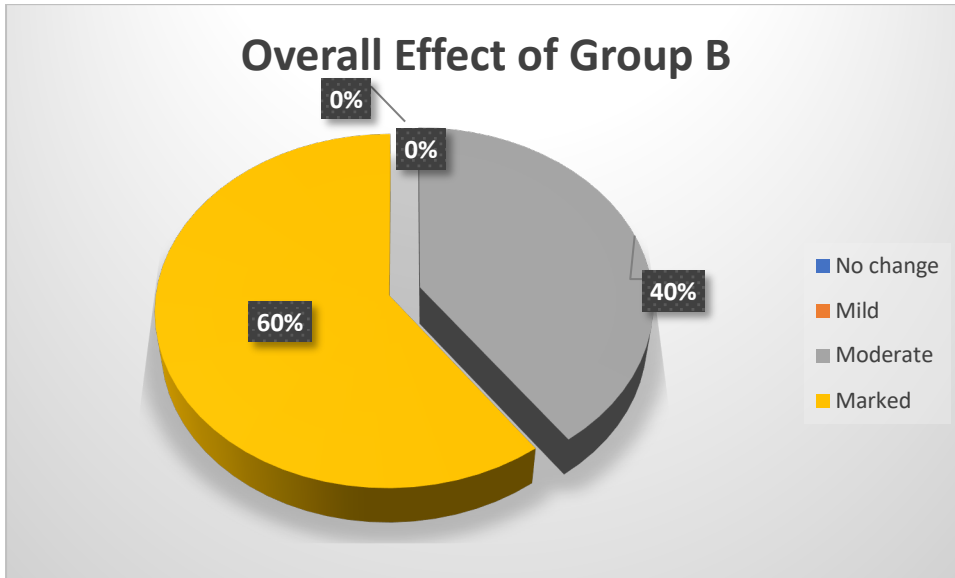


**ASSESSMENT OF TOTAL EFFECT OF THERAPY ON GROUP B**

**Table No. 2: Overall effect of (*Trayodashanga Guggulu*) Group-B**

EFFECT OF TREATMENT IN GROUP – B		
Class	Grading	No of patients
0-25%	No change	0
26%-50%	Mild	0
51% - 75%	Moderate	8
76% - 100%	Marked	12

**Graph no 2: Result on Group B**



**Table No.3: Comparative results of Signs and Symptoms Group-A and Group-B**

Signs and Symptoms	GroupA(Mean Score)	Group B (Mean Score)	T-Value	P Value
<i>Shoola</i>	1.63	1.38	1.63	<0.05
<i>Shoatha</i>	1.02	1.10	0.60	>0.05
<i>Stabdatha</i>	1.05	1.02	0.15	>0.05
Sandhi Sputana	1.60	1.27	2.20	<0.05
ROM	1.58	1.20	2.79	<0.05

**Table No 04: Comparative results of Group A and Group B**

Mean Difference	Group A	Group B	SE (±)	T Value	P value

10.57	68.40	78.97	3.71	2.88	<0.05
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Comparative analysis of the overall effect of the treatments in both the groups was done by statistically with unpaired test. The test shows that the treatment is significant in Group B when compared to Group A. Group A overall result is 68.40% and Group B overall result is 78.97%

## DISCUSSION.

1. AGE – 40 patients of this study were between the age limit of 40-70 years. Maximum No of patients i.e 45.5% belongs to 61-70 years, 35% belongs to 41-50years & 17.5 % belongs to 51-60years. Highest incidence of SGV reported in age group of 61-70yrs & 41-50 yrs, at this age *sheeranaog* dhatu will take place due to *vata*. As this is the age of *parihani* and *vata prakopa kala*.
2. SEX- In this present study maximum No of patients were Male i.e 57.5% followed by Female 42.5% . Highest incidence was observed in male, because of hard work, physical job and having postural stress and frequently lifting are known risk factors to increase SGV.
3. RELIGION- Majority of patients were Hindu i.e 87.5% & 12.5% patients belongs to Muslim community. Geographically proportion of Hindu in this place is more.
4. MARITAL STATUS-In this present study 97.5% patients were married. It doesn't have much clinical significant because all patients treated in this study were aged.
5. EDUCATION STATUS- Maximum No of patient's i.e 57.5% were having primary education. However school education has minimum role on this disease.
6. SOCIO-ECONOMIC STATUS- In this present study 57.5% were from middle class. This data reflects the life style of middle class is hectic and stressful.
7. DIET- Maximum No of patients in this study i.e 75% were vegetarian. This data reveals that mixed diet people are less prone to SGV, as the *mamsa*, *mamsa rasa etc*, will increase *mamsa and asthi*, so the vegetarian may prone to SGV.
8. OOCUPATION- Maximum patients were House- wife i.e 40%, followed by

farmer 35%, Majority of the female doing house work were suffering from this disease may due to their continuous home activities. Various surveys tells that field work has relatively high prevalence of SGV, because they have to sustain heavy load on their knee joints.

9. PRAKRUTHI- In this present study majority of patients having *Vata-pittajaprakruti* i.e 35% and *Vata prakruti* i.e 35% and *Vata- Kapha* i.e 30%. As mentioned in our classics, *Vata prakruti* persons are more prone to suffer from *sandhigata vata in Vruddhaavastha*, because predominance of *vata dosha* in the body in this *avastha*.
10. SARA-Maximum No of patients were having having *madhyamasara* i.e 52.5%, *pravara* 35% ,*avara* 12.5%, as saratwa of dhatu provides resistance towards the disease it may infer that *madhyamasara* people were having less resistance.
11. SATWA- In this present study majority of patients were *madhyamasatwai*.e 62.5% followed by *pravarasatwa* 32.5% and *avara* 5.0% .As we known that physiological factor play an important role in *Vataja* disorders.

12. TREATMENT STATUS- The disease is not treated previously i.e fresh in majority of the patients i.e 62.5% due to lack of awareness.

13. STABDATHA- Maximum No of patients were having *stabdatha* i.e 77.5% and 22.5% are not having *stabdatha*.

14. JOINT INVOLVEMENT – Majority of the patients having *Sandhi shoola* in both knee joints ( Bilateral) i.e 62.5%, while remaining having in single joint (Unilateral) i.e 37.5%. This may due to chronicity, the maximum patients were having bilateral knee joint involvement.

## DISSCUSSION ON RESULTS

The effect of the treatment was assessed based on the subjective and objective parameters before, during and after treatment follow up and were statistically analyzed in both groups to see the significance. The data was calculated for mean standard deviation, standard error, t-value and p-values.P-value was obtained, using student's unpaired t-test. Significance of the results were based on the p-value. The statistical values from each group were compared and analyzed.

**Effect Of *Shoola* :**

There was a significant improvement in reducing *shoola* when observed after treatment follow up in Group-A and highly significant changes in reducing *shoola* in Group-B when observed after treatment follow up. By comparing these two groups Group B(80%) showed better results than Group-A(73%).

**Effect of *Shota*:**

There was significant improvement in reducing *shota* in Group-A when observed after treatment follow up but Group-B showed high significant improvement in reducing *shotha* when observed after treatment follow up. By comparing these two groups Group-B(79%) showed better results than Group-A(72%).

**Effect of *Stabdatha*:**

There was a significant improvement in reducing *stabdatha* when observed after treatment follow up in Group-A and highly significant improvement in reducing *stabdatha* in Group-B when observed after treatment follow up. By comparing these two groups Group B(86%) showed better results than Group-A(63%).

**Effect of *Sandhi Sputana*:**

There was significant improvement in decreasing *sandhi sputana* in Group-A when observed after treatment follow up but in Group-B it was highly significant improvement in decreasing *sandhi sputana* when observed after treatment follow up. By comparing these two groups Group-B(79%) showed better than Group-A(67%).

**Effect of ROM in Knee joint**

There was significant improvement in Range of movement in knee joint when observed after treatment follow up in Group-A and in Group-B also showed significant improvement in Range of movement in knee joint when observed after treatment follow up. By comparing these two groups Group-B(70%) showed better than Group-A(64%).

**OVERALL EFFECT OF *RASNADI GUGGULU* IN GROUP-A**

Out of 20 patients in the study – 01 patient showed mild improvement, 14 patients showed moderate improvement and 5 patients showed marked improvement.

### OVERALL EFFECT OF TRAYODASHANGA GUGGULU IN GROUP-B

Out of 20 patients in the study – 08 patients showed moderate improvement and 12 patients showed marked improvement.

### OVERALL COMPARATIVE RESULTS OF GROUP-A AND GROUP-B

Comparative analysis of the overall effect of treatment in both the groups shows there are significant improvements. Group-A overall result is 68.40% and Group-B overall result is 78.97% with a mean difference of 10.57. It is important to mention here that all the 40 patients registered in this study responded to the treatment, because data shows no patients is unchanged category. The above said observations indicate that patients had shown improvement in most of the criteria assessment for *Sandhigata vata* (related to *janu sandhi*).

### PROBABLE MODE OF ACTION OF DRUGS

W.H.O defines drug as “any substance are produced to be used to modify or to explore physiological system or pathological status

for the benefit to the recipient.”The word drug is derived from Greek word ‘drogue’ which means “ any substance that when taken into the living organism may modify one or more from its function.”*SandhigataVata* is *Madhyama Roga MargagataVatika* disorders in which vitiated *Vata* gets lodged in *Sandhi*. Hence to treat *Sandhigata Vata* drugs acting on both *Vata* and *Asthi* should be selected. Hence *RasnadiGuggulu* and *TrayodashangaGuggulu* are selected in this study. *Rasnadiguggulu* is a compound drug which consists of *Rasna*<sup>5</sup>, *Eranda*<sup>6</sup>, *Guduchi*<sup>7</sup>, *Devdaru*<sup>8</sup>, *Shunti*<sup>9</sup> and *Guggulu*<sup>10</sup>, It is having *tikta, katu rasa, laghu, tikshna, rukshaguna, usnavirya* and it act as a *amapachaka, anti-artritic, deepana, sothahara, vedanasthapaka* and antispasmodic. *Trayodashangaguggulu* also a compound drug which includes 13 herbs + *go grita*, namely – *Babool*<sup>11</sup>, *Aswagandha*<sup>12</sup>, *Hapusha*<sup>13</sup>, *Guduchi, Satavari*<sup>14</sup>, *Gokshura, Vruddadaruk, Rasna, Shatapushpa, Sathi, Yavani, Sunti, Guggulu* and *Go grita*. It is having *katu, tikta, madhura rasa, snigdha, usnavirya* and it acts as *deepana, asthiposhaka, asthimajjanugata vata shulahara, vatakapahara. Tikta Rasa has Vayu and Akasha Mahabhuta* in

dominance. Hence it has got affinity towards the body elements like Asthi having Vayu and Akasha Mahabhuta in dominance. Though, *TiktaRasa aggravates Vayu* which may enhance the pathogenic process of *Sandhigata Vata* but, the main principle of Ayurvedic treatment is “*Sthanam Jayate Purvam*”. The main site of *Sandhigata Vata* is *Sandhi* which is the site of *ShleshakaKapha*. So, by decreasing the *KaphaDoshaTikta Rasa* fulfils the principle. *Tikta Rasa, UshnaVirya* and *Madhura* and *KatuVipaka*. The *TiktaRasa* increase the *Dhatv agni* (metabolicstage).

As *Dhatvagni* increase, nutrition of all the *Dhatu*s will be increased. As a result *Asthi Dhatu, Majja Dhatu* may get stable and *Asthi Dhatu* and *Majja Dhatu Kshaya* will be decreased. So degeneration in the *Asthi Dhatu* may not occur rapidly. It can be said, it slows down the degeneration processes. *Guggulu* is used as a binding agent and it has the properties like *snigdha, picchilaguna, usnavirya*. Due to its *Ruksha* and *VishadaGuna* it acts as a *Medohara*. According to *Sushruta*, *Guggulu* has got *Lekhana* property which helps in reducing body weight. Due to its *Katu Rasa* it acts as a *Deepana*. Thus help in the improvement of general

condition of the patient. *Purana Guggulu* also acts as a *Rasayana* which may help to prevent the any degenerative change in the body. Pharmacologically *Guggulu* has got the properties of anti-inflammatory, immunomodulatory and anti-lipidaemic action. *Rasna* and *Eranda* having *guru, snigdha, katu, tikta rasa, usnavirya*, considered as best in *vata vyadhi* which acts as a *shulahara* and *shotahara*. *Devadaru* is having a *tikta rasa, singdaguna* and *usnavirya* acts as a *deepana, pachana, sothahara* and *Sunti* having *katu rasa,*

*tikshnaguna, usnavirya* acts as anti-inflammatory which help in reducing pain and swelling. *Babool* having *kasaya rasa, guru guna* acts as a *asthidhatwagni*. The drugs like *Aswaganda, shatavari, guduchi, guggulu, vriddaddaru, hapusha*, go grita acts as *balya, rasayana, vayastapaka*. Most of these *Rasayanadrugs* subside *vata* due to their *laghu, snigdha, madhura rasa, madhuravipaka* and *usnavirya*. Due to their *tiktakatu rasa* which was dominant with *agni -vayu akasha mahabhuta* and *usnavirya*, it increases *jataragni*, which in turn influences all other *agnis*. *Tikta rasa* also got a *deepana, pachana* properties, it also *posseslekhana* property, so it may help

in the reduction of body weight and thus help in managing *janusandhigata vata*, *tikta rasa* also has *jwaragna* and *dahaprashamana* properties which act as a anti-inflammatory agent and it can help in reducing the pain and swelling in the joints. *Laghu guna* ,*usnavirya* removes *srotorodha* , enters even in the minute

channels of the body there showing desired effects. *Shatavari* which is dominant in *prutvi* and *jalamahabhuta* helps in nourishing and increasing the *dhatus*. *Grita* having *vata-pitta shamaka* , *balya*, *rasayana* properties and it is *agnivardhaka* and *yogavahi*, so it can help in increasing the bioavailability of the other drugs without loosing its own property. It also contains vit-D which may play a important role in utilization of calcium and phosphorus in blood and bone building.

## CONCLUSION

From the above study it can be concluded that there is significant effect of both *RasnadiGuggulu* and *Trayodashanga Guggulu* in *Janu Sandhigata Vata*. That is to say both the *shamnaushadi* may be accepted in treating patients with *Janu Sandhigata vata* , to reduce both signs and symptoms successfully

**Acknowledgement:- Nil**

**Financial Assistant:- Nil**

**Conflict of interest :- Nil**



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