



Original Article

ROLE OF *JALOUKAVACHARAN* IN *JANUSANDHIGATVATA* WITH SPECIAL REFERENCE TO BAKER'S CYST – A CASE REPORT

Dr. Anita A. Patil¹

Associate Professor, HOD Panchakarma Department,
R.A. Podar Medical (Ayurved) College, Worli Mumbai-18

Dr. Pallavi Kailas Wagh²

M.D. Scholar, 2nd Year, Panchakarma Department,
R.A. Podar Medical (Ayurved) College, Worli Mumbai-18

Dr. Pallavi Kailas Wagh

Abstract

This is the case study of 50 years old male patient suffering from baker's cyst with knee joint effusion since 4 years. Patient came with the report of MRI knee joint. In which following were the findings of right knee joint-

1. Grade 3 horizontal tear in the posterior part of body and posterior horn of medial meniscus.
2. Muroid degeneration of anterior horn of cruciate ligament.
3. Mild joint effusion with baker's cyst.
4. Mild popliteal sprain. So also patient was having complains of pain in both knee joints (L>R), swelling over left knee joint, pain during walking. Patient has taken NSAIDS for about 6 months but there was only symptomatic relief in pain. This case was treated with *Jaloukavacharan* one of the *Ayurveda panchakarma* therapy.

Management-1. pachan- hingvashtak choorna 3gm with sarpi (samane)
2. *Jaloukavacharan* (5 sittings at an interval of 8 days.)

Result and conclusion- After 5 sittings of *Jaloukavacharan* significant pain relief was observed and there was resolution of baker's cyst and reduction in joint effusion. Thus *Jaloukavacharan* has significant therapeutic value in pain and size reduction of bakers cyst.

Key words- *jalouskavacharan*, bakers cyst, pain

INTRODUCTION

Baker's cyst is a swelling filled with fluid that is located in popliteal fossa region. They are commonly found in association with intra articular knee disorders such as osteo -arthritis and meniscus tear. Baker's cyst can be a source of posterior knee pain that persists despite surgical treatment of intra articular lesion.

There is no direct mention of Bakers cyst in *Ayurveda*. However this can be correlated with *Granthi*. Also the signs and symptoms associated with Baker's cyst are very much similar to *janusandhigat vaat* like *vaatpurn*

druti sparsh, shotha, savedana prasaran aakunchan pravrutti.^{1,7}

The only treatment available in modern medicine for bakers cyst is use of intra-articular corticosteroid injection to relieve pain but it doesn't prevent recurrence of cyst.

Address for correspondence:

Dr. Anita A. Patil

Associate Professor, HOD Panchakarma
Department, R.A. Podar Medical (Ayurved)
College, Worli Mumbai-18

Mob.:

Email:

NSAIDS (Non Steroidal Anti Inflammatory Drugs) for symptomatic pain relief. Fluid drainage (needle aspiration). Physical therapy – icing, a compression wrap and crutches. Rarely there may be need of surgery to repair torn cartilage.

The main symptom is pain which is so excruciating that it hampers patient's daily work therefore it was needed to find out alternative therapy in Ayurveda for the management of Baker's cyst.

As per Acharya Sushrut, *granthi* is a *sravya vyadhi* which means *raktavisravan* (bloodletting or *jaloukavacharan*).^{2, 6} Baker's cyst being a *granthi jaloukavacharan*,^{3,4,8} is indicated in it.

Aim of study- The present study is planned to assess the efficacy of *Jaloukavacharan* in the pain management of *janu sandhigat vaat* with special reference to Baker's cyst.

Case report-

Age- 50years

Gender- male

H/O- patient was known case of hypertension and on regular medication since 1 year.

(tab amlodipine 5mg 1-0-0)

No any other major medical or surgical illness.

H/O fall (accident) in 1995 trauma to both knee joints.

Personal history- trekking+

Complaints-

1. Pain in bilateral knee joint (L>R)
2. Swelling over left knee joint
3. Restricted movements (extension) of left knee – 4-5 years
4. Patient was unable to walk since 15 days.

Criteria for assessment-

Pain

Grade 0	Nil
Grade 1	Mild
Grade 2	Moderate
Grade 3	Severe

Swelling

Grade 0	Absent or trace
Grade 1	Mild (upto 1 cm)
Grade 2	Moderate (upto 2 cm)
Grade 3	Severe (>2 cm)

Impaired functions

Grade 0	Normal range of motion without pain
Grade 1	Essentially normal range of motion with pain
Grade 2	Reduced range of motion with pain
Grade 3	Reduced range of motion with loss of function upto 75% with hampered daily activities.

MRI reports-

23-8-18 MRI scan of right knee joint-

- A grade 3 horizontal tear in the posterior part of body and posterior horn of medial meniscus with the torn meniscus flipped medially giving a double PCL appearance, and meniscal extrusion.
- Muroid degeneration of anterior cruciate ligament.
- Mild degenerative osteophytes along medial and lateral tibio- femoral joint spaces are also seen.
- Grade 4 chondromalacia in the medial femoral condyle with mild sub articular oedema and chondromalacia patellae.
- Mild effusion is detected.
- Mild popliteus sprain.

23-8-18 MRI scan of left knee joint-

- Grade 3 horizontal tear in the posterior part of body and posterior horn of the medial meniscus reaching the inferior articular surface, with meniscal extrusion.
- Muroid degeneration of anterior cruciate ligament.
- Grade 4 chondromalacia in the medial femoral condyle with sub articular geodes in the medial femoral condyle and intercondylar eminence.
- mild degenerative osteophytes along medial and lateral tibio femoral joint spaces.
- mild joint effusion with a Baker's cyst.
- mild popliteus sprain is seen.

These MRI reports were done before 3 months of admission. Patient was taking NSAIDS sos but there was no relief.

Therapeutic intervention-

A) shaman chikitsa

1. Pachan- Hingvashtak choorna 3gm with sarpi (samane)
2. Triphala guggulu 500mg vyanodane- with kosha jal
3. Maharasnadi kwath 20 ml vyanodane- with kosha jal

B) Shodhan chikitsa-

1. Sthanik janudhara with teel taila and sahachar taila – 7 days
2. Erandmooladi upnaah at night
3. Jaloukavacharan at interval of 8 days (5 sittings were done)

Follow up and outcomes-

Patient was assessed on follow up of every 8 days.

There was 50% relief in pain after 2 sittings of jaloukavacharan.

Details are given in the table below.

Symptom	BT	AT
Pain	Grade 3	Grade 1
Swelling	Grade 2	Grade 0
Impaired function	Grade 3	Grade 1

2-1-2019 MRI scan of right knee joint-

- A grade 3 horizontal tear in the posterior part of body and posterior horn of the medial meniscus with the torn meniscus flipped medially giving double PCL appearance, and meniscal extrusion.
- Moderate mucoid degeneration of anterior cruciate ligament.
- Mild degenerative osteophytes along medial and lateral tibio femoral joint spaces.
- Grade 4 chondromalacia in the medial femoral condyle with mild subarticular oedema and chondromalacia patellae.
- Minimal joint effusion is detected.

- As compare to previous MRI dated 23-10-18, there is reduction in joint effusion, no e/o popliteal sprain. Other findings remain same.

2-1-2019 MRI scan of left knee joint-

- As compare to previous MRI dated 23-8-18, there is reduction in knee joint effusion, with resolution of Baker's cyst. Other findings remain same.

Total relief from pain and disturbed gait was observed after Jaloukavacharan therapy.

Investigations-

Routine investigations before treatment

CBC with ESR

BT, CT

BSL – F, PP

LFT

RFT

HBsAg

HIV 1 & 2

MRI

DISCUSSION

According to Ayurveda, this condition can be categorized under (*aaghataj*) *Janusandhigat vat caused due to Baker's cyst (granthi)*, main complain is excruciating pain, which gets worsen on walking, underlying cause of which is Baker's cyst. So in treatment point of view, it is necessary to reduce pain intensity first along with other treatment of *Janusandhigat vaat*.

As it is a cyst, i.e. *granthi Jaloukavacharan* is indicated by Aacharya Sushrut. Also Aacharya Vagbhat said in *grathit* and *avagadh rakt* use of *jalouka* should be done for blood letting.^{2,8}

When the leech is being fed, they inject salivary component that inhibit both the platelet aggregation and the coagulation cascade, thus releasing the venous congestion and induces neo-vascularization thus as producing venous decongestion, analgesic and anti inflammatory effects¹⁰ probably due to hyaluronidase reducing hyper pigmentation, increase the micro capillary circulation and improves wound healing⁹.

Patient of baker's cyst was monitored closely for decrease in pain, swelling, impaired function. So it is helpful in pain management of *Janu sandhigat vaat* caused by bakers cyst as easy, amiable low cost, minimum instrumentation, less complication, less hospital stay.

CONCLUSION

It can be concluded that *jaloukavacharan* has unique features that are early recognized and it can be used effectively in the pain management of *janu sandhigat vaat* caused due to bakers cyst and also in resolution of cyst without surgery.

References

1. वातपूर्णद्रुतिस्पर्शः शोथः संधिगते अनिले।
प्रसारणाकुंचनयोः प्रवृत्तिश्च सवेदना॥
च चि 28/37
2. स्त्राव्या विद्रधयः पञ्च भवेयुः सर्वजद्रुते ॥१२॥
कुष्ठानि वायुः सरुजः शोफो यः च एक देशजः।
पाल्यामयाः श्लिपदानि विशजुष्टं च शोणितं ॥१३॥
अर्बुदानि विसर्पाः च ग्रन्थयः आदितः च ते। सु सू 25
3. प्रछानेन् एक देशस्थं ग्रथितं जलजन्मभीः।
हरेद् शृङ्गादिभिः सुप्तं असृक् व्यापि सिराव्यधैः॥
अ ह सू २६/53

4. ?

5. Sushrut sanhita: poorvarddh and uttararddh-
Ayurved tatva sandip ka hindi commentary by
kaviraj dr. Ambikadatt shashtri
6. Charak sanhita with charak chandrika teeka
by dr Brahmanand Tripathi.
7. Sartha vagbhat by dr Ganesh Krushna Gadre
8. Mechanism of panchkarma and it's module of
investigation – Dr pulak kanti kar
9. Panchkarma illustrated – Dr. G.S. Acharya
10. Ayurvediya panchkarma vigyan – vaidya
Haridas kasture