ROLE OF PANCHTIKTA GUGGULU GHrita MATRA BASTI AND KSHEERA-BALA TAILA JANU BASTI IN THE MANAGEMENT OF JANU SANDHIGATA VATA

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ABSTRACT
The disease Sandhi gata vata is a vata vyadhi dominated by pain affecting the sandhi and it is one of the major problems in elders. Osteoarthritis, also erroneously called degenerative joint disease of human’s. Among the elderly Knee OA is the leading cause of chronic disability in the developed countries. The present study is to evaluate the efficiency of Panchtitka guggulu ghrita matra basti along with janu basti with ksheera bala taila in Sandhigata vata. It is a single blind clinical study with pre-test and post-test design where in 15 patients diagnosed as Sandhigata vata based on classical signs and symptoms along with radiological changes, Patients were randomly selected according to inclusive and exclusive criteria and all were administered Panchtitka guggulu ghrita matra basti along with janu basti with ksheera bala taila for a period of 10 days. The relevant investigations were adopted for diagnosis and to assess the improvement. The follow-up period was up to 10 days. In this present series majority of patients registered were females and at the age group of 51-60 (36%) years. Who were on physical exertion, upper Middle class family, and mixed variety of Dietary. The effect of treatment on the signs and symptoms were recorded, and changes discussed. Panchtitka guggulu ghrita matra basti with ksheera bala taila janu basti helps in providing an effective and safe treatment for sandhigata vata of janu sandhi. Matra basti and janu basti if performed together gives better results than Janu basti done alone, besides this due to broader applicability, minimum contraindications and nil complication makes it acceptable choice of treatment in sandhigata vata.

Keywords: Sandhigata vata, Osteoarthritis, Matra basti, Janu basti, Knee joint.

INTRODUCTION: The disease Sandhi gata vata is a vata vyadhi dominated by pain affecting the sandhi and it is one of the major problems in elders. Osteoarthritis, also erroneously called degenerative joint disease of human’s. Among the elderly Knee OA is the leading cause of chronic disability in the developed countries1. Ayurveda highlighted degenerative diseases under the concepts like “Dhatu saithilyam” and “Dhatu kshayam”. Sandhigata vata is one of such disease, which needs a specific target of therapeutic intervention to check or slow down the process of “Dhatu kshaya” and to pacify Vata.

Sandhigata vata may be correlated with degenerative joint disease or Osteoarthritis, which in turn cripple the patient to the maximum extends and reduce the total working capacity of the person. Even though there are many drug/surgical procedures are in modern medicine, they are fail to give safe and effective results. Those procedures are expensive and having more adverse effects. In view of this ayurvedic line of treatment based on ‘Basti Chikitsa’ is being selected
for the present study since many of the acharyas have advocated its effectiveness in *vata vyadhi* and as it’s a purely *vataj* *vyadhi* *Matra Basti* is having all the properties to overcome *Sandhigata vata* due to its *Rasayana* effect and its wide applicability with minimum contra indications so; it is economical, safe and without any adverse effect, this prompted me to undertake the study. *Janu basti* inspite of not having any classical reference has its roots based on the procedure of *snigdha swedan* which is one of the treatment modalities in *sandhigata vata*.

In susruta samhita kalpa sthana 4th chapter dalhana has commented that *purishdhara kala* is nothing but the *asthidhara kala.*

The present study is to evaluate the efficiency of *Panchtikta guggulu ghrita matra basti* along with *ksheera bala taila Janubasti* in *Sandhigata vata*, and to evaluate the changes in signs and symptom.

**DRUG REVIEW:**

1. **PANCA TITKA GUGGULU GHrita**

In the present study *panca titka guggulu ghrita* is selected keeping in view the usage of *titka ghrita* in *asthivaha sroto vikaras* according to Acharya Charka. *Panch tikta guggulu ghrita* is advocated for the treatment of *sandhigata vata* by various authors. In the present study the reference is taken from Astanga Hrudaya, *Vata vyadhi chikitsa*.

2. **Ksheera Bala Taila**

*Ksheera bala taila* is indicated in *Vata vikaras*. It has *Vata hara* and *Rasayana* properties with *Balya* and *Brmhana* effect. So it is taken for the present study the reference is taken from Astanga Hrudaya chikitsathana.

**AIMS AND OBJECTS:**

- To evaluate the efficiency of *Panchtikta guggulu ghrita matra basti* along with *ksheera bala taila janubasti* in *Sandhigata vata*.

**MATERIALS AND METHODS:**

Patients attending the O.P.D & I.P.D of Panchakarma dept. of Mai Bhago Ayurvedic Medical college & Hospital,Sri Muktsar Sahib,Punjab were selected for study. 15 *janusandigata vata* patients were randomly selected based on the clinical feature. A detailed research Performa was prepared to observe the clinical feature and disease pathology. The study was exclusively based on clinical trials.

**INCLUSIVE CRITERIA:**

1. Patients of more than 40 years of age irrespective of sex.
2. Patients presenting with sign and symptoms of *sandhigata vata*.
3. Patients having *sandhigata vata* of knee joint only.
4. Patients with chronicity of more than six months.

**EXCLUSION CRITERIA:**

1. Patients with associated anorectal disorders.
2. Patients with other joint pathologies like R.A, T.B of bone etc.
3. Non co-operative patients.

**INVESTIGATIONS:** Haematological examination, urine analysis and X-Ray of affected joint was done where ever necessary to exclude other joint pathologies like R.A ,T.B of bone etc. and other systemic disorders.

**TREATMENT SCHEDULE:**

*Janu Basti*: *ksheerabala taila Janu basti* procedure is performed prior to *matra basti* on affected *janu sadhi* for 45 minutes.
Matra Basti: administration of Panchtikta guggulu ghrita matra basti (70ml)

Both the procedures are performed for 10 days.

Follow-up of patients was done on 10th day, 20th, and 40th day. During this period, patients were not prescribed any other drug however assurance was given by counselling.

ASSESSMENT CRITERIA: Pain (sandhi vedana), tenderness (vedana on sparsa), crepitus (atopa), restricted movements (prasaranakunchan pravarti sa vedana), and swelling (sandhi sotha). These parameters were taken for the assessment of results.

Assessment of pain (Sandhi Vedana):
Measurement of intensity of pain was assessed by medical research council (MRC) grading recommended by W.H.O, and VAS. Patients subjective experience of pain is measured and the grades with numbers show the features of pain such as its intensity and severity.

MRC grading:
G0 : absence of pain.
G1 : Mild pain - Pain that can be easily ignored (those who are having pain and able to bear it without any drug or medication).
G2 : Moderate pain - Pain that cannot be ignored, interferes with daily activities and needs treatment from time to time (pain which the patients were able to bear with difficulty and relieved with the use of analgesic drugs).
G3 : Severe pain – Demanding constant attention (in which the Patients were unable to bear and use of analgesic drugs was essential).
G4 : totally incapacitating pain or most excruciating pain.

Assessment for tenderness (Vedana):
The grading for tenderness:
G0 : No tenderness
G1 : Patient complains mild pain
G2 : Patient complaints of moderate pain
G3 : Patient complains of pain and withdraws the joint and winces.
G4 : Patient does not allow to touch the joint.

Assessment for crepitus (Atopa):
The assessment for crepitus was done by applying grading (G0 to G3)
G0 : no crepitus
G1 : Palpable crepitus
G2 : Audible crepitus

Assessment of swelling (Sandhi Shotha):
Assessment of swelling was done by using grading (G0 to G3) as:
G0 : no swelling.
G1 : slight swelling.
G2 : moderate swelling
G3 : gross swelling

Assessment for restricted movements (prasaranakunchana pravarti sa vedana):
Movements of the joint was assessed by using goniometry and grading (G0 to G3) was given
G0 : normal (130° to 160°)
G1 : mild (100° to 130°)
G2 : moderate (70° to 100°)
G3 : severe (< 70°)

ASSESSMENT OF RESULTS: All the 5 parameters were assessed statistically before, after treatment and also follow ups are assessed statistically to observe the efficacy after the treatment.

OBSERVATION AND RESULT: In this present series majority of patients registered were females and at the age group of 51-60 (36%) years. Who were on physical exertion, upper middle class family, and mixed variety of dietary.
Maximum number of patients having involvement of both *janu sandhis* i.e. whatever may be the involvement of right *janu sandhi* is observed more as compare to the left *janu sandhi* in involvement of single *janu sandhi*.

**RESULT:**

**Table.1 Showing relief of Pain (vedana) after therapies (According to MRC grating)**

<table>
<thead>
<tr>
<th>B.T.</th>
<th>A.T.</th>
<th>Mean±S.E. Follow up</th>
<th>Mean±S.E.</th>
<th>% (improvement)</th>
<th>d.f.</th>
<th>t-value</th>
<th>p-value</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.13±0.21</td>
<td>AT</td>
<td>1.58±0.21</td>
<td>28.16%</td>
<td>14</td>
<td>4.58</td>
<td>&lt;0.01</td>
<td>H.S.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>0.86±0.21</td>
<td>59.62%</td>
<td>14</td>
<td>6.97</td>
<td>&lt;0.01</td>
<td>H.S.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>0.26±0.11</td>
<td>87.79%</td>
<td>14</td>
<td>9.7</td>
<td>&lt;0.01</td>
<td>H.S.</td>
<td></td>
</tr>
</tbody>
</table>

**Table.2 Statistical analysis showing highly significant level of reduction in swelling in each follow up:**

<table>
<thead>
<tr>
<th>B.T.</th>
<th>A.T.</th>
<th>Mean±S.E. Follow up</th>
<th>Mean±S.E.</th>
<th>% (improvement)</th>
<th>d.f.</th>
<th>t-value</th>
<th>p-value</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.8±0.22</td>
<td>AT</td>
<td>1.40±0.23</td>
<td>22.22%</td>
<td>14</td>
<td>3.50</td>
<td>&lt;0.01</td>
<td>H.S.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>0.80±0.20</td>
<td>55.55%</td>
<td>14</td>
<td>5.91</td>
<td>&lt;0.01</td>
<td>H.S.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>0.4±0.13</td>
<td>77.77%</td>
<td>14</td>
<td>8.51</td>
<td>&lt;0.01</td>
<td>H.S.</td>
<td></td>
</tr>
</tbody>
</table>

**Table.3 Showing relief in Crepitus (Atopa) after therapies**

<table>
<thead>
<tr>
<th>B.T.</th>
<th>A.T.</th>
<th>Mean±S.E. Follow up</th>
<th>Mean±S.E.</th>
<th>% (improvement)</th>
<th>d.f.</th>
<th>t-value</th>
<th>p-value</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.34±0.16</td>
<td>AT</td>
<td>1.13±0.16</td>
<td>19.21%</td>
<td>14</td>
<td>2.25</td>
<td>&lt;0.05</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>0.73±0.15</td>
<td>47.85%</td>
<td>14</td>
<td>5.29</td>
<td>&lt;0.01</td>
<td>H.S.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>0.4±0.13</td>
<td>71.42%</td>
<td>14</td>
<td>5.91</td>
<td>&lt;0.01</td>
<td>H.S.</td>
<td></td>
</tr>
</tbody>
</table>

**Table.4 Showing relief in tenderness after therapies**

<table>
<thead>
<tr>
<th>B.T.</th>
<th>A.T.</th>
<th>Mean±S.E. Follow up</th>
<th>Mean±S.E.</th>
<th>% (improvement)</th>
<th>d.f.</th>
<th>t-value</th>
<th>p-value</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.06±0.23</td>
<td>AT</td>
<td>1.13±0.26</td>
<td>45.14%</td>
<td>14</td>
<td>5.13</td>
<td>&lt;0.01</td>
<td>H.S.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>0.73±0.18</td>
<td>64.50%</td>
<td>14</td>
<td>7.13</td>
<td>&lt;0.01</td>
<td>H.S.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>0.46±0.13</td>
<td>77.66%</td>
<td>14</td>
<td>8.41</td>
<td>&lt;0.01</td>
<td>H.S.</td>
<td></td>
</tr>
</tbody>
</table>

**Table.5 Showing relief in Restricted movement after therapies**

<table>
<thead>
<tr>
<th>B.T.</th>
<th>A.T.</th>
<th>Mean±S.E. Follow up</th>
<th>Mean±S.E.</th>
<th>% (improvement)</th>
<th>d.f.</th>
<th>t-value</th>
<th>p-value</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.33±0.16</td>
<td>AT</td>
<td>1.2±0.51</td>
<td>48.40%</td>
<td>14</td>
<td>8.5</td>
<td>&lt;0.01</td>
<td>H.S.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>0.8±0.17</td>
<td>65.66%</td>
<td>14</td>
<td>11.50</td>
<td>&lt;0.01</td>
<td>H.S.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>0.4±0.13</td>
<td>82.83%</td>
<td>14</td>
<td>12.61</td>
<td>&lt;0.01</td>
<td>H.S.</td>
<td></td>
</tr>
</tbody>
</table>
DISCUSSION: Sandhigata vata being a vata vyadhi is always being a challenge for the medical science. Its incidence is more seen in older age groups making it more difficult for the treatment. Vata is the main dosha involved in the pathogenesis, which in turn has ashraya ashrayee bhava with asthi dhatu. The vitiated vata leads to dravyata, gunata and karmata dusti of dushyas involved in the pathogenesis of sandhigata vata especially the asthi dhatu. Vata dosha attains an undesirable gati and gets lodged in different sandhis of the body producing the disease of sandhigata vata.

Sandhigata vata in present era is one among the burning problems of society. In the list of present geriatric disorders Osteoarthritis is occupying superior positions, the disease is not fatal but cripples the patient making them dependent on others. Among the different diversities of osteoarthritis, OA of knee joint is most common and incidence more noticed in female sex.

Study has shown marked changes in subjective parameters.

Modern medical treatment of OA has its own limitations which is mainly aimed in reducing the pain but is unable to reverse the pathology; moreover the side effects are numerous, hence demanding the need of Ayurvedic management for this condition.

CONCLUSION:
- Sandhigata vata being a vata vyadhi is generally doesn’t responds to treatments fruitfully and in fact adds to the sufferings. Ayurveda believes in comprehensive curative and preventive treatments. The intervention is aimed to pacify vata and to check the dhatu kshaya which is occurring at the level of janu sandhi.
- Basti true to its definition is superior in treating vata dosha; matra basti a type of sneha basti gives additional benefits of balya, brimhana, rasayana etc that ultimately adds to the general qualities of basti with broader applicability, minimum contraindications and nil complications.
- Janu basti a type of snighda sweda procedure helps to break the pathogenesis of sandhigata vata.
- Matra basti and janu basti if performed together gives the best results rather than practicing single therapy.

Table.5 Percentage of improvement in each parameter at different follow – ups:

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Immediately after treatment in (%)</th>
<th>Follow-up 1 In (%)</th>
<th>Follow-up 2 In (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain (MRC)</td>
<td>28.1</td>
<td>59.62</td>
<td>87.79</td>
</tr>
<tr>
<td>Swelling</td>
<td>22.22</td>
<td>55.55</td>
<td>77.77</td>
</tr>
<tr>
<td>Crepitus</td>
<td>19.21</td>
<td>47.85</td>
<td>71.42</td>
</tr>
<tr>
<td>Tenderness</td>
<td>45.14</td>
<td>64.56</td>
<td>77.66</td>
</tr>
<tr>
<td>Restricted movements</td>
<td>48.49</td>
<td>65.66</td>
<td>82.83</td>
</tr>
</tbody>
</table>
The effects of *matra basti* and *janu basti* can be obtained even after a prolonged follow up of 40 days as in this research work.

**REFERENCES:**
4) Astanghrudaya with commentaries sarvangsundara of arundatta &

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