



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

¹Patil Varun

¹Lecturer Dept.of Panchakarma., Mai Bhago Ayurvedic Medical college ,Sri Muktsar Sahib,Punjab.

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 *Panchtikta 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 *Panchtikta 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.*Panchtikta 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*.²

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 GHRITA³

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.⁴

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 10days.

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 ($< 70^{\circ}$)

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)

B.T.	A.T.						
Mean±S.E.	Follow up	Mean±S.E.	% (improvement)	d.f.	t-value	p-value	Remarks
2.13±0.21	AT	1.58±0.21	28.16%	14	4.58	<0.01	H.S.
	1	0.86±0.21	59.62%	14	6.97	<0.01	H.S.
	2	0.26±0.11	87.79%	14	9.7	<0.01	H.S.

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

B.T.	A.T.						
Mean±S.E.	Follow up	Mean±S.E.	% (improvement)	d.f.	t-value	p-value	Remarks
1.8±0.22	AT	1.40±0.23	22.22%	14	3.50	<0.01	H.S.
	1	0.80±0.20	55.55%	14	5.91	<0.01	H.S.
	2	0.4 ±0.13	77.77%	14	8.51	<0.01	H.S.

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

B.T.	A.T.						
Mean±S.E.	Follow up	Mean±S.E.	% (improvement)	d.f.	t-value	p-value	Remarks
1.34±0.16	AT	1.13±0.16	19.21%	14	2.25	<0.05	S
	1	0.73±0.15	47.85%	14	5.29	<0.01	H.S.
	2	0.4 ±0.13	71.42%	14	5.91	<0.01	H.S.

Table.4 Showing relief in tenderness after therapies

B.T.	A.T.						
Mean±S.E.	Follow up	Mean±S.E.	% (improvement)	d.f.	t-value	p-value	Remarks
2.06±0.23	AT	1.13±0.26	45.14%	14	5.13	<0.01	H.S.
	1	0.73±0.18	64.50%	14	7.13	<0.01	H.S.
	2	0.46 ±0.13	77.66%	14	8.41	<0.01	H.S.

Table.5 Showing relief in Restricted movement after therapies

B.T.	A.T.						
Mean±S.E.	Follow up	Mean±S.E.	% (improvement)	d.f.	t-value	p-value	Remarks
2.33±0.16	AT	1.2±0.51	48.40%	14	8.5	<0.01	H.S.
	1	0.8±0.17	65.66%	14	11.50	<0.01	H.S.
	2	0.4 ±0.13	82.83%	14	12.61	<0.01	H.S.

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

Parameters	Immediately after treatment in (%) In (%)	Follow-up 1 In (%)	Follow-up 2 In (%)
Pain(MRC)	28.1	59.62	87.79
Swelling	22.22	55.55	77.77
Crepitus	19.21	47.85	71.42
Tenderness	45.14	64.56	77.66
Restricted movements	48.49	65.66	82.83

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.

- 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:

- 1) Harrisons Principle of Internal Medicine by Kasper Dennis, Branwald Eugene, 2nd volume, New York: McGraw-Hill Medical Publishing Division, U.S.A., 16th edition, 2005. Page no-2036.
- 2) Susruta samhita with Nibandhasangraha commentary ,Chaukhamba surbharati prakashan ,Varanasi ,2012 edition. On Susruta Kalpasthana -4/40, page no-574.
- 3) Astanghrudaya with commentaries sarvangsundara of arundatta & ayurvedrasayan of hemadri of Chaukhamba Surbharati Prakashan ,Varanasi.Reprint Edition-2011 A.H.Chikitsasthana-21/58-61, Page no-726.
- 4) Astanghrudaya with commentaries sarvangsundara of arundatta &

ayurvedrasayan of hemadri of Chaukhamba Surbharati Prakashan ,Varanasi.Reprint Edition-2011 A.H.Chikitsasthana-22/45&46, Page no-732.

Corresponding Author:

Dr. Patil Varun, Lecturer Dept. of Panchakarma., Mai Bhago Ayurvedic Medical college ,Sri Muktsar Sahib, Punjab.

E-mail: drvarun.panchakarma@gmail.com

Source of support: Nil

Conflict of interest: None

Declared

Cite this Article as : [Patil Varun et al : Role of Panchtikta Guggulu Ghrita Matra Basti and Ksheera-Bala Taila Janu Basti in the Management of Janu Sandhigata Vata] www.ijaar.in : IJAAR VOLUME IV ISSUE III JUL -AUG 2019 Page No: 247-252