‘JANU SANDHIGATAVATA’ – THE EFFECT OF BALA TAILA MATRA BASTI ON “PRASARANA-AKUNCHANYO-VEDANA”

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ABSTRACT

Aims and Objectives: Aim to investigate whether the procedure of Matra Basti with Bala Taila has any effect on ‘Prasarana-akunchanyo-vedana’ in the patients of Osteoarthritis of Knee Joints.

Methods: A total of 20 patients having Osteoarthritis of knee joints were included in the present study. Patients were administered “Matra Basti using Bala Taila” after giving snehan and svedana to them. The time of administration of Basti, time of expulsion and samyaka anuvasita lakshanas were noted on each day. The readings for Prasarana-akunchanyo-vedana for both knees were noted before treatment and after treatment of 7 days. Results: The study showed significant improvement in symptom of Prasarana-akunchanyo-vedana after administration of Bala Taila Matra Basti. Conclusion: The administration of Matra Basti using Bala Taila has significant results for the improvement of the symptom of ‘Prasarana-akunchanyo-vedana’ in the patients of Osteoarthritis of Knee Joints.

KEYWORDS: Bala Taila, Matra Basti, Sandhigata Vata, Janu, Osteoarthritis, Knee Joint, Prasarana-akunchanyo-vedana.
INTRODUCTION
Ayurveda propagates wholesome health. Its objectives are to preserve the health of the healthy and cure the ailment of the ailed. These objectives lead to an improved quality of life for all people. There are innumerable diseases that are barriers in attaining these objectives.

All the diseases in the body whether in shakha, kostha or marma pradesha are influenced mainly by vata. Prakupita Vata is responsible for several types of diseases in body.\textsuperscript{[1]} Sandhigata-vata is one such disease in which the vitiated vata localizes in the asthi-sandhis of the body. It is a condition common in the vridhha awastha coinciding with the vata predominant phase of life. Such a condition, when affecting the knee joints, is termed as JanuSandhigatavata. In ayurvedic terminology, janu refers to the knee joint.

\textit{Sandhigata vata} is correlated with Osteoarthiritis. It is a degenerative joint disorder which may begin asymptptomatically in the second and third decades of life.\textsuperscript{[2]} Knee joint is a common site for osteoarthiritis. The major risk factors associated with knee joint are old age, female sex, obesity and occupational knee-bending. Its treatment includes administration of pain killers like NSAIDS (non steroidal anti inflammatory drugs), Narcotics, Corticosteroids, Intra articular injections and other remedies, which gives only temporary relief. Surgery (Knee replacement) is the last resort. These are quite expensive, need hospitalization and often cause adverse effects.

Osteoarthritis is the most common form of arthritis. It is a degenerative type of arthritis which mainly occurs in old age. Degeneration takes place in the joint which makes the individual disabled or handicapped. Degeneration occurs continuously in most of the patients which makes the person disabled for life long. It is a chronic degenerative disorder of multi-factorial etiology characterized by loss of articular cartilage and periarticular bone remodeling. It involves the entire joint including the nearby muscles, underlying bone, ligament, synonium and capsule. The risk factors for osteoarthritis are old age, obesity, female sex, major joint trauma, repetitive stress, genetic factors, prior inflammatory joint diseases and metabolic or endocrine disorders.

Symptoms of \textit{Sandhigatavata} are Sandhishula, Sandhishotha, Akunchana Prasaran Janya Vedana and Hanti Sandhi Gati described by various Acharya. Here, Sandhishula and Sandhishotha occur due to Vataprakopa. A special type of Shotha i.e. Vatapurna-driti-
sparsha or Atopa is mentioned which indicates Vata dominancy of Shotha. Akunchana-prasaranjanya-vedana and Hanti-sandhi-gati occurs due to Kaphakshya and Vata Prakopa.

Acharya Charaka has mentioned repeated use of Snehana, Svedana, Basti and Mrudu Virechana for the treatment of Vatavyadhi. He has not mentioned the treatment of Sandhigatavata separately. Acharya Sushruta has described specific treatment for the Sandhigatavata first time i.e. Snehana, Upanaha, Agnikarma, Bandhana and Unmardana.

Basti Chikitsa is considered the best management of vitiated vata.[3] The panchkarma procedure of Basti has been hailed as ‘ardha chikitsa’ by acharyas that is, half of the whole treatment.[4] Anuvasana Basti is a type of Basti[5] in which Sneha dravya is given by Basti. Matra Basti[6] is a type of Anuvasana Basti.[7] It is explained that this type of Basti can be given to almost everybody, in all the seasons, without any strict regime of ahara and vihara and it is nishpariharya.[8] i.e, it can be given with maximum ease and has no complication thereafter.

Sandhigatavata is Kastasadhya vyadhi because all the Vatavyadhis are difficult to cure and they are said as Mahagada. So being a Vatavyadhi, Sandhigatavata is Kastasadhya. Madhyama Rogamarga, Situation in Marma Asthi Sandhi, Vitiation of Asthi and Majja, Dhatukshya, Vriddhavastha also makes it Kastasadhya.

Janu is a Sandhi Marma. It is explained in Charaka Samhita that for the management of the diseases at marma sthana, vata dosa should be treated.[9] Basti is considered most effective for the management of vata; summing the above points Basti might be considered most rewarding in the treatment on Janusandhigata vata.

Charaka refers to taila as ‘marutaghana’. Taila is mentioned to reduce vata without increasing kapha. It also stabilizes the mansa dhatu.[10] Taila is used as drug of choice in anuvasana Basti. Due to its sneha property it balances the rooksha guna of vayu, due to its guru guna treats laghu guna of vayu and due to its ushna guna takes care of the sheethala guna of vayu. Acharya Sushruta mentions snehana (outer/internal) for management of Sandhigatavata.[11] Asthi dhatu has kharatva which is also combated by taila. So we can say that taila can be used to treat sandhigata vata and bring normalcy to the dhatu.
In the present study Bala Taila is considered as sneha dravyas in Matra Basti for the management of Janusandhigata Vata. In Sahastrayogam, Bala Taila is mentioned as ‘Shrestha Vata Vyadi Vinashanam’ and thus, it can be used as a Sneha for Matra Basti.[12]

METHODS

Study Design and Patients: A total of 20 patients with JanuSandhigatavata were selected for the study. All the patients were given Matra Basti with Bala taila. Inclusion criteria were as follows: Patients with Pratyatma Laksana of Sandhigata Vata; Patients of age group 40 to 70 years irrespective of sex, religion and socioeconomic status; patients who are fit for Matra Basti and were willing to sign the informed consent.

Exclusion criteria were: Patients having systemic disorder which might interfere with the treatment, Patients who were not fit for Matra Basti, Patients with infective Neoplastic and traumatic condition of Knee joint.

Procedure

The patients who fulfilled the inclusion criteria were subjected for routine Haematological examination and Antero-Posterior View & Lateral View X-ray of affected Knee joint. Before commencement of the treatment an informed consent was taken from the patients, and the patients were evaluated for both Subjective and Objective parameters and grading were noted.

Patients were subjected to whole body abhyanga for 30 minutes followed by baspa sweda for 10 minutes. Bala taila was used for bahaya snehana. The patients were asked to consume laghu and alpa ahara. The patient was then asked to attend natural urges and walk a few steps before reaching the Basti room.

The patient was advised to lie comfortably in left lateral position on a cot. The cot was of comfortable height. The patient was asked to lie with left leg stretched straight and the right leg flexed at knee and hip joints without support of pillow. The head resting on left hand with the right hand resting on the right leg.

Bala Taila was taken in a small container. The taila was made lukewarm by keeping it in a vessel containing hot water. The taila was taken in an enema syringe fitted with rubber catheter. The anal orifice and the tip of the catheter were lubricated with oil. After removing the air from the syringe and the catheter, the catheter was introduced into the anus gently upto
4 inches. The piston of the syringe was pressed gently and with uniform force and the *taila* was into the rectum. The patient was asked to take deep breath and not to shake his body while introducing the catheter and drug. Small quantity of *taila* was retained in the syringe in order to avoid entrance of air into the *pakvashaya* (intestine/rectum).

After the administration of *Basti*, the patient was advised to lie in supine position with hand and legs freely spread over the table. Thereafter both the legs of the patient were raised from the cot three times. The buttocks were gently tapped three times. Simultaneously taps were given on the soles and palms also. After sometime patient was advised to get up from the table and take rest and not to indulge in day sleep.

The time of administration of *Basti*, time of expulsion and *samyaka anuvasita lakshanas* were noted on each day. The readings for *Prasarana-akunchanyo-vedana* were noted before treatment and after treatment of 7 days. The score was measured in accordance with Index of severity of Osteoarthritis of the knee.

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Findings</th>
<th>In cms</th>
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<tr>
<td>Prasarana Akunchayoho Vedana</td>
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</tr>
<tr>
<td></td>
<td>Mild</td>
<td>1</td>
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<tr>
<td></td>
<td>Moderate</td>
<td>2</td>
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<tr>
<td></td>
<td>Marked</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Severe</td>
<td>4</td>
</tr>
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</table>

The patients were assessed on the first day (before starting the treatment) and 7th day (after completion of treatment). As there is no strict restriction of diet and regimen for *MatraBasti*, no strict Pathya-Apathya was advised. If the patient develops urge to defecate or micturate or to pass flatus, then the *Bastinetra* should be removed, after completion of the urges the remaining medicines should be administered.

**Ethics**

The procedures in the present study were in accordance with the ethical standards of the responsible committee. Patients were given information saying that participation was voluntary and that they could choose not to participate at any time without having to give a reason.
Data analysis
A pre-test, post-test experimental group design was used for the study. Data was tabulated on master chart. Statistical analysis was performed using SPSS 16.0 version software. Independent T test was used for the analysis of pre treatment and post treatment finding. Significance level was set at P<0.05.

RESULTS
A Statistically significant difference was observed within pre and post reading of Prasarana-akunchanyo-vedana. Pre and post analysis was done by Independent T test.

![Figure 1: showing pre-post analysis of Prasarana-akunchanyo-vedana](image)

DISCUSSION
Sandhigatavata is described in all Samhita and Sangrahagrantha under Vatavyadhi. Various Aharaja, Viharaj, Manasa and other Vata Prakopaka Nidanas are mentioned in detail for the occurrence of Vatavyadhi. Though, Sandhigatavata usually occurs in Vriddhavastha which is parihanikala in which Dhatukshya takes place which leads Vataprakopa.

Vata and Asthi have Ashraya-Ashrayi Sambandha, this means that Vata is Situated in Asthi. Vriddha- Increased Vata diminishes Sneha from Asthidhatu due to its opposite qualities to Sneha. Due to diminution of Sneha, Khavaigunya (Rikta Srotas) occurs in Asthi which is responsible for the production of Sandhigatavata.

Osteoarthritis is the most common form of arthritis. It is a degenerative type of arthritis which mainly occurs in old age. Degeneration takes place in the joint which makes the individual disabled or handicapped. Degeneration occurs continuously in most of the patients which makes the person disabled for life long. It is a chronic degenerative disorder of multi-factorial
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In the Samprapti of Sandhigatavata, Prakupita Vata gets situated in Asthi Sandhi where Khavaigunya - Rikta Srotas is already present. Then Dosha Dushya Sammucchana takes place in Asthi Sandhi and further in Samprapti, the disease Sandhigatavata appears with its symptoms.

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Prasarana-akunchanyo-vedana: There was a significant improvement in the Prasarana-akunchanyo-vedana observed before treatment and after treatment (p<0.05).
Scope of Future Research

- Larger number of sample size should be included to confirm our results and generalize the results to population outside this sample population.
- Other parameters like pain, stiffness, difficulty in walking etc. should also be assessed for the patients.
- Same procedure using other taila should be studied to compare the relative efficacy of different tailas.

CONCLUSION

The present study is an attempt to explore the efficacy of Matra Basti in the management of Sandhigata vata. Bala taila has been used and its effects compared based on various parameters. Matra Basti can be used effectively and with ease in management of Sandhigata vata. Since it is one of the simplest forms of Basti and involves no complications it can be administered without much hassles or prolonged preparations. The ease of the procedure can be an encouraging factor for the physician to employ Panchakarma to provide relief to the patient. The administration of Matra Basti using Bala Taila has significant results for the improvement of the symptom of ‘Prasarana-akunchanyo-vedana’ in the patients of Osteoarthritis of Knee Joints.

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