



Research Article

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AN AMELIORATIVE APPROACH TO FIND OUT CLINICAL SIGNIFICANCE ANUVASANA BASTI WITH KSHEERABALA TAILA IN SANDHIGATA VATA WITH SPECIAL REFERENCE TO OSTEOARTHRITIS

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ABSTRACT

Background: Panchakarma is not just a treatment but a lifestyle approach. Panchakarma is one of the most important detoxification and rejuvenation therapies in Ayurveda. The term “Panchakarma” means five actions (Pancha = five, Karma = procedures) designed to cleanse the body of toxins, balance the doshas (Vata, Pitta, Kapha), and restore natural health. Panchakarma is usually done under medical supervision, its principles can be applied in daily life through simple routines. By adopting small practices like oil massage, proper diet, and seasonal detox, one can bring the essence of Panchakarma into everyday life for better health, energy, and mental clarity. Sandhigata Vata is described as Ashta Maha Gadas and most commonly found in middle-aged or elderly patients complaining of progressive pain in one or several joints; stiffness and aching are felt on movements. To determine the clinical efficacy anuvasana basti with ksheerabala taila was selected for the management of Sandhigata Vata. **Materials and Methods:** A Total of 20 patients were selected from Panchakarma OPD of N. K. J. Ayurvedic Medical College and Hospital, Karnataka, India. **Conclusion:** Anuvasana basti with ksheerabala taila showed a highly significant result in the management of Sandhigata Vata.

Keywords: Ksheerabala Taila, Anuvasana Basti, Sandhigata Vata, Osteoarthritis

INTRODUCTION

Sandhigata Vata described in classical textbooks of Ayurveda represents a group of disorders of the musculoskeletal system caused by impairment of Vata Kapha. Sandhigata Vata is such a disorder, where its significance is emphasized by its inclusion among Ashta Maha Gadas¹. Osteoarthritis or osteoarthrosis is the term used for the degenerative arthritis in a joint that has a synovial cavity². “Osteoarthritis is a group of overlapping distinct diseases which may have different etiologies, but with similar biologic, morphologic and clinical outcomes. The disease processes not only affect the articular cartilage, but involve the entire joint, including the subchondral bone, ligaments, capsule, synovial membrane and periartricular muscles. Ultimately the articular cartilage degenerates with fibrillation, fissures, ulceration and full thickness of the joint Surface”. “Middle aged or elder patient complaints of progressive pain in one or several joints; stiffness and greeting are felt on movements but there are no constitutional symptoms are likely to be O.A.” Prevalence in men is slightly higher in the younger age groups (before 45 years of age), whereas women are affected more commonly at ages older than 55 years, except for disease of the hip. The prevalence of O.A. increases with age. Prevalence increases to 10% of men and 20% of women aged 45–65 years and even further to more than 50% of women aged 85 years³. Female sex, lower educational level, obesity and poor muscle strength have been shown to be risk factors for developing symptoms and disability. Anuvasana Basti with Ksheerabala Taila is the treatment of choice for the Sandhigata Vata / Osteoarthritis. So, to find out the clinical significance anuvasana basti⁴ with Ksheerabala Taila in Sandhigata Vata an approach was taken.

MATERIALS AND METHODS

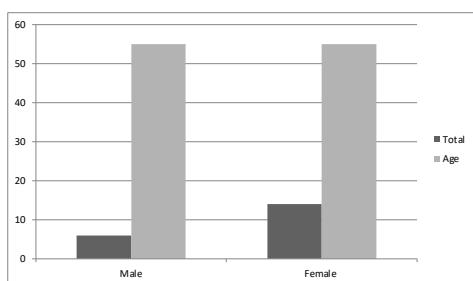
A total of 20 patients were selected Panchakarma OPD of N. K. J. Ayurvedic Medical College and Hospital, Karnataka, India. Patients were selected based on pre diagnosis and classical signs and symptoms of Sandhigata Vata / Osteoarthritis. Subjective and objective parameters were assessed before and after treatment and subjected to a statistical “Paired t-test” for analysis by using VAS (Visual analog Scaling). The study was carried out as per Guidelines of ICH-GCP.

Table 1: Grading

Symptom	Stage	Grading score
Swelling	No swelling	0
	Mild	1
	Moderate	2
	Severe	3
Tenderness by ratchie articular index	Normal	0
	Mild	1
	Moderate and wincing	2
	Severe, wincing and withdrawal	3
Crepitus	Absent	0
	Mild (complaint by patient but not feel in routine exam)	1
	Moderate (feel in routine exam)	2
	Severe	3

OBSERVATIONS AND RESULT

In this present study we found majority of the patients were female and the common age group was 55-60 years.



Graph 1: Gender and age wise distribution

Table 2: Religion Wise Distribution

Religion	Total	Percentage %
Hindu	9	45
Muslim	10	50
Others	1	5

In the present study out of 20 selected patients, the majority of the patients i.e. 10 patients (50%) from Muslim religion and other religion.

Table 3: Effect of therapy

Parameters	BT Mean (\pm SD)	Follow Up	AT Mean (\pm SD)	Df (n-1)	t- value	%	P value	Remarks
Swelling	3(\pm 1.20	AT	0.967(\pm 0.97	19	13	56.66%	<0.0001	HS
		AF	0.9033(\pm 0.09		15	53.33%	<0.0001	HS
Tenderness	2.4(\pm 1.6	AT	0.78(\pm 0.12		8	54%	<0.0001	HS
		AF	0.34(\pm 0.12		9	52%	<0.0001	
Crepitus	2.9(\pm 1.7	AT	1.9(\pm 0.97	19	8	40%	<0.5	S
		AF			9	49%	<0.5	S

DISCUSSION

The excessive intake of dravyas having Laghu, Ruksha, Sukshma etc. properties vitiate the Vata, which is lodged in sandhis where khavaigunya is already present. That vitiated Vata settled at sandhi dries up the Snehana present in that joint due to its rukshata and manifests the features like Vatapoornadrutisparsa, Shotha, Prasarn aakunchana sa vedana, Sandhi atopa etc. and hampers the normal function of sandhi. This state of the condition is called as Sandhigata Vata⁵. The samprapti of Sandhigata Vata may be divided into Dhatukshaya Janya and Avarana Janya. Even the contemporary science explains the pathology in two settings. One is due to the substandard biomaterial of the joint (Dhatukshaya)⁶. Second is due to increased applied pressure over the joint (Avarana). In Dhatukshaya Janya Sandhigata Vata due to old age, because of Vatakara ahara vihara there will be qualitative change in the joint material, gradually leading to disease manifestation. The other set of samprapti where due to continuous pressure due to weight [obesity] on the joint may lead to disease manifestation. This demarcation in samprapti helps in planning the treatment. The different lakshanans of Sandhigata Vata like, viz. Sandhi vedana, Sandhishotha, Vata purna druti sparsha, Prasarana akunchanayoho savedana pravruthi, Sandhi Atopa⁷ etc are explained by various textbooks of Ayurveda.

Modern science has also listed the same features along with other symptoms pertaining to individual joints. In addition, tenderness and joint stiffness (implied by the restriction of joint movements) find special mention in Modern science. It has mentioned that any joint may be affected with Osteoarthritis. In this view, they have considered the weight bearing joints of the knees, hips, lower spine and peripheral joints of fingers and toes and conditions of spondylosis as the Osteoarthritis of the inter vertebral joints. Sandhigata Vata⁸ is commonly observed in Janu sandhi because it is a major weight bearing and mobile joint of body. It is more prone to trauma because of obesity and physical activities like jumping, running, squatting and long standing. This interferes not only with the physical activity but with the entire quality of life⁹.

Sushruta mention in Vatavyadhi that Atyanta Ruja (severe pain), Gatrasankoch (contracture of body parts) and Gatrasabdha (stiffness) which are prime symptoms of severe or

late stages of Osteoarthritis, are very much effective in Vatajata diseases because they contain Vatahara dravyas¹⁰. In Sandhigata Vata the anuvasana basti with Ksheerabala Taila helps to reduce symptoms like Pain, Stiffness, and increased mobility.

CONCLUSION

The chikitsa sutra of Sandhigata Vata is Snehana, Svedana, anuvasana basti and Agnikarma and for the Asthi pradoshaja vikaras Panchakarma is specifically indicated. Where in contemporary science, treatment is non-specific and symptomatic which mainly based on Non-pharmacological methods and analgesics. Among non-pharmacological treatments much importance is given to physical heat therapy, physiotherapy etc. Based on aforesaid results, it can be concluded that anuvasana basti with ksheerabala taila showed a highly significant result ("p" value <0.0001) in the management of Sandhigata Vata.

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