

A clinical study of Panchaprasrutik Basti in Sandhigata Vata**Dr. Ravindra B. Ghaywate**

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Abstract:-

Sandhivata is described its by Charaka in the name of 'Sandhigata Anila'. Sandhivata is given as a Vatavyadhi and it is also believed that any type pain cannot be without presence of Vata. Though Vata Vyadhi is quit a comprehensive term and it is a group of diseases crated by increased Vata out of which one that effect joint specially weight bearing articulation is named a Sandhigata Vata. Sandhigata Vata can affect any of the joint but large bearing joint like hip, knee and ankle are effect. In Vriddhavastha all Dhatus undergo Kshaya thus leading to Vatprakopa and making individual prone to disease among them Sandhigata Vata stands top in the list. The incidence of OA in India is estimated that approximately 4 out of 100 people.

Arthritis in Ayurveda is a disease involving the vitiated Vata Dosha in one or the other form, though the other Dosha Pitta and Kapha are also invariably involved being disturbs in varying proportion. The main dhatus afflicted are Rasa-Rakta (blood), Mamsa, (muscle tendon ligaments) and Asthi (bone and joints). When these tissues are afflicted by one or more of above said Dosha with Predominced of Vata arthritis get menefested.

Disturb metabolism (Agnidushti), circulating endo toxin (Amm) improper food and activities (Mitthya Aahar vihar) chief cause. Vata has dry and light qualities and it vitiation leads to imbalance of Kapha dosha, depleting the synovial fluid, that provides cushion and lubrication to the joint. This depletion leads to Osteoarthritis in which the cartilage in the joints wear away causing friction pain, limited joint mobility and affect the large weight bearing joints.

Aacharya Charaka has Mentioned repeated use of Sneha, Swedan, Basti and Mrudu Virechan for the treatment of Sandhigata Vata separately. (Cha.chi.28/75-78)

Acharya Sushruta has described specific treatment for Sandhigata Vata 1st time: Snehan, Upanaha, Agnikarma, Bandhana and Unmardana. (Su.chi.4/8). Charaka say Basti is best treatment for Asthyashrit Vyadhi so Sasnesh Mrudu Niruha Basti Panchaprasrutik Basti also called Kshir Basti selected for study which is treatment choice for the Vatavyadhis. (Cha.si.8/4). Taking all these points in consideration a clinical study was carried out in 30 patients of Sandhigatavata with Panchaprasrutik Basti.

Keyword-Ayurved, Sandhigatvata, Charak, Basti

Introduction

Ayurveda is a Comprehensive and Integrative health Science Originating in India. Ayurveda is a Sanskrit word that literally translated means "Science of life or "Practice of longevity." Life According to Ayurveda is a combination of Senses, Mind, Body and Soul. So it is clear from this definition of life that Ayurveda is not only limited to body or physical symptoms but also gives a comprehensive knowledge about Spiritual, Mental and Social health.

Arthritis is not a new concept of Ayurvedic Science. Rather we can tell that Ayurveda is the 1st Medical science to explain arthritis and other joint related problems. Arthritis in Ayurveda is a disease involving the vitiated Vata dosha.

Sandhigata Vata is clinically co-related with osteoarthritis. Sandhigata Vata is commonest form of articular disease. It is type of Vatavyadhi, which is mainly Vriddhavastha due to Dhaturkshaya.

Allopathic treatment has its own limitation in managing disease. They only suppress the disease by NSAID, Steroid. It is symptomatic & with lot of side effect. Not a singal drug act on root cause of disease and the process of degeneration.

To correct the joint structure and degeneration there is more drug in Ayurveda. Many herbo-mineral formulation have been mentioned in Sandhigata Vata. Sandhigata Vata is a disease of Vata. Basti is the best treatment for Vatavyadhi. According to charaka Basti of Tikta rasatmak dravya processed with Ghrita and Taila is recommended for Asthidushti. (Ch.Su.28/27)

The Panchprasrutik Basti is described by Acharya Charaka in Charak Uttarardha at Siddisthana in Prasut Yogikasiddhiya.(Ch.Su.8/4)

It contain Kshir, Madhu, Tila Tail, Ghrut which is herbal and animal originated drug. Dhatukshaya is main cause of Vata disorder for Samprapti Vighatana this Panchaprasrutrik Basti is a ideal treatment told by Charaka.

Aims & Objectives

“A clinical study of *Panchaprasrutik Basti* In *Sandhigata Vata*” while taking these unique topic in mind following were aim and objectives concerning it.

- 1) To study the Etiopathogenesis of *Sandhigata Vata*.
- 2) To assess the efficacy of *Panchaprasrutik Basti* in cases of *Sandhigata Vata*.
- 3) To find out the adverse effect of *Basti* procedure if any.

Materials & Methods

Materials :

Total quantity of *Panchprasrutik Basti* (Ch.Si.8/4) is five Prasut (400 ml) in which there is

- Goghrit - (80ml) 1 Prasrut
- Godugdha - (160ml) 2 Prasrut
- TilaTaila - (80ml) 1 Prasrut
- Madhu - (80ml) 1 Prasrut

(400ml) 05 Prasrut

Methods of Preparation of Panchaprasrutik Basti:-

Take 60ml Madhu and then add 160ml Godugdha, 60ml Ghrut and 60ml of Tila taila in to the mixture (Before adding the Ghrut, Godugdha, Tila tail it is luke warm overheat). All these drug mixed properly to make homogenous mixture and mix it.

After mixing homogenously fill the basti yantra, 400ml Basti Dravya is prepared.

The drug (Bastidravaya) prepared by following manner

Makshik, Tila taila, Ghrut, Godugdha one after another. According to reference of Ashtang Hrudaya. Sutra 5/12

Conduct of Trial:

1) Sample Size:

Total 30 patients were selected irrespective of their age, sex religion etc. by simple random sample technique.

2) Place of Research work:

Most of the patients were treated at IPD level while those who were unable to get admitted were treated at OPD level.

3) Selection of Criteria:

I) Inclusive criteria:

Patient having sign and symptoms of Sandhigata Vata were selected.

II) Exclusive Criteria:

- 1) Samavastha was strictly visualized and rejected.
- 2) Age below 30 yrs and above 65 yrs.
- 3) Secondary OA, and patient with other systemic disorder.
- 4) The subject who does not undergo the treatment properly, does not attend follow up was excluded from the study.

4) Criteria of Diagnosis:

- 1) Presence of sign and symptoms of sandhigata vata as per text was essential for diagnosis.
- 2) Detailed history was taken and physical examination was done on basis of a special proforma incorporating all the sign and symptom of a disease.
- 3) The routine haematological investigation such as TLC, DLC, ESR, Hb% was carried out in selected patient to exclude any other other pathology.
- 4) The help of X-ray examination of involved joint where ever required was taken to support the diagnosis.

5) Informed consent:

The patients undergoing the treatment were informed about the same and written consent for each was taken.

6) Method of administration of Basti:

Purvakarma (Pre Basti Management):

- Patients was asked to empty stomach.
- Advised to evacuate bladder and bowel.
- Abhyanga with til taila was done on region of kati and udara pradesha and there after Nadi sweda was performed.
- Basti dravya and other pre requirements like rubber catheter, basti yantra etc. was kept ready.

Pradhan Karma (Main Basti procedure):

- Patient was given left lateral position with left leg extended and right leg flexed, and asked to keep his hand below the head.
- Prepared Basti dravya was taken lukewarm in Niruha Pot with infusion drip. Rubber catheter was attached to tip of the infusion drip. Air was removed from Niruha Pot and rubber catheter.
- After application of til taila to the anal opening and tip of rubber catheter, was introduced per rectum up to length of 4 inches.
- Patient was asked to take deep breath as this help to relax the anal opening and facilitates the entry of catheter.
- The Basti dravya was introduced in to the pakvashaya by starting the infusion. Basti dravya was administered for about 15-20 min. Catheter was then removed out cautiously in a smooth manner.

Paschat Karma (Post Basti Management):

Patient was advised to lie in supine position and his buttocks were gently tapped. Legs were raised little so as to raise the waist. Patient was asked to hold the basti material as long as possible. Basti pratyagama kala was recorded.

Diet and Restriction:

They were advised to have light diet and were asked to take the lukewarm water for drinking.

Time and Duration of Basti:

Basti was given in the empty Stomach due to Vata Predominant at that time.

It was given for 21 days in absence of Ama lakshana and any Untoward sign & Symptoms. All patient were observed daily, a special case paper of Basti Karma of every patient was maintained. Weekly follow up was taken.

Criteria of Assessment:

The improvement in the patient was assessed mainly on the basis of relief in the sign and symptoms of the disease for this purpose the main sign and symptoms were given a score according to their severity.

Symptom

Score

1. Sandhishula (Pain)

- No pain 0
- Pain on activity and subsides On its own (no specific time) 1
- Pain even at rest (specially in morning And evening) subsides without any treatment 2
- Pain specially in morning and evening with Slight disturbance in walking and subsides With local treatment. 3
- Continuous pain with marked disturbance in Walking and subsides only with oral pain killer 4

2. Sandhishotha (Swelling):

- Absent 0
- Mild swelling covering the bony prominence Of joint 1
- Swelling partially covering the bony prominence Of joint 2
- Swelling completely covering the joint capsule 3
- Deformity in the joint 4

3. Aakunchan prasaran Savedana (Pain on extension & flexion)

- No pain 0
- Pain without wincing of face 1
- Pain with wincing of face 2
- Prevent complete flexion 3
- Does'nt allow passive movements 4

4. Vatapurnadruti sparsha

- Absent 0
- Present 1

5. Sandhigraha (Stiffness)

- No stiffness 0
- Mild stiffness sometimes on movement 1
- Stiffness for <20 min upon arising in morning or After period of inactivity 2
- Stiffness for >20 min in morning or after period 3

Of inactivity with impaired joint movement

- Total loss of joint movement 4

6. Sashabdagati (Crepitus)

- Absent 0
- Present (Palpable) 1

7. Pidnaasahatava (Tenderness)

- No tenderness 0
- Patient says tenderness 1
- Wincing of face 2
- Wincing of face and withdraws joint 3
- Not allowing to touch the joint 4

Overall criteria for Assessment:

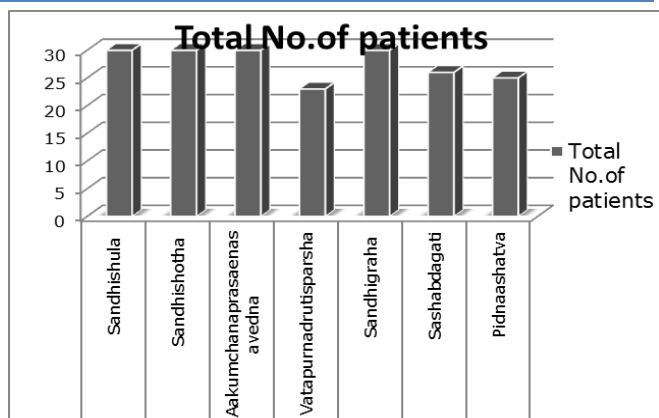
To assess the total effect of the therapy on patients of Sandhigata Vata. Total score will be calculated as

- 1) Cured: > 75% improvement in sign and symptoms
- 2) Markely improved : 50-75 % improvement in sign and symptoms
- 3) Improved: 25-50 % improvement in sign and symptoms
- 4) No improvement: <25% improvement in sign and symptoms

All the sign and symptoms before and treatment were minutely observed and noted. Graphical & tabular analysis was done, And proper Statistical Method was applied.

Cardinal Symptom wise distribution of 30 patients of Sandhigatavata.

Sr. No	Symptoms	Total No.of patients	Percentage (%)
1	Sandhishula	30	100
2	Sandhishotha	30	100
3	Aakunchanaprasaenasavedna	30	100
4	Vatapurnadrutisparsha	23	76.66
5	Sandhigraha	30	100
6	Sashabdagati	26	86.66
7	Pidnaasatva	25	83.33



The present study shows that all patients symptoms of Sandhishula, Sandhishotha, Aakunchanaprasaenasavedna, and Sandhigraha i.e.100%. While Vatapurna Drutisparsha was found in 76.66%. Patients Sashabdagati & Pidnaasatva symptoms was found in 86.66% & 83.33% respectively.

Result

The result after clinical evaluation of Panchaprasrutik Basti indicates statistically highly significant relief in symptoms like Sandhishula, Sandhishotha, Aakunchana Prasarnsvedna, Sandhigraha, Pidnaasatva (i.e. P< 0.001) where as highly significant relief in Vatapurandrutisparsh & sashabdagati (i.e. P<0.05). Haematological investigations like HB % TLC DLC ESR showed statistically not significant result (i.e. P> 0.05)

Percentage wise recovery showed 64.51 % relief in Sandhishula, 57.69% relief in Aakunchanprasarnsvedna, 53.52 % relief in Sandhigraha, 66.66 % relief in Sandhishotha, 78.43 % relief in Pidnaasatva, 73.07 % relief in Sahabdagati and 60.86 % relief in Vatapurandrutisparsh.

Overall effect of therapy shows marked improvement in 63.64% patients improvement in 16.66 % patients and cured patients were 20%. No patients found unchanged thus result of Panchaprasrutik Basti is found to be effective in Sandhigatavata.

Discussion

Panchaprasrutik Basti given for more days will provide more effective and discussion on obtained observations and result of therapy from above clinical study is as under-

- Age wise distribution showed maximum number of the patients in age group of 46-55 year which is natural period of provocation of Vatadosha.
- Females and married patients were more.
- Religion wise distribution showed higher incidence in Hindu community. The geographical proportion of the Hindus in the city may be the reason for this.
- Most of patients were educated up secondary primary level only, while some were even illiterate. Very few numbers of patients had higher education. Thus it was relived from the study that most of them were less educated or

uneducated. This result in lack health consciousness fault dietary habits. Physically strainful work, is also found in this class which in one of the cause of Dhatukshayajany Vataprakopa.

- While considering nature of work maximum no of patients were doing manual work. Where they have to cope with excessive physical stress and strain which ultimately leads to Vataprakopa and Dhatukshaya.
- Socio-economic status of patients showed that most of patients were from lower middle class. This indicated that they were not able to take correct nutritious diet which leads to Dhatukshaya and Vataprakopa while few patients were from Upper middle class and rich.
- Probing in to the different types of Prakriti of the patients dominance of Vatakaphaja and Vata Pitta Prakriti was observed which shows Vata dominant patients suffer more from Sandhigatavata and prognosis may be poor in them as Prakriti and Dosha involved are same.
- As regard agni maximum no of patients were having as Mandagni causes disease.
- Madhyam and Krurakoshta patients were released. Krurakoshta can be considered as risk factor become it indicate dominance of Vata Dosha.
- Madhyam and Avara satva patients were observed. Avara Satva patients are more prone to stress which can be one of Manas hetu.
- Regarding Aharaj Nidan, Atirukshasheeta Ahar, Atikatudirasa Sevana was noted. Where Aatishrama, Atibharavahana, Atidhavan, Atishrama, Prajagarana were some of Viharajnidam observed all these factors are responsible for Vataprakopa.

In this study almost all patient showed involvement of joint either bilateral or unilateral it can be concluded that Sandhigata Vata of knee joint is most common. It supports the theory that this disease occurs mostly in weight bearing joint

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- ❖ None of the showed any unwanted effect of this Basti thus result of Panchaprasrutik Basti are better and is found to be effective in Sandhigata Vata.
- ❖ Present work was carried with institutional research criteria and was undertaken with some specified aspect only with many of unavoidable limitations. But the result they are quite encouraging still to come to a concrete result the study further needs follow up of the patients for a long time and a large number of the patients should be taken in to the consideration for the treatment the topic is open to the research scholars for further study.

Mode of action of Panchaprasrutik Basti

Samprapti of Vatavyadhi take place in 2 ways

- 1) Dhatukshayajanya
- 2) Margavarodhjanya

Sandhigata Vata is disease of Vriddhavastha where in Dhatukshayajanya Samprapti srotas become empty causing Vata prakop menefest for Vatavydhi Rikta Srotas is nothing but the “Kha – Vaigunya” create in Srotas. Chakrapani commented that rikta Srotas means ‘Snehadigunashunyatva’

This “Snehadiguashunyatva” is fill by Snigdha, Mrudu, Shit, Picchila Gunas of Sneha dravya which cause Samprapti Vighatna of Vatavyadhi. Panchaprasrutik Basti Contain Kshir, Madhu, Tila Taila, Ghrit all contain have Snigdha, Guru, Shit, Mrudhu, Pichhila, Sukshma, Sara, Drava Gunas, All of have Santranpan in nature. Sandhigata Vata there is vitiation of vata ultimately cause Asthikshaya (Ashraya ashrayi Bhava) i.e. diseased produced in asthi is directly related to vata prakopa for management.

Vagbhata described langhan i.e. Apatarpan and Brumhan i.e. Santarpan as a general treatment of Vriddhi and Kshaya respectively. But this rule is not applied for vata and asthi. In asthi vriddhi i.e. vatakshaya langhana i.e. Vata Prakopa Brumhan i.e. Santarpan has to be followed. Santarpan can be achieved by Snigdha, Shita, Brumhan Gunas of the Kshir, Tila taila, Ghrit. Vata Vyadhi & Asthikshya

is Accompanied by depletion of deficit of Snigdha group of qualities, therefore here is necessaties use of substance that posses Snigdha Group of Qualities.

Conclusion

From the present study it can be concluding that Panchprasrutik Basti

- ❖ Panchprasrutik Basti has got better result and is effective in management of Sandhigatavata
- ❖ The rate of improvement is found to be statistically highly significant.
- ❖ Panchprasrutik Basti is found to be good Vatasashamak.
- ❖ No adverse effects or exaggeration in sign and symptoms were found, provided the inclusive and exclusive criteria are strictly maintained.
- ❖ On basis of observation and result of this study Panchprasrutik Basti may be recommended for the management of Sandhigatavata.

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