

**EFFICIENCY OF MATRA BASTI WITH BALA TAILA IN JANU SANDHIGATA VATA WITH W.S.R. TO OSTEOARTHRITIS****Dr. Pramod Suryawanshi\***

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Article Received on 21/02/2020

Article Revised on 11/03/2020

Article Accepted on 01/04/2020

**ABSTRACT**

With changing trends to food and lifestyle there is increasing the to *Vatavyadh's*. Ayurveda considers aggravated *Vata* as the main contributory factor for many disorders. Whole world is witnessing a surge in the elderly population. The people of geriatric age group are vulnerable to many elements. degenerative changes are accounted as a primary case for disease of senility. osteoarthritis (*Sandhi Gata Vata*) is a common manifestation presenting with pain and stiffness in effect joints. Knee joint suffer most bear to maximum load of the body weight. *Sandhi Gatavata* is describe under the *Vatavyadhis* on all *Sanhitas* and *Sangraha Granthas*. *Sndhi Gata Vata* is one of such disorder in which there is *Sandhi Shola* (joint pain) *Sandhi Sotha* (joint swelling) *Sandhi Graha* (joint stiffness). *Matra basti* is the type of *Sneha Basti* .these therapy is indicated in all age group.it is very unique therapeutic procedure because is prevent, curative properties, and pramotive.it used in all kind of *Vata Vayadis*.

**KEYWORDS:** *Janu Sandhi gata vata, matra basti, bala taila, osteoarthritis.***INTRODUCTION**

Ayurveda – The science of life deals with physical, psychological as well as spiritual wellbeing of an individual. It covers all the spheres of human life. All human beings wish to lead a healthy life in there healthy and active body. There are several such disorders which curtails one from leading a happy, healthy and active life. Osteoarthritis is one such disorder. It is one of the most common disorder which may begin asymptotically even in 2nd& 3rd decades of life. Jara (senility) is the stage of the life where *Vata* is in the dominant state and *Rasadi saptadhatu* are in deprived state. This potent combination is responsible for many *vatavikaras*.<sup>[1]</sup> The proposed study focus on management of *Sandhigatavata*. *Sandhigatavata* is *Vata* disorder. *Basti* treatment is indicated to be the best for management of *Vata* disorder.<sup>[2]</sup> Advancing age in an adult is associated with several degenerative changes in the body. Osteoarthritis is the most common form of degenerative joint disorder. It is ranked one among top few diseases branded by WHO as 'Global disease burden'. 80% of old age people have radiological evidence of Osteoarthritis, though 25-30% is symptomatic. Knee Osteoarthritis is the leading cause of disability in developed countries. According to *Agnivesha*, *Basti* is said to be half of the whole treatment of *Vata* disorder.<sup>[3]</sup> *Anuvasanabasti* is type of *Basti*.<sup>[4]</sup> in which *Snehadravya* is given by *Basti*. *Matrabasti* is type of *Anuvasana Basti*.<sup>[5]</sup> It is explained that this type of *Basti* can be given to almost everybody, in all seasons

and it can be given with maximum ease and has no complications thereafter.<sup>[6]</sup> *Matrabasti* can be administered at all times and in all seasons. It is recommended for daily use in those affected with *Vatavikara*. Based on this background *Matrabasti*.

**Aim and objective**

1. To study the concept of *Matrabasti* in management of *Sandhigatavata*.
2. To study in detail about the *lakshanas* of *Sandhigatavata* from various *Samhitas*.
3. To study in details about *Matrabasti*.

**MATERIALS AND METHODS**

Patients, who attend the O.P.D and I.P.D department of *Panchakrma* of Dhanvantri Ayurved college and hospital koydam were screened. Among them 30 patients fulfilling the inclusion criteria of the present study were taken. Detailed history taking and physical examination were carried out in these patients. Relevant data were registered in the designed case proforma.

**Inclusion criteria**

1. Patient were being between age group of 40-70 years.
2. Patient having sign and symptoms of *Janusandhi gata vata*.

**Exclusion criteria**

1. Patient is below 40years and above 70 years.
2. Patient will be suffering from diabetes, psoriatic arthritis, systemic lupus erythematosus (SLE), Polymyalgia, gout, tuberculosis and patient with trauma will be excluded.
3. Patients who are incapacitated, bedridden and confined to wheel chair.

**Diagnostic Criteria**

CBC, ESR, X-RAY KNEE AP-LAT.

**Intervention**

1. *Chitrakadivati* in appropriate doses for *deepen* and *Pachan*.
2. *Abhyanga (Udara, Kati and Janusandhi)* by *Mahanaryantaila* followed by *Nadisweda* before each *Basti*.
3. *Bala taila Matrabasti*, in a dose of 60ml was administered by rectal route after a light food.

The duration of the treatment was 9 days which was followed by a follow up period of 18 days.

**Table 1: Questions in WOMAC scale.**

Pain	Stiffness	Level of difficulty in performing the following functions		
1.Walking	1. Morning stiffness	1.Descending stairs	7. Getting in and out of a car	13.Getting in and out of bath
2.Stair climbing	2. Stiffness occurring during the day	2.Ascending stairs	8.Going shopping	14.Sitting
3.Nocturnal		3.Rising from sitting	9.Putting on socks	15.Getting on and off toilet
4.Rest		4.Standing	10.Rising from bed	16.Heavy domestic duties
5.Weight bearing		5.Bending to the floor	11.Taking off socks	17. Light domestic duties
		6.Walking on flat	12.Lying in bed	

The WOMAC grading is; 0=None, 1=Slight, 2=Moderate, 3=Severe, 4=Extreme.

**Assessment Criteria**

WOMAC scale. The results were assigned on the basis of WOMAC Osteoarthritis index. The Western Ontario and Macmaster Osteoarthritis Index6(WOMAC) is a disease specific, self-administered health status measure. It probes clinically important symptoms in the area of pain, stiffness and physical function in patients with osteoarthritis of the hip or knee. The index consists of 24 questions (5- pains, 2 -stiffness and 17 -physical functions) and can be completed in short duration. WOMAC is a valid, reliable and sensitive instrument for the detection of clinically important changes in health status following a variety of interventions, pharmacologic, surgical etc. Individual question responses are assigned a score between 0 (None) to 4 (Extreme). Data were collected before treatment (BT), after treatment (AT) and after the follow up (AFU).

**RESULTS AND DISCUSSION**

In the present study, maximum numbers of patients were of age Group 40-70 years (50.0%) followed by 65-70 years' age Group (26.7 %). Majority of the patients were of male (60%). In this study it was observed that majority of the patients were housewives i.e. 12 (40.0%) followed by labor 11(36.7%) and business were 7 (23.3%). Patients from rural area were more i.e.,19 (63.3%) and patients belonging to urban area were 11 (36.7%). It was found that 16 patients had the chronicity up to 5yrs, followed by 10 patients had chronicity 6-10 yrs. and 4 patients had chronicity for more than 10 years.

**Pain:** Among 5 questions pertaining to pain, highly significant improvement was seen in 2 questions (walking on flat surface and climbing the stairs),

statistically significant improvement in 2 questions (nocturnal and pain at rest) and result was not significant in one question (weight bearing). Shown in table 2. The mean overall score of pain was 8.5±1.9 which reduced to 6.5±1.8 after the treatment and after the follow up it was 6.2±1.4. The result of treatment on Pain parameter showed highly significant improvement.

**Stiffness:** It was seen that the result of treatment in morning stiffness showed highly significant improvement whereas day time stiffness remained unchanged. Shown in table 3. The mean overall score of stiffness was 2.7± 0.9 which reduced to 2± 0.7 after the treatment and after the follow up it was 2± 0.9. The result of treatment on Stiffness parameter showed highly significant improvement.

**Level of Difficulty in Performing Various Functions:** Highly significant result was seen in ascending the steps. No improvement in level of difficulty in descending the steps, standing and getting in/out of bed. In remaining all questions, the change was statistically significant. Shown in table 4. Whereas, the mean overall score of level of difficulty before the treatment was 19.9± 3.8 which reduced to 16.2±3.6 after the treatment and after the follow up it was 16.8± 3.2. The result of treatment on this parameter too was highly significant.

*Matrabasti* in *Janusandhigatavata*, *Snehana* (therapy that uses medicated oils and fats) is the first line of treatment explained in the classics for *Sandhigatavata*. *Matrabasti*, *Snehana* alleviates *vata*, nourishes *Asthi* and *Majja dhatu* acts as *Brumhana* and *Rasayana*<sup>7</sup>.

Moreover, *brumhana basti* is has been shown effective in knee osteoarthritis.<sup>[8]</sup>

Probable mode of action of the intervention: *Chitrakadivati* does *Deepana*, *Pachana* by these properties it helps in purification of *Srotas* (body channels) by which *sneha* (medicated fat) can spread easily through cleaned *Srotas* and finally better absorption of *sneha* takes place.

In *Janusandhigatavata Rikta Srotas* (*Snehadigunashoonya*) is present apart from this *Shleshaka Kaphakshaya* (lack of synovial fluid) is also quite evident. It provides strengthens nerves, muscles and ligaments. It relieves muscle and joint stiffness. It reduces pain and inflammation. The *mahanaryan taila* containing essential ingredients which are demulcent, anodyne and strengthening effect on muscles. *Shatavari* (*Asparagus racemosus*) a unique ingredient traditionally known for its role as a nervine tonic and adding strength to the musculature, Milk for its demulcent properties. This *Mahanaryan taila* is specially indicated for external applications by way of *Abhyangm* of the affected part of

the body during the phase of cerebral stroke. It enhances cutaneous and capillary blood circulation, adds strength and is a great help during the phase of physiotherapy, which is a part of the re-habilitation process in stroke.

The drug *Balataila* Charaka refers to *taila* as '*marutaghana*'. *Taila* is mentioned to reduce *vata* without increasing *kapha*. It also stabilizes the *Mansa dhatu*.<sup>[9]</sup> *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*.<sup>[10]</sup> *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*.<sup>[11]</sup>

**Table 2: Result on Pain.**

SI No	Pain		None	Mild	Moderate	Severe	Extreme
1	Walking on flat surface	BT	0(.0%)	8(26.7%)	21(70.0%)	1(3.3%)	0(.0%)
		AT	0(.0%)	22(73.3%)	8(26.7%)	0.0%	0(.0%)
		AFU	0(.0%)	24(80.0%)	6(20.0%)	0.0%	0(.0%)
2	Going up and down stairs	BT	0(.0%)	0(.0%)	8(26.7%)	20(66.7%)	2(6.7%)
		AT	0(.0%)	2(6.7%)	23(76.7%)	5(16.7%)	0(.0%)
		AFU	0(.0%)	2 (6.7%)	23(76.7%)	5(16.7%)	0(.0%)
3	At night while in bed	BT	0(.0%)	13(43.3%)	16(53.3%)	1(3.3%)	0(.0%)
		AT	0(.0%)	24(80.0%)	6(20.0%)	0(.0%)	0(.0%)
		AFU	0(.0%)	26(86.7%)	4(13.3%)	0(.0%)	0(.0%)
4	Rest	BT	2(6.7%)	23(76.7%)	5(16.7%)	0(.0%)	0(.0%)
		AT	7(23.3%)	23(76.7%)	0(.0%)	0(.0%)	0(.0%)
		AFU	7(23.3%)	23(76.7%)	0(.0%)	0(.0%)	0(.0%)
5	Weight bearing	BT	0(.0%)	21(70.0%)	9(30.0%)	0(.0%)	0(.0%)
		AT	2(6.7%)	21(70.0%)	7(23.3%)	0(.0%)	0(.0%)
		AFU	3(10.0%)	22(73.3%)	5(16.7%)	0(.0%)	0(.0%)

**Table 3: Result on Stiffness.**

Sl. No.	Stiffness		None	Mild	Moderate	Severe	Extreme
1	Morning	BT	0(.0%)	6(20.0%)	24(80.0%)	0(.0%)	0(.0%)
		AT	0(.0%)	21(70.0%)	9(30.0%)	0.0%	0(.0%)
		AFU	0(.0%)	16(53.3%)	14(46.7%)	0.0%	0(.0%)
2	During the day	BT	6(20.0%)	21(70.0%)	3(10.0%)	0(.0%)	0(.0%)
		AT	10(33.3%)	20(66.7%)	0(.0%)	0(.0%)	0(.0%)
		AFU	12(40.0%)	18(60.0%)	0(.0%)	0(.0%)	0(.0%)

**Table 4: Result on Difficulty.**

SI No	Difficulty in		None	Mild	Moderate	Severe	Extreme
1	Ascending stairs	BT	0(.0%)	0(.0%)	11(36.7%)	19(63.3%)	0(.0%)
		AT	0(.0%)	2(6.7%)	23(76.7%)	5(16.7%)	0(.0%)
		AFU	0(.0%)	4(13.3%)	20(66.7%)	6(20.0%)	0(.0%)
2	Descending stairs	BT	0(.0%)	0(.0%)	9(30.0%)	20(66.7%)	1(3.3%)

		AT	0(.0%)	1(3.3%)	16(53.3%)	13(43.3%)	0(.0%)
		AFU	0(.0%)	1(3.3%)	12(40.0%)	17(56.7%)	0(.0%)
3	Rising from sitting	BT	0(.0%)	5(16.7%)	24(80.0%)	1(3.3%)	0(.0%)
		AT	0(.0%)	18(60.0%)	12(40.0%)	0(.0%)	0(.0%)
		AFU	0(.0%)	13(43.3%)	17(56.7%)	0(.0%)	0(.0%)
4	Rest	BT	2(6.7%)	23(76.7%)	5(16.7%)	0(.0%)	0(.0%)
		AT	7(23.3%)	23(76.7%)	0(.0%)	0(.0%)	0(.0%)
		AFU	7(23.3%)	23(76.7%)	0(.0%)	0(.0%)	0(.0%)
5	Standing	BT	1(3.3%)	21(70.0%)	8(26.7%)	0(.0%)	0(.0%)
		AT	2(6.7%)	24(80.0%)	4(13.3%)	0(.0%)	0(.0%)
		AFU	2(6.7%)	26(86.7%)	2(6.7%)	0(.0%)	0(.0%)
6	Sitting	BT	5(16.7%)	25(83.3%)	0(.0%)	0(.0%)	0(.0%)
		AT	15(50.0%)	15(50.0%)	0(.0%)	0(.0%)	0(.0%)
		AFU	12(40.0%)	18(60.0%)	0(.0%)	0(.0%)	0(.0%)
7	Bending to the floor	BT	0(.0%)	14(46.7%)	16(53.3%)	0(.0%)	0(.0%)
		AT	0(.0%)	23(76.7%)	7(23.3%)	0(.0%)	0(.0%)
		AFU	0(.0%)	20(66.7%)	10(33.3%)	0(.0%)	0(.0%)
8	Walking on flat surface	BT	0(.0%)	16(53.3%)	14(46.7%)	0(.0%)	0(.0%)
		AT	0(.0%)	21(70.0%)	9(30.0%)	0(.0%)	0(.0%)
		AFU	0(.0%)	26(86.7%)	4(13.3%)	0(.0%)	0(.0%)
9	Getting in / out of bed	BT	0(.0%)	23(76.7%)	7(23.3%)	0(.0%)	0(.0%)
		AT	1(3.3%)	23(76.7%)	6(20.0%)	0(.0%)	0(.0%)
		AFU	0(.0%)	22(73.3%)	8(26.7%)	0(.0%)	0(.0%)
10	Getting in / out of toilet	BT	0(.0%)	10(33.3%)	17(56.7%)	3(10.0%)	0(.0%)
		AT	1(3.3%)	20(66.7%)	9(30.0%)	0(.0%)	0(.0%)
		AFU	2(6.7%)	15(50.0%)	13(43.3%)	0(.0%)	0(.0%)
11	Getting in / out of bath	BT	0(.0%)	6(20.0%)	24(80.0%)	3(10.0%)	0(.0%)
		AT	0(.0%)	15(50.0%)	15(50.0%)	0(.0%)	0(.0%)
		AFU	0(.0%)	10(33.3%)	20(66.7%)	0(.0%)	0(.0%)
12	Light domestic duties	BT	0(.0%)	8(26.7%)	20(66.7%)	2(6.7%)	0(.0%)
		AT	1(3.3%)	19(63.3%)	10(33.3%)	0(.0%)	0(.0%)
		AFU	0(.0%)	16(53.3%)	14(46.7%)	0(.0%)	0(.0%)

## CONCLUSION

*Matrabasti* with *Balataila* in the dose of 60ml per day for 9 days showed significant improvement on all three parameters tested by WOMAC scale. *Matrabasti* is a safe and effective management alternative for the elderly subjects suffering from *Janusandhi gata vata*. 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.

## REFERENCES

- Acharya Y T, Acharya Nandkishor Sharma, Sushruta Samhita of Sushruta with Bhanumati Commentary, Mumbai, Sutrasthana, Vedotpatti adhyaya, 1939; 24.
- Agnivesh, Charak Samhita; Chaukhamba Bharati Academy, Varanasi; 25th Edition, edited by Pandit Kashi nath Shastri & Dr. Gorakhnath Charurvedi, Reprint Charaka Sutrasthana 25/40, 1995; I: 468.
- Agnivesh, Charak Samhita; Chaukhamba Bharati Academy, Varanasi; 25th Edition, edited by Pandit Kashi nath Shastri & Dr. Gorakhnath Charurvedi, Reprint, 2009; II: 971. Charaka Siddhithana 1/39.
- Agnivesh, Charak Samhita; Chaukhamba Bharati Academy, Varanasi; 25th Edition, edited by Pandit Kashi nath Shastri & Dr. Gorakhnath Charurvedi, Reprint, 2009; II: 1077. Charaka Siddhithana 10/8.
- Vridha Vagbhata, Astanga Samgraham; Krishna Das Academy, Varanasi; , Edition edit- ed by Kaviraj Atri dev Gupt, 1993; I: 206.
- Vridha Vagbhata, Astanga Samgraham; Krishna Das Academy, Varanasi;, Edition ed- ited by Kaviraj Atri dev Gupt, Vol-I, Pg. 206. Astanga Sangraha, 1993; 28/8.
- Satish Kumar Singh, N. P. Rai, V. K. Srivastava. Role of an Ayurvedic compound drug and brimhana basti in the management of sandhivata vis-à-vis osteoarthritis. Int. J. Res. Ayurveda Pharm, 2015; (4): 429-434. <http://dx.doi.org/10.7897/2277-4343.06482>
- Acharya Y T, Charaka Samhita of Agnivesha, Rashtiya Sanskrit Sansthan, New Delhi, Choukhamba Prakashan, Varanasi, 2006; 721.
- Agnivesh, Charaka Samhita; Pandit Kashi nath Shastri & Dr. Gorakhnath Charurvedi, Vol-I, 25th Edition, Reprint Chaukhamba Bharati Academy, Varanasi, 1995; 1024: 258. (Ch. Su. 13/15)

10. Sushruta, Sushruta Samhita; Dr Ambika Dutt Shastri, Vol-I, Edition, Chaukhambh SanskritSansthan, Varanasi, 2007; 303: 230. (Su. Sa. Ni. 1/28)
11. Sahastrayogam, Dr. R. Nisteshwar; IInd Edition, Chaukhanbha Sanskrit Series, Varanasi, 2008; 540: 152. (Taila Prakarana).