STUDY THE EFFICACY OF SHWADAMSHTRADI TAILA MATRA BASTI IN SANDHIGATA VATA –NIRAMA AVASTHA WITH SPECIAL REFERENCE TO JANU SANDHI

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INTRODUCTION

Today is the era of modernization and fast life. Everybody is busy and living stressful life. Changing of life style of modern human being has created several disturbances in his biological system. Advancement of busy, professional and social life, improper sitting posture in offices, continuous work in one posture and overexertion, With reference to the Dinacharya and Rutucharya the norms of daily routine in present day situation are quite contradictory.

With more and more use of vehicles, disturbed eating habits, unnecessary excessive traveling, improper time schedule of sleep and work all have lead to increase in the Vata dosha². Sandhigat Vata is one of the end result of above routine Faulty dietetic; habits and irregular life style is responsible for early degenerative changes in bodily tissue and

ABSTRACT

“In Ayurveda, Sandhigatavata is given as a Vatavyadh and it is also believed that any type of pain cannot be without presence of Vata. In Ayurvedic classics, our Acharya have given so many special therapeutic procedures for specific disease along with thousands of medicaments Acharya Charkas has mentioned common treatment for Vatavyadhi i.e. repeated use of Snehana, Svedana, Basti and mruduvirechana¹. Among these panchakarma, here Matrabasti is such a chikitsa that is applicable in all the Vatavyadhi. Sandhigatavata is a vatika disorders and vata is also control and regulator of other two dosha, dhatu, mala and also all the body activities. Therefore once vata is controlled by Matrabasti (Snehana) all these factors are automatically regulated and total body equilibrium is achieved. There are many siddhataila used for Sandhigatavata. Shwadamshtadi taila (vangasen sanhita-vatrogadikar) is one of them. Hence we decided to study effect of Shwadamshtadi taila Matrabasti in Sandhigatavata with special reference to jannusandhi. For that, having Sandhigat Vata was selected for the research work. Total 30 Patients were selected. Clinical trials were conducted on them. Clinical Data obtained from the trial was analyzed with paired t test & the results are presented.

Key words: Sandhigatavata, shwadamshtadi tail, matrabasti, Jannusandhi
play a vital role in the manifestation of such degenerative disorder. In this way, this disease is now becoming a significant threat to the working population. The trouble of Sandhi by Prakupita Vata is the main phenomenon in Samprapti of Sandhigat Vata. Sandhis come under the Madhyama Roga Marga and thus, involvement of Madhyama Roga Marga, Vata Dosha and Dhatukshaya figures disease Kashta Sadhya. In this point of view, Ayurveda has a unique approach to cure i.e. two fold strategies comprising of 1) Samshodhana or Biopurification by Panchakarma therapy & related measures. 2) Samshamana or Palliation of imbalances by appropriately planned diet, drug, & lifestyle interventions. To give the definition of Samshodhana therapy, Acharya Hemadri has said that the method by which the vitiated Doshas are eliminated out of body is known as Shodhana Chikitsa. Out of Panchkarmas, Basti Chikitsa is most important as it radically pacifies the morbid Vata, the sole Dosha, responsible for the movements of all Dosha, Dhatu and Mala within the body. Basti is the only Karma, which covers Rasayana and Vajikarana in its ambit and removes Doshas out of all three Rog-Margas. Charkas apply highlighted the glorified designation of Basti. Conclusively Basti, indeed, is the half of the entire management of diseases. In Ayurveda, Sandhigatavata is given as a Vatavyadhi and it is also believed that any type of pain cannot be without presence of Vata. In Ayurvedic classics, our Acharya have given so many special therapeutic procedures for specific disease along with thousands of medicaments. Acharya Charka has mentioned common treatment for Vatavyadhi i.e. repeated use of Snehana, Svedana, Basti and mruduvirechana. Among these panchakarma, here Matrabasti is such a chikitsa that is applicable in all the Vatavyadhi. Sandhigatavata is a vatika disorders and vata is also control and regulator of other two dosha, dhatu, mala and also all the body activities. Therefore once vata is controlled by Matrabasti (Snehana) all these factors are automatically regulated and total body equilibrium is achieved. There are many siddhataila used for Sandhigatavata. Shwadamshradi taila (vangasen samhita-vatrogadhikar) is one of them. Hence we decided to study effect of Shwadamshradi taila Matrabasti in Sandhigatavata with special reference to janusandhi.

AIM & OBJECTIVES:-
To study the efficacy of Shwadamshradi taila matra basti in sandhigata vata – nirama avastha with special reference to janu sandhi

MATERIAL AND METHODS:-
The objective of the dissertation is to study the efficacy of Shwadamshradi taila matra basti in sandhigata vata – nirama avastha with special reference to janu sandhi.

Clinical study – Patients having Janusandhigat vata were selected for the research work. Total 30 Patients were selected. Clinical trials were conducted on them. Clinical Data obtained from the trial was analyzed with pair t -test method & the results are presented.

SELECTION OF PATIENTS:
All patients of Janu Sandhigat Vata who will be attending OPD of tarachand hospital, Pune, will be selected irrespective
of sex, religion, economical status, education, occupation etc

**INCLUSION CRITERIA: -**
1) Patients having textual symptoms of *Sandhigata vata* - *nirama avastha* with special reference to *janu sandhi* will be taken as a subject to study.
   - *Sandhi Shoola*
   - *Sandhi Shotha*
   - *Vatapurna Druti Sparsha*
   - *Graha* (Restricted movement)
2) Sex: Male & Female
3) Age: 20 to 70 Years.
4) Patient who will give written consent.

**EXCLUSION CRITERIA:**
- Patients with other joints deformities or diseases which are not related to *Janu Sandhigata vata*, such as *Amavata, Vatarakta*.
- Fracture of Knee joint, and needs surgical care will be excluded.
- Auto immune diseases – *Ankylosis spondylitis*
- *Neoplasm*
- Permanent joint damage.
- Known cases of *Cardiac disease, Pulmonary TB, Pregnancy, DM, Paralysis, HIV, Neurological disorder etc.*
- Having severe crippling deformity.
- Age <20 yrs. & >70 yrs.

**WITHDRAWAL CRITERIA:**
1. Occurrence of Serious adverse events.
2. The investigator feels that the protocol has been violated or Patient has become incorporative.
3. Further continuation of the study is likely to be detrimental to health of the patients.
4. Patients absent for continuous 2 follow-ups will be considered as dropped out from this project.
5. The patients are not willing to continue the trial.

**Method of administration**
1. Form: *Matra Basti*.
2. Dose: 60ml.
3. Kala: Just after breakfast in the morning.
4. Duration of therapy: For 7 days
5. Follow up: 7 day, 14th & 28th days.

**Procedure**

**Purva karma:** The patient was oiliated with sesame oil. Oil was applied on *Kati* (Lumber) *spika & Udana pradesha* this is *sthanica Abhyanga*. Then sudation was given on the same point by *Nadisweda* called *sthanic nadisweda*

Position of patient:-
Patient was asked to lie down in left lateral position i.e. left leg was asked to keep straight and right leg flexed (knee it and hip it). This position is important because *Grahani, Pakvasaya, Guda*, lie on left side & becomes on one level.

**Pradhan Karma of process of giving Basti:**

*Koshna* (look warm) Shwadamshtradi tail was loaded in Glycerin syringe. It was then tied with rubber catheter. The column of catheter was filled with oil and thus no air was confirmed. *Shwadamshtradi taila* was applied to anal opening and catheter tip. Rubber catheter is introduced per rectum. The patient was asked to take deep inspiration as this help relax the anal opening helps facilitated the entry of catheter. Then the syringe was pressed by piston and gets pushed and oil can enter the *Pakvasaya* with equal balanced force.

**Pashchyatkarma:**
Kalpesh Chaudhari et al: Study The Efficacy Of Shwadamshtradi Taila Matra Basti In Sandhigata Vata –Nirama Avastha With Special Reference To Janu Sandhi

Methods of assessment of symptoms

Assessment of Shotha -

Shotha can be measured. So it is an objective parameter.

In this study shootha of janusandhi was measured at 3 levels in cm.

Level A – At the upper level of joint,

Level B - At the centre of joint,

Level C – At the lower level of joint

All measurements were taken. Mean calculated& Effect of a trial is calculated in terms of difference between the Shotha before treatment and after treatment.

Assessment of Graha –

It is a subjective parameter which can sometimes be objective. Because when a patient can move his leg up to a certain limit and then suddenly further movement of the joint is not possible because of the stiffness then it is easy to decide the grade of the stiffness. The angle of the joint up to which the joint moves can be measured for assessment in such condition. But when a patient feels stiffness in all positions of the joint and can move it anyhow but with difficulty then how can angle be measured? Moreover in the case of amavata Graha markedly varies with time to time and also in the nature. So to avoid the fallacies and to make it an objective criterion following gradation was adopted-

<table>
<thead>
<tr>
<th>Grade</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>No stiffness</td>
<td>0</td>
</tr>
<tr>
<td>Mild stiffness</td>
<td>1</td>
</tr>
<tr>
<td>Moderate stiffness</td>
<td>2</td>
</tr>
<tr>
<td>Severe difficulty due to stiffness</td>
<td>3</td>
</tr>
<tr>
<td>Severe stiffness more than 10 mines</td>
<td>4</td>
</tr>
</tbody>
</table>
Patients were grouped accordingly before & after treatment. Proper calculations were done as per that of pain chart and assessment of efficacy was done.

Assessment of Crepitus/ Vatapurna Druti Sparha –
It is done with following gradation -

<table>
<thead>
<tr>
<th>Grade</th>
<th>condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>- No Crepitus</td>
</tr>
<tr>
<td>1</td>
<td>- Palpable Crepitus</td>
</tr>
<tr>
<td>2</td>
<td>- Palpable Audible Crepitus</td>
</tr>
<tr>
<td>3</td>
<td>- Always audible</td>
</tr>
</tbody>
</table>

Patients were grouped accordingly before & after treatment. Proper calculations were done as per that of pain chart and assessment of efficacy was done.

Visual analogue scale-
There is 10 cm long scale for assessment of overall relief. There is ‘0’ marking on left hand side and ‘10’ marking on right hand side. ‘0’ indicates complete relief while 10 indicate severe pain other symptoms, patient were asked to grade their severity of pain and allied complaints. Marking was defined accordingly in number.

**TABLE NO: 1 VISUAL ANALOG SCALE.**

<table>
<thead>
<tr>
<th>Observation</th>
<th>Visit 1</th>
<th>Visit 2</th>
<th>Visit 3</th>
<th>Visit 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAS Score</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Calculation ware done according to following formula

Percentage of relief – \( \frac{\text{Ibt} - \text{Iat}}{\text{Ibt}} \times 100 \)

Where, \( \text{Ibt} \) – intensity of symptom before treatment,
\( \text{Iat} \) - intensity of symptom after treatment

**TABLE NO: 2 ASSESSMENT OF SHOOLA (PAIN)**

<table>
<thead>
<tr>
<th>Sandhisoolo</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0</td>
</tr>
<tr>
<td>Mild</td>
<td>1</td>
</tr>
<tr>
<td>Moderate</td>
<td>2</td>
</tr>
<tr>
<td>Severe</td>
<td>3</td>
</tr>
<tr>
<td>Extreme</td>
<td>4</td>
</tr>
</tbody>
</table>

Percentage pain/Symptoms relief = \( \frac{\text{IPo} - \text{IPL}}{\text{IPo}} \times 100 \)

Where, \( \text{IPo} \) - is intensity of Symptoms before treatment
\( \text{IPL} \) - is intensity of Symptoms after treatment
OBSERVATION:

TABLE NO: 3 SYMPTOM WISE ASSESSMENT BEFORE AND AFTER TREATMENT.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>BT</th>
<th>AT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shool</td>
<td>2.5</td>
<td>1.21</td>
</tr>
<tr>
<td>Shotha</td>
<td>2.46</td>
<td>1.16</td>
</tr>
<tr>
<td>Vatapurnadrytisparsha</td>
<td>1.06</td>
<td>0.43</td>
</tr>
<tr>
<td>Graha</td>
<td>1.66</td>
<td>0.78</td>
</tr>
<tr>
<td>VAS</td>
<td>7.7</td>
<td>3.06</td>
</tr>
<tr>
<td>OXFORD PAIN</td>
<td>2.7</td>
<td>1.26</td>
</tr>
<tr>
<td>Overall assessment Score</td>
<td>18.08</td>
<td>7.9</td>
</tr>
</tbody>
</table>

TABLE NO: 4 RELIEF IN PERCENTAGE

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>% of Relief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoola</td>
<td>45.90%</td>
</tr>
<tr>
<td>Shotha</td>
<td>63.03%</td>
</tr>
<tr>
<td>Vatapurnadrytisparsha</td>
<td>59.43%</td>
</tr>
<tr>
<td>Graha</td>
<td>74.09%</td>
</tr>
<tr>
<td>VAS</td>
<td>60.25%</td>
</tr>
<tr>
<td>Overall assessment Score</td>
<td>56.30%</td>
</tr>
</tbody>
</table>
DISCUSSION
The objective of the dissertation was to study the efficacy of Swadamshtradi taila Matra Basti in sandhigatavata. In this clinical study 30 patients were registered. Clinical trials were carried methodically & proper record of the observations was maintained. All the observations were observed thoroughly. The data is discussed as follows.

1. **Age:** - According to age, highest number of patients i.e. 13(43.33%) of were in the age group of 41-50, followed by 9(30%) in the age group of 51-60. Maximum patients were belonging to 40-60 years. It can be said that this age group correlates with” Madhyam vaya” of Hani stage (i.e. 40-70yr) according to Sushruta. Degenerative process starts at this age.

2. **Sex:** - In this study 19(66.33%) patients were female & 11 (36.66%) patients were male. According to this observation it can be said that sandhigatavata is most common in female.

3. **Occupation:** - The occupation of the patients indicate that 17(56.66%) of the patients were housewives, 13(43.33%) patients were doing some job mostly sedentary in nature. Majority of the housewives are busy in some activity or the other. Their work profile includes all most all activities related to house keeping. They may have to work in some odd postures. This excessive activity & Vi-shamcheshta may lead to Dhatukshya resulting in to Vataprakopa there by manifesting Sandhigatavata .In patient having sedentary jobs due to lack of activity, there by putting on weight again lead to Dhatukshya &then Sandhigatavata.

4. **Diet:** - Maximum number of patients i.e. 19(63.33%) were taking mixed type of diet & 11(36.66%) patients were vegetarians. This does not seen to have any important role to play as far as sandhigatavata is concerned because Ahara is responsible when it is not taken in proper Matra, Agni, and Kala. As the sample size is small, the observations are not capable to conclude the disease is more prone to patients taking any specific type of diet.

5. **Prakruti:** - All the patients in this study were having Dwandwaja prakruti. Maximum number of patients i.e. 14 (46.66%) were having vata kaphaja while 12(40%) having vata pittaj prakruti, & 4(13.34%) were having pitta kaphaja prakruti. Thus it can be concluded that vata dominant patients suffer more from sandhigatavata & prognosis may be poor in them as prakruti & dosha involvement is same. In patients having kapha pittaj prakruti prognosis may be good as prakruti & dosha involved are not same.

6. **Malpravartan (Bowel Habit):** 21 patients (70%) were having irregular Malpravartan, while 9(30%) patients had regular Malpravartan. Irregular Malpravartan, constipation is considerable as factor, as it obstructs the prakrita gati of apana vayu & creates the habit of vegodirana, which vitiates vayu, Agni as well as purishadhara kala.

7. **According to symptoms:**-

1) **Shoola:** According to statistics, Mean of reduction in Shoola was 1.29 & Percentage of relief was 45.90%.
2) *Shotha*: According to statistics, Mean of reduction in *Shotha* was 0.137 and Percentage of relief was 63.03%.

3) *Vatpurnadrutisparsha*: According to statistics, Mean of reduction in *Atopa* was 0.633. Percentage of relief was 59.43%.

4) *Graha*: According to statistics, Mean of reduction in *Graha* was 0.883. Percentage of relief was 74.09%.

5) *VAS*: According to statistics, Mean of reduction in VAS was 4.634. Percentage of reduction in VAS was 60.25%.

6) *OXP*: According to statistics, Mean of reduction in OXP was 1.44. Percentage of reduction in OXP was 53.33%.

CONCLUSION

1. *Janu Sandhigata vata* is seen more common in females.

2. *Shwadamshtradi taila Matra Basti* in *Janu Sandhigata vata* was found statistically highly significant.

3. *Janu Sandhi shoola* reduced up to 45.90% in *Shwadamshtradi taila Matra Basti*.

4. Overall assessment score shows 56.30% relief in all symptoms of *Janusandhigata vata* by *Shwadamshtradi taila Matra Basti*.

5. *Shwadamshtradi taila Matra Basti* is also effective in *Graha, Shotha, and Vatpurnadrutisparsha*.

6. *Shwadamshtradi taila Matra Basti* is found to be good *brunhana, vatashaman, and pachana*.

7. No any adverse effect was found during or after treatment.

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