Role Of Panchatikta Ksheergrita Basti,Panchatikta Ghrita Guggul Vati And Janubasti In The Management Of Sandhigata Vata W.S. R. To Osteoarthritis.

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Abstract: Ageing is a process of physical, psychological and social change in multi dimensional aspects. Geriatric health care is very important because in India 3.8% of the population are older than 65 years of age. Sandhigata Vata i.e. Osteoarthritis is also known as degenerative joint disease. Majority of geriatric population suffer from Sandhigata Vata. Modern medicines have limitations in treating Osteoarthritis and have many adverse effects with its prolonged use. Now is the era of TKR (Total Knee joint Replacement) Surgery. But due to some underlying systemic illness, financial constraints it is not possible to opt for surgical intervention. The incidence of Osteoarthritis in India is as high as 12%, it is estimated approximately four out of 100 people are affected by it. Osteoarthritis is most common articular disorder begins asymptomatically in the 2nd and 3rd decades and is extremely common by age 70. Almost all persons by age 40 have some pathological changes in weight bearing joint, 25% females and 16% males have symptoms of Osteoarthritis. In Ayurveda it is mentioned that in Vardhakya Avastha all Dhatus undergo Kshay leading to Dhatukhajav Vatprakopa Samprapti. In Sandhigata Vata there is Kshay of Ashthidhatu. For Vataprakopa Bhashikitsa is Shreshtha Chikitsa. Panchatikta Dravyas are Rasayana for Ashthidhatu. In Ashivaha Srotodushthi Chikitsa Panchatikta Dravya Siddha Ksheerbasti and Sarpi are mentioned. Panchatikta Ghrita Guggula Vati and Panchatikta Ksheergrita Basti along with Sthanik Janubasti have good results in Sandhigatavata. Janubasti for local Sneham, Vatashaman and Vedana Shamana by Ushna Guna have good result in Sandhigatavata. So Panchatikta Ksheergrita Basti, Panchatikta Ghguggula Vati and Janubasti helps to relieve symptoms in Sandhigata Vata w.s.r. to Osteoarthritis.

Keywords: Vatavayadhi, Sandhigata Vata, Panchatikta Kshirghrita Basti, Panchatikta Ghrita Guggul, Janubasti.

I. Introduction

Vatavayadhis are divided into two type Upstambhit and Nirupstambhit. The major aetiological factors of Sandhigata Vata are Vegasandharan, Ativyayam, Ratrojagaran, Abhghata etc. Sandhigata Vata can be correlated with Osteoarthritis mentioned in modern medicine. It is degenerative joint disease in which there is degeneration of joint, articular cartilages and subchondral bone. It is caused by mechanical stress to joints produces symptoms like joint pain, swelling, stiffness.

The incidence of Osteoarthritis in India is as high as 12%, it is estimated approximately four out of 100 people are affected by it. Osteoarthritis is most common articular disorder begins asymptomatically in the 2nd and 3rd decades and is extremely common by age 70. Almost all persons by age 40 have some pathological changes in weight bearing joint, 25% females and 16% males have symptoms of Osteoarthritis.

Allopathic treatment has its own limitation in managing this disease. It has either conservative or surgical treatment modalities and is highly symptomatic. There are also some side effects. Such type of condition can be very well managed by the medicines & procedure mentioned in Ayurvedic text.

Charaksharya described Panchatikta Dravyas and Panchatikta Ksheergrita Basti in Asthyashrit Vyadhi. He had also mentioned the importance of Sthanic Snehana, Swedana and Basti in Vatsoshita Upkramass.

This Case Report consists a study of case of Sandhigat Vata, in which Panchatikta Ksheergrita Basti was administered for 15 days. Sthanic Janubasti & Panchatikta Ghrita Guggul Vati was given for 15 days.

DOI: 10.9790/3008-1103018082 www.iosrjournals.org 80 | Page
II. Case Report

A 65 yr old male patient came to the Kayachikitsa OPD of Govt. Ayurved College, Nanded, Maharashtra with presenting c/o Both Knee joint pain, (since 5 months) Restricted movement of both Knee joint, (since 5 months) Difficulty to walk (since 5 months) Kshudhamandya (loss of appetite) (since 15 days). Patient had not taken any treatment before coming to our hospital. Patient was thoroughly examined and detailed history was taken. Patient was farmer by occupation, Patient did not have history of any major illness.

On examination:
General condition -moderate, afebrile, PR - 80/min , regular, no pallor, icterus was present.

Local examination of knee joint patient was having -

<table>
<thead>
<tr>
<th>Sign and Symptoms</th>
<th>Right Knee</th>
<th>Left Knee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crepitations</td>
<td>Present</td>
<td>Present</td>
</tr>
<tr>
<td>Swelling</td>
<td>Absent</td>
<td>Absent</td>
</tr>
<tr>
<td>Tenderness extension</td>
<td>Absent</td>
<td>Absent</td>
</tr>
<tr>
<td>Flexion and extension</td>
<td>Painful</td>
<td>Painful</td>
</tr>
</tbody>
</table>

Routine investigation such as CBC, RBS, urine routine, microscopic were in normal range.

RA test, Uric acid were found to be Non significant.

X-ray of bilateral knee joint Anterioposterior and Lateral view revealed impression of intra-articular space reduction and presence of osteophytes.

As per Ayurvedic text the symptoms of Sandhigata Vata are: Vatapurna Druti SparshShotha Sandhigate AnilePrasaran Aankuchanyoho Pravrutti Savedana

Diagnosis: Sandhigatavata.

Treatment given:
As Sandhigat Vatavyadhi is one of the type of Vatavyadhi so the line of treatment is Snehana Swedana and Bastichikitsa.

The treatment was planned as below:
1. Sthanik Janubasti for 15 days.
2. Panchatikta Ksheehrghrit Basti for 15 days
3. Panchatikta Ghrita Guggul Vati for 15 days

Contents of Janubasti:
Tiltail 200 ml
Udad dal ata -500 gm
Janubasti done for 20 minute

Panchatikta Ksheehrghrit Basti:
130 ml Decoction (Kwatha) of Panchatikta Dravyas was made.
130 ml of Godugdha was added and the Siddha Ksheer was prepared.
Preparation of Basti: Madhu(5ml)+Lavan(5gm)+ Goghrita(20 ml)+Siddhaksheer(130ml).
Basti was administered & Bastipratyagaman Kala was noted. Total 150 ml of Panchatikta Ksheehrghrit Basti was given daily for 15 days
Bastipratyagaman Kala was found to be 5 to 7 hrs.

Panchatikta Ghrita Guggul Vati: 500mg twice a day before meal.

Assessment Criteria:

<table>
<thead>
<tr>
<th>Bilateral Knee joint pain:</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Movement of bilateral Knee joint:</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mildly restricted</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderately restricted</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severely restricted</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Distance walked by patient within 15 minutes:

<table>
<thead>
<tr>
<th>Distance</th>
<th>Walked</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 feet</td>
<td>0</td>
</tr>
<tr>
<td>60 feet</td>
<td>1</td>
</tr>
<tr>
<td>30 feet</td>
<td>2</td>
</tr>
<tr>
<td>Less than 30 feet</td>
<td>3</td>
</tr>
</tbody>
</table>

Observations in present case:

<table>
<thead>
<tr>
<th>Sign and symptoms</th>
<th>Before treatment</th>
<th>After treatment</th>
<th>Relief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilateral Knee joint pain</td>
<td>3</td>
<td>1</td>
<td>66%</td>
</tr>
<tr>
<td>Movement of knee joint</td>
<td>2</td>
<td>0</td>
<td>66%</td>
</tr>
<tr>
<td>Distance walked by patient within 15 minutes</td>
<td>2</td>
<td>0</td>
<td>66%</td>
</tr>
</tbody>
</table>

III. Result And Discussion

In above case study patient got 66% relief in above symptom of Sandhigata Vata. Above case was of Sandhigata Vatavyadhi and is type of Nirupstambhit Vatavyadhi. In which Asthidhatu Kshay was present. As the vitiating Doshaj in the body and where they found the “Kha-vaiyguna” i.e. Sandhi, they lodged there to produce the disease.

This results into symptom-Vatpurndrutisparsha, Shotha, Prasaransankochanyo Pravrutti Savedana. It seems to be similar with Osteoarthritis.

Mode of action: The factors influencing the disease were Mandagni, vitiating Vatadosha, Apatarpana and, so line of treatment was Basti, Snehana Swedana, and filmed.

Samprapti:

Hetusevan+Asthi Dhatukshay
  ↓
Vatadosh Dushti, Vataprapana
  ↓
Sandhipradeshi Sthansanshray
  ↓
Sadhigatatavyadh

Samprapti Vighatana:
In Asthihava Strotodushti Chiktisa Panchatikta Dravya Siddha Ksheer Basti and Sarpi are mentioned and are Rasayana for Asthi Dhatu. They rejuvenate the Dhatu, repair them, remove Kha Vaiyguna, give Bala (strength) to the Dhatu, maintain their healthy condition and restricts/slow down the progress of disease.

Janubasti helps for local Snehana Swedana and Vedana Shaman.

Panchatikta Ghrita Guggul Vati has Vataghna effect and Dhatu Balya effect.

IV. Conclusion

In this case study we got good results of Panchakarma and Ayurvedic medicine. The treatment given for Sandhigata Vata was Snehana, Swedana, and Basti which helped in Vatadosha Shaman, relief in symptoms of disease and also an attempt to provide safe and effective treatment to the patient.

Reference


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