

Role Of Panchatikta Ksheerghrita 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 constrains 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 asymptomaticaly 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%ofemales and 16% males have symptoms of Osteoarthritis.In Ayurveda it is mentioned that in Vardhakya Avastha all Dhatus undergo Kshay leading to Dhatukshayaj Vatprakopa Samprapti. In Sandhigata Vata there is Kshay of Asthidhatu. For Vataprakopa Bastichikitsa is Shreshtha Chikitsa. Panchatikta Dravyas are Rasayana for Asthidhatu. In Asthivaha Strotodushti Chikitsa Panchatikta Dravya Siddha Ksheerbasti and Sarpi are mentioned. Panchatikta Ghrita Guggula Vati and Panchatikta Ksheerghrita Basti along with Sihanik Janubasti have good results in Sandhigatvata. Janubasti for local Snehan,Vatashaman and Vedana Shamana by Ushna Guna have good result in Sandhigatvata. So Panchatikta Ksheerghrita Basti ,Panchatikta Gghrita Guggul Vati and Janubasti helps to relieve symptoms in Sandhigata Vata w.s.r. to Osteoarthritis.

Keywords: Vatavyadhi ,Sandhigata Vata, Panchatikta Kshirghrita Basti , Panchatikta Ghrita Guggul , Janubasti

I. Introduction

Vatavyadhis are divided into two type Upstambhit and Nirupstambhir^[1] The major aetiological factors of Sandhigata Vata are Vegasandharan, Ativyayam, Ratrojagaran, Abhighata 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^[2]

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 asymptomaticaly 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.^[3]

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.

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Charakacharya described Panchatikta Dravyas and Panchatikta Ksheerghrita Basti in Asthyashrit Vyadhi. ^[4]He had also mentioned the importance of Sthanik Snehana, Swedana and Basti in Vatdosha Upkramass.^[5]

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

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 -

Sign and Symptoms	Right Knee	Left knee
Crepitations	Present	Present
Swelling	Absent	Absent
Tenderness	Absent	Absent
Flexion and extension	Painful	Painful

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 Anteroposterior 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 Vata* 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 Ksheerghrit 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 Ksheerghrita 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 Ksheerghrita Basti* was given daily for 15 days

Bastipratyagaman Kala was found to be 5 to 7 hrs.

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

Assessment Criteria :

Bilateral Knee joint pain :

Absent	0
Mild	1
Moderate	2
Severe	3

Movement of bilateral Knee joint :

Free	0
Mildly restricted	1
Moderately restricted	2
Severely restricted	3

