



Case Study

EXPLORING THE EFFICACY OF MATRA BASTI IN MANAGING JANUSNDHIGATA VATA

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ABSTRACT

Sandhigata vata is the most common articular disorder. It is a type of *Vatavyadhi* which mainly occurs in old age due to *Dhatukshaya*. *Sandhigata vata* mainly presents with *Sandhi shoola* and *Shopha* further leading to difficulty in movements. If these *Lakshanas* are observed in the *Janu Sthana*, the condition is referred to as *Janusandhigata Vata*, which can be correlated with osteoarthritis. The prevalence of osteoarthritis among the elderly, as per a recent study, is 56.6%. The present case study involves a 60-year-old female patient presenting with a two-year history of pain and swelling in both knee joints, along with an inability to walk independently without walker over the past 15 days. The condition was diagnosed as *Janusandhigata Vata* (osteoarthritis of the knee joints). For its management, *Godhumadi upanaha*, *Sarvananga abhyanga* with *Ksheerabala taila* followed by *Shasttikashali pinda sweda* followed by 21 days *Matra basti* with *Ksheerabala taila* and *Guggulu tiktaka grita* and *Shamana chikithsa* were administered. Following the procedure, the patient experienced significant relief in both subjective and objective parameters like X-ray.

INTRODUCTION

According to *Acharya Charaka*, *Sandhigata vata* is a clinical condition that comes under *Vatavyadhi*^[1]. The presentation of *Vatavyadhi* varies depending upon factors like *Sthana* or *Nidana*^[2]. *Sandhigata vata* mainly presents with *Sandhi Shoola* and *Shopha* further leading to difficulty in movements. *Madhavakara*^[3] identifies *Atopa* (joint crepitus) as an additional characteristic of the condition. The disease's pathological basis is linked to an imbalance of *Vata* and *Kapha doshas*, impacting the *Asthi*, *Sandhi*, *Mamsa*, and *Snayu*. The clinical features of osteoarthritis of the knee closely correspond to the *Lakshana* of *Janusandhigata Vata*. Osteoarthritis is a progressive disorder marked by the degradation of articular cartilage and inflammation of the synovial membrane, with the hallmark symptoms including joint stiffness, swelling, pain and reduced mobility. The incidence of OA increases significantly with age, being

uncommon in adults aged <40 and highly prevalence in those aged >60. OA was estimated to be the 10th leading cause of nonfatal burden with prevalence of 22% to 39% in India. Osteoarthritis (OA) is more prevalent in women than in men. The condition primarily affects weight-bearing joints, such as the knee and hip, and is a significant cause of disability. Conventional medical treatments have their limitations in addressing this condition. They typically offer either non-invasive or surgical interventions, which mainly focus on symptom relief and can be associated with bothersome side effects. The classical Ayurvedic texts mention both *Abhyantara* and *Bahya chikithsa*^[4] for managing this condition. The prescribed *Chikithsa* include *Snehana*, *Swedana*, *Agnikarma*, *Basthi* and administration of *Shamana aushadhis*.

Case Report

Chief Complaints

Pain in bilateral knee joints in the last 2 years

Associated Complaints

Swelling in bilateral knee joints and inability to walk independently without using a walker in the last 15 days.

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History of present illness

A 60-year-old female patient was apparently healthy two years ago. She used to do housekeeping work, which required her to walk about 10 kilometers every day for one year continuously. Gradually, she developed pain in both knees, and her condition progressively worsened. Over time, she began to experience swelling in both knees, along with pain in her lower limbs and shoulder joints. For the past 15 days, she has been unable to walk independently without using a walker. For further management, he visited the OPD of Panchakarma, Government Ayurveda Medical College, Bengaluru.

Past History

Nothing specific

Medical history

N/K/C/O Diabetes mellitus, hypertension and thyroid dysfunction

Menstrual history

Menopause attained 10 years ago.

Family history

Nothing specific

Table 1: Personal history

Name: xyzzy	Bowel: Regular
Age: 60 years	Appetite: Good
Marital status: Married	Habits: None
Occupation: Housekeeping	Height: 163cm
Diet: Mixed	Weight: 55kgs

Table 2: Ashta sthana pareeksha

Nadi	Prakruta, 70bpm
Mutra	Prakruta

Table 4: Bilateral Knee joint examination

Inspection	Palpation	Range of movements
Discoloration- Absent	Tenderness- Present	Flexion- Possible with pain
Scar marks- Absent	Warmth – Present	Adduction- Possible with pain
Swelling- Present	Crepitus- Present	Abduction- Possible with pain
	Stiffness- Present	External rotation- Possible with pain
		Internal rotation- Possible with pain

Table 5: Specific signs elicited in the patients

Sign	Right	Left
Heel walk	Not possible due to pain	Not possible due to pain
Toe walk	Not possible due to pain	Not possible due to pain
Walking time	Walker dependent	Walker dependent
Pain scale (VAS)	10	10

	3-4times/day 1-2 times/night
Mala	Prakruta 1 time/day
Jihwa	Alipta
Shabda	Prakruta
Sparsha	Prakruta
Drik	Prakruta
Akriti	Prakruta

Table 3: Dashavidha pareeksha

Prakriti: Vata pitta	Satmya: Sarva rasa
Vikriti: Vatakapha	Ahara shakti: Madhyama
Sara: Madhyama	Vyayama shakti: Madhyama
Samhanana: Madhyama	Vaya: Madhyama (60 years)
Satva: Madhyama	Pramana: Ht- 163cm Wt- 55kg

Systemic Examination

Central nervous system: Higher mental functions intact, no abnormality detected

Cardiovascular system: S1 S2 heard, no abnormality detected

Respiratory system: NVBS heard, no abnormality detected

Gastrointestinal system: P/A- soft, non-tender

Musculoskeletal System

Gait- Walker dependent

Curvature of spine- Normal

Table 6: Nidana Panchaka

<i>Nidana</i>	<i>Aharaja- Ruksha, Alpa ahara</i> <i>Viharaja- Atiadhwa, Langhana, Ativicheshta</i> <i>Manasika- Chintna, Shoka</i>
<i>Purvaroop</i>	<i>Avyakta</i>
<i>Roopa</i>	Pain in both knee joints, difficulty in walking and pain in low back region, left shoulder joint and both feet.
<i>Upashaya</i>	Rest, medicine
<i>Anupashaya</i>	Walking and standing

Table 7: Samprapti ghataka

<i>Dosha</i>	<i>Vata kapha</i>	<i>Udbhavasthana</i>	<i>Pakvashaya</i>
<i>Dushya</i>	<i>Asthi,</i>	<i>Sancharasthana</i>	<i>Sakti</i>
<i>Agni</i>	<i>Jataragni, Dhathvagni</i>	<i>Vyaktasthana</i>	<i>Sakti</i>
<i>Agnidushti</i>	<i>Mandagni</i>	<i>Adhistana</i>	<i>Sakti</i>
<i>Srotas</i>	<i>Asthivaha,</i>	<i>Rogamarga</i>	<i>Madhyama</i>
<i>Srotodushti</i>	<i>Sanga</i>	<i>Sadhyasadyata</i>	<i>Yapya</i>

Table 8: Treatment protocol adopted

<i>Panchakarma Treatment adopted</i>	<i>Observations</i>
<i>Sthanika abhyanga with Ksheerabala taila f/b Godhumadi upanaha to b/l knee joints</i>	Mild improvement in pain in both knees, able to walk with support with pain
<i>Sarvanga abhyanga with Ksheerabala taila f/b Matrabasti with Guggulutiktaka gritha</i>	30% improvements in pain and range of movements of knee joints, generalized body ache reduced, swelling in both lower limbs reduced.
<i>Sarvanga abhyanga with Ksheerabala taila f/b Shashtikashali pinda sweda f/b Matrabasti with Ksheerabala taila and Guggulutiktaka gritha</i>	70% improvement in pain in knees, walking independently and overall body strength has improved.

Table 9: Shamana chikithsa

<i>Gokshuradi guggulu</i>	1-1-1 a/f
<i>Dashamula Kashaya</i>	10ml-0-10ml b/f
<i>Yogaraja guggulu</i>	1-1-1 a/f
<i>Yashtimadhu kashaya</i>	10ml-0-10ml b/f
<i>Dhatri loha</i>	1-0-1 a/f

Table 10: Contents of Godhumadi upanaha, Shashtikashali pindasweda and Matrabasti

<i>Godhumadi upanaha</i>	<i>Shashtikashali pinda sweda</i>	<i>Matrabasti</i>
<i>Godhuma churna- 1kg</i>	<i>Shashtika shali-3kg</i>	<i>Guggulu tiktaka gritha- 680g</i>
<i>Yava churna- 500g</i>	<i>Balamula kwatha churna - 2kg</i>	<i>Ksheerabala taila- 640g</i>
<i>Vinegar -1L</i>	<i>Ksheera-3L</i>	<i>Saindhava lavana - 50g</i>
<i>Haridra churna- 100g</i>		<i>Shatapushpa- 50g</i>
<i>Rasna churna - 100g</i>		
<i>Saindhava lavana - 100g</i>		
<i>Eranda patra - 4</i>		
<i>Ksheerabala taila-100ml</i>		

Table 11: Assessment criteria

Assessment criteria	Before treatment	After treatment
VAS scale	10	4
<i>Sandhi shola</i>	4	2
<i>Sandhi stabdhata</i>	4	2
<i>Sandhi atopa</i>	3	1
<i>Sandhi shota</i>	3	0
WOMAC scale	3	1
Range of movement	4	1
X ray findings	4	3

Table 12: Grading of subjective and objective parameters

Sr.no	Assessment criteria of subjective parameters	Grade	Sr.no	Assessment criteria of objective parameters	Grade
1	<i>Sandhi shoola</i> No pain Mild pain Moderate pain without difficulty in walking Moderate pain with difficulty in walking Severe pain with difficulty in walking	0 1 2 3 4	1	WOMAC (for individual question) None Slight Moderate Very Extreme	0 1 2 3 4
2	<i>Sandhi shotha</i> No swelling Slightly obvious Covers well over the bony prominence Marked and much elevated Severe and very much elevated	0 1 2 3 4	2	Range of movement Normal/flexion- 130 degree <130 to 110 <110 to 90 <90 to 70 <70	0 1 2 3 4
3	<i>Sandhi stabdhata</i> No stiffness < 5 minutes 5 to 10 minutes 10 to 15 minutes >15 minutes	0 1 2 3 4	3	X ray findings No radiographic findings of OA Minute osteophytes of doubtful clinical significance Definite osteophytes with unimpaired joint space Definite osteophytes with moderate joint space narrowing Definite osteophytes with severe joint space narrowing and subchondral sclerosis	0 1 2 3 4
4	<i>Sandhi atopa</i> No crepitus Occasional crepitus Persistent and palpable crepitus Persistent and audible crepitus	0 1 2 3			



Before

After

DISCUSSION

Sandhigata vata is a type of *Vatavyadhi*. *Vatavyadhi* can manifest either due to *Dhatukshaya* or *Margavarana*^[5]. In this case study, *Nidana* were primarily *Vataprakopa* with a mild association of *Kapha dosha* which leads to *Dhatu Kshaya Janya Sandhigata vata*. Hence here the treatment initially focused on mild *Rukshana chikithsa* and was later followed by complete *Brimhana chikithsa*.

Godhumadi upanaha

According to *Yogaratanakara*^[6], *Upanaha* is one of the treatments employed in *Snayu, Asthi, Sandhigata vyadhis*. In this method, the affected area is coated with an herbal paste and then wrapped with *Eranda* leaves. The area is subsequently bandaged with a cotton cloth. *Acharya Charaka*^[7] has explained *Godhumadi upanaha* in *Charaka Samhita*. *Godhuma shakala (Churna)*, *Yava churna*, *Sneha*, *Lavana* and *Kinwa* are contents of *Godhumadi upanaha*. Temperature of paste- 38°C to 40°C and the thickness of the above-mentioned application should be approx. 3-5mm^[8]. Main ingredients of this *Upanaha* i.e., *Godhuma* has *Brimhana* properties which provides *Poshana* to *Ashti* in affected regions. *Sthairyakara karma* and *Sandhanakara karma* of *Godhuma* is beneficial in *Asthi kshaya*. *Yava* has *Balya* and *Sthairyakara* properties that help in *Asthi kshaya* after *Sthanika amapachana*. *Ksheerabala taila* contains *Ksheera* and *Bala* as its ingredients. It is *Brimhana* in nature and possesses *Vatahara* properties. *Saindhava lavana* primarily serves as a vehicle, with its *Sukshma, Ushna*, and *Laghu* properties aiding in the absorption of substances through the skin. It is *Tridosahara*. It has *Pachana* property helpful in *Sthanika amapachana, Kaphahara* and *Sthambhahara*. Vinegar predominantly having *Amla rasa* along with its *Ushna guna* helps in *Amapachana sthamba-grahanasha*.

Sarvanga abhyanga

The skin contains millions of nerve endings that act as receptors, providing the body with

information about changes in the environment. Specialized receptors enable the body to sense light touch (Meissner's corpuscle), pressure (Pacinian corpuscle), as well as pain, heat, and cold. *Abhyanga* primarily benefits the two key systems of the body: the nervous and endocrine systems. The activation of these systems significantly influences the functioning of other bodily systems. From the viewpoint of modern physiology, it has been observed that touch, or *Abhyanga*, can stimulate the release of growth hormones. *Arunadatta*, the commentator of *Ashtanga Hridaya*, describes *Bhrajaka Pitta* and its functions, including *Deepana* and *Pachana*, which aid in the digestion of substances applied to the skin through practices like *Abhyanga, Pariseka*, and *Lepana*. Massaging in specific directions for a designated time enhances blood circulation, helps eliminate toxins from tissues, reduces physical and mental fatigue, improves musculoskeletal function, alleviates stiffness and heaviness, and promotes a sense of lightness.

Shastikashali pinda sweda

It makes the body supple, removes the stiffness of joints, cleans the microchannels of the body and improves the circulation. Due to *Ushna guna*, it stimulates the sympathetic nervous system and performs vasodilatation. *Sara* and *Sukshma guna* liquefy the *Leena dosha* and these *Doshas* are expelled out through the micropores. As the patient presented with excessive dryness, overexertion, and malnutrition, measures were adopted to improve overall health. It acts as a nourishing agent and supports tissue strengthening

Matrabasthi

Matrabasti is highly praised because it can be administered at any time. It does not cause any complications. Since the dosage of *Sneha* used in *Matrabasti* is *Hrisva*, there will be no fear of any complications. *Guda* is mentioned as *Moola* in our classical Ayurvedic texts. According to *Acharya*

Charaka "When a tree is watered at its roots, it grows strong, with beautiful branches, leaves, flowers, and fruits over time. Similarly, a person benefits greatly when treated with a nourishing enema". The drug administration via the rectum can achieve higher blood levels of the drug than administration through the oral route due to partial avoidance of hepatic first pass metabolism. The rectum is supplied by rich blood and lymph and drugs can absorb through the rectal mucosa. Thus, unionised and lipid soluble substances are readily absorbed from rectum. The portion absorbed from the upper rectal mucosa is carried by superior hemorrhoidal vein into portal circulation, whereas that absorbed from the lower rectum enters directly into the systemic circulation via the middle and inferior hemorrhoidal veins. Administration of drugs in the form of *Basti* ensures faster absorption and delivers quicker results. Upon entering the intestine, drugs target vitiated *Vata* and enhance the bacterial flora of the colon, promoting the synthesis of vitamin B1, B12, and K. vitamin B12 supports nerve cell regeneration and maintenance. *Basti karma* boosts immunity and counteracts degeneration^[11].

CONCLUSION

Janusandhigata Vata is one the common type of *Sandhigata vata*. This disease produces degenerative changes in knee joints. It affects the everyday life badly and deteriorates the quality of life. It can be managed by proper Ayurvedic treatment. In this case, patient got relief by administration of *Matra Basti* for 21 days, and *Shamana chikithsa*. The patient was unable to walk when she was admitted to our hospital, but after treatment, she was able to walk independently without any support and with minimal pain. Hence it can be concluded that *Matra Basti* and *Shamana chikithsa* are very effective in the management of *Janusandhigata vata*.

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