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To study the effect of *Yogabasti* in *Sandhigata vata*Vicky A. Patil*¹, Datta Kumavat²

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Abstract

Osteoarthritis is the clinical and pathological outcome of a range of disorders that results in structural and functional failure of synovial joints. Osteoarthritis is the most prevalent form of arthritis, with an associated risk of mobility disability (defined as needing help walking or climbing stairs) for those with affected knees being greater than that due to any other medical condition in people aged. The societal burden (both in terms of personal suffering and use of health resources) is expected to increase with the increasing prevalence of obesity and the ageing of the community.

Osteoarthritis is a multifactorial process in which mechanical factors have a central role and is characterized by changes in structure and function of the whole joint. There is no cure, and current therapeutic strategies are primarily aimed

at reducing pain and improving joint function.

Where as in Ayurveda, Sandhigata Vata is the commonest form of articular disorder. It is a type of *Vatavyadhi* which mainly occurs in Vriddhavastha due to **D**hatukshaya. That similar having symptoms as that of Osteoarthritis. In Ayurvedic classics, our Acharya have many special therapeutic procedures for specific disease along with thousands of no of medicines. Due to easy availability and less cost of the drugs and adverse effect of Basti. Basti is Ardha chikitsa according to Ayurveda. The incidence of osteoarthritis in India is as high as 12%. It is estimated that approximately four out of 100 people are affected by it. Osteoarthritis is the most articular common disorder begins asymptomatically in the 2nd & 3rd decades and is extremely common by age 70.

Keywords: Ayurveda, *Yogabasti*, *Sandhigata vata*, Osteoarthritis.

Introduction

In today's modern world, we use many equipment's to reduce our efforts and due to this our life becomes comfortable. But due to uses of many equipment's, we don't exercise and it leads to many problems, like weight gain (sthulya), diabetes (madhumeha) etc. In old age sandhigata vat is commonest disease due to degenerative changes in weight bearing joints and due to excessive weight.

Sandhigata Vata is the commonest form of articular disorder. It is a type of *Vatavyadhi* which mainly occurs in Vriddhavastha due to Dhatukshaya, which limits everyday activities such as walking, dressing, bathing etc. making patient disabled /handicapped. It Vatavyadhi, being located in Marmasthisandhi and its occurrence in old age makes it Kashtasadhya. Vata Dosha plays main role in the disease. Shula Pradhana Vedana is the cardinal feature of the disease associated with Sandhishotha with Vata Purna Druti Sparsha, lack of movements of the joints or painful movement of the joints. In Vriddhavastha, all Dhatu undergo Kshaya, thus leading to Vataprakopa and making individual prone diseases. to many Among them

Sandhigata Vata stands top in the list. The incidence of osteoarthritis in India is as 12%. It is estimated that high as approximately four out of 100 people are affected by it. Osteoarthritis is the most common articular disorder begins asymptomatically in the 2nd & 3rd decades and is extremely common by age 70. Almost all persons by age 40 have some pathologic change in weight bearing joint1, 25% females & 16% males have symptomatic osteoarthritis.

Allopathic treatment has its own limitation in managing this disease. It can provide either conservative or surgical treatment and is highly symptomatic and with troublesome side effects. Whereas such type of conditions can be better treatable by the management procedures mentioned in Ayurvedic classics. Acharya Charaka didn't mention about the treatment of this entity but has given description regarding its symptomatology, whereas Acharya Shushrut is the first who speak about the description of the disease sandhigata vata from the symptomatology as well as the treatment point of view.

"वातपूर्णद्रुतिस्पर्शः शोथः सन्धिगतेऽनिले। प्रसारणाकुंचनयोः प्रवृत्तिश्च् सवेदना"।। (च.चि.२८/३७)

In Ayurvedic classics, our Acharya have given so many special therapeutic

procedures for specific disease along with thousands of no of medicines. *Panchakarma* is a very unique therapeutic procedure, because of its preventive, promote, prophylactic and rejuvenate properties as. Among these Panchakarma, Basti Karma is such a

तस्माच्चिकित्सार्धिमिति ब्रुवन्ति सर्वा चिकित्सामपि बस्तिमेके।

(च.सि.१/३९)

"अस्थ्याश्रयाणां व्याधीनां पंचकर्माणि भेषजं। बस्तयः क्षीरसर्पिषे तिक्तकोपहितानि च "।। (च.सु.२८/२७)

"गुडूचि निंबमूलत्वक भिषड्.माता निदिग्धिका। पटोलपत्रमित्येतत् पंचतिक्तं प्रकीर्तितम्"॥

(र.त.२/१८)

Ayurveda being a life science is more than capable of providing a safe and effective line of treatment for *sandhi*. *Panchakarma* is treatment modalities used very extensively and effectively in Ayurveda Acharya Charaka elaborates importance of *Basti karma* in *sandhigata vata*. Due to easy availability and less cost of the drugs and adverse effect of *Basti*. *Basti* is *Ardha chikitsa* according to Ayurveda. In *gridhrasi*, *snehana* – *swedana* - *basti* - *Agnikarma* are indicated.

Aims and objectives -

1. To study the effect of *Yogabasti* in *sandhigata vata*.

2. To study the *sandhigata vata* as a separate entity.

Case report -

A female patient of age 73 years was having complaints of right knee joint pain, anorexia, difficulty in walking. Patient is known case of hypertension since 2 years and taking regular medication for that. Patient does not have any other past history regarding major illness or operative. Although, she does not have any history of trauma of knee joint.

On examination we find following findings -

- Nadi (pulse) 88/min
- *Mala* (stool) Prakrut
- Mutra (urine) Prakrut
- Jivha (tongue) Sama
- Bala madhyama
- *Raktadaba* 120/80 mm hg
- Kshudha mandya
- Shabda (speech) Prakrut
- *Druka* (eyes) pallor
- *Nakha* (nails) pallor
- Akruti madhyama
- Twak Rukshta

On the basis of this finding and investigation patient was diagnosed *sandhigata vata* that is osteoarthritis.

Nidanpanchak -

Hetu - Atichankraman, jagran, old age

Roop - dakshin janushula, dakshin padshula, Chankraman kashtata.

Samprapti:

Hetusevan (jagran, Atichankraman)

Vataprakopa

Sthanvaigunya at dakshin Janu region

↓ Radiates to dakshin pad

Pain at *Janu* region

Sandhigata vata

Material and method -

Therefore, we have decided to go for treatment of *vata vyadhi*.

First visit - deepan pachan chikitsa

- Amruta guggul vati 2-2 tabs (twice a day) anupana - jala (after meal)
- Hinghavashtak choorna -3 gm (twice a day) anupana -milk (before meal)
- Dashmularishta -20 ml (twice a day) anupana jala (after meal)
- *Gandharvaharitki* 3 gm (bedtime) *anupana* - *koshna jala* (bed time)

Panchakarma -

 Yogabasti - it consists of Anuvasan and Niruha basti alternate day for 15days. Anuvasan basti contains til tail basti (60 ml)

Niruha basti contain dashmularishta kwath basti.

2. Niruha Basti preparation -

First of all we took *Saindhava* and *madhu* n mix it thoroughly with the help of *Ravi* and then we add *dashmul kwath* and *dakshamul kalka* into it and again mix it. *Kwath* should be warm.

3. Method of administration -

Patient asked to take light meal before administration of basti Abhyanga with tila taila was done on the region of kati and udara pradesha. There after nadisweda was performed. In this patient we gave thanik Snehan swedan because in basti vhere just wanted to provide smoothening effect to the lower abdomen which in turn promotes absorption of basti contents. Where as in *shodhana* procedure like vaman and Virechana, we give sarvanga snehana swedan because there in we expect doshas to come out in koshta, to expel them out from the nearest root. Patient was asked to take left lateral position with left lower extremity straight and right leg flexed on knee and hip joints. Patient was asked to take his left hand below his head. Warm til tail basti was taken in enema syringe.

Rubber catheter was administered into the rectum of patient up to length of 4 inches.

After administration of basti patient

advised to lie in prone position and buttocks were gently tapped and Legs were raised few times so as to raise the waist. Basti *pratyagamakala* recorded. Next day *Niruha Basti* was given with help of *Basti yantra* made of enema pot with pipe which we kept at height so by gravitational force it entered in rectum. *Anuvasan* and *Niruha Basti* given alternately for 15 days.

Janu-basti -

Contains- *Sahachar* tail (100ml), udid pith (250mg)

Procedure- patient asked to lie in prone position. There after proper *snehana* and *Nadi swedana* performed. Prior to *janubasti* warm *Sahachar taila* kept ove the right knee joint area for a 30min with the help of boundary made by dough of black gram. after the completion of whole procedure of 15 days approximately 70-80 ml of *Sahachar tail* remained back in the bottle.

Apunarbhav chikitsa -

- Laghumalini vasant 2 tab after each meal anupana-jala
- Shatavari kalpa 5gm at morning anupana-jala
- Arogyavardhini 2 tab after each meal anupana-jala

Observation and results -

1. After *yoga basti* there was relief in *Janu* and *padshula*.

After the administration of basti complaints such as *padshula* and *sandhishola* decreased considerably thus promoting easy and free movements of joint as described by patient.

2. After Janu basti there is relief in janushula and Chankraman. Janushula had also decreased considerably. As a result of the both the procedures, these occurred vata shamana which turn helped patient in decreasing pain and promoting better performance of daily activities.

Discussion:

Basti retains in pakvashaya and emoves doshas from all over the body. It the only therapy which soothens the provoked vata dosha. It acts as Vaat shamaka, anti-inflammatory, analgesic, anti-arthritic due to katu, tikta, kshaya, madhur rasa, katu vipak, ushna virya and snigdha picchkilla guna .this way its effective in Sandhigata vata.

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