

A Clinical Comparative Study on the Efficacy of Sahacharadi Kwatha with and Without Matra Basti in the Management of Janu Sandhigata Vata w.s.r to Osteoarthritis

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ABSTRACT

As Age advances Vata dosha increases in an individual. This increasing vata triggers & accelerates dhatu kshaya (Depletion of tissues) & Bala Kshaya (Reduction of strength). Sandhigata vata is Commonest disorder that occurs due to Dhatukshaya. Vata dosha plays the main role in this disease. Shoola is the cardinal feature of this disease, associated with sandhishotha & other symptoms, so can be treated with Laghumashadi taila & Vanhira2 these are the versatile medications to treat the all the joint disorders. Present the unique approach of Ayurveda with specially designed five procedure of internal purification of the body through the nearest possible route. such purification allows the biological system to return to homeostatis and rejuvenate rapidly and also facilitates the desired pharmacokinetic effect of the medicines administered there after. Panchakarma provides comprehensive therapy role as a promotive, preventive, curative & rehabilitative procedure. Panchakarma is not a merely as it is understood, but also has wider range of therapeutic such as replenishing, depleting rejuvenating therapies etc. present era most of the people suffering from Joint pain (Sandhigatavata), so it can be treated with completely without Adverse effect to the joints.

KEYWORDS: Janu Sandhigatavata, Matra Basti, Sahacharadi kwatha, tiltaila

INTRODUCTION

In Vridhdhavastha Vata Dosha is in a dominant state and Rasadi dhatus are in a deprived state. This potent Combination is Responsible for For the aged being vulnerable to many diseases. among them sandhigata vata is one of them. when Vata dosha is vitiated and accumulates in Sandhi (joint), it is called sandhigata vata. It is a disease of Sandhi (Joint) with symptoms of sandhi shula, Sandhishotha, Akunchana, Prasaranajanya vedana, sandhigrah, Sandhisputhana^[1]. etc

The condition is much similar much with osteoarthritis modern medical science. Osteoarthritis is a degenerative joint disorder characterized by degeneration of joint cartilage and adjacent bones that can cause joint pain and stiffness. this is one of such disease commonly affecting a large number of elderly individuals present as joint pain swelling over the

joint difficulty walking tenderness and crepitus in the elderly age group Austria arthritis time top in the list of geriatric diseases.

Sandhigata vata is a vata vyadhu of degenerative nature, & Basti is preferred line of treatment for all vata vyadhi as mentioned by Acharya Charaka has mentioned sahacharadi taila in the management of the Vata vyadhi. Acharya yogaratnakar has mentioned sahacharadi kwatha with tila taila under the context of vata vyadhi^[2]. Here sahacharadi kwatha was selected for shaman chikista.

The study was conducted on 30 clinically diagnosed and confirmed patients of janu sandhigatavata. The study was randomly divided into 2 Groups.15 patients were treated in each group. Group A was given Matra Basti (Sahacharadi taila)^[3]. For 15 days along with Sahacharadi kwatha with Tila taila orally for 4 weeks

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while Group B was given sahacharadi kwatha with Tila taila orally for 4 weeks.

AIMS AND OBJECTIVES: To Evaluate and compare the effect of Sahacharadi Kwatha with and Without Matra Basti in the Management of Janu sandhigata Vata w.s.r to Osteoarthritis.

MATERIAL AND METHODS

Criteria for selection of patients

Patients of Janu sandhigata vata were selected according to the classical signs and symptoms of sandhigata vata according to Ayurveda like sandhishula, sandhishotha, Akunchana prasarne vedana etc.as well as modern science like pain in knee, swelling over it, difficulty in walking etc. were randomly divided into 2 groups irrespective of age, sex, caste, religion, profession, etc. from the OPD & IPD of Bhagwana mahaveer jain Ayu medical and Hospital.

Inclusion criteria

- Matra basti yoga
- Patients presenting with the classical sign & symptoms of Sandhivata (OA) like sandhi sula, sandhi sotha, akunchana prasarane vedana
- Patients of either sex age between 40-70 years were included.

Exclusion Criteria

Matra Basti Ayogya Patients below 40 years and above 70 years of age. Patients suffering from Vatarakta, Amavata, Systemic Lupus Erythematosus (SLE), bone TB, diabetes, psoriatic arthritis and other serious systemic disorders were excluded.

Diagnostic Criteria

Patients having classical signs and symptoms of the Sandhigat Vata according to Ayurveda as well as modern science were taken into consideration.

Investigations Haematological Examination: HB%, TLC, DLC, ESR To rule out other pathologies.

Urine Examinations: Routine and Microscopic- To rule out other pathologies.

Radiological Assessment: Plain X-Ray AP and lateral view. (For diagnostic purpose) Informed Consent Written consent of the patient was taken before starting the intervention.

Design of Group and Management Study Design:

The research study was designed of Open ended parallel clinical trial with Random sampling method. After diagnosis patients were categorized into two groups i.e., Group A & Group B.

Group A: Total 15 Basti were administered to each patient in the course of Matra Basti. Simultaneously patients were also given Sahacharadi Kwath orally for

4 weeks. Matra Basti15 Matra Basti were administered to each patient.

Drug & Dose:

Sahachar Taila, 60mlBasti pradan kal: Immediately after meal (at noon)

Shaman Simultaneously patients were also given Sahacharadi Kwath orally for 4 weeks.

Drugs & Dose:

Sahacharadi Kwath, 40ml twice a day with 5ml Til Taila.

Time & Duration: At morning and evening empty stomach for 4 weeks.

Group B: Patients were treated only with Sahacharadi kwath orally with Til Taila for 4 weeks.

Follow Up

After completion of the treatment, patient was advised to visit weekly for follow up for 4 weeks.

Statistical Analysis The information gathered on the basis of above observations was subjected to statistical analysis. The Paired t-Test has been carried out for all data to analyze the effect of individual therapy in the both groups. Unpaired t-Test has been used to compare the effect of therapies of the two groups all data. The obtained results have been interpreted as: insignificant $P > 0.05$, significant $P < 0.001$

Criteria for Assessment

The indoor patients were examined daily and outdoor patients weekly. Change was observed in signs and symptoms by using proper clinical methods before and after treatment. The detail of score given to each sign and symptom and clinical test carried out is described below.

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Gradation for Sandhi Shula

No pain	0
Mild pain	1
Moderate pain but no difficulty in walking	2
Slight difficulty in moving	3
Severe difficulty in walking/ Unable to walk	4

Gradation for Sandhigrah (Joint Stiffness)

Normal flexion/No stiffness	0
Mild restriction	1
Moderate restriction	2
Severe restriction	3

Gradation for tenderness

No tenderness	0
Patient complains of pain	1
Patient complains of pain and winces	2
Patient withdrawal joint on touch	3
Patient doesn't allow to touch the joint	4

Gradation for Sandhi Shotha/ Swelling

Gradation for Aakunchan Prasaranjanya Vedana (pain during flexion & extension)

No pain	0
Pain without winching on face	1
Pain with winching of face	2
Prevent complete flexion	3
Does not allow passive movement	4

Gradation for Sandhisphutana/Crepitus

No crepitus	0
Palpable crepitus	1
Audible crepitus	2

Gradation for Vatpurna Druti Sparsha

Not present	0
Present	1

Criteria for Assessing the Total Effect

Assessment was done by observing clinical improvement in signs and symptoms of the disease as per pro-forma. All the signs and symptoms were given scores depending upon their severity before and after the treatment. The total effect of the therapy was assessed considering the overall improvement in signs and symptoms. For this purpose, following categories were maintained.

<25% Relief	Unchanged
25 - 49% Relief	Mild improvement
50 - 74% Relief	Moderate improvement
75-99% Relief	Marked improvement
100% Relief	Complete remission

OBSERVATION

Demographic Profile of the Subject

Table 1: Distribution of 30 Patients according to Age

S. No.	Age (In Yrs)	No. of Patients		Total	%
		Group A	Group B		
1.	40-50	5	7	12	40
2.	51-60	3	6	9	30
3.	61-70	7	2	9	30
	Total	15	15	30	100%

Table 2: Distribution of 30 Patients according to Occupation

S. No.	Occupation	No. of Patients		Total No. of Patients	%
		Group A	Group B		
1	Housewife	12	7	19	63.33%
2	Service	1	1	2	6.67%
3	Business	-	2	2	6.67%
4	Retired	-	2	2	6.67%
5	Labor	2	3	5	16.67%
	Total	15	15	30	100

Table 3: Distribution of 30 Patients according To Vikrita Dosha

S. No.	Vikrita Dosha	No. of Patients		Total No. of Patients	%
		Group A	Group B		
1	Vataja	5	10	15	50.0%
2	Pittaja	0	0	0	-
3	Kaphaja	0	0	0	-
4	Vata Pittaja	0	0	0	-
5	Pitta Kaphaja	0	0	0	-
6	Vata Kaphaja	10	5	15	50.0%
	Total	15	15	30	100

Table 4: Distribution of 30 Patients according to Pramana

S. No.	Pramana	No. of Patients		Total No. of Patients	%
		Group A	Group B		
1	<i>Sthul</i>	8	7	15	50.00%
2	<i>Madhyama</i>	6	5	11	36.67%
3	<i>Krush</i>	1	3	4	13.33%
	Total	15	15	30	100

Table 5: Distribution of 30 Patients according to Course of the Disease

S. No.	Incidence of Course	No. of Patients		Total No. of Patients	%
		Group A	Group B		
1	Progressive	15	15	30	100%
2	Relapsing	0	0	0	-
3	Stationary	0	0	0	-
	Total	15	15	30	100%

Table 6: Distribution of 30 Patients according To Symptoms

S. No.	Symptoms	No. of Patients		Total No. of Patients	%
		Group A	Group B		
1	<i>Sandhi Shula</i>	15	15	30	100%
2	<i>Sandhi Shotha</i>	15	12	27	90%
3	Tenderness	15	10	25	83.33%
4	<i>Vata Purna Druti Sparsha</i>	11	2	13	43.33%
5	<i>Akunchana Prasaranajanya Vedana</i>	15	14	29	96.67%
6	<i>Sandhigraha</i>	15	12	27	90.00%
7	<i>Sandhi Sphutana</i>	15	14	29	96.67%

Table 7: Distribution of 30 Patients according To Joint Involvement

S. No.	Joint Involvement	No. of Patients		Total	%
		Group A	Group B		
1	Unilateral	2	3	5	16.67%
2	Bilateral	13	12	25	83.33%
	Total	15	15	30	100%

Table 8: Distribution of 30 Patients according to O.A changes as seen in X-ray

S. No.	O.A changes as seen in X-ray	No. of Patients		Total	%
		Group A	Group B		
1	Early (mild) O.A. changes	3	5	8	26.67%
2	Moderate O.A. changes	6	8	14	46.67%
3	Severe O.A. changes	6	2	8	26.67%
	Total	15	15	30	100%

Table 9: Distribution of 30 Patients according To Knee X-ray Findings

S. No.	Knee X-ray Examination	No. of Patients		Total	%
		Group A	Group B		
1	Only medial compartment of TF joint involvement	8	11	19	63.33%
2	Medial & lateral (both) compartment of TF joint involvement	7	4	11	36.67%
3	Both TF and PF joint involvement	5	4	9	30.00%
4	Osteophytes	14	10	24	80.00%
5	Loose bodies	5	3	8	26.67%
6	Osteoporosis	2	0	2	6.67%

(TF= Tibio-femoral, PF = Patello-femoral)

Table 10: Effect of Therapy in Subjective Parameters. (Paired t- test)

Variable	Group	Mean		MeanDiff.	% Relief	SD±	SE±	T	P	S
		BT	AT							
Sandhi Shula	A	3.40	1.40	2	58.22	0.845	0.218	9.165	<0.001	HS
	B	3.87	2.13	1.67	42.67	0.703	0.181	9.539	<0.001	HS
Sandhi Shotha	A	2.60	0.87	1.73	72.22	0.703	0.181	9.539	<0.001	HS
	B	1.60	1.07	0.67	33.64	0.743	0.191	2.779	0.015	S
Tenderness	A	2.40	0.73	1.67	70.11	0.816	0.210	7.906	<0.001	HS
	B	1.20	0.67	0.53	30.00	0.639	0.165	3.228	0.006	S
Vata Purna Druti Sparsha	A	1.20	0.40	0.80	69.44	0.560	0.144	5.52	<0.001	HS
	B	0.33	0.13	0.20	7.78	0.560	0.144	1.382	0.189	IS
Akunchana Prasaranajana Vedana	A	2.60	0.87	1.73	65.56	0.798	0.206	8.404	<0.001	HS
	B	1.67	0.73	0.93	55.95	0.883	0.228	4.09	<0.001	HS
Sandhigraha	A	2.47	0.80	1.67	64.44	0.899	0.232	7.17	<0.001	HS
	B	1.53	0.67	0.87	44.44	0.639	0.165	5.24	<0.001	HS
Sandhi Sphutana	A	2.13	0.73	1.40	68.89	0.507	0.130	10.69	<0.001	HS
	B	1.73	1.13	0.60	33.33	0.736	0.190	3.154	0.007	S

Table 11: Overall Effect of the Treatment

Effect of therapy	Group A	%	Group B	%
Complete remission (100%)	0	-	0	-
Marked improvement (75-99%)	3	20.0%	1	6.67%
Moderate improvement (50-74%)	11	73.33%	6	40.0%
Mild improvement (25-49%)	1	6.67%	7	46.67%
Unimproved (0-24%)	0	-	1	6.67%

Chart 1: Improvement in symptoms of Group A & B

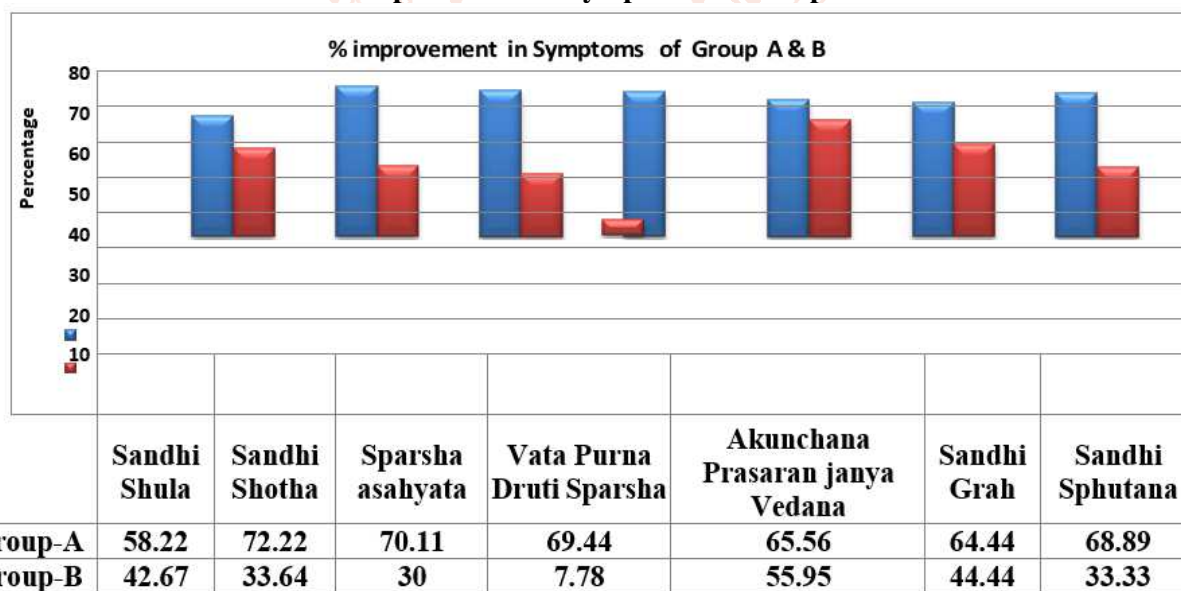


Chart 2: Improvement in Symptoms of Strotodusti

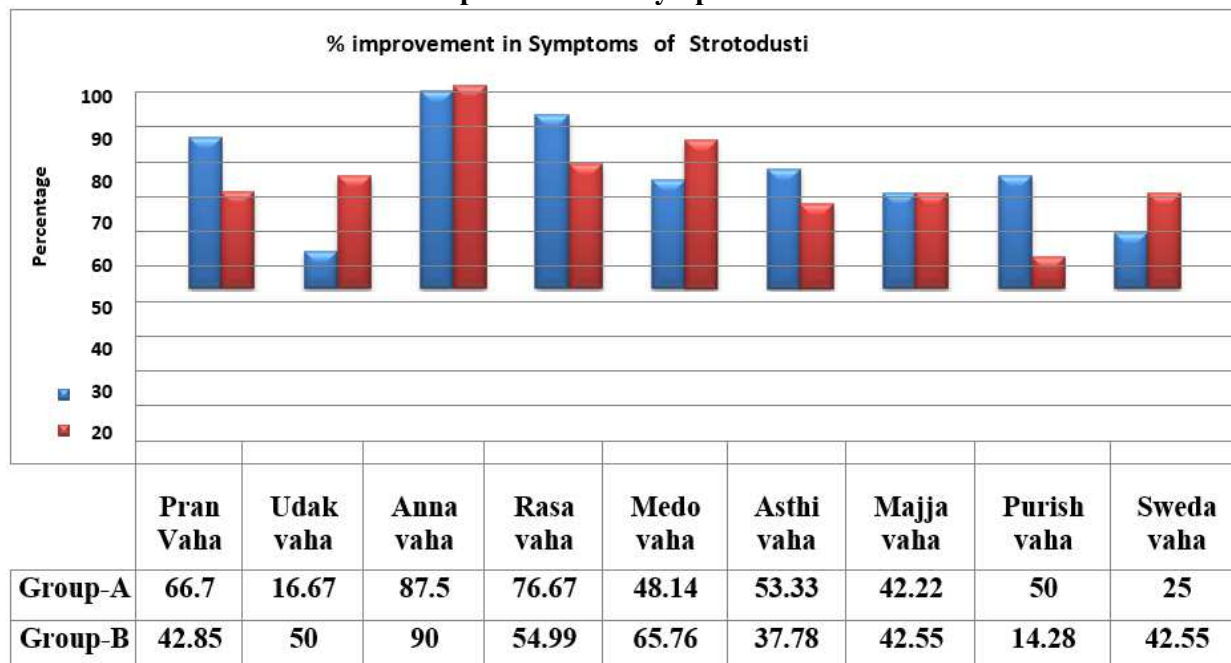
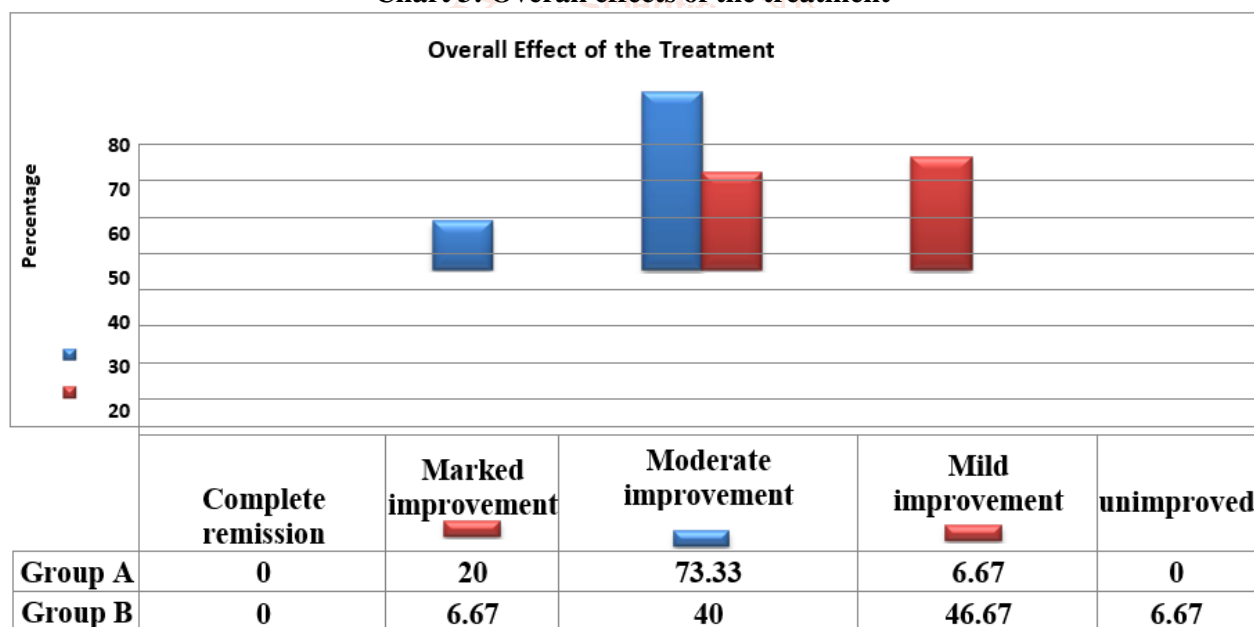


Chart 3: Overall effects of the treatment



RESULT

Effect of therapies

Group A: Matra Basti along with Shaman

In this group patients were treated with *Matra Basti* for 15 consecutive days. Simultaneously patients were given *Sahacharadi Kwath* orally for 4 weeks. (Table 10) This therapy provided highly significant (P<0.001) result in *Sandhi Shula* (58.22%), *Sandhi Shotha* (72.22%), tenderness (70.11%), *Vata Purna Druti Sparsha* (69.44%), *Akunchana Prasarana Janya vedana* (65.56%), *Sandhigraha* (64.44%), *Sandhi Sphutana* (68.89%).

Group-B

15 patients were treated only by *Sahacharadi Kwath* with *Til Taila*. (Table 10) This therapy has provided

highly significant relief (P<0.001) in the *Sandhi Shula* (42.67%), *Akunchana Prasaranajanya Vedana* (55.95%), *Sandhigraha* (44.44%). Significant relief (P<0.05%) was seen in the *Sandhi Shotha* (33.64%), tenderness (30.0%) and *Sandhi Sphutana* (33.33%). Insignificant result was seen in *Vat Purnaa Druti Sparsha* (7.78%).

Overall effect of Therapies

The (Table-11) depicts total effect of the therapy. In Group-A, In Group A, total 15 patients were treated. Out of 15 patients 20.0% patients got marked improvement, 73.33% got moderate improvement while 6.67% patients got mild improvement. No patient got complete remission. In Group B, total 15 patients were treated. Out of them 6.67% patients got

marked improvement, 40.0% patients got moderate improvement and 46.67% showed mild improvement. One patient remains unimproved. No patient got complete remission.

DISCUSSION

Sandhigata Vata being a *Vat Vyadhi*[4] is mainly having *Vata* and *Kapha* predominance. In *Samprapti* of *Sandhigata Vata* vitiated *Vata* and *Kapha Dosha* produce symptoms like *Sandhi Shula*, *Sandhi Shotha*, *Vat Purna Druti Sparsa*, *Akunchan Prasaran Jany Vedna*, *Sandhigrah* and tenderness etc.

As *Sandhigata Vata* is considered under *Vatavyadhi*, *Basti* is the best line of treatment. The administered *Basti* reaches the *Pakvashaya* which is the place of *Purishadhara Kala*. *Pakvashaya* and *Asthi* are the main seats of *Vata Dosha*, therefore increased or decreased formation of *Vata* affects all the sites of *Vata* especially *Asthi*. Hence *Purishadhara Kala* is also considered *Asthidhara kala*. So it invariably nourishes the *Asthi* also.

Probable mode of Action of Basti

According to Ayurveda, the *Virya* of ingredients used in the *Basti*, gets absorbed and then through circulation reaches at the side of lesion and relieves the disease. Contents of *Sahchar Taila* are *Sahachara*, *Go-Dugdha* and *Til Taila*. *Sahachara* and *Til Taila* both have *Ushna Virya*, [5] so they help to pacify *Vata* as well as *Kapha Dosha*. *Go-Dugdha* having *Rasayana*, *Jivaniya* properties which helps to pacifying *Jarajanya Vata Vyadhi*[6]. So that we can assume that the contents of *Sahachar Taila* helps to pacify *Shuddha Vatika* as well as *Avarana Janit Samprapti* of *Sandhigata Vata*. *Matra Basti* was given by *Sahchar Tail* which is mainly *Vata Shamak* followed by *Pitta Kapha Shamak*. These properties mainly help in the correction vitiated *Vata Dosha* as well as *Kapha Dosha*. *Snigdha*, *Guru* properties by virtue of which it reaches deeper *Dhatu*s like *Asthi* and *Majja* by penetrating through minute channels and pacify the vitiated *Dosha*. *Sahchara* and *Til Taila* both have *Keshy* property and *Kesh is Mala* of *Asthi Dhatu*[7] so we can conclude that *Sahchara Tail* works till *Asthivaha Strotas*

Probable Mode of Action of Shamana Drug

The drug used for *Shaman* purpose was *Sahcharadi Kwath* which was prepared from *Kwath Vidhi* mentioned by *Acharaya Chakradat*. *Sahacharadi Kwath* is mainly having *Tikta Rasa* followed by *Madhur*, *Katu* and *Kashaya Rasa*; *Ushna Virya*, Dominantly *Katu Vipaka* and *Snigdha*, *Laghu* and *Guru Guna*. *Doshaghna* is mainly *Vatakaphaghna*. *Vednasthapan*, *Keshya*, *Snehna*, *Shothaghna*, *Shulghna* are the main *Karmas* of drugs used in

Sahcharadi Kwath. Most of the drugs in *Sahcharadi Kwath* having *Snigdha*, *Guru* and *Laghu Guna*. *Snigdha* and *Guru Guna* having *Vathara* property. Due to its *Laghu Guna*, it acts as *Medohara* drug also, which helps in reducing vitiated *Medodhatu* and body weight. Due to *Tikta*, *Katu*, *Madhur* and *Kashay Rasa* of *Sahcharadi Kwath*, *Vata* and *Kapha Dosha* are brought to normalcy in general and particularly at *Sandhi* region. With the correction of vitiated *Vata*, re-arrangement of *Shleshaka Kapha* may be taken place and thereby improvement of symptoms is observed. Thus we can assume that the properties of *Sahcharadi Kwath* help to reverse the pathological changes in *Sandhigatavata*.

CONCLUSION

It can be concluded that *Matra Basti* with *Shaman* (Group A) with provided better results in *Sthulas* well as *Krishna* patient of *Sandhigata Vata*. Highly significant result was found in all symptoms of *Sandhigata Vata* in Group A. *Sahacharadi Kwath* works excellent in *Sthul* patient of *Sandhivata* (Group B). It didn't give satisfactory result in *Krishna* patients of *Sandhivata*. Highly significant result was found in *Sandhi Shula*, *Akunchana Prasaranajanya Vedana*, *Sandhigraha*. No adverse reaction was reported by patients during treatment. Results of this study are very encouraging but the study was conducted on a small group of patients, so a trial should be conducted on a larger sample size.

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