

THE STUDY OF BASTI CHIKITSA ON OSTEO-ARTHRITIS OF KNEE JOINT

*Dr. Atul S. Mankar and Dr. Sandesh Arekar

*M.D., Ph.D. (Rachana Sharir) Professor and HOD, Department of Rachana Sharir, Dr. S.P. Patil Ayurved Medical College, Korochi, Ichalkaranji, Kolhapur.

M.D. (Rachana Sharir) Asst. Professor, Department of Rachana Sharir, Dr. S.P. Patil Ayurved Medical College, Korochi, Ichalkaranji, Kolhapur.



*Corresponding Author: Dr. Atul S. Mankar

M.D., Ph.D. (Rachana Sharir) Professor and HOD, Department of Rachana Sharir, Dr. S.P. Patil Ayurved Medical College, Korochi, Ichalkaranji, Kolhapur.

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ABSTRACT

This is single blind randomized sampling experimental method of clinical study. In this study the Panchakarma treatment Basti was given to the patients of Osteo-arthritis and relief score was measured. The symptom wise assessment was done on the patients before the treatment and after the treatment of Basti. If treatment is given to Vata dosha its effect must be seen at Vata sthana so in this study Basti treatment had given to Vata dosha and we got result at its one of the site i.e. knee joint. In this study it was seen that chief control of Vāta-Sthāna is Pakvāśaya, through which, vitiated Vāta is controlled very efficiently by the treatment like Basti Chikitsa. Hence with this study it was concluded that the Basti is very effective treatment on the osteoarthritis of knee joint.

INTRODUCTION

In the joint disorders Sandhigata vata vyadhi is major disease in this modern era. Janu sandhigatavata or Osteo-arthritis of Knee joint is observed more in the society nowadays.

Vata Dosha is responsible for the various diseases when vitiated. According to its significance, we can say that in every disease, there is more or less vitiation of Vata Dosha. This is evident when one peers across the various references scattered throughout the Basic literature of Ayurveda.

In Kayachikitsa, much more attention has been given to Vata Dosha. While treating any disease, Vaidya has to think primarily about the Vata Dosha. Apart from Shamana Chikitsa, when we consider Panchakarma Chikitsa, Basti is said to be **Half Treatment** for all diseases; this is due to its efficacy on the Vāta Dosha, which is primarily a driving force for remaining two Doshas.

Vitiated Vāta is manageable if its principle location is treated properly. Management of Vāta is Basti chikitsa (a kind of enema). It reaches Pakvāśaya and pacifies the vitiated Vāta-Doṣa.

For this reason, in any Vāta-vyādhi, Basti is the primary line of treatment

Based on this hypothesis, a particular span of time was scheduled for Sandhigata - Vāta or Osteoarthritis of

Knee patients to observe if the principle Vāta location is capable to reduce symptoms at knee joints. Efficacy of relief by this measure is taken as a re-validating value of Anuvāsana Basti.

The specific feature of this study is that – This study is based purely on the line of Ayurveda's principles; hence taking into consideration all the weightage has been given to Ayurveda's parameters, but at the same time the parameters related to Modern methodology of research have not been ignored at all.

The samprapti of any disease vata is responsible for movement of vitiated dosha from its sthana and to create dosha-dushya sammurchhana, one of the main step in the samprapti of the disease. So in Janu Sandhigata vata, Basti is considered as the main treatment.

In the chikitsa of the sandhigata vata vyadhi it is suggested to treat the vata dosha first then other dosha should be treated.

AIMS AND OBJECTIVES

This research work was aimed at.

1. To study the Vata Sthana in detail.
2. To study Anuvāsana Basti and its effect on the osteoarthritis of knee joint.
3. To carry out a thorough review of Vāta-Sthāna and experiment the Anuvāsana Basti for Jānu Sandhigata Vāta Vyādhi to emphasize the control of vitiated Vāta through principle Vāta-Sthāna, i. e. Pakvāśaya; this is

for assessing the action of *Basti chikitsa*, which is claimed to be the half treatment for ailments related to *Vata Dosha* by taking a disorder like *Sandhigata Vata* of *Janu Sandhi* as an example for management.

MATERIALS AND METHODOLOGY

Type of research work: This is single blind randomized sampling experimental method.

MATERIALS

Oil for retention enema procedure (*Anuvāsana Basti*)
Apparatus as described in *Āraka-Samhitā* for enema
Sample size 100 patients as per selection criteria.

METHODOLOGY

More than 100 patients were screened for selecting the sample size of 100 patients as per selection criteria.

Exclusion criteria

Patients who were diagnosed other than *Sandhigata Vāta* from O.P.D. were excluded.

Patients suffering from GI tract infection or colonic infestations were excluded.

Patients with H/O piles, prolapsed rectum, fissure, etc were excluded.

Patients diagnosed as 'Upastambhita Vāta' as per *Āyurvedic* OPD were excluded.

Inclusion criteria

Patients with any age of both sexes were included in the study. Patients diagnosed as osteoarthritis from modern

physician were included and Patients diagnosed as 'Nirupastambhita Vāta' as per *Āyurvedic* OPD were included.

Plan of experiment

Informed consent form was signed by each volunteer and the protocol of research was explained to all volunteers. In case of Drop out of any patient, he was replaced by another volunteer by selection criteria. Assessment score of every patient was done before experiment. Patient was not to take any other treatment or local measure to overcome any bias about results of retention enema. Experiment of retention enema (*Anuvāsana Basti*) was executed on every volunteer with *Kṣīrabala* oil (From *Sahasrayoga*) once every day Dose of this oil for retention enema was 100 ml Time to perform the procedure was after food/meals.

Patient was observed every day for decrement of intensity of symptoms. On 21st day the score of assessment for evaluation of symptoms was calculated. Entire data was analyzed with the help of statistician and after applying statistical tool, the result and conclusion were drawn. Follow up record was kept for one year; once every month.

RESULTS AND OBSERVATIONS

This study on 'Janu Sandhigata Vāta' presents 100 patients for observation. Tabular forms followed by appropriate charts for visual effects and easy statistics are given below.

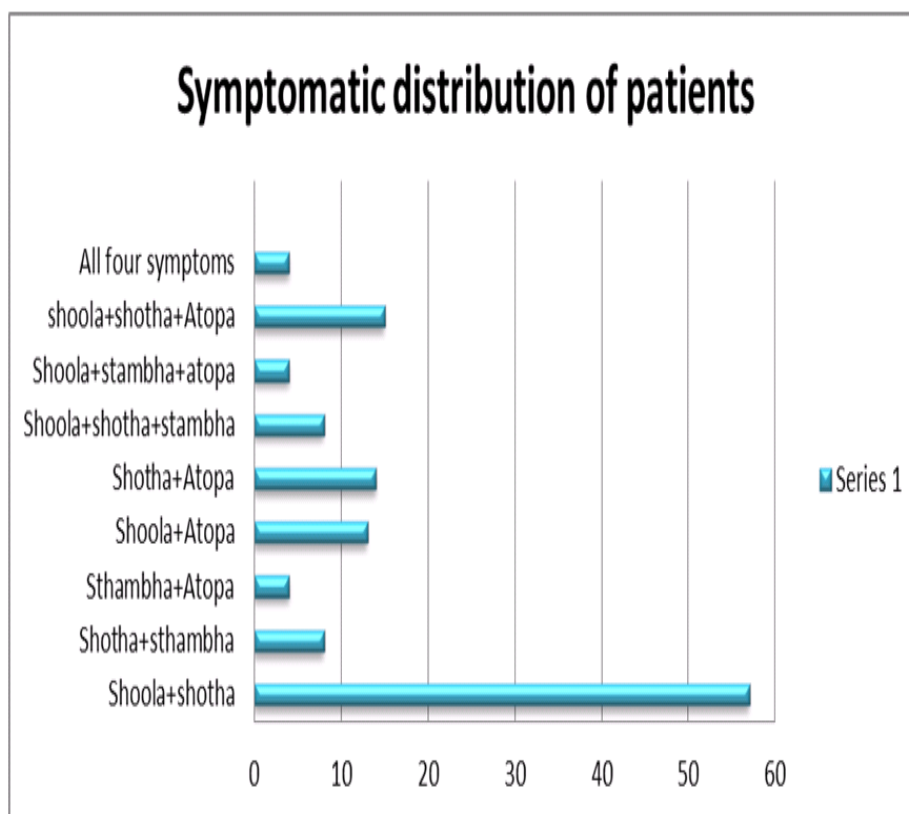
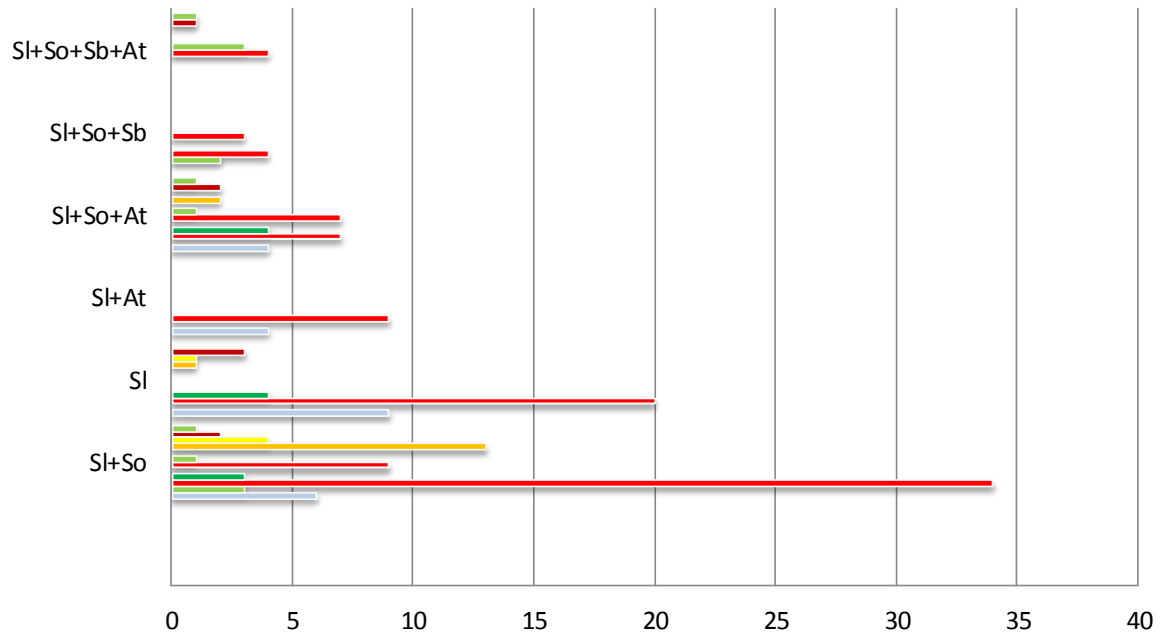


Chart showing symptom set of disease

Obsevation acc. to group of symptoms



	SI+So	SI	SI+At	SI+So+At	SI+So+Sb	SI+So+Sb+At
M.Atropy-AGII	1	0	0	1	0	1
M.Atropy-BGII	2	3	0	2	0	1
M.Atropy-AGI	4	1	0	0	0	0
M.Atropy-BGI	13	1	0	2	0	0
Column2						
Shotha-A	1	0	0	1	0	3
Shotha-B	9	0	0	7	3	4
Column1						
Shoola-AGII	3	4	0	4	0	
Shoola-BGII	34	20	9	7	4	
Shoola-AGI	3	0	0	0	2	
Shoola-BGI	6	9	4	4	0	0

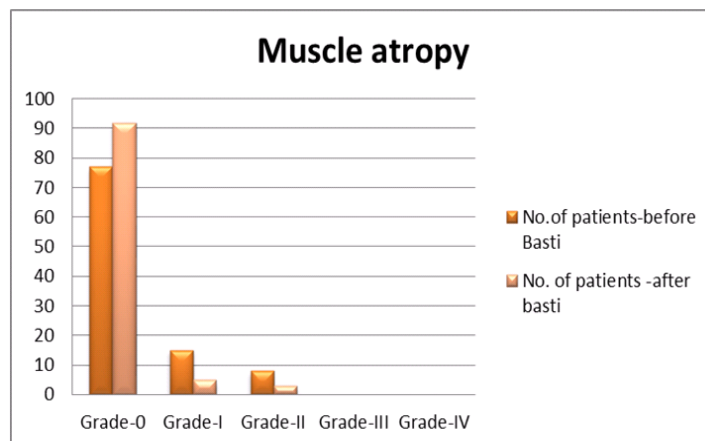


Chart showing muscle atrophy

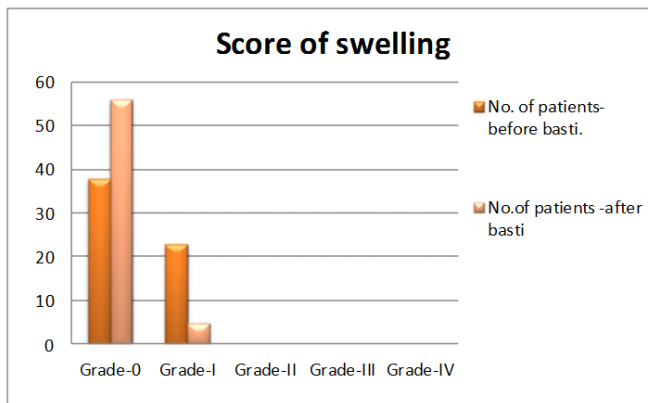


Chart of score for swelling of joint

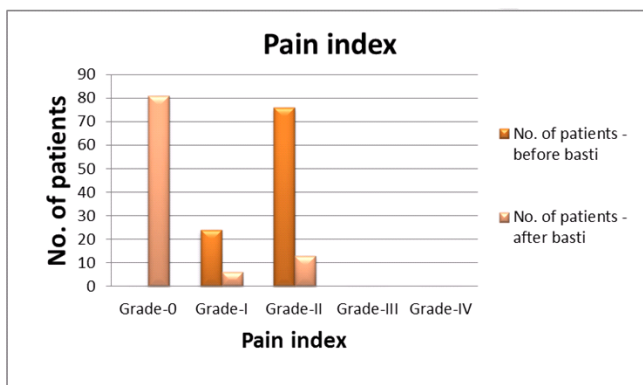


Chart of Oxford index for pain

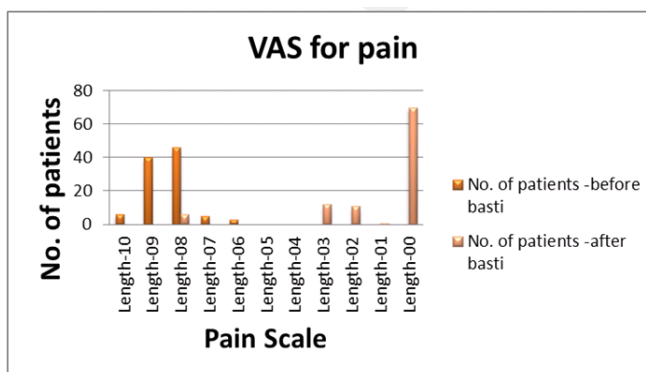


Chart of VAS for pain

DISCUSSION

Osteo-arthritis is a major cause of morbidity and impaired quality of life among the elderly. The use of NSAID’s is associated with short term and long term side effects. Ambulatory patients with primary OA of knee joint of either sex were included in the study. Patients with established hypertension, renal, hepatic or cardiac failure, patients on steroids, or with biochemical and clinical evidence of RA and gout were excluded.

The scoring system was used to evaluate subjective and objective scores. Efficacy was assessed by decrease in signs and symptoms. OA is slow degenerative disease of the joints involving both load bearing and non-load bearing joints. It is one of the most common form of arthritis encountered in clinical practice, which affects on

increasingly aging population. The etiology of OA is multi-factorial and is influenced by age, sex, genetics and bio-chemical factors.

Anuvāsana Basti is a non-invasive, cost effective as compared to drug therapy or physiotherapy in the management of osteoarthritis of Knee joint. The exclusive advantage of Anuvāsana Basti is its prolonged positive effect. The experiment was therefore set and observations are revealing of the fact that efficacy of relief score is highly significant. Follow up studies showed no recurrence of symptoms, the fact again is very welcoming to research world.

All the evaluation methods were applied and mean score was taken for pre-Basti and post-Basti to calculate correlation test to observe efficacy.

In the clinical trial the symptoms observed in patients are mainly Shoola, Shotha, Sthambha and Atopa. All the symptoms considered to be predominantly due to Vata disorder. The Shoola is caused mainly due to vitiation of Vata. Shoola is also mentioned as Nanatmaja Vata disorder by Acharya Charak. Stambha and Atopa also mentioned as the vata disorders.

If treatment is given to Vata dosha its effect must be seen at Vata sthana so in this study treatment had given to Vata dosha and we got result at its one of the site i.e. Janu sandhi according to text it is included in Sakthi Pradesh. With this study two statements are confirmed that Janu sandhi is a Vata Sthana and Vata sthana disorder can be cured by applying chikitsa at principal Vata sthana.

CONCLUSION

Chief control of Vāta-Sthāna is Pakvāśaya, through which, vitiated Vāta is controlled very efficiently by the treatment like Basti Chikitsa. The Basti is very effective treatment on the osteoarthritis of knee joint.

REFERENCES

1. Agnivesha. Charaka Samhita with Ayurveda Deepika Commentary of Chakrapanidatta. Edited by Vaidya Jadavji Trikamji Acharya, 5th edition. Varanasi: Chaukhambha Sanskrit Sansthana, 2001.
2. Sushruta Samhita with Nibanda Sangraha Commentary of Dalhana Acharya. Edited by Vaidya Jadavji Trikamji Acharya, 7th edition. Varanasi: Chaukhambha orientalia, 2002.
3. Gray's Anatomy. Edited by Peter. L. Williams & Rogerwar wick, 36th edition. Edinburgh London Melbourne and New York: Churchill Living stone, 1980.
4. John Ebnezar. Textbook of Orthopedics. 2nd edition. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2003.