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Effect of Navaprasrutika Basti in Janu Sandhigatavata w.s.r. to Osteoarthritis of Knee Joint with and without Janubasti

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ABSTRACT

In the Samprapti of Janu Sandhigata Vata, Janu Sandhi is afflicted by Prakupita Vata. Sandhi is one among the Marmas and comes under Madhyama Roga Marga. Thus, involvement of Madhyama Roga Marga, Marma, Vatadosha and Dhatukshaya make the disease Kashtasadhya or Krucchasadhya. In this present study, Basti was selected as it is mentioned best for the disease involving Marma and pacifies Vata Dosha. Here Janu Basti was one of the modalities of treatment adopted with Sahcharadi Tail as it has Vatakaphahara, Shoolaghna, Shothahara and Navaprasruthika Basti was selected as it has Vatahara and Snehaneya properties and Murchita Tila Tail for Anuvasana Basti as it is indicated in Sandhi-Asthi- Majja Gata Vata.

Key words: Janusandhigatavata, Navaprasutika Basti.

INTRODUCTION

In *Vriddhavastha*, all *Dhatus* undergo *Kshaya*, thus leading to *Vata Prakopa*. This makes the individual prone to many diseases, among which *Sandhivata* stands at the top of the list. When this deranged *Vata* lodges in *Sandhi*, it is characterized by *Sandhi Shoola*,

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Sandhi Shotha, Prasarana Akunchana Vedana and Sandhi Atopa manifests in Janusandhi, which is one among the most important weight bearing joints in body. It is also considered as a Marma. In the present study, the procedure employed to treat Sandhigata Vata is Basti. Though there are many formulations available for Basti Karma, Navaprasrutika as Niruha Basti and Murchita Tila Taila for Anuvasana Basti has been taken up for the study, by considering the properties of its ingredients which brings about Shoolahara, Stambhahara, Shothahara and Vatakaphahara effect.

Navaprasrutika Basti it is mentioned under Prasrutika Yogiyaam Siddhi Adhayaya in Charaka Samhita and is indicated for Sukumara and Karma Vilupta persons as these Basti is considered to be Mrudu in nature and having Snehaniya property. Drugs used in Navaprasrutika Basti mainly have Brihat Panchamoola Kashaya which is Vatakaphahara properties, Sneha

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part contains both *Taila* and *Ghrita* that have *Vatahara* action.

MATERIALS AND METHODS

Diagnostic criteria

- Lakshanas of Sandhigata Vata.
- Signs & Symptoms of Knee Osteoarthritis.
- Radiological findings of Osteoarthritis of Knee joint.

Inclusion criteria

- Patients of either sex between age group of 40 –
 70 years
- The patients with signs & symptoms of Sandhigatavata and Osteoarthritis.
- Patients fit for Abhyanga and Swedana Karma.
- Patients fit for Basti Karma.

Exclusive criteria

- Other systemic diseases which interfere with the course of treatment.
- Patients who are not fit for Abhyanga, Basti Karma and Swedana Karma.

Study design

 A comparative clinical study with pre-test and post-test design was conducted on 40 patients with Lakshanas of Janusandhigata Vata w.s.r. to Osteoarthritis of Knee Joint.

Intervention

40 *Janusandhigata Vata* patients diagnosed were selected and assigned randomly into two groups, as Group - A and Group - B.

Group - A: Yoga Basti schedule with Janubasti.

Group - B: Yoga Basti schedule.

Materials required

Masha Pishti, metal ring, Sahacharadi Tail, spoon, bowl, vessel, water, gas stove and table.

Method of preparation of Janu Basti

a) Basti Yantra Dharana

First, Masha Pishti is prepared by adding sufficient quantity of water to the flour of Black gram. Then, with the use of metal ring and Masha Pishti a pit of about 2 Angula Height is constructed over the Janusandhi. The concavity of pit (Basti Yantra) should be well sealed to prevent the leakage of the medicine retained in the cavity.

b) Aushadhi Dharana

The bowl containing *Sahacharadi Tail* is heated indirectly by keeping over hot water. Then, the gently heated lukewarm *Tail* is poured slowly and carefully on the *Janu-Sandhi* along the side of *Basti-Yantra*. The temperature of *Sahacharadi Tail* should be sufficient enough to be tolerated by the patient. The level of the medicine should be 2 *Angula* above the highest point inside the cavity.

c) Maintenance of constant temperature of medicine

The Sahacharadi Tail in the pit is replaced with heated Tail for every 5 minutes so that a constant temperature is maintained throughout the procedure.

d) Removal of *Sahacharadi Tail* and *Janu Basti Yantra*

Medicine is removed from the *Janu Basti-Yantra* and then the *Janu Basti-Yantra* is removed.

Group A

The patients of this group were administered Janubasti with Sahacharadi Taila followed by Navaprasrutika Niruha Basti and Murchita Tila Taila for Anuvasana Basti as per Yoga Basti pattern in 8 days schedule.

Treatment plan for Group A

Day	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th
Basti	J+A	J+N	J+A	J+N	J+A	J+N	J+A	J+A

Group B

The patients of this group were administered Navaprasrutika Niruha Basti and Murchita Tila Taila

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for *Anuvasana Basti* as per *Yoga Basti* pattern in 8 days schedule.

Treatment plan for Group B

Day	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th
Basti	Α	N	Α	N	Α	N	Α	Α

J - Janu Basti, N - Niruha Basti (Navaprasrutika Basti), A - Anuvasana Basti (Murchita Tila Tail)

Dravya	Rasa	Veery a	Vipak a	Doshagh nata	Karma
Madhu	Madh ura Kasha ya	Sheet	Madh ura	Tridoshah ara	Deepana, Shodana, Marganusar Sandhanaka r ^[1]
Saindha va Lavana	Madh ura Lavan a	Sheet	Madh ura	Tridoshah ara	Deepana, Vrushya ^[2,3]
Bilwa	Madh ura	Sheet	Madh ura	Tridoshah ara	Mutrala, Balya ^[4]
Agniman tha	Katu, Tikta, Kasha ya	Ushn	Katu	Vatahara, Kaphahar a	Shothahara [[] 5,6]
Shyonak a	Kasha ya, Tikta	Sheet	Katu	Kapha Pittahara	Deepana, Vedansthap ana ^[7]
Patala	Kasha ya, Tikta	Anush na	Katu	Tridoshah ara	Vedanastha pan, Ruchya
Gambha ri	Madh ura	Sheet	Madh ura	Vatahara	Brihamana, Bhedana, Shramahara [[] 8]

Assessment will be done on

- Group A: Pre-Test 1st Day, Post-Test 8th Day, follow up – 24th Day
- Group-B: Pre-test 1st day, Post-test 5th day, follow up – 15th day

Duration of study

- In Group- A 24days
- In Group-B 24days

Assessment criteria

 Assessment was done based on subjective and objective parameters as per the case proforma.

OBSERVATION

Sandhi Atopa

Showing the observations on *Sandhi Atopa* in affected Joints

Joint	Group A	Group B	
Right	2	1	
	10%	5%	
Left	1	3	
	5%	15%	
Bilateral	17	16	
	85%	80%	

In **Group A**, 17(85%) patients had *Sandhi Atopa* in Bilateral knee Joint, 1 (5%) patient presented with compliant of *Sandhi Atopa* only in Left knee Joint and 2 (10%) patient presented with *Sandhi Atopa* only in Right knee Joint.

In **Group B**, 16 (80%) patients presented with compliant of *Sandhi Atopa* in Bilateral knee joint, 1 (5%) patient presented with complaint of *Sandhi Atopa*, in Right knee Joint and 3 (15%) patients presented with compliant of *Sandhi Atopa* only in Left knee Joint.

Prasarana Akunchana Pravrutti Sa Vedana

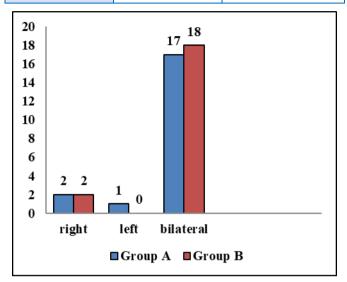
Showing the observations on *Prasarana Akunchana Vedana* in affected Joints

Joint	Group A	Group B
Right	2	2
	10%	10%
Left	1	0

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	5%	00%
Bilateral	17	18
	85%	90%



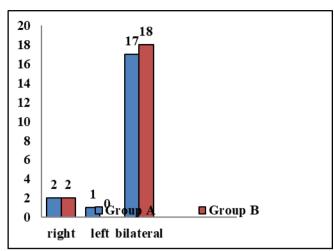
In **Group A**, 17 (85%) patients had *Prasarana* Akunchana Pravrutti Sa Vedana in Bilateral Joint, 2 (10%) patients had *Prasarana Akunchana Pravrutti Sa Vedana* in the Right Knee Joint and 1 (5%) patients had *Prasarana Akunchana Pravrutti Sa Vedana* only in the Left Knee Joint.

In **Group B**, 18 (90%) patients had *Prasarana* Akunchana *Pravrutti Sa Vedana* in Bilateral knee joint, and 2 (10%) patients had *Prasarana Akunchana Pravrutti Sa Vedana* only in Right knee Joint.

Sandhi Stambha

Showing the observations on *Sandhi Stambha* in affected Joints

Joint	Group A	Group B	
Right	2	2	
	10%	10%	
Left	1	0	
	5%	00%	
Bilateral	17	18	
	85%	90%	



In **Group A**, 17 (85%) patients presented with complaint of *Sandhi Sthambha* in Bilateral joint, 2 (10%) patient presented with complaint of *Sandhi Sthambha* in Right Knee Joint and 1 (5%) patient presented with complaint of *Sandhi Sthambha* in Left Knee Joint.

In **Group B**, 18 (90%) patients presented with complaint of *Sandhi Sthambha* in Bilateral knee Joint, 2 (10%) patients presented with complaint of *Sandhi Sthambha* in Right Knee Joint.

Aggravating Factors and Relieving Factors

Showing the observations on Aggravating and Relieving Factors

Diurnal	Aggreva	ating Fact	ors	Relieving Factors		
	Grou p A	Grou p B	Total	Grou p A	Grou p B	Total
Morning	10	7	17	7	7	14
	50%	35%	42.5 %	35%	35%	35%
Noon	0	1	1	4	3	7
	0%	5%	2.5%	20%	15%	17.5 %
Evening	6	4	10	6	3	9
	30%	20%	25%	30%	15%	22.5 %
Night	4	5	9	3	2	5

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	20%	25%	22.5 %	15%	10%	12.5 %
All Time / No Relief	0	4	4	0	5	5
No Reliei	0%	20%	10%	0%	25%	12.5 %
Seasonal						
Sheeta	19	20	39	0	0	0
	95%	100%	97.5 %	0%	0%	0%
Varsha	1	0	1	0	0	0
	5%	0%	2.5%	0%	0%	0%
Ushna	0	0	0	20	20	40
	0%	0%	0%	100%	100%	100%
Variations d	epending	on knee	moveme	nt/ rest		
Knee movemen	20	20	40	0	0	0
t	100%	100%	100%	0%	0%	0%
Rest	0	0	0	20	20	40
	0%	0%	0%	100%	100%	100%

CONCLUSION

The present study is an open clinical study with pretest and post- test design where in 40 patients of either sex diagnosed as Sandhigata Vata w.s.r. Osteoarthritis of knee joint were randomly assigned into two groups comprising of 20 patients in each. The overall observation in the present study revealed that the maximum of patients i.e., 35% were in the age group of 51-60 & 61-70%. Predominance of females (82.5%) Hindus (38%) and Housewives (55%) belonged to Vatapitta Prakriti (55%), Madhyama Satwa (70%) along with Madhyama Sara (85%) Madhyama Samhanana (85%) and Madhyama Satmya (100%) were found. The effect of treatment has shown statistically highly significant i.e., p value is <0.001, In following parameters i.e., Sandhi Shotha, Prasarana Akunchana Vedana and Sandhi Stabdhata, walking

time, WOMAC osteoarthritis index in group A. The effect of treatment has shown statistically significant i.e., p value is <0.005 on *Sandhi Shotha* parameter, in both group A and group B. The effect of the treatment has shown statistically insignificant i.e., value is >0.005 on *Sandhi Atopa* parameter, in both group A and group B. On statistical comparison, A group showed better results with p value in maximum parameters.

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