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Unveiling the significance of *Chikitsa Siddhanta* with special reference to *Yoga Basti* in *Sandhigata Vata* - A Case Study

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ABSTRACT

Sandhigata Vata is a disease mentioned under *Vatavyadhi* in Ayurvedic classics which can be *Dhatukshaya Janya* or *Avarana Janya*.^[1] The prevalence of *Sandhigata Vata* is found to be higher with advancement in age which inhibits the ambulation of major population. The quality of life rapidly drops down because of hampered day to day activities. One of the reasons for this prevailing condition is probably because of existing lacuna in establishing appropriate treatment protocol. Resolving this requires, proper understanding of *Chikitsa Siddhanta* (Ayurvedic treatment principles) like *Dosha Pratyhanika Chikitsa*, *Vyadhi Pratyhanika Chikitsa*, *Vyatyasa Chikitsa* etc. pertaining to *Sandhigata Vata* which are scattered in our classical texts. Hence there is a need to understand this disease clinically with the help of appropriate *Chikitsa Siddhanta* to subdue the grey area concerned with effective management of *Sandhigata Vata*. Acquiring the knowledge of a disease based on *Chikitsa Siddhanta* would enable us to accomplish target oriented treatment and attain clarity over subject. Ayurvedic management of *Sandhigata Vata* has an upper hand compared to other contemporary sciences as, Ayurvedic management targets in treating root cause of *Vyadhi* rather than just symptomatic treatment. In the present study, a single case of *Sandhigata Vata* has been taken, studied and is explained by holding the basic principles of *Chikitsa Siddhanta*.

Key words: *Sandhigatavata*, Case Study, *Chikitsa Siddhanta*, *Vyatyasa Chikitsa*

INTRODUCTION

Ayurvedic classic has put together a wide range of diseases under *Vatavyadhi* among which *Sandhigata Vata* is one. This can be caused due to *Dhatu Kshaya* or *Avarana*. Acharya Charaka has mentioned *Vatapoorna Druti Sparsha*, *Prasarana Akunchanayoho Savedana*

and *Shopha* as *Lakshanas* of *Sandhigata Vata*.^[2] This is generally correlated with osteoarthritis in contemporary science where the prevalence is said to be high with advancement in age. As *Sandhigata Vata* brings down the quality of life in terms of ambulation and mobility, the management of this condition has to be given due importance.

Ayurveda renders most appropriate mode of treatment protocols through *Chikitsa Siddhanta* which is stated in the *Chikitsa Prakarana* of every *Vyadhi*. Management of *Sandhigata Vata* can be successfully carried out by adopting appropriate *Chikitsa Siddhantas*. Pertaining to this case, treatment has to be targeted at the level of *Dushta Dhatu* without disturbing *Prakruta Dhatus*. This can be accomplished by implementing *Chikitsa Siddhantas* like *Dosha Pratyhanika Chikitsa*, *Vyadhi Pratyhanika Chikitsa*, *Vyatyasa Chikitsa* etc. Management of any disease based on *chikitsa sutra* mentioned in classics would facilitate efficacy of treatment. It can also efficiently

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target at the root cause of *Vyadhi* rather than focusing on symptomatic treatment. Analyzing diseases in terms of *Ayurvedic* perspective will help us to resolve the ambiguity in understanding and would assist to adopt an appropriate line of treatment. With this intention, a case of *Sandhigata Vata* was taken up in this article, studied and explained in detail through *Chikitsa Siddhanta*. Discussions were carried out based on ‘analyzing the *Samprapti Ghatakas*, *Vyavacchedaka Nidana*, resolving the chaos in diagnosis with the help of different factors, understanding the *Sadhya Asadhyata*, and analyzing the administered line of treatment.

CASE STUDY

A 69 year old female, home maker of middle class family visited our hospital complaining of severe pain in both knee joints associated with swelling since 1 year. Along with the above, patient also complains of pain in finger joints in both hands associated with mild swelling and stiffness.

History of present illness:

The patient was apparently well ten years ago after which she gradually developed non – persistent pains in her lower back and knee joints. The pain aggravated on doing household works in standing position for longer time which subsided on external application of oil and on taking rest. Simultaneously she was also suffering from varicose veins in both legs, due to which she developed pulling pain in her calf region which aggravated on standing for longer hours.

Since a year, she developed fever associated with multiple joints pain and body ache. Simultaneously, she was diagnosed with viral arthritis which subsided on medication. But pain in fingers of both hands and knee joints persisted intermittently associated with mild swelling and stiffness in fingers joints which was persistent even after the fever reduced. The intensity of pain in these joints (finger joints of both hands and knee joints) was severe compared to other joints. She also developed abdominal boating and sour belching after having heavy meal.

The stiffness in her fingers was moderately high while waking up from bed in the morning which got relieved on performing mild finger stretches. This helped her in improving the range of movements. Patient also

complains of loss of strength in both legs because of which she was experiencing fear of fall while walking, since one year. This aggravated during the episodes of knee joints pain.

History of past illness

Patient had the history of Diabetes mellitus, varicose veins since 10 years and was diagnosed with covid at the end of May 2021.

Treatment History

The patient was under

- Metformin 500mg od
- Glimepiride 1mg bd

Previously done investigations

D-Dimer test was carried out through Citrated plasma Immunoturbidimetric method and the results were found as 1650 H mcg/dl.

General examination

- On general examinations, the patient was found to be conscious, oriented to place, time and person with moderate nourishment and BMI of 26.6 kg/m².
- From general examination of locomotor system, it was found that the patient had normal gait, sitting posture was affected where her position of ease was sitting with support at back. Stiffness was present in finger joints of both hands, restricted range of movement in finger joints and knee joints due to pain. Venous markings were prominent in calf region of right leg.

Table 1: Inspection of knee joint and MCP joints

SN	Cardinal signs of inflammation	Right knee	Left knee	Right MCP	Left MCP
1.	Local rise of Temperature (Calor)	-	-	-	-
2.	Pain (Dolar)	++	+	+	+
3.	Redness (Rubor)	-	-	-	-
4.	Swelling (Tumor)	++	+	+	+

5.	Loss of function (Functio laesa)	-	-	-	-
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Table 2: Palpation of knee joint and MCP joints

SN	On palpation	Right knee	Left knee	Right MCP	Left MCP
1.	Tenderness	-	-	-	-
2.	Non pitting Edema	+	+	-	-
3.	Local rise of temperature	-	-	-	-
4.	Crepitus	+	+	-	-

Table 3: Range of movements in knee joints

S N	Movements	Right knee	Left knee	Right MCP joints	Left MCP joints
1.	Flexion	Restricted and painful	Restricted and painful	Restricted and painful	Restricted and painful
2.	Extension	Restricted and painful	Restricted and painful	Restricted and painful	Restricted and painful
3.	Medial rotation	Restricted and painful	Restricted and painful	-	-
4.	Lateral rotation	Restricted and painful	Restricted and painful	-	-

Specific examination

Table 4: Elaboration on characteristics of Pain

SN	Assessment through SOCRATES Mnemonics	Characteristics of Pain in Metacarpophalangeal (MCP) joints	Characteristics of Pain
1.	Site of the Pain	MCP joints of both hands	Knee joints of both legs.
2.	Onset of pain	Pain on waking up from bed in the early morning.	Pain starts on standing for long hours and the pain is of gradual onset

3.	Character	Localized.	Localized, restricted movements.
4.	Radiation	Non – radiating in type	Non - radiating in type
5.	Association	Stiffness and mild swelling	Mild swelling.
6.	Time course	Pain starts on waking up from bed in the morning.	The pain starts when she stands for long. The pain does not follow any particular pattern.
7.	Exacerbating factors	-	Walking for long duration, standing for long time.
8.	Relieving factors	Mild finger stretches, warm oil application and massage.	Application of oil and rest
9.	Severity	Not very severe	Not very severe (through case study)

Family history

Known history of varicose vein in paternal side.

Not known case of Diabetes mellitus, Hypertension and Knee joint pain

Occupational history

On occupational history, the Patient was found to be a home maker, who stands for around 5 - 5½ hours to complete her household chores. The patient always wears slippers inside the house, and sometimes when she chooses not to wear, her pain was found to be aggravating.

From personal history, it was found that patient was a vegetarian (but *Madhura Praya*), consumes food cooked with ghee where breakfast and dinner mostly consisted of *Idly, Dosa, Chapathi, Akhi Roti* with some *Sabji, Avalakki, Upittu*, boiled rice *Ganji/oats* gruel. Lunch consisted of *Chapathi* with *Sabji* and little rice with *Sambar, Rasam/curd*.

Regimen

She wakes up at around 5.30 AM, does stretches taught by physiotherapist for knee pain and low back pain and

hand stretches for some time as her stiffness was moderately high in the morning. The patient used to have her breakfast at around 7.30 - 7.45 AM, does household works. It was also found that the patient had difficulty in standing for long hours as she gets pulling pain in legs due to varicose veins for which she used to lie down during the episode of varicose pain and place her legs over pillow in raised position for a period of time. She also developed pain in knees on long term standing for which she does oil application along with mild massage due to which the pain was relieved. She consumes lunch at around 1.00 to 1.30PM and rests during which the pain was found to be reduced. Consumes her dinner at around 8.00 - 8.30PM followed by which she sleeps at around 10.00 - 10.30 PM. Her sleep was quantitatively less and at times she used to wake up at night in between, drinks around 2 glasses of water and sleeps off while the quality of sleep was not very disturbed. The patient has the habit of sleeping during day time after having lunch for around half an hour.

On *Dashavidha Pareeksha*,

- 1) Through *Prakruti Pareeksha* it was found that -
The patient was found as *Vatapitta Prakruti* and *Rajasika Kaya*.
- 2) Through *Vikruti Pareeksha* it was found that -
 - The *Hetus* were found as
 - Walking in bare foot on cold surface, standing for long time which can be considered as *Vishama Upachara*.
 - Intake of food in less quantity (*Alpashana*).
 - Aggravation and onset of new symptoms in new sites after the episode of viral arthritis (*Rogatikarshanat*).
 - Intake of *Pruthuka* and horse gram.

Conducive factor that supports *Hetu* were found as - *Vruddha Avastha* and *Varsha Ritu*.

- *Doshas* involved are – *Vyana Vata*, *Samana Vata*, *Apana Vata*; *Pachaka Pitta*; *Shleshaka Kapha*.
- *Dushyas* are *Asthi*, *Mamsa* and *Majja*.

- In *Desha*, the affected *Atura Desha* is *Janu, Hasta Parva Sandhi* and *Bhumi Desha* is *Sadharana*.
 - In *Kala*, the *AvAsthika Kala (vyadhyavastha)* is *Nava* and *Nityaga Kala (ritu)* is *Varsha*.
 - From this, the *Rogabala* was understood as *Madhyama*.
- 3) The *Sara, Samhanana, Pramana, Satmya* of patient was found to be *Madhyama*.
 - 4) The *Jarana Shakti* (Occasionally patient feels heaviness of abdomen and difficulty in digesting the food, sour belching and abdominal distension especially when she consumes heavy meal - after 2020) and *Abhyavaharana Shakti* was found to be *Avara*.
 - 5) *Vyayama Shakti* is *Madhyama*.
 - 6) *Vaya* is *Vruddha*.

Understanding the *Nidana Panchaka*

- 1) Probable *Nidana* of *Vyadhi* - are *Pruthuka, Kulatha, Apabhojana*, excessive walking, walking in bare foot (in cold floor).
- 2) *Purvarupa*: Mild pain in both knee joints and hip joint since 10 years (this can be considered as *Avyakta i.e. Alpavyakta Purvarupa* which is mentioned in *Vatavyadhi*).
- 3) *Rupa*:
 - Swelling in both the knee joints and finger joints of both hands (*Shopha*)
 - Swelling over the joints where it feels similar to an air filled bag (on palpation) (*Vata Poorna Druti Sparsha*).
 - Pain during various range of movements in knee joints (*Prasarana Akunchanaiyoho Savedana*)
 - Stiffness in finger joints of hands (*Sambha*)
- 4) *Upashaya*: *Taila Abhyanga, Ushnopachara*, resting.

- 5) *Anupashaya*: walking for long time, standing for long time.

Deriving probable *Samprapti*:

The probable *Samprapti* of present case is framed in two different stages based on chronological progression of symptoms.

- 1) The first stage of *Samprapti* that has probably happened 10 years ago is explained as follows-

From *Nidana Sevana* along with other conducive factors, *Dhatu Kshaya* occurs leading to *Vata Prakopa*. Among the *Nidanas* mentioned, standing for long time has probably created *Kha Vaigunya* in *Janu* and *Siras* of *Janga Pradesha* (paternal history of varicose vein would have probably contributed in creating *Khavaigunya* in *Siras* as *Siras* are acquired from *Pitruja Bhava*)^[3] leading to *Vata Kopa* in *Siras* and producing *Lakshanas* like *Sampeedana*, *Sankochana* and *Vishoshana* of *Siras*.

In *Janu Pradesha*, the *Shleshaka Kapha Kshaya* and *Vyana Vata Vikruti* happens. *Vyana Vata Vikruti* can be understood in two ways i.e., *Guna Vikruti* (*Chala Guna*) and *Karma Vikruti* (*Gati*). This has lead to manifestation of *Lakshanas* like *Prasarana Akunchanayoho Pravrutishcha Savedana* (pain on extension, flexion and initiation of activity) *Shopha* and thus manifesting as *Sandhigata Vata*.

- 2) The second stage of *Samprapti* that has occurred since an year is explained below:

After manifestation of *Janu Sandhigata Vata Vyakta Lakshana*, the patient was affected with viral arthritis (an year ago) and got treated. After this, the patient developed aggravation of *Janu Sandhi Shoola & Shopha* and manifestation of *Hasta Parva Sandhi Shoola, Shopha, Stambha*, sour belching and abdominal distension on eating heavy meals. This might be probably due to *Ashuddha Chikitsa Prayoga*^[4] which has lead to *Udeerana* of *Anya Vyadhi*. This is considered as *Roga Atikarshanat* which is one of the *Nidana* for *Vata Vyadhi*. *Roga Atikarshana* along with already existing *Nidana Sevana* has probably lead to manifestation of above mentioned symptoms.

Figure 1: Pictorial representation of 1st stage of *Vyadhi Samprapti*

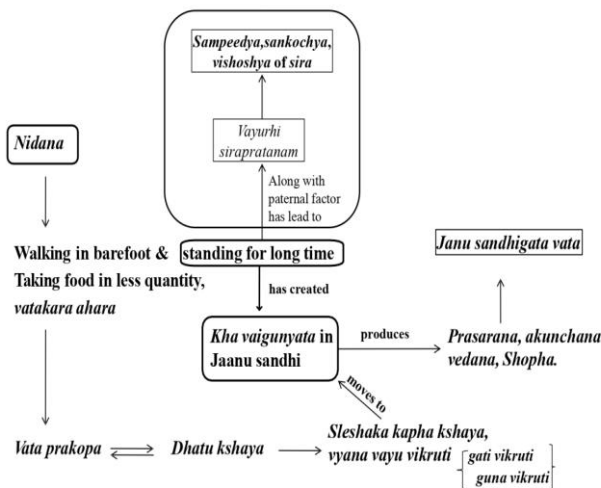
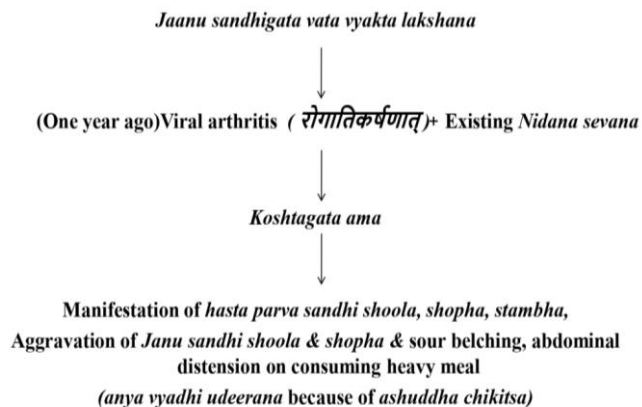


Figure 2: Pictorial representation of 2nd stage of *Vyadhi Samprapti*



Analyzing the *Samprapti Ghatakas*

The probable *Samprapti Ghatakas* involved in this *Vyadhi* are -

- *Dosha* - *Vyana Vata, Shleshaka Kapha*
- *Dhatu* - *Kshaya* of *Mamsa, Asthi, Majja* and *Majja Pradosha*
- *Srotas* - *Mamsavaha, Asthivaha* and *Majjavaha Srotas*
- *Srotodushti* - *Srotosanga*
- *Rogamarga* - involvement of *Madhyama Roga Marga*
- *Udbhavasthana* - *Pakwashayodbhava*

- *Vyaktasthana* - *Vyakta* in *Janu*, *Hasta* and *Anguli Sandhi*
- *Adhishthana* - in *Sandhi Adhishthana*
- *Agni* - *Jatharagni Mandyata*

Sandhi Pareeksha to elicit Srotases involved:

Through *Sandhi Pareeksha*, the involved *Srotases*^[5] are elicited and tabulated as follows:

Table 5: Eliciting involvement of Srotases

SN	Lakshana	Mamsavaha	Asthivaha	Majjavaha
1.	<i>Sandhishula</i>	+	-	+
2.	<i>Sandheenam sphutana</i> (crepitus)	+	-	
3.	Laxity of knee joints	-	+	+

Vyavacchedaka Nidana

Table 6: Eliciting Vyavacchedaka Nidana

SN	Lakshanas	Amavata ^[6]	Vatarakta ^[7]	Kroshtukakshersha ^[8]	Sandhigata Vata
1.	<i>Vata Purna Druti Sparsha</i>	-	-	-	+
2.	<i>Shopham</i>	+	+	+	+
3.	<i>Prasarana Akunchan ayoho Vedana</i>	-	-	-	+
4.	<i>Stambha</i>	+	-	-	+
5.	Pain subsides on application of oil	-	+	-	+

Roga Vinishchaya

It is found as case of *Sandhigata Vata* with *Nirama Avastha* in *Sandhi*.

Note: *Ama Pachana* was done in OPD consultation basis for a month.

Proposed plan of treatment:

1. *Shodhana Chikitsa* - *Sarvanga Abhyanga* with *Dhanwantara Taila*, *Bashpa Sweda* and *Yoga Basti*.

Selection of *dravya* for *Yoga basti*:

1st day of *Niruha Basti* -

- *Makshika* : 40 ml
- *Saindhava Lavana* : 6 gms
- *Sneha Dravya* : *Dhanwantara Taila* (30ml) + *Ghruta* (30ml) = 60 ml
- *Kalka Dravya* : *Ashwagandha* (10gms) + *Pippali* (4gms) = 14 gms
- *Kashaya Dravya* : *Bruhat Panchamula Kashaya* - 350 ml

2nd and 3rd day of *Nirooha Basti* -

- *Kalka Dravya* → instead of *Pippali*, *Ajamoda* (4gms) was used.

Anuvasana Basti was administered with *Dhanwantara Tailam*.

1st day of *Anuvasana Basti* -

- *Dhanwantara Tailam* - 115ml (on 1st day)

From 2nd onwards -

- *Anuvasana Basti* with 100 ml (as the patient was found to develop *Agnimandya*, the dose of *Anuvasana Basti* was reduced) of *Dhanwantara tailam* were given (from 2nd to 5th day).

2. *Shamana Aushadhis* were given at the time of discharge.

3. *Sattvavajaya Chikitsa* was done.

Pathya Apathya

Table 7: Representing Pathya Apathya

Pathya Ahara	Apathya Ahara
<i>Godhuma</i>	<i>Shitajala</i>
<i>Masha</i>	<i>Pruthuka</i>
<i>Kakamachi</i>	
<i>Kushmanda</i>	

Madhuka Badara Dadima	
Pathya Vihara	Apathya Vihara
Use hot water for drinking and bathing. Apply oil daily over the knee joints and leave for around 30 minutes.	Standing for long time. Walking for longer duration. Walking on bare foot.

Table 8: Assessed symptoms before and after treatment

S N	Knee joints	Pain score before treatment	Pain score after treatment	MCP joints	Pain score before treatment	Pain score after treatment
1.	Shula	2	1	Shula	2	1
2.	Shopha	2	1	Shopha	2	1
3.	-	-	-	Stambha	1	0

Illustration 1: Assessment of symptoms in MCP joints before and after Yoga Basti

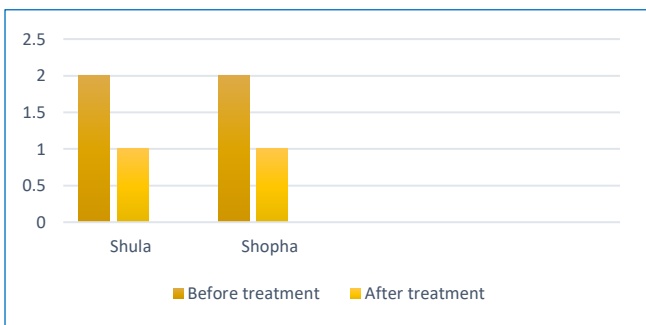
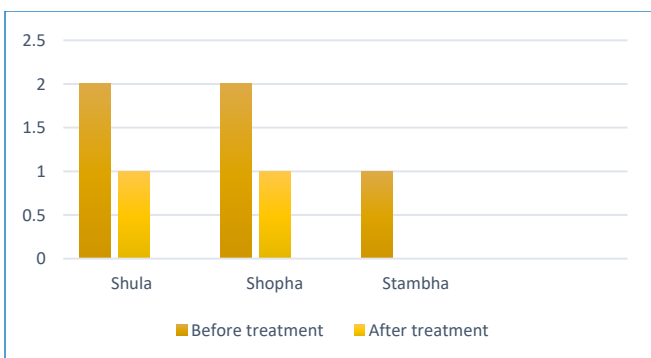


Illustration 2: Assessment of symptoms in knee joints before and after Yoga Basti



DISCUSSION

Based on Nidana Sevana

“Tatra Vyadhi Janakam Nidanam Hetuhu”^[9] - that which creates a Vyadhi is called Nidana. By considering the above mentioned factors, few factors were possibly identified as Nidana for this condition. It is necessary to examine their Gunas in order to comprehend what had led these factors to attain Nidanatva. They are tabulated below:

Table 9: Assessed symptoms before and after treatment

SN	Nidana Sevana	Probable Gunas and Karma involved
1.	Avalakki (Pruthuka)	Vishtambhya Jeeryanti ^[10]
2.	Alpa Bhojana	Increases Laghu Guna ^[11]
3.	Kulattha	Grahi ^[12]
4.	Walking in bare foot on cold surface	Sheeta Guna predominantly

Based on Samprapti Ghataka

The Samprapti Ghatakas were analyzed by cross referring the Dhatu Kshaya, Vrudhhi, Pradosha etc. Lakshanas with the symptoms exhibited by patients.

- Sandhi Vedana, Sandhi Sphutana (~crepitus) can be found as Lakshanas in Mamsa Kshaya from which the involvement of Mamsa Dhatu is understood.
- Sandhi Shaitilya (laxity in joints) is the Lakshana of Asthikshaya.
- Sheeryante Iva Cha Asthini... and Majjani Soushirya is the Lakshana of Majja Kshaya “Soushirya” is generally understood as porosity of bones. But the term “Shoushirya” actually refers to quantitative decrease in the Majja Dhatu leading to hollowness inside the bones. As the Poorana Karma of Majja Dhatu is reduced, the patient feels like the strength of lower limbs is reduced and develops a fear to fall.
- Parva Ruk can be understood as pain in joints which is one of the Lakshana of Majja Dhatu.^[13]

Table 10: Representing probably involved Samprapti Ghataka

SN	Lakshana elicited in patient	Analysis of involved Dhatu
1.	Sandhi Vedana, Sandhi Sphutana	Mamsa Kshaya
2.	Sandhi Shaitilya	Asthikshaya
3.	Sheeryante Iva Cha Asthini	Majja Kshaya
4.	Parva Ruk	Majja Pradosha

Resolving the chaos in diagnosis

In addition to Sandhigata Vata Lakshanas, the patient also complained of Ama Lakshanas, which created an uncertainty in diagnosis. To resolve this, the reference from Madhukosha Teeka was taken. In this, while explaining Sandhigata Vata, it is mentioned that “Stambhadikam Va Karotim”^[14] i.e., excessive stiffness in joints are manifested in Sandhigata Vata. This was observed in present case, where patient had complained of joint stiffness (Stambha) in early morning. Clinically, there are chances for misunderstanding this Lakshana as symptom of Amavata due to Stambha (stiffness). But as per Madhukosha Teeka, Stambhadika can be observed even in Sandhigata Vata which might be probably due to Chala Guna Kshaya of Vata in early morning after hours of inactivity (sleep).

And thus, it was a diagnosed case of Sandhigata Vata, which has Sama Avastha in Koshta and Nirama Avastha in Sandhi. That is, the Ama has not yet reached the Sandhi due to which symptoms of Ama at the level of Sandhi were not exhibited.

Discussion on treatment by applying of appropriate Chikitsa Siddhanta

1) Discussion on selection of Basti Dravya

Selection of Basti was based on appropriate treatment principles from classics. These are explained below:

Assessed condition of patient:

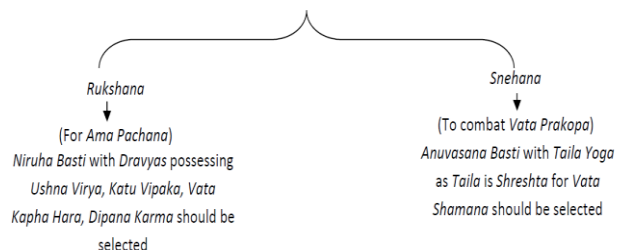
On assessment, the patient was found with Ama Avastha in Koshta and Nirama Avastha in Sandhi.

Hence Apatarpana for Ama Pachana and Santarpana for Vata Prakopa Janita Dhatu Kshaya (Dwividopakrama) was carried out. The basic mode of action behind this can be understood on the lines of Vyatyasa Chikitsa i.e.,

- Vyatyasa means bringing alteration in treatment (Kriya).^[15]
- Vyatyasa means performing Sheeta Kriya and Ushna Kriya alternatively. This is told in the context of Pittavruta Vata. Pertaining to this case and the Doshas involved, Vyatyasa Chikitsa can be adopted accordingly.^[16]

Vyatyasa Chikitsa pertained to this case is represented below:

Ama Yukta Koshta & Nirama Yukta Sandhi



By holding the above principles, Basti Dravyas were selected. Their properties are mentioned below-

Table 11: Representing properties of Basti Dravyas

S N	Basti Kalpana	Dravyas	Rasa Panchaka	Doshaghnata	Rogagh nata & Karmuk ata	
1.	For Niruha Basti	Kashaya Dravya	Bruhat Panchamula ^[17]	Katu Rasa, Laghu Ruksha Guna, Ushna Virya, Katu Vipaka	Kapha Vata Hara	Dipana, Acts on Asthidhatu
2.		Kalka Dravya	Pippali ^[18]	Katu Rasa, Ushna Guna, Ushna Virya	Kaphavata Hara	Dipana, Rechanata
3.			Ajmoda ^[19]	Katu Rasa, Tikshna Laghu Guna, Ushna Virya	Kaphavatajait	Shulagni, Agni Dipana

4.			Ashwa gandha [20]	Tikta Kashaya Rasa, Snigdha Laghu Guna, Ushna Virya, Katu Vipaka.	Vata Kapha Hara (Bha.P ra.)	Balya
5.	For Anuvasana Basti	Sneha	Dhanw antara Taila [21]		Vata Hara	Sarva vata vikarajit , effective in involvement of Marma, Asthi

Substantiation for dose fixation in Yoga Basti

Kashaya Matra in Niruha Basti - In *Ashtaprasruta Basti*, 2 *Prasruta* (~1000ml) of *Bruhat Panchamoola Kashaya* [22] is advised. After *Matra Vicharana* [23] (considering the dose of *Basti Dravya* based on *Roga Rogi Bala*), the dose of *Bruhat Panchamoola Kashaya* was reduced to 350ml. Collectively, along with *Makshika*, *Saindhava*, *Kalka* and *Sneha Dravya*, the quantity of *Niruha Basti* was fixed around 470ml.

Sneha Matra in Anuvasana Basti - *Pada Matra* of *Niruha Basti* is the dose of *Anuvasana Basti*. [24] Pertaining to this case, *Pada Matra* of *Niruha* would 117ml. Thus, around 115ml of *Anuvasana Basti* was administered to patient. After administration of *Anuvasana Basti* on first day, the patient developed *Agnimandya*, due to which the dose was reduced to 100ml from 2nd day onwards.

2) Analyzing the probable line of Shodhana based on Dhatu Pradoshaja Chikitsa

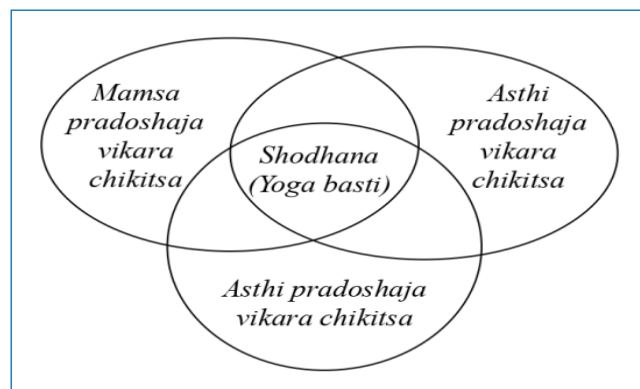
Table 12: Representing probable line of treatment based on Dhatu Pradoshaja Chikitsa

S N	Dhatu involved	Chikitsa Sutra [25]	Explanation
1.	Mamsa	“Mamsajanam Tu Samshuddhihi...	Shodhana, Shastra Karma, Kshara Karma and Agni Karma can be employed to treat

			ailments caused by Mamsa Pradosha.
2.	Asthi	“Asthyashrayanam Vyadhinam Panchakarmani Bheshajam, Bastayaha Kshirasarpimshi Tiktakopahitaani Cha”	In <i>Asthipradosha Vyadhis</i> , <i>Panchakarma</i> should be administered. <i>Ghruta</i> and <i>Kshira</i> processed with <i>Tikta Dravyas</i> should be administered.
3.	Majja	“Majjashukra Samuthanamoushadhamswadu Tiktakam, Annam Vyavaya Vyayamou Shuddhi Kale Cha Matraya”	In <i>Majja Pradoshaja Vikara</i> , <i>Madhura</i> and <i>Tikta Rasa Dravyas</i> has to be administered. <i>Vyavaya</i> (sexual intercourse), <i>Vyayama</i> (exercise) and timely <i>Shodhana</i> has to be done.

By considering the above principles, with relation to this case, *Samshodhana* especially *Basti* with *Tikta Dravyas* and *Samshamana* that would reach out to *Gambhira Dhatus* were adopted.

Figure 3: Pictorial representation of common line of treatment among involved Dhatus



Shodhana was found as common line of treatment, among which, *Yoga Basti* was selected.

3) Conceptual criteria of selection for Shamana Aushadhi

Selection of *Aushadhis* can be based on two reasons:

- Based on the application of *Chikitsa Siddhanta*
- Based on outright indications in classics.

The proposed plan for selecting *Shamana Aushadhis* pertaining to this case based on suitable *Chikitsa Siddhanta* are described below-

Table 13: Representing proposed line of Shamana Aushadhis based on appropriate Chikitsa Siddhanta

SN	Suitable Chikitsa Siddhanta	Explanation
1.	"Asthyashrayanam Vyadhinam..... Kshira Sarpishi Tiktakopahitani Cha..."	This Chikitsa Siddhanta was applied to target Santarpana at the level of Asthidhatu. To ensure Asthidhatu Upachaya without nourishing other Dhatus (as they were Santarpita), any Tikta Rasa Ghruta Kalpana that has action on Asthidhatu and Vata Dosha can be selected.
2.	"Shantirama Vikaranam Bhavati Tu Apatarpanat" ^[26]	Based on "Shantirama Vikaranam Bhavati Tu Apatarpanat" – Apatarpana can be performed to ensure Ama Pachana at the level of Koshta. As, adopting Apatarpana is Viparita to Santarpana line of treatment (prescribed above), changes in Aushadha Kala can be made to attain Chikitsa Siddhi. Also, administering Vyatyasa Chikitsa which does Dipana, Brumhana and Sroto Vishodhana ^[27] can be adopted.
3.	Dosha Pratyanka Chikitsa ^[28]	By applying Dosha Pratyanka Chikitsa Siddhanta, the involved Doshas can be counteracted. Eg: Pana of Sahacharadi Taila which is indicated in Pavanapeedita Deha Gati ^[29] can be prescribed. To ensure "Ishta Rasa Sparsha Gandha" (desirable taste, touch odour), Anubhuti Yoga having similar properties can also be chosen. Eg: Sahacharadi Taila capsule which has properties similar to Pana of Sahacharadi Taila.
4.	Hetu Viparita Aushadha ^[30]	Patient had complained of disturbed sleep. From general examination, patient was found to be anxious which might have probably disturbed Tamas, as it is said that "Nidrahetustamaha" ^[31] Hence for optimization of Tamas which is found as Hetu for disturbed sleep, "Hetu Viparita Aushadha" can be selected.
5.	Hetuvyadhi Viparita Aushadha	By applying Hetuvyadhi Viparita Aushadha (Vata Hara and Sandhigata Vata Hara), Taila Prayoga can be opted.

CONCLUSION

A detailed case study along with thorough literary analysis would enlighten us with key points while making a diagnosis. Interpreting the Lakshanas through Shastra will provide clarity in understanding patient's complaints. Though Sandhigata Vata is a disease which hampers quality of life, appropriate and timely management of disease by applying basic principles of treatment will help subdue the condition. Yoga Basti was carried out based on Siddhantas like Dwividopakrama, Vyatyasa Chikitsa, Dhatu Pradoshaja Chikitsa Administration of Vyatyasa Chikitsa will help in doing Santarpana of Ksheena Dhatus and Ama Pachana in Koshta simultaneously. Target oriented approach can be achieved by adopting Dhatu Pradoshaja Chikitsa through which Santarpana of Gambhira Dhatu can be accomplished without increasing (Vrudhhi) the other Dhatus. Shamana Aushadhi can be proposed based on Dosha Pratyanka Chikitsa, Hetu Viparita Aushadha, Hetu Vyadhi Viparita Aushadha etc. Oral medications administered with due consideration to patient's desire (Rogi Bhakti) would encourage prompt consumption of medicines.

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