Devdarubaladi Tail Matra Basti in Janu Sandhigata Vata: A Case Study

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ABSTRACT:
Sandhigatavata is the most common form of articular disorder which may begin asymptptomatically in 2nd and 3rd decade of life and is extremely common by age of 60. Among all persons by age of 40 have some pathological changes in weight bearing joint which limits their day todays activity. In Sandhigatavata the diseases occur in sandhi i.e. joints and janusandhi i.e. knee is the mostly affected joint in Sandhigatavata. Vata dosha plays the major role in this disease. In this case study effect of Devdarubaladi taila matra basti for 21 days is assessed. The study reports significant relief in subjective parameters like Sandhishoola(joint pain), Sandhisphuta(crepitus), Akunchana prasaranjanya vedana(pain during extension and flexion of joint), Sandhishotha(swelling), Sandhigraha(stiffness).

Key word: Sandhigatavata, Matra basti, Devdarubaladi taila

INTRODUCTION
Osteoarthritis of knee joint is a common degenerative joint disorder seen in modern India. 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. In Ayurveda Sandhigatavata is described under Vatayadhi in all the Samhitas and Sangrahagranthas. It is a major problem as large percentage of population suffers from this disease. Acharya Charak has first described Sandhigatavata as Sandhigata Anila with symptoms of Sotha(swelling) which on palpation feels like bag filled with air and Shula(pain) on Prasaran and Akunchana (pain on flexion and extension). Acharya Sushruta also mentioned Shula and Sotha in this disease leading to the diminution (hanti) of the movement at joint involved. Madhavkara adds Atopa(crepitus in joints) additional feature of it. It is said to be caused by excessive intake of Vatavrudhikara ahara like Kattu ,Tikta and Kashaya Rasa. Pradhana dravyama, excessive stress and strain of joints or Abhigata (Injuries).

Basti chikitsa (medicated enema treatment) is considered to be the prime treatment modality among the Panchkarma, as it radically pacifies the morbid Vata, the sole dosha responsible for the movement of all doshas within the body. It is considered as “Ardha Chikitsa” i.e. half treatment. Matra Basti is one of type of Anuvasana Basti. It is always applicable to those emaciated due to work, physical exercise, weight lifting, journey on vehicle and indulgence in women as well as those with Vata disorders. Devadarubaladi tail has been mentioned in Shashtrayog in taila prakrana and is mentioned as Sarvanga Vatajita, which wins over Vata of whole body.
CASE REPORT:
A 60 year old male patient presented to the Panchkarma OPD of YMT Ayurveda medical college with chief complaint of pain in both knee joint since 1 year. Patient felt difficulty in climbing the stairs and sitting in squatting position. On examination pain was present along with mild swelling, crepitus was present based on above complaints and radiological reports patient was diagnosed with Sandhigatavata.

History of past illness: not significant

On examination:
BP: 120/90 mmHg, P: 78/min, Temperature: afebrile
Weight: 54.3

Systemic examination:
CVS: CNS: RS: no abnormality was detected

Criteria For Assessment:
Signs and symptoms mentioned in classics:
Sandhishoola
Sandhishotha
Sandhigraha
Akunchana prasarnajanya vedana
Sandhisphutana

Gradation criteria: Table 2

Treatment Detail:
Devdarubaladi taila
Type of Basti: Matra basti
Time: after having lunch
Route: per rectum
Dose: 60ml
Duration: 21 days
Follow-up: on 42TH day
Procedure detail:
POORVA KARMA:
Sthanik Snehan and Sthanik Swedana over Kati, Prushta and Nitamba Region will be done.

PRADHAN KARMA:
Matra basti will be administered slowly through the rectum in left lateral position.

PASCHAT KARMA:
Taanad karma and uttan position.
Bastidhuran kala of subjects will noted.

RESULT:
(Table 1) After treatment with Devdarubaladi taila matra basti patient had good relief in symptoms of Janu Sandhigata vata.

DISCUSSION:
Sandhigatavata is the commonest disorder which mainly occurs due to Dhatukashya and other Vata Prakopaka Nidana. Even though Sandhigatavata is not a fatal disease but it cripples the movement of patient and makes him or her dependent on others.

Majority of drugs used in Devdarubaladi taila for Matra basti has Vatashamaka action. Due to Snigdha Guna it is also helpful in chronic stage of the diseases and balancing the Vata. Basti helps in Vata Anulomana thus helps in correcting Apana.

In this case study patient came up with severe pain in both the knees which was relieved and the swelling over the knees got completely relieved along with stiffness. The pain which was present with extension and flexion movement of knees also got significantly reduced. Audible crepitus was also reduced. Devdarubaladi taila has significant effect on Janu Sandhigatavata.

CONCLUSION:
On the basis of single case study it can be concluded that Panchkarma treatment like Matra basti is effective in treatment of Janu Sandhigatavata.

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Table 1 shows Gradation criteria:

<table>
<thead>
<tr>
<th>Pramukh Vedana</th>
<th>Gradation</th>
<th>Gradation Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Sandhishoolo</em>(Joint Pain)</td>
<td>No pain</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Mild pain/occasional</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Moderate/frequent</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Severe pain</td>
<td>3</td>
</tr>
<tr>
<td><em>Sandhishotha</em> (Swelling)</td>
<td>No swelling</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Slight swelling</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Moderate swelling</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Severe swelling</td>
<td>3</td>
</tr>
<tr>
<td><em>Sandhigraha</em> (Stiffness)</td>
<td>No stiffness</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Mild stiffness</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Moderate stiffness</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Severe difficulty due to stiffness</td>
<td>3</td>
</tr>
<tr>
<td><em>Akunchana Prasaranjanya Vedana</em> (pain during extension and flexion of joint)</td>
<td>No Pain</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Pain without winching of face</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Pain with winching of face</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Prevent complete flexion</td>
<td>3</td>
</tr>
<tr>
<td><em>Sandhisphutana</em> (Crepitus)</td>
<td>No Crepitus</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Palpable Crepitus</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Audible Crepitus</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Always audible crepitus</td>
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</table>

Table 2 Shows RESULT:

<table>
<thead>
<tr>
<th>Subjective criteria :</th>
<th>Before treatment</th>
<th>After treatment</th>
<th>Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Day 1</td>
<td>Day 21</td>
<td>Day 42</td>
</tr>
<tr>
<td><em>Sandhishoolo</em></td>
<td>3</td>
<td>0</td>
<td>1</td>
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<tr>
<td><em>Sandhishotha</em></td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td><em>Sandhigraha</em></td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><em>Akunchana Prasaranjanya Vedana</em></td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><em>Sandhisphutana</em></td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
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