



THE EFFECT OF GUDUCHISIDDHA KSHEER BASTI IN THE MANAGEMENT OF SANDHIVATA W.S.R. TO OSTEOARTHRITIS

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Abstract: Osteoarthritis (OA) is a developing non-inflammatory disease of the movable joints. Knees are most common site for osteoarthritis which limits everyday activities. Shoola Pradhana Vedana is the cardinal feature of the disease associated with Sandhishotha, Vata Purna Druti Sparsha, prasarana akunchana vedana. A Study was conducted on Guduchi siddha ksheerbasti on nirup stambhit sandhigatavata. For this study 90 patients were selected randomly in three groups, one group received External Snehan Swedan, 2nd group received Guduchi siddha ksheer basti and the 3rd group received both External Snehan Swedan and Guduchi siddha ksheerbasti. As rightly said in our ayurvedic text that basti is half chikitsa in vatapradhan vyadhi accordingly the patients got major relief with the given basti and also the patients got good result with External Snehan Swedan as it relieved the akunchan prasaranvedana. Hence the group three patients showed significant difference with the treatment. Hence the basti acts on the majjadharakala and asthidharakala to give significant relief in the signs and symptoms of sandhigatavata, this basti contents Guduchi, Ksheer, Ghrita which give poshana to the all dhatu hence this basti is administered in degenerative changes of old age.

Keywords: Sanadhigatavata, Osteoarthritis, Guduchi, Ksheer, Ghrita, Snehan, Swedan

I. INTRODUCTION

Ayurveda is a holistic medicine science used by mankind, which maintains the health by its principles. Aim of Ayurveda is to cure the disease, to prevent the disease and promotion of health. Disturbed balance of Dosha is termed as Roga. Among tridosha, Vata is the chief driving force for all movements of body vata is mainly responsible for all pain of old age.

According to Ayurveda, all dhatu being undergo kshaya, in decade of life. Due to Vataprakopak Aahara, Vihara and Vataprakopak hetusevana there is Vataprakopa which leads to Dhatukshaya and Vata gets accumulate in Asthivaha and Majjavaha strotas[1-5]. It turns into kshya of Shleshak Kapha at sandhi which produces disorders at one or more sandhi and results into Sandhigatavata having a higher incidence. It produces disability in the person progressively without killing. Pain is universally understood as a sign of Vata prakopa and most common symptom that brings a patient to a physician. Sandhigatavata is one of the Vataja Nanatmaja Vyadhi affecting loco motor system having presentation Shoola, Shotha, Vataputna Druti Sparsha and Akunchan Prasarana vedana[6] mainly at large joint most likely to affect the joints that bear most of our weight such as the knees and feet making the person disable to do his daily activity[7]. Sandhi are one of the types of Marma and form a part of Madhyamamarga Roga. Thus involvement Madhyamamarga, Marma, Vatadosha and Dhatukshaya make the disease Krucchrasadhya.

Acharya Charka recommended drugs like Tikta dravya and Ghrita as treatment for 'Asthi ashrita Vata' and Sandhigatavata is also a condition of Asthi ashrita vata. Asthi and Majja are chief components of Sandhi which are affected. So Guduchi Siddha Ksheer basti [8] with external Snehana Swedana are selected to treat Sandhigatavata. Among them Madhu, Ghrita is having rasayana properties.

An Ayurvedic approach is helpful to improve quality of life in the patient of Sandhigatavata. The formulation acts as Vyadhi Pratyanka Chikitsa. The present work has been undertaken to study comparative study of only External Snehan Swedan, only Guduchi Siddha Ksheerbasti and combination of both External Snehan Swedan and Guduchi Siddha Ksheer basti in Sandhigatavata.

Need of Study: It is one of the tenth most disabling diseases in developed countries. Worldwide estimates are that 9.6% of men and 18.0% of women aged over 55 years have symptomatic Osteoarthritis. 80% of those will have limitations in movement and 25% cannot perform their major daily activities of life. W.H.O from a study in rural India and found the prevalence is 5.75%.[9]

II. RESEARCH METHODOLOGY

Patients having signs and symptoms of Sandhigatavata were selected from O.P.D & I.P.D of Vidabha Ayurveda Mahavidyalaya Amaravati. Patients were selected irrespective of their sex, religion, occupation and economical status etc.

Calculation of sample size

Sample size was calculated according to the formula:

Prevalence rate - 5.75%.

Confidence level -95%.

Margin of error – 5 %.

By the Formula $n = Z^2 p (1-p) / d^2 = 84$

According to this formula the sample size was 84 for whole study. According to need of study and for feasibility sample size was 90 which is Divided in three groups of 30 patients in each.

Inclusion Criteria

- Male and female patients with clinical features of Sandhigatavata
- Patients having age group between 30-60 years
- Patient willing to participate in trial

Exclusion Criteria

- Patient who were below 30 and above 60 years of age
- Patients suffering from other chronic disease along with osteoarthritis
- Lactating and pregnant women
- Weak or emaciated patients

Method of Randomization: -

Random number table generated with random allocation software was used for including patients in groups.

Management plan in Group A, Group B & Group C:-

Duration of Trial:- 14 days and assessment was done on first day and last day.

Group 'A' - External Snehan Swedan

External Snehana with Mahanarayana taila

External Swedana with Dashmoola kwath

Protocols of procedure

The patient was asked to take meal which is neither too Snigdha nor too Ruksha in less quantity compared to quantity of daily meal. Abhyanaga with Mahanarayana Taila was done to both lower extremities after that Nadi sweda given with Dashmoola kwath.

Group 'B' - Guduchi Siddha Ksheerbasti

Guduchi siddha Ksheer 250 ml

Ghrita 25 ml

Madhu 20 ml

Saindhava 5 gm

Total amount 300 ml

Protocols of procedure

The Basti was given by enema method in a dose of 300 ml. Procedure was performed in three stages as;

Purva Karma -Proper assessment of patient was done before administering Basti, patients were advised to take light diet day before procedure.

Pradhana Karma -The patient was asked to take meal which is neither too Snigdha nor too Ruksha in less quantity compared to quantity of daily meal. Abhyanaga with Tila Taila was done on Kati and Udara Pradesha before administering Basti. Thereafter, Nadisweda with dashmoola kwath was performed and patient was advised to take left lateral position with left lower extremity straight and right lower extremity flexed on knee and hip joint. The patient was asked to keep his left hand below the head, that after 300 ml of luke warm Guduchi Siddha Ksheer Basti was taken in container and rubber catheter lubricated with Tila Taila was attached to enema pot. After that, rubber catheter was administered into the anus of the patient up to the length of 4 inches. The patient was asked to take deep breath while introducing the catheter and drug. The total Basti Dravya was not administered in order to avoid entrance of Vayu into the Pakvashaya which may produce pain.

Paschat Karma - Patient was advised to lie in supine position after administration of Basti and patient's buttocks were gently tapped and legs were raised few times so as to raise the waist. All these were done to prevent the fluid from flow out too soon. Patients were advised to take Laghu Ahara.

Group 'C' - both External Snehan Swedan and Guduchi Siddha Ksheer Basti

Above procedures for both group A and group B were performed in this group.

Assessment criteria

Sandhishoola

- No Pain – 0
- Occasional pain - 1
- Mild pain but no difficulty in walking - 2
- Moderate pain and slight difficulty in walking - 3
- Severe pain with difficulty in walking – 4

Sandhishotha

- No swelling -0
- Slight swelling-1
- Moderate swelling-2
- Sever swelling-3

Vatapurna Druti Sparsha

- No crepitus-0
- Mild crepitus-1
- Moderate crepitus-2
- Sever/audible crepitus-3

Akunchana Prasarana Vedana

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

III. RESULTS AND DISCUSSION

Treatment in all group shows satisfactory improvement but The combination of External Snehana and Swedana with Basti therapy exhibited marked improvement in all parameters like; Sandhishoola, Sandhishotha, Vatapurna Druti Sparsha, Akunchana Prasarana Vedana. After application of Wilcoxon signed rank test to obtained data in all group result is significant at the level of $p < 0.01$.

Ksheera, Ghrita have Snigdha guna which increases Snigdhatva of Basti hence pacify Vata dosha. Guduchi and Ghrita decrease orthoclastic activity, increase bone matrix formation and may improves deposition of calcium and minerals by increased absorption occurs in intestine. The therapy improved subjective parameters of diseases i.e. Sandhishoola, Sandhishotha, Vatapurna Druti Sparsha, Akunchana Prasarana Vedana. Guduchi Siddha Ksheera Basti was found to be effective for Asthi Dhatu Vikruti.

	Group A			Group B			Group C		
	Mean	S.D.	Median	Mean	S.D.	Median	Mean	S.D.	Median
Day 0	1.7 2	0.73 7	2	1.9 5	0.7 18	1	1.4 87	1.1 23	2
Day 14	0.9 6	0.67 6	1	1.5 5	0.6 86	0	0.7 39	0.7 52	1
Wilcoxon signed rank test	P -value=0.001			P -value=0.001			P -value=0.001		

Table 1-Effect seen in sandhishoola

	Group A			Group B			Group C		
	Mean	S.D.	Median	Mean	S.D.	Median	Mean	S.D.	Median
Day 0	1.6 4	0.56 9	2	1.5 5	0.5 1	1	1.2 17	0.6 71	1
Day 14	1.3 2	0.55 7	1	0.5 5	0.5 1	0	1.1 3	0.6 26	1
Wilcoxon signed rank test	P -value=0.001			P -value=0.001			P -value=0.001		

Table 2-Effect seen in sandhishotha

	Group A			Group B			Group C		
	Mean	S.D.	Median	Mean	S.D.	Median	Mean	S.D.	Median
Day 0	1.7 2	0.45 8	2	1.2 1	0.4 1	1	1.2 61	0.6 19	1
Day 14	1.2 2	0.57 7	1	1.2 1	0.5 23	1	0.7 39	0.5 41	1
Wilcoxon signed rank test	P -value=0.001			P -value=0.001			P -value=0.001		

Table 3-Effect seen in Vatapurna Druti Sparsha

	Group A			Group B			Group C		
	Mean	S.D.	Median	Mean	S.D.	Median	Mean	S.D.	Median
Day 0	1.7 3	0.73 8	2	1.8 4	0.7 17	1	1.4 86	1.1 22	2
Day 14	0.9 5	0.67 5	1	1.5 4	0.6 85	0	0.7 38	0.7 51	1

Wilcoxon signed rank test	P -value=0.001	P -value=0.001	P -value=0.001
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Table 4-Effect seen in Achunchan Prasaran Vedana

Chief Complaints	No. Patient In Group A	No. Patient In Group B	No. Patient In Group C	Total Out Of 90 Patients	% Relief
Sandhi Shula	28	25	30	83	92.22
Sandhi Shotha	26	24	30	80	88.88
Vatapura Druti Sparsha	26	24	29	79	87.77
Akunchan Prasaran Vedana	29	25	30	84	93.33

Table 5-Chief complaint wise distribution of relief after treatment-

From above Table 5 we can say that in all group there was relief in all complaint but most relief in sandhishoola and Akunchan Prasaran Vedana.

Gradation	Group A		Group B		Group C	
	Number of patient out of 30	%	Number of patient out of 30	%	Number of patient out of 30	%
Complete remission	00	00	00	00	01	3.33
Maximum improvement	08	26.66	07	23.33	10	33.33
Moderate improvement	17	56.66	18	60	16	53.33
Mild improvement	05	16.66	04	13.33	03	10
No improvement	00	00	01	3.33	00	00

Table 6-All over assessment of relief in all groups

From above table we can say that combination therapy of external snehan swedana and guduchi siddha kshir basti is more than other groups, i.e. moderate to complete relief.

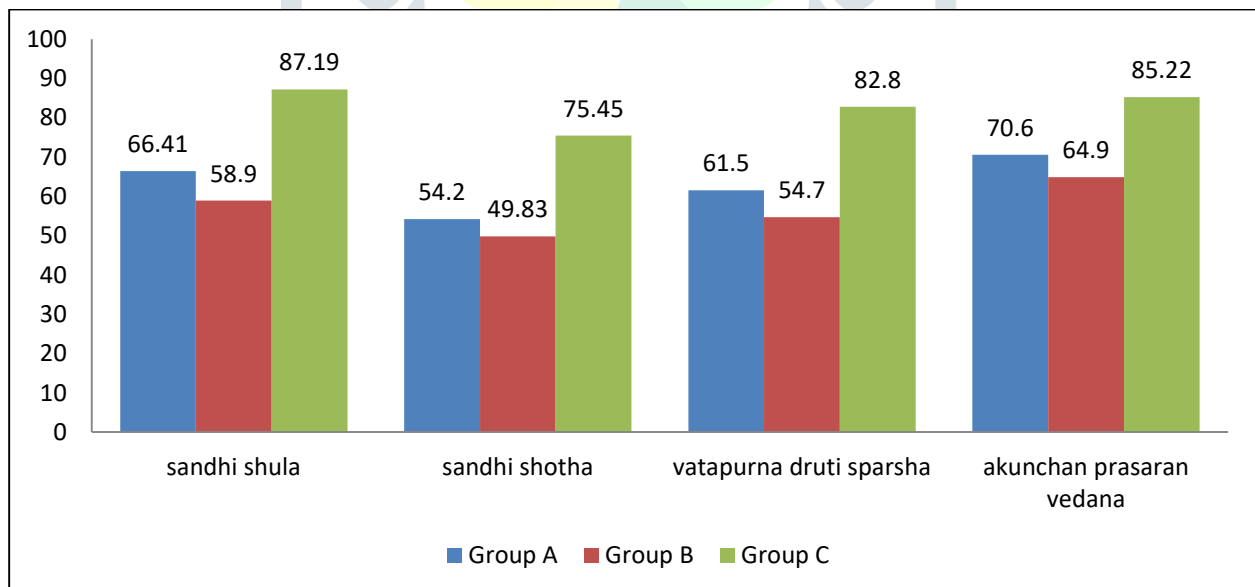


Figure 1-Comparative results in groups (Group A, Group B, Group C)

IV. CONCLUSION

Sandhigatavata is one of the Vata Vikara & it is Yapa Vyadhi. Guduchi Siddha Ksheer Basti exhibited significant effect on symptoms of Sandhigata vata i.e. Sandhishoola, Sandhishotha, Vatapura Druti Sparsha, Akunchana Prasarana Vedana. Basti was prepared by adding Guduchi Siddha Kshira, Ghrita, Madhu, Saindhava and as per classical method. The components of formulation produced Dhatusamyam and promote tissue regeneration.

As rightly said in our Ayurvedic text that Basti is half chikitsa in Vatapradhan Vyadhi accordingly the patients got major relief with the given Basti and also the patients got good result with External Snehan Swedan as it relieved the Akunchan Prasaran Vedana[10-12]. Hence the group three patients showed significant difference with the treatment. Hence the Basti acts on the Majjadhara Kala and Asthidhara Kala to give significant relief in the signs and symptoms of Sandhigatavata, this Basti contains Guduchi, Ksheer, Ghrit[11] which give poshana to

the all Dhatu hence this basti is administered in degenerative changes of old age. Present Study concluded that Guduchi Siddha Ksheer Basti can be advised effectively for the management of Sandhigatavata with the added advantage of being free from side effects. However, further studies are required to explore exact mechanism of action of therapy in osteoarthritis.

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REFERENCES

- [1] Charak Samhita; Satyanarayana Shastri; with hindi commentary by Kashinath Pandey, Vol. II., Varanasi: Chaukhambha Bharati Academy; 2009
- [2] Haridas Shridhara Kasture: Ayurvediya Panchakarma Vigyana, Chapter 6. Culcutta: Baidyanath Ayurved Bhawan Ltd.; 2014.p. 373-381.
- [3] Madhavkara; Madhav Nidana; edited by Yadunandana Upadhyaya. Part II. Varanasi: Chaukhmbha Prakshan; 2007.
- [4] Sushruta: Sushruta Samhita with hindi commentary. Ambikadutta Shashtri. Varanasi: Chaukhambha Sanskrit Sansthan; 2011.
- [5] Sharangadhar: Sharangadhar Samhita with hindi commentary; Shailaja Srivastava, Uttarakhanda 8/63. 2009.
- [6] Agnivesha, Charaka Samhita, with commentary Chakrapanidatta; editor Acharya Vaidya Yadavaji Trikamji, Chaukhambha Sanskrita Sansthan prakashan, Varanasi . Vol 2 Chikitsasthan 28/37; p. 618.
- [7] Harrison's Principles of Internal Medicine Ch. 321. 15th Edition 1987.
- [8] Sharma RK, Dash B. editor. Charaka Samhita, Varanasi: Chaukhamba Sanskrit Series Office; 2013. Sutrasthana. Vol. 6 Ch. 28/ 27.
- [9] Siddharth N Shah edited API Text book of Medicine 7th edition 2003, The Association of Physicians of India Publications, Chapter no: 19th, p. 1151.
reference of prevalence rate
- [10] Sushruta Sanhita, Edited with Susrutavimarsini Hindi commentary by Dr. Anant Ram Sharma; Varanasi: Chaukhambha Surbharati Prakashan; Vol. 1 Sutrasthan45/96. p. 366.
- [11] Keuttner KE, Goldberg VM (1995) Introduction. In: Kuettner, KE, et al. Osteoarthritis disorders. Rosemont IL. American Academy of Orthopaedic Surgeons .p. 21-25.
- [12] Sastri R, editor. Chakradatta of Chakrapanidatta. Varanasi: Chukhambha Surbharati Prakashan; 2006.Ch. 49/21. p. 199.

