

INTERNATIONAL AYURVEDIC **MEDICAL JOURNAL**







Research Article ISSN: 2320-5091 **Impact Factor: 6.719**

ROLE OF BALASHAIREEYA TAILA MATRA BASTI IN THE EFFECTIVE MAN-AGEMENT OF JANU SANDHIGATA VATA W.S.R OSTEOARTHRITIS OF KNEE

Anand A. Kumathalli¹, Kemppavva V Kullur²

- 1. MD(Ayu), Consultant at Vijayalaxmi Hospital, Assistant Professor, Department of Panchakarma, SBV's Grameen Ayurvedic Medical College, Hospital and Research Centre Terdal District – Bagalkot.
- 2. MD(Ayu), Associate Professor, Department of Dravyaguna, SBV's Grameen Ayurvedic Medical College, Hospital and Research Centre Terdal District – Bagalkot.

Corresponding Author: dr.anandkumathalli@gmail.com

https://doi.org/10.46607/iamj0211092023

(Published Online: September 2023)

Open Access

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Article Received: 08/08/2023 - Peer Reviewed: 25/08/2023 - Accepted for Publication: 10/09/2023.



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ABSTRACT

Background: Osteoarthritis is a degenerative disease affecting weight bearing joints. The two cardinal features of osteoarthritis are joint space narrowing and pain. Janu Sandhigata Vata can be correlated to OA of knee due to similarities in clinical features of both. When the treatment aspect of Sandhigata Vata considered there is no complete cure for it, as the disease is Vardhakyajanya Vyadhi and Dhatukshayajanya Vyadhi, so here pain management is the mainaim of treatment.". Here, the main aim of treatment is Vatashamana and Bhrumhana.

Aims & objectives of study.

- To study Janu Sandhigata Vata.
- To study Basti Karma in detail.
- To evaluate the efficacy of Balasaireyakadi Taila Matra Basti in Janu Sandhigata Vata.

Method: 15 Patients fulfilling the diagnostic and inclusion criteria belonging to either sex was selected. Procedure: Matra Basti with Balashaireeya Taila at a dose of 72 ml for 8 days. Patients were assessed on the 1st, 8th and 16th day of the treatment and 24th and 32nd day of follow up. Results & interpretation: When patient observed clinically for pain, stiffness, range of movement, tenderness and swelling, it was observed that Balashaireeya Taila Matra Basti was more effective. On applying Wilcoxon Matched Pairs test and Mann Whitney U test for qualitative data's, itwas observed that were efficacious in reducing symptoms of *Janu Sandhigata Vata*. **Conclusion:** The patients have shown improvement in all the criteria of assessment of *Janu Sandhigata Vata*.

Keywords: Janu Sandhigata Vata, Balashaireeya Taila, Matra Basti, Sandhishoola, Sandhishotha.

INTRODUCTION

Osteoarthritis is a degenerative disease affecting weight bearing joints, often described as wear and tear arthritis. Knee joint is the most important weight bearing joint in the body and osteoarthritis of the knee joint is the most common joint disorder usually seen in elderly people and the people who do excessive physical deeds. Due to the increased prevalence of this disorder, it has become a major problem and burden over society, indirectly reducing the working potency resulting in dependency. The two cardinal features of osteoarthritis are joint space narrowing and osteophytes.¹

In *Vriddhavastha*, all *Dhatus* undergo *Kshaya*, thus leading to *Vata Prakopa* and making individual prone to many diseases. Among them *Sandhivata* stands top in the list. *Charaka* was the first person who described the disease separately named "*Sandhigata Anila*" but has not included in 80 types of *Nanatmaja Vyadhi1*. *Sushruta* and *Vagbhata* also gave importance to *Sandhivata* and included in the chapter of *Vata Vyadhi*. When Vata involves *Janusandhi*, it isnamed *Janu Sandhivata*. It is characterized by *Vatapurnadrutisparsha*, *Prasarana Akunchana Vedana*, *Shotha* and *Atopa*. ^{2,3,4} So Osteoarthritis of knee can be correlated to the *Janu Sandhi Vata* due to the similarities in the symptoms of both.

When the treatment aspect of Sandhigata Vata considered there is no complete cure for it, as the disease is Vardhakyajanya Vyadhi and Dhatukshayajanya Vyadhi⁵ so here pain management is the main aim of treatment. Unfortunately, there are less satisfactory treatments for osteoarthritis in contemporary science of medicine. In Ayurveda Basti is advised as best in the Chikista of Vata disorders in Charaka Samhita. Acharyas says that when Vata Dosha is causing disease in Sandhi then treatment using Sneha should be administered. Mat-

ra Basti is a type of Sneha Basti in which lesser quantity of Sneha is used i.e., 1½ Pala approximately 70ml. It can be given at all times without any restrictions.

Matra Basti was selected in this study because of its simplicity and instant efficacy with Taila Balas.

Meaning of *Basti*. *Basti* is a procedure in which the drugs are administered throw anal canal, stay in large intestine for certain period of time and draw the waste substances from all over the body into the colon and eliminates them out of the body by producing movement in the colon. *Basti* is an instrument used to administer drug throw the anal canal.

Definition of *Basti* बस्तिना दीयते बस्तिम वा पूर्वमन्वेत्यतो बस्ति ।

The apparatus used for introducing the medicated materials is made up of *Basti* or urinary bladder of animal.⁶

The procedure in which the medicaments are introduced inside the body throw the rectum withthe help of animal urinary bladder is termed as *Basti*.⁷

According to *Charak*, *Basti* is the *Karma* in which the medicine is administered throw the anal route reaches up to *Nabhi Pradesh*, *Kati*, *Parshwa*, *Kukshi Churns* the accumulated *Dosha* and spreads the unctuousness (potency of the drug) all over the body and easily comes at along with the *Purish* and *Doshas*.⁸

Matra Basti

ह्रस्वायाः स्नेहमात्राया मात्राबस्तिः समो भवेत्।

Matra Basti is a type of *Sneha Basti* i.e., *Anuvasana Basti*, described in the classics. It is termedso, because the dose of *Sneha* used in is very less as compared to the dose of *Sneha Basti*. ^{9,10,11}.

According to *Acharya Vagbhata*, the *Matra Basti* is the type of *Basti* in which the dose of *Sneha* is equal to *Hrasva Matra* of *Snehapana*. It can be given all the

time without any complications and no restrictions during the course of *Matra Basti*. ^{12,13}.

Indications:

According to *Charaka*, *Matra Basti* is recommended for daily use in persons emaciated by overwork, over exertion, load lifting, wayfaring, and riding or indulgence in women, in debilitated persons as well as in those afflicted with *Vata* disorders.

Qualities of Matra Basti:

यथेष्टाहारचेष्टस्य सर्वकालम् निरत्यवः। बल्यम् सुखोपचर्यम् च सुखम् सुष्टपुरीषक्रत्॥ स्रोहमात्राविधानम् हि ब्रन्हनम् वातरोगन्तः॥

- It is promotive of strength,
- Demands no strict regimen of diet.
- Causes easy elimination of Mala and Mutra
- It performs *Brimhana Karma* in the body.
- Curative of *Vata* disorder.
- It can be administered at all times, in all seasons and is harmless^{14.}

Dose of Matra Basti:

According to *Vagbhata*, the dose of *Matra Basti* is equal to the dose of *Hrasva Snehapana*. The *Matra* which gets digested in two *Yama* i.e., 6 hours, is called as *Hrasva Matra* but the dose required to get digested in two *Yama* is not mentioned.¹⁵

According to *Acharya Sushruta*, the dose of *Matra Basti* is ¼ of the dose of *Anuvasana Basti* and the dose of *Anuvasana Basti* is ¼ of *Niruha Basti* i.e., 24 *Pala*.

Hence, the dose of *Anuvasana Basti* is 6 *Pala* and dose of *Matra Basti* is 1½ *Pala* i.e., 6 *Tola*. ¹⁶

According to *Chakrapani*, commentary on *Charaka* the dose of *Sneha Basti* is 6 *Pala*, dose of *Anuvasana Basti* is 3 *Pala* and of *Matra Basti* is 1½ *Pala*. ¹⁷

On the basis of above reference, it can be said that the dose of *Matra Basti* is 1½ *Pala* of *Sneha* i.e., 6 *Tola* equal to 60-72 ml.

Food before Basti Procedure:

After consumption of excessive *Snigdha Ahara*, *Matra Basti* should not be given because *Sneha* taken in double quantity gives rise to *Mada* and *Murchha*. Before *Matra Basti*, intake of excessive *Ruksha Ahara* should be avoided because it causes depletion of *Bala*

and *Varna*. So, any diet which is suitable to the patient should be given but in less quantity. ¹⁸

Pathya -Apathya for Matra Basti:

There is no specific demand for diet and behaviour during the use of *Matra Basti*. But according to *Acharya Vagbhata*, it is to be restricted for the day sleep after administration of *Matra Basti*. ¹⁹

SANDHIGATAVATA:

Any disturbance in the fundamental configuration of Dhatus which may lead to their malfunctioning is called Vikara, Vyadhi or disease and Sandhigata Vata is one of the Vata Vikara. The disease Sandhivata is described initially by *Acharya* Charaka "Sandhigata Anila" with symptoms of Shotha which on palpation feels as bag filled with air and Shula on Prasarana and Aakunchana (pain on flexion and extension of the joints). Sushruta also mentioned Shula and Shotha in this disease leading to the diminution (Hanti) of the movement at joint involved. Another disease Vata Kantaka is mentioned by Sushruta which occurs due to the vitiated Vata by involving Khuda Sandhi. According to Dalhana and Gayadasa, Khadu means Padajangha Sandhi i.e., ankle. Another view has been quoted according to which Khadu may be taken as Parshani (calcaneum). Madhava has not explained Shotha but mentioned Atopa as a symptom of Sandhigata Vata, which may also be taken equivalent to air filled bag. He has added one more symptom i.e., Hanti Sandhi (restricted flexion and extension). Thus, the disease Sandhigata Vata can be defined as a joint disease with symptom of Shula, which aggravates by movement, along with Shotha & complete restricted movements at later stages. This disease is comparable with Osteoarthritis, a degenerative joint disease, the symptoms of which are same as Sandhigata Vata and usually occurs after the age of 40 vears.

RELATION BETWEEN VATA AND SANDHI

There is a relation between the *Dosha* and *Dushya* because of their *Bhautika* constitution, which has been well narrated in *Ashtanga Hridaya* while describing the properties, actions and importance of *Tridosha*. This is also called *Ashaya Ashrayai Bhava* i.e., interrelation between *Dosha* and *Dushya*. *Vata* is located

in Asthi, Pitta in Sweda and Rakta and Kapha in Rasa, Mamsa, Meda, Majja and Shukra. It is because of this relation that the drugs or dietetic regimens which augment one particular Dosha also have the effect on its dependent Dhatu. By augmentation of the Dosha, there would be similar effect on the irrespective Dhatu. But, on contrary to this augmentation of Vata (Ashrayi), due to its properties will lead to decrease (Kshaya) in the Asthi (Ashraya) and vice versa. In a similar way it is related to Kapha. Kshaya of Kapha will cause increase in the quantum of Vata and vice versa.

Samprapti

The Samanya Samprapti of Vata Vyadhi which is explained in literatures can be applied for Sandhigata-Vata also. Acharya Charaka has explained that due to the intake of Vatakara Ahara Vihara, Vata vitiation take place which lodges in Rikta Srotas i.e., Srotas in where Shunyata of Snehadi Guna is present, producing diseases related to that Srotas.²⁰

Acharya Vagbhata quotes the Samprapti of Vata Vyadhi like – Dhatukshaya aggravates Vata and the same is also responsible to produce Riktaat of Srotas. The vitiated Vata travels throughout the body and settles in the Rikta Srotas and further vitiates the Srotas leading to the manifestation of Vata Vyadhi.²¹

Here an attempt has been made to explain how this *Srotoriktata* occurs due to *Nidana Sevana*. The main qualities of *Parthiva Dravya* are *Guru*, *Sthula*, *Sthira*, and *Gandha Guna* in excess. These are the properties, which are necessary for *Sthairya* and *Upachaya* of the

body. Excessive intake of *Dravyas* having *Laghu*, *Ruksha*, *Sukshma*, *Khara* qualities lead to *Guru* and *Sneha Guna Abhava* due to their opposite quality. Thus, it leads to *Dhatukshaya* in the body. *Akasha* is the *Mahabhuta* that produces *Sushirata* and *Laghuta* in the body. *Vayu Mahabhuta* fills up this *Sushirata*. So due to *Dhatukshaya Akasha Mahabhuta* increases in the body producing *Sushirata* and *Laghuta*. Simultaneously *Vayu* fills it up in the *Riktha Srotas*.

From this description it can be stated that the meaning of word 'Riktata' is Sushirata i.e., increase in Akasha and Vayu Mahabhuta. While commenting on the word 'Riktata' Chakrapani says that 'Riktata' means lack of Snehadi Guna. Thus, with the help of Samanya Samprapti of Vata Vyadhi the Samprapti of Janu Sandhigata Vata can be divided into Dhatukshaya Janya and Avarana Janya. This will help in deciding the prognosis and planning the treatment of the disease.

Samprapti Ghataka:

Dosha – Vata – Vyana – Vriddhi; Kapha – Shleshaka – Kshaya

Dushya – Asthi, Sandhi, Mamsa

Srotas – Mamsavaha, Medavaha, Asthivaha, Majjavaha

Agni – Jatharagni, Asthi-Dhatvagni

Ama – Jatharagni and Asthi dhatwagni Mandya JanyaRoga

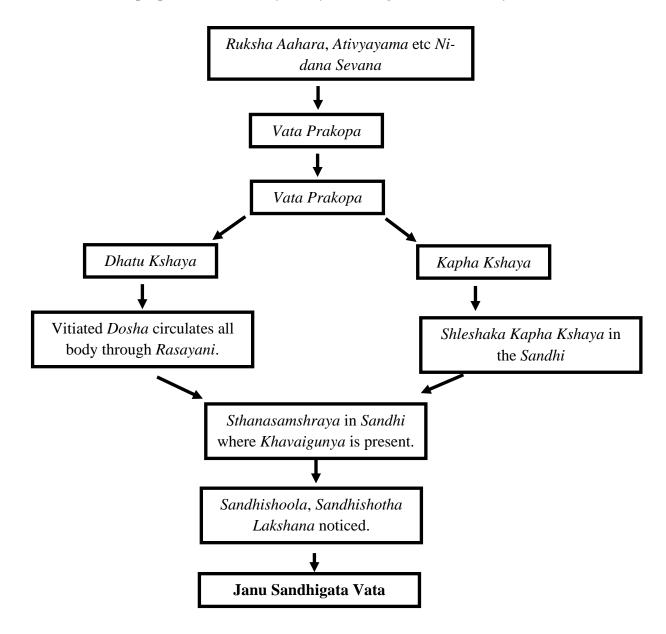
Marga – Madhyama

Udbhavasthana – Pakvashaya

Sancharasthana – Sarvasharira

Adhishtana – Sandhi Vyaktasthana – Janu Sandhi

Chart No. 01: Samprapti of Dhatu Kshaya Janya Sandhigatavata Vardhakya



Subjective parameters

- 1. Pain in Joint
- 2. Stiffness of Joint

Objective parameters

- 1. Swelling
- 2. Range of movement-max-flexion
- 3. Gait
- 4. Crepitus
- 5. Tenderness
- 6. Western Ontario & MC masters University index of OA (WOMAC).

WOMAC: The WOMACTM Index is a disease specific, three-dimensional self-administered questionary, for assessing health status and outcome in OA of hip and/or knee. Target population-Patients with hip and/or knee OA.^{22,23}

Method of use

It contains 24 questions, targeting areas of pain, stiffness and physical functions and can be completed in less than 5 minutes. Usually, a patient self-administered the Index is amenable to electronic data capture (EDC) formats using mouse

driven curser, touch screen and to interview administration by telephone. Available in over 60 alternative language forms, there are several different forms of the WOMACTM Index suitable for dif-

ferent clinical practical and clinical research applications. Available in 5-point adjectival, 100mm visual analogue and 11-point numerical rating scale format.

Assessment Criteria

Gradings for Pain:	None	Mild	Moderate	Severe	Extreme
A. Walking on a flat surface	0	1	2	3	4
B. Going up or down stairs	0	1	2	3	4
C. At night while in bed	0	1	2	3	4
D. Sitting or lying	0	1	2	3	4
E. Standing upright	0	1	2	3	4

Stiffness	No Stiffness	0
	Stiffness for <5 min	1
	Stiffness for >5 and <10 min	2
	Stiffness for >10 min	3
	Stiffness for longer period	4
Tenderness	No tenderness	0
	Patient says joint is tender	1
	Patient winces the face by touch-	2
	ing	
	Patient winces & withdraws the af-	3
	fected part	
	Patient will not allow the joint to	4
	be touched	
Crepitus	Absent	0
	Palpable	1
	Audible	2
Swelling	No swelling	0
	Mild swelling	1

	Moderate swelling	2
Range	Normal range is 1200-1300	
of movement	(Flexion range)	
	Full range of motion	0
	1-9% loss	1
	10-19% loss	2
	20-49% loss	3
	50-99% loss	4
Gait	Free swinging no limp	0
	Limping gait but no additional support	1
	Unilateral	2
	support(crutch, stick, wall)	
	Bilateral support	3
	Absence of gait	4

OBSERVATIONAL

In the present study 15 patients fulfilling the inclusion criteria of *Janu Sandhigata Vata* werestudied.

Incidence observation: As per the prepared Performa, observations were made regarding the incidence of age, sex, occupation, religion, socio-economic status, joint involvement, food habits, *Desha*, habits, *Nidra* and *Vyayama* etc.

Distribution of patients according to different age group: In this study it was found that the incidence

was highest in the age group of 61-70 yrs. and 41-50 years constituting 30% in each, out of total numbers of patients, 24% in 51-60 years and 16% in the age group of 31-40 years.

Distribution of patients according to Symptomatology: Pain, stiffness was present in all the patients and the remaining symptoms were shown in the table below.

Distribution of patients according to Symptomatology

	No of patient %	
Pain-on flat surface	15	100%
Pain-going up/down	15	100%
Pain- at night	12	80%
Pain –sitting	14	93%
Pain-on standing	30	100%
Range-of movement	13	86%
Swelling	12	80%
Stiffness	15	100%
Crepitus	11	73%
Limping Gait	12	80%
Tenderness	13	86%

OVERALL RESPONSE OF THE TREATMENT

Overall Response of Treatment

	No of patients	Percentage (%)	
Good Response >75%	7	46.66%	
Moderate Response	5	33.33%	
(50% < 75%)			
Mild Response -25%	2	13.33%	
No Response	1	6.67%	
Total no of patients	15		
Inference	Overall response is better in	Overall response is better in all symptoms of Janu Sandhigata Vata	

DISCUSSION

Discussion on Review of literature

"Sandhigata Vata" is enumerated among the "Vata Nanatmaja Vyadhi" in Ayurvedic literature. Depending on the site, the name of the disease is attributed to it. The knee joint is the commonest site of degeneration, hence, the name Janu Sandhigata Vata. Osteoarthritis in modern prevalence is a degenerative Ar-

ticular disorder mainly of the weight bearing joints, which limits everyday activities like walking, climbing, standing, making the individual crippled.

There is steady rise in prevalence from age 30 such that by 65, 80% of people have radiographic evidence of OA, though only 25 to 30% are symptomatic.²⁴ The *Samprapti* of *Sandhigata Vata* may be divided into *Dhatukshayajanya* and *Avaranajanya*.

Structural changes in the joints make the disease Kastasadhya to Asadhya. The Chikitsa Sootra of

Sandhigata Vata is Snehana, Swedana and Agnikarma. Since it is a Vata Vikara and Dhatukshaya is the resultant, Snehana and Svedana would be an ideal line of treatment.

Matra Basti is selected in this study because of its simplicity, easy administration and lack of complications for with *Balashaireeya Taila*.²⁵ Hence it is intended to find the effect of *Matra Basti* with *Balashaireeya Taila* in *Janu Sandhigata Vata*.

Discussion on Matra Basti

In the treatment of *Vata Vyadhis* all the *Acharyas* mentioned *Basti* as the main *Chikitsa*. *Matra Basti* is easy, cost effective and can be administered irrespective of the regimen of *Basti Chikitsa*, hence it was selected for the present study.

The present study on *Matra Basti* shows the following analyzed factors.

- Quantity of *Taila*.
- Time of administration of *Basti*.
- Time of Retention of *Basti Dravya*.

Quantity of Taila:

In the present study the dose of *Matra Basti* was 72ml and it didn't show any complications. The dose of *Matra Basti* is *Hraswamatra* of *Sneha* mentioned by *Acharyas*, which gets digested in 6 hrs. By practical observation about 40- 60ml of *Snehpana* takes 6hrs for digestion. *Susrutha* mentioned one and half *Pala* i.e., 72ml as the dose of *Matra Basti*. So, by considering all these factors, 72ml was the dose fixed for *Basti*.

Time of administration of Basti:

During the study, *Basti* was administered after food, as there is no specific time for administration. *Matra Basti* is a type of *Anuvasana Basti* and is administered after food.

Time of Retention of Basti Dravya:

During the present study, it was observed that the maximum time of retention of *Basti Dravya*was 6 hrs and the minimum was 2 hrs. The time of retention gradually increased from the 1st day to 8th day of *Matra Basti*.

Probable Mode of Action of *Matra Basti*: 26

As it is said that "Guda Moolam Hi Shariram" by maintaining the left lateral posture during the Basti

administration, the *Basti Dravya* reaches the *Pakvashaya* and gets absorbed. *Chakrapani* states that *Agni* will be in the natural state in the posture while *Acharya Gangadhara* says; *Agni, Grahani* and *Nabhi* are present in the left side. *Acharya Jejjata* comments *Agni* is present left side over the *Nabhi*, *Guda* has got a left sided relation with *Sthoolantra*. So *Basti Dravya* can reach to the large intestine and *Grahani*, as they are present in the same level.

The action of Basti is possible by Anupravarana Bhāva of Basti Dravya i.e., Sneha easily moves upto Grahani, which freely moves in the intestine. Charaka says Basti Dravya reaches Nabhi, Katipradesha and Kukshi. Basti acts mainly on Asthi and Majjavaha Srotas. Asthi is the seat of Vata Dosha. Dalhana says that Purishadharakala and Asthidharakala are one another the same. So, we can assume that if Purishadharakala gets purified and nourished; the Asthivaha Srotas will also be purified and nourished. Also, another factor is about the relation between Pittadharakala and Majjadhara Kāla, Pittadharakala and Grahani. As an opinion says about the spread of Basti Dravya till Grahani and Grahani is the seat of Agni, the nutrients may get absorbed and there by nourishes the Majjadhara Kāla, which is having a strong bond with Vata and the nervous system.

Balashaireeya Taila used for Matra Basti in has the indigenous compounds like Bala and Shaireeyak. Almost all the ingredients are having the properties opposite of Vata like Laghu, Snigdha, Madhur and the Karmas like Vedanahara and Shothahara. The principal drug used in preparation is Murchita Tila Taila, which is Balya, Vedanaasthapana, Vrushya, and Shulaprashamana in action and counteracts against the symptoms of Janu Sandhigata Vata.

Discussion about Clinical study:

The study was carried out in Patients of *Janu Sandhigata Vata* received *Matra Basti* with *Balashaireeya Taila* for a period of 8 days.

A total of 20 patients complaining of *Janu Sandhigata Vata* were registered in the study, of which 15 patients completed the study. The details are as follows.

Total patients registered in the study	20
Patients who received Matra Basti withBalashaireeya Taila	17
Completed	15
Total Attrition	02

Discussion on effect of Therapies:

Effect of treatment on individual signs and symptoms

Pain during walking on flat surface: There was significant effect on Pain during walking on flat surface with 24.2% improvement after treatment and 90% improvement on 32nd day of the treatment.

Pain during going up and downstairs: There was significant effect on Pain during going up and down stairs with 19% improvement after treatment and 80% improvement after last followup.

Pain at night: There was not a significant effect on Pain at night with 16 % improvement aftertreatment but after 32 days of treatment, there was significant effect.

Pain while sitting: There was significant effect on Pain while sitting with 18 % improvementafter treatment and after 32 days of treatment, there was 90% improvement.

Pain while Standing: There was a 20% improvement after treatment which was significant. After 32 days there was 93% improvement.

Effect on stiffness: After treatment there was 25% improvement which was significant. There was 97% improvement to reduce stiffness after 32 days of treatment.

Effect on Range of movement: After treatment there was 19% improvement which was not significant. After 32 days, there was 90% improvement which was significant.

Effect on Gait: After treatment there was no improvement in Gait. After 32 days there was a 78% improvement in Gait which was significant.

Effect on Tenderness: After treatment, there was 9.7% improvement in Tenderness which was not significant. After 32 days there was an 80% improvement which was significant.

Effect on Crepitus: After treatment, there was no improvement in crepitus. After 32 days there was a 66% improvement which was significant.

Effect on swelling: After treatment, there was 14% improvement in Swelling. After 32 days, there was an 85% improvement which was significant.

Overall effect of therapy

Matra Basti with Balashaireeya Taila has shown a significant effect on all the symptoms at the level of from 8th day onwards. The effect sustained for a longer duration of time i.e., till the 32nd day of the study period.

Discussion on Observations:

When the study shows clinically for pain, swelling, stiffness, Range of movement and tenderness, it was observed that *Matra Basti* with *Balashaireeya Taila* in *Janu Sandhigata Vata* is shows on 8th day slightly effect but when on the 16th day is markedly improved and on 32nd day shows completely recovered with their symptoms. So *Matra Basti* with *Balashaireeya Taila* is very effective in treating the *Janu Sandhigata Vata* w.s.r to Osteoarthritis of knee.

CONCLUSION

Janu Sandhigata Vata has been considered a major problem in society for a long time and the chance of occurrence is expected to be increasing through the coming years because of the present lifestyle.

- The study is intended to efficacy of *Matra Basti* with *Balashaireeya Taila* in *Janu Sandhigata Vata*.
- Basti is considered as the best line of treatment for Vata Vyadhis. Matra Basti is the safest and easiest method of Basti. It can be administered all the time without following any regimens.
- Majority of the drugs in Balashaireeya Taila is having Karmas Vatahara and Kapha- Vata Shamaka, Vedanasthapana properties. So, by their virtue, they help in breaking the Samprapti of Janu Sandhigata Vata. All the drugs were hav-

- ing anti-inflammatory and analgesic properties as well. Therefore, helps in relieving the pain and inflammation of joints.
- Matra Basti with Balashaireeya Taila has given encouraging clinical results. Observingthe clinical of Matra Basti with Taila. It is felt that a multicentered study on this topic would increase and ascertain the validity of the findings.
- This work is presented with the hope that the observations and results widen the scope forfurther studies.

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Source of Support: Nil Conflict of Interest: None Declared

How to cite this URL: Anand A. Kumathalli & Kemppavva V Kullur: Role of Balashaireeya Taila Matra Basti in the effective management of Janu Sandhigata Vata w.s.r Osteoarthritis of Knee. International Ayurvedic Medical Journal {online} 2023 {cited September 2023} Available from:

http://www.iamj.in/posts/images/upload/2185 2195.pdf