



MANAGEMENT OF OSTEOARTHRITIS BY MATRA VASTI WITH NIMBAMRATAPATOLADI GHRITA- A CASE REPORT

Ahmad Azeem¹, Singh Sarika^{2*}

¹Assistant Professor, Department of Panchakarma, Aligarh Unani Ayurvedic Medical college & ACN Hospital, Aligarh

^{2*}Assistant Professor, Department of Shalyatantra, Aligarh Unani Ayurvedic Medical college & ACN Hospital, Aligarh.

ABSTRACT

The ability of work of every individual is depends upon the ability of using his joints. *Sandhigata vata* is one such clinical entity among *Vatavyadhis* which affects the locomotion of senior citizens of this world in which *Dhatukshaya* is prime factor which is characterized by certain symptoms like joint stiffness, joint pain, swelling and difficulty of joint movement etc. In Ashtanga Hrudaya, *Snehana* is mentioned as one of the main treatments of *Sandhigata vata*. Moreover in *Asthidhatugata vata*, *Bahya-abhyantara sneha* is mentioned as treatment and *Vastikarma* occupies important place in treating *Vatavyadhis*.

An observational study of 15 days in a sample of 15 cases was conducted. Diagnosed cases of Osteoarthritis (*Sandhigata Vata*) were selected for study from the outpatient unit of Aligarh Unani & Ayurvedic Medical College and ACN Hospital, Aligarh. Patients were selected at random irrespective of age, sex, *Prakriti* (constitution), *Doshic* (local humoral) and the joint involvement. Patients subjected to prior *Deepana* and *Pachana* procedures internally. It was followed by *Matrabasti* in with *Nimbamratapatoladi Ghrita* with constant dose of 60 ml till *Vyadhishamana* or maximum 2 weeks. Assessment was done before and after study and using structured proforma.

Result and Conclusion: Out of 15 patients from 3 patients (20%) has shown complete remission, 6 patients (40%) have shown marked improvement. In 4 patients (26.66%) moderate improvement was found and 2 patients (13.34%) showed mild improvement. No patient remains unimproved.

KEYWORDS: *Matra Vasti*, Osteoarthritis, *Nimbamratapatoladi Ghrita*.

INTRODUCTION

Panchakarma comprises five major preventive and therapeutic procedures among the unique achievements of our science; these are *Vamana*, *Virechana*, *Niroohabasti*, *Anuvasanabasti* and *Nasyakarma*. *Panchakarma* occupies unique place because of its unique nature not only to treat the disease radically but also by fulfilling both the basic goals of Ayurveda i.e., "*swasthasya swasthya rakshanam, aturasya vikara prashamanam*." When we consider *Panchakarma* procedures for their clinical efficiency and indications, *Bastikarma* has been placed a prime position by virtue of its wide indications and applicability like *Shodhana*, *Shamana*, *Brumhana* and *Karshana* etc basing on the properties of the drugs employed in the procedure. Even it is considered as "*Ardhachikitsa*" and mentioned that it eliminates the vitiated *Doshas* from all over the body because of its wide action like "*Aapadatalamastakam*".^[1]

Osteoarthritis is a common degenerative joint disorder particularly seen in elderly. It is one of the most common musculoskeletal problems in the world. It is age related as well as a lifestyle disorder. Knee and hip are principal large joints usually affected by Osteoarthritis. Almost all persons by age 40 have some pathologic change in weight bearing joint. 25% female and 16% males have symptomatic Osteoarthritis. Overweight and faulty physical activities are the main factors which leads the person to be a victim of the disease, but now a days due to

change in life style, younger age groups are also affected. Due to its high prevalence, it is a major disease of modern age.^[2]

In Modern science, treatment of Osteoarthritis is currently limited to the management of symptoms rather than reducing disease progression. Analgesic and anti-inflammatory drugs are widely used in management, despite known serious adverse effects associated with long term NSAID use. Surgical procedures are considered when other treatment modalities have failed and for patients who generally have severe pain and disability with radiographic evidence of Osteoarthritis. Joint replacement surgery is the ultimate solution in advanced Osteoarthritis with severe deformity.

Ayurvedic treatments has got slower onset of action, but their symptomatic effects tend to be more long lasting after the end of the treatment. So to find out an effective and economical treatment which will reduce symptoms, prevent progression and improve the quality of life of people affected by the disease this study has been undertaken. Among all the treatment modalities of *Sandhigata vata*, *Matrabasti*^{[3],[4]} is considered here for the study.

MATERIALS AND METHODS

Study population

Diagnose cases of Osteoarthritis were selected for study from the outpatient unit of Aligarh Unani & Ayurvedic Medical College and ACN Hospital, Aligarh.

Sample frame

- a. **Study Design:** Observational Study
- b. **Sample Size :** 15 patients
- c. **Period of Study:** 15 days in each case

Drug preparation

Nimbamratapatoladi Ghrita^[5] as per A. H. Chi. 21/58-61 (*Vatayadhi Chikitsa*) was prepared in pharmacy of Aligarh Unani & Ayurvedic Medical College and ACN Hospital, Aligarh as per *Snehapakavidhi* mentioned in *Sharangdhara Samhita*.^[6]

Drug intervention

A. Poorvakarma – Patients were subjected to prior *Deepana & Pachana* –3 days

1. *Gandharvahastadi kashaya* - 90 ml BD
2. *Vaishwanara choorna* - 10 gm BD with hot water

B. Pradhankarma - *Matrabasti*

Poorvakarma

Patient was given the *Sthanika mridu abhyanga* and *Swedana* prior to the *Pradhanakarma*. The *Abhyanga* was done with *Murcchita Tila taila*. Then advised to have *Laghu & Alpa ahara* followed by short walk. Encouraged to pass his natural urges previously, and asked the patient to lay down on table suitable to his height, in left lateral position.

Pradhanakarma

Matrabasti was administered by using sterilized 100 ml of glycerine syringe. A quantity of 60 ml *Nimbamratapatoladi Ghrita* was injected through the rectum. The method of administration of *Bastidravya* was strictly followed as per classics. After the *Basti*, the patient was made to lie on supine posture just after (5 to 10 min) and gentle tapping was made on his buttocks, legs were lifted up, hips were tapped thrice and made pressure over abdomen. Asked to wet for 10min in supine posture, the same procedure was repeated up to *Vyadhishamana* or maximum 2 weeks and it was conducted at 2 pm.

Paschatkarma

Patient is advised to take *Laghu ahara* and rest.

Assessment

RESULT

Percentage of Improvement in each Patient

To evaluate this, total WOMAC score observed before treatment and after treatment average of respective scores are calculated and percentage of change or improvement is drawn by following formula:

$$\frac{(\text{Average BT} - \text{Average AT})}{\text{Average BT}} \times 100$$

Average BT

The patients were assessed based on the assessment criteria at the following stages in case of subjective criteria.

- Before the intervention i.e. on 0th day.
- Just after the treatment i.e. on 15th day.

Assessment criteria

WOMAC Osteoarthritis Index (Western Ontario McMaster Arthritis Scale)

Score for all parameters

- A. None – 0
- B. Mild – 1
- C. Moderate – 2
- D. Severe – 3
- E. Extreme – 4

a. Pain

1. Pain on walking on flat surface
2. Pain on stair climbing
3. Nocturnal pain
4. Pain on rest
5. Pain on weight bearing

b. Stiffness

1. Morning
2. Later in day

c. Difficulty felt during physical activity

1. Descending stairs
2. Ascending stairs
3. Rising from sitting
4. Standing
5. Sitting
6. Bending to floor
7. Walking on flat
8. Getting in or out of car/bus
9. Going shopping
10. Putting on socks/ panty/ stockings
11. Taking off socks/ panty/ stockings
12. Rising from bed
13. Lying in bed
14. Getting in or out of bath tub
15. Getting in or out of toilet
16. Heavy domestic work
17. Light domestic work

Table 1: Showing Percentage Improvement in each Patient after treatment

S.No.	WOMAC Score Before treatment	WOMAC Score After treatment	Mean Change in WOMAC Score	% Improvement
1	61	20	41	67.21
2	64	19	45	70.31
3	66	28	38	57.57
4	63	22	41	65.07
5	58	21	37	63.79
6	54	22	32	59.25
7	65	24	41	63.07
8	63	22	41	65.07
9	56	23	33	58.92
10	58	21	37	63.79
11	60	25	35	58.33
12	68	29	39	57.35
13	53	21	32	60.37
14	60	18	42	70.00
15	54	20	34	62.96
Total	903	335	568	62.90

Mean of WOMAC Score of all 15 patients before treatment was 60.20 which reduced to 22.33 after the 15 days of treatment. The Average Percentage Improvement of all 15 patients was found 62.90%.

DISCUSSION AND CONCLUSION

As *Matrabasti* is the form of *Snehabasti*, it simultaneously helps in pacification of *Vatadosha* and nourishment of *Sleshaka kapha* at the level of joint. According to modern medical science, the rectum has a rich blood and lymph supply and drug can cross the rectal mucosa like other lipid membrane. So, the *Veerya* of *Bastidravaya* first absorbs through intestinal mucosa and corrects the vitiation of *Apanavayu*, *Samanavayu* and then *Vyanavayu*, then enters in general circulation and reaches at the site of pathology (corrects *Asthimajjavaha strotodushti*) and gradually it helps in breaking the *Samprapti*. Thus, through *Basti* with *Nimbamratapatoladi Ghrita* we achieve *Vata Dosha Shamana*, nourishment of *Sleshaka kapha* and *Snehana* of *Asthi Dhatu*.

REFERENCES

1. Kashinath Shastri & Gorakhnath Chaturvedi, Carak Samhita of Agnivesh Vol.2, Edition, Varanasi, 2013, page no. 972.
2. Christopher haslett, Edwin R. Chilvers, Nicholas A. Boon, Nicki R. Colledge, Davidson's Principles and Practice of medicine, 19th Edition, page no. 997.
3. Kashinath Shastri & Gorakhnath Chaturvedi, Carak Samhita of Agnivesh Vol.2, Edition, Varanasi, 2013, page no. 969.
4. Kashinath Shastri & Gorakhnath Chaturvedi, Carak Samhita of Agnivesh Vol.2, Edition, Varanasi, 2013, page no. 985.
5. Vd. Yadunandan Upadhyay, Ashtana hridaya, Chaukhambha Prakashan, Reprint 2008, page no
6. Dr. Brahmanand tripathi, Sharangdhar Samhita, Chaukhamba Surbharti Prakashan Varanasi 2011 page no.133.

Cite this article as:

Ahmad Azeem, Singh Sarika. Management of Osteoarthritis by Matra Vasti With Nimbamratapatoladi Ghrita- A Case Report. International Journal of Ayurveda and Pharma Research. 2016;4(6):95-97.

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence

Dr Singh Sarika

Assistant Professor,
Department of Shalyatantra, Aligarh
Unani Ayuurvedic Medical college &
ACN hospital Aligarh.

Email: sarikasingh2406@gmail.com

Contact: 07217345521