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Research Article

ETIOPATHOLOGICAL STUDY OF *SANDHIGATA VATA* W.S.R. TO OSTEOARTHRITIS AND *UPASAYATMAKA* EFFECT OF *MASHA TAILA (JANU BASTI)* AND *PHALATRIKADI CHURNA*

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ABSTRACT

Sandhigata Vata, correlated to osteoarthritis of the knee joint, is a common degenerative disorder predominantly affecting the middle-aged (>40yrs) and elderly population. It is characterized by *Vatapurnadrutisparsha, Sandhi sotha* and *Prasarana akunchana pravruti savedana* due to vitiation of *Vata Dosha*. Ayurvedic classics emphasize *Snehana* and *Swedana* as prime modalities in its management. *Janu Basti*, a localized external therapy, provides both these effects and is widely used in clinical practice. **Objectives:** To assess the efficacy of *Janu Basti* with *Masha Taila* as well as internal administration of *Phalatrikadi Churna* in the management of *Sandhigata Vata*. **Methodology:** A total of 31 patients were registered for the study, out of which 30 completed the treatment. *Janu Basti* was administered using *Masha Taila* for 7 days followed by a 7 days gap then again for 7 days, along with *Phalatrikadi Churna* (5gm twice daily after food with lukewarm water). Analysis was carried out based on subjective parameters such as *Vatapurnadrutisparsha, Sandhi sotha*, tenderness and *Prasarana akunchana pravruti savedana*, loss of flexibility along with objective parameters like ESR, TLC, and differential count. Statistical analysis was made using paired t-test. **Results interpretation and discussion:** From the study it is found that 36.67% patients were having marked improvement, 53.33% were moderate improvement and 10% mild improvement. **Conclusion:** *Masha Taila* (*Janu Basti*), with *Phalatrikadi Churna*, is an effective and safe therapeutic approach in the management of *Sandhigata Vata*. It significantly decreases symptoms and improves joint function.

INTRODUCTION

Sandhigata Vata is one of the most common diseases seen in society and is classified under *Vatavyadhi* by various *Acharyas.*[1-3] *Vata* plays a crucial role in maintaining the balance of *Dosha, Dhatu*, and *Agni,* while also being essential for movement.[1-2] When *Vata* becomes vitiated and localizes in the joints (*Sandhi*), it leads to the condition known as *Sandhigata Vata*.[1-3] This condition commonly arises due to *Dhathukshaya* (the depletion of bodily tissues) during old age (*Vridhavastha*) or due to injuries (*Abhighata*). *Sandhigata Vata* primarily affects weight-bearing joints, such as the knee joints, hip joint, ankle joints and it significantly restricts daily activities like walking, climbing stairs, and running.[7,8] The vitiated *Vata Dosha* localizes in the joints and can produce symptoms such as pain, swelling, and difficulty in joint movement. *Sandhivata* is a broad term for all the joint disorders involving *Vata* and may include other doshas, while *Sandhigata Vata* is a specific Ayurvedic condition where *Vata dosha* affects the joints, typically weight bearing joints correlating with osteoarthritis.[1-3,7]

Osteoarthritis, a degenerative form of arthritis, can affect any joint but is most prevalent in weight-bearing joints. It commonly occurs in individuals aged 40 years and older and is associated with pain, stiffness, functional limitation, cartilage degeneration, joint-space narrowing and osteophyte formation.[7-9] It can also affect younger individuals, particularly in the presence of risk factors such as obesity, previous joint injury and female sex.[8-9]

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AIMS AND OBJECTIVES

- To study the etiopathology of *Sandhigata Vata* w.s.r. to osteoarthritis.
- To study the effect of *Phalatrikadi Churna* in *Sandhigara Vata.*
- To study the effect of *Masha Taila* by *Janu Basti* in *Sandhigata Vata.*

MATERIALS AND METHODS

Study design: The study is designed as a randomized single-arm clinical study with a pre-test and post-test design. Patients were having before treatment (BT) and after treatment (AT) to determine the effect of the therapy.

Selection of Patients: The population for the study comprised patients diagnosed with *Sandhigata Vata* (osteoarthritis) attending the OPD and IPD of the Department of Roga Nidana Evam Vikriti Vigyana, Govt. Ayurvedic College and Hospital, Balangir, Odisha.

Study Population: Participants aged 40 to 60 years suffering from symptoms of *Sandhigata Vata* (knee osteoarthritis) were referred to the concerned OPD of Govt. Ayurvedic College & Hospital, Balangir. The participants were assessed using subjective and objective parameters, which were graded from 0, 1, 2 and 3 according to the severity of symptoms. All participants were screened for eligibility based on the predefined inclusion and exclusion criteria. Eligible participants were enrolled after obtaining written informed consent following a detailed explanation of the study procedure. Participants were informed about their right to withdraw from the study at any stage.

Intervention

Participants received *Phalatrikadi Churna* 5 g twice daily orally with lukewarm water, before meals, for 30 days. *Phalatrikadi Churna* consisted of *Haritaki*, *Bibhitaki*, *Amalaki* and *Shunthi*, each taken in an equal proportion (1:1:1:1).[10,12] The preparation procedure and details of the formulation are described in the next section.

For external therapy, *Janu Basti* with *Masha Taila* was administered over the affected knee joint. The *Janu Basti* procedure was performed for 7 consecutive days, followed by a 7-day interval, and then repeated for another 7 consecutive days. Approximately 200ml of *Masha Taila* was used for the procedure. A circular boundary was prepared around the knee joint using *Masha* (black gram) flour, and lukewarm *Masha Taila* was retained within the boundary for approximately 20 minutes during each sitting.[11,13] The detailed procedure of *Janu Basti* and preparation of *Masha Taila* are described in the subsequent sections.

Sample size: 30 patients

Diagnostic Criteria

- The patients were diagnosed on the basis of subjective parameters and objective parameters for the diagnosis of *Sandhigata Vata* (osteoarthritis).
- The subjective parameters were *Vatapurna-drutisparsha* (air-filled sensation), *Sandhi Sotha* (Inflammation of joint), *Prasaranaakancha-nayohsavedana* (pain during movements of joint), tenderness, loss of flexibility, bone spur and the objective parameter were DC, TLC, ESR, RA factor, ASO, uric acid.[7,14]

Grading (Subjective Parameters)

Illness	Severity	Grade
Vatapurnadrutis parsha	No palpable fluid or swelling in the knee joint.	0
	Minimal palpable fluid, barely detectable, and no visible swelling	1
	Palpable fluid, slight swelling, and a "soft" feeling around the knee joint.	2
	Moderate palpable fluid, noticeable swelling, and a "sac-like" feeling around the knee joint (similar to a "sac filled with air").	3
Sandhi Sotha	No edema	0
	Swelling slightly covering only the bony prominence	1
	Swelling completely covering all the bony prominence	2
	Swelling present all over the joint	3
Prasaranaakunc hanayohvedana	No pain in movement	0
	Patient with winching of face in movement (mild pain during movement)	1
	Moderate pain in movement.	2
	Sever pain with movement & patient prevents complete flexion.	3
Tenderness	No tenderness	0
	Mild tenderness – Pain with swelling of knee	1

	Moderate tenderness – Pain and on touch patient withdraws knee joint	2
	Severe tenderness – Patient does not allow touching the knee joint	3
Loss of flexibility	Full range of motion (ROM), with knee flexion ≥ 120°	0
	Slight loss of flexion, with knee flexion ≥ 90° but < 120°	1
	Moderate loss of flexion, with knee flexion ≥ 60° but < 90°	2
	Severe loss of flexion, with knee flexion ≥ 30° but < 60°	3

Inclusion Criteria

- Age of 40-60 yrs
- Sex-both male and female
- Patients having the symptoms of pain, stiffness, tenderness, swelling, and loss of flexibility of the joints.

Exclusion Criteria

- Age <40 yrs and> 60 yrs
- Rheumatoid arthritis, gout, Bechterew's disease or Chondrocalcinosis
- Patello femoral instability
- Existing serious illness and other systemic illness (diabetes, cardio vascular disease etc)

Selection of Drugs

The individual drugs of *Phalatrikadi Churna*, namely *Haritaki* (*Terminalia chebula* Retz.), *Bibhitaki* (*Terminalia bellirica* (Gaertn.) Roxb.), *Amalaki* (*Phyllanthus emblica* L.) and *Shunthi* (*Zingiber officinale* Roscoe), were collected and authenticated by experts of the Department of *Dravyaguna*. The drugs were properly dried, powdered separately and mixed in equal proportions (1:1:1:1).[10,12] The prepared powder was stored in an airtight container.

Dose – 5gm twice daily

Anupana – Lukewarm water

Duration – 30 days

Masha Taila

The medicine was prepared in the Mini Pharmacy of Govt. Ayurvedic College & Hospital, Balangir, Odisha. *Masha* and *Saindhava Lavana* were used as the main drugs, while *Haritaki, Amalaki, Bibhitaki, Haridra, Musta, Lodhra, Ketaki, Mañjishtha, Nalika* and *Vataṅkura* were used as *Murchana Dravya*.[11,13] The drugs were properly processed for the preparation of *Kvatha* and *Kalka*. *Tila Taila Murchana* was carried out, followed by addition of the prepared *Kvatha* and *Kalka*. The mixture was heated over mild fire with frequent stirring until *Sneha Siddhi Lakshanas* were achieved. The hot oil was filtered, cooled and stored in airtight containers for further use in *Janu Basti*.

Dose/Quantity for external application– Approximately 200 ml per sitting

Mode of administration– External application through *Janu Basti*

Duration – 7 days, followed by a 7-day interval, and again for 7 days.

The preparation of *Phalatrikadi Churna* and *Masha Taila* was carried out in the departmental Mini Pharmacy under the supervision of the H.O.D., Department of Rasashastra & Bhaishajya Kalpana, Govt. Ayurvedic College & Hospital, Balangir, Odisha, following standard procedures and GMP guidelines. The prepared formulations were properly packed and preserved in airtight containers. Samples of both formulations were sent to the Quality Control Laboratory, Bhubaneswar, for analytical verification.

Assessment Criteria

Scoring Method

The degree of severity was assessed by the grading score from 0-3 and data collected from pathological investigation on 0 days (BT) & 30th day (AT) of the treatment were assessed.

Plan for Data Analysis

- Data were analysed using appropriate statistical methods.
- Wilcoxon signed-rank test was used for subjective.
- Paired t-test was used for objective parameters
- A p-value of < 0.05 was considered statistically significant.

RESULTS

Subjective and Objective parameters were observed during the research study. The percentage improvement was also observed and assessed after the clinical trial. After observation of subjective and objective parameters, the parameters were analysed using statistical methods.

OBSERVATION AND RESULTS

Table 1: *Vatapurnadrutisparsha* before and after treatment in patients (N=30)

Vatapurnadrutisparsha	**N**	**Mean**	**SD**	**SE**	**Wilcoxon Z value**	**P-Value**	**% Effect**	**Result**
BT	30	0.33	0.66	0.12	2.4395	0.007	78.8%	Significant
AT	30	0.07	0.25	0.06				

Since observations are quantitative, we have used Wilcoxon Signed ranks test to test efficacy. From above table, we can observe that P-Value is equals 0.007. Hence, we can conclude that, effect observed is significant.

Table 2: *Sandhi Sotha* before and after treatment in patients (N=30)

Sandhi Sotha	N	Mean	SD	SE	Wilcoxon Z value	P-Value	% Effect	Result
BT	30	2.33	0.61	0.011	4.9093	0.0001	64.38%	Significant
AT	30	0.83	0.59	0.11				

Since observations are quantitative, we have used Wilcoxon Signed ranks test to test efficacy. From above table, we can observe that P-Value is less than 0.0001. Hence, we can conclude that, effect observed is extremely significant.

Table 3: *Prasaranaakunchanayohsavedana* before and after treatment in patients (N=30)

Prasaranaakuncha-nayohsavedana	N	Mean	SD	SE	Wilcoxon Z value	P-Value	% Effect	Result
BT	30	2.33	0.55	0.10	4.9725	0.0001	57.14%	Significant
AT	30	1.00	0.45	0.08				

Since observations are quantitative, we have used Wilcoxon Signed ranks test to test efficacy. From above table, we can observe that P-Value is less than 0.0001. Hence, we can conclude that, effect observed is extremely significant.

Table 4: Tenderness before and after treatment in patients (N=30)

Tenderness	N	Mean	SD	SE	Wilcoxon Z value	P-Value	% Effect	Result
BT	30	1.10	0.66	0.12	4.9995	0.0001	81.82%	Significant
AT	30	0.20	0.41	0.07				

Since observations are quantitative, we have used Wilcoxon Signed ranks test efficacy. From above table, we can observe that P-Value is less than 0.0001. Hence, we can conclude that, effect observed is extremely significant.

Table 5: Loss of flexibility before and after treatment in patients (N=30)

Loss of flexibility	N	Mean	SD	SE	Wilcoxon Z value	P-Value	% Effect	Result
BT	30	1.33	0.61	0.11	5.0247	0.0001	72.18%	Significant
AT	30	0.37	0.49	0.09				

Since observations are quantitative, we have used Wilcoxon Signed ranks test to test efficacy. From above table, we can observe that P-Value is less than 0.0001. Hence, we can conclude that, effect observed is extremely significant.

Table 6: TLC before and after treatment in patients (N=30)

TLC	N	Mean	SD	SE	t-Value	P-value	% Change	Result
BT	30	8740.00	1011.86	184.74	2.2068	=0.0354	0.65%	Significant
AT	30	8683.33	958.48	174.99				

Since observations are quantitative, we have used paired t-Test to test significance. From above table, we can observe that P-Value is less than 0.05. Hence, we can conclude that, there is significant change observed in TLC.

Table 7: ESR before and after treatment in patients (N=30)

ESR	N	Mean	SD	SE	t-Value	P-value	% Change	Result
BT	30	41.37	16.00	2.92	10.0999	<0.0001	26.11%	Significant
AT	30	30.57	12.92	2.36				

Since observations are quantitative, we have used paired t-Test to test significance. From above table, we can observe that P-Value is less than 0.0001. Hence, we can conclude that, there is significant change observed in ESR.

Table 8: Neutrophil before and after treatment in patients (N=30)

Neutrophil	N	Mean	SD	SE	t-Value	P-value	% Change	Result
BT	30	64.60	5.92	1.08	5.5875	<0.0001	5.83%	Significant
AT	30	60.83	3.43	0.63				

Since observations are quantitative, we have used paired t-Test to test significance. From above table, we can observe that P-Value is less than 0.0001. Hence, we can conclude that, there is significant change observed in neutrophil.

Table 9: Eosinophils before and after treatment in patients (N=30)

Eosinophil	N	Mean	SD	SE	t-Value	P-value	% Change	Result
BT	30	4.23	3.92	0.72	4.5213	<0.0001	40.91%	Significant
AT	30	2.50	2.26	0.41				

Since observations are quantitative, we have used paired t-Test to test significance. From above table, we can observe that P-Value is less than 0.0001. Hence, we can conclude that, there is significant change observed in Eosinophil.

Table 10: Basophil before and after treatment in patients (N=30)

Basophil	N	Mean	SD	SE	t-Value	P-value	% Change	Result
BT	30	0.03	0.18	0.03	1.0000	=0.3256	0.00%	Not significant
AT	30	0.00	0.00	0.00				

Since observations are quantitative, we have used paired t-Test to test significance. From above table, we can observe that P-Value is greater than 0.05. Hence, we can conclude that, there is no significant change observed in basophil.

Table 11: Lymphocyte before and after treatment in patients (N=30)

Lymphocyte	N	Mean	SD	SE	t-Value	P-value	% Change	Result
BT	30	31.10	6.89	1.26	6.6955	<0001	17.91%	Significant
AT	30	36.67	3.76	0.69				

Since observations are quantitative, we have used paired t-Test to test significance. From above table, we can observe that P-Value is less than 0.05. Hence, we can conclude that, there is significant change observed in lymphocyte.

Table 12: Monocyte before and after treatment in patients (N=30)

Monocyte	N	Mean	SD	SE	t-Value	P-value	% Change	Result
BT	30	0.03	0.18	0.03	1.0000	=0.3256	0.00%	Not significant
AT	30	0.00	0.00	0.00				

Since observations are quantitative, we have used paired t-Test to test significance. From above table, we can observe that P-Value is greater than 0.05. Hence, we can conclude that, there is no significant change observed in monocyte.

Table 13: Overall effect in patients (N=30)

Overall Effect (Patient Wise)	Overall Effect	
	N	%
Marked Improvement	11	36.67%
Moderate Improvement	16	53.33%
Mild Improvement	3	10.00%
No Improvement	0	0%
Total	30	100%

It's observed from the above table overall effect in patients that 16 (53.33%) were improved moderately followed by 11 (36.67%) improved markedly and 3 (10%) improved mildly.

DISCUSSION

Out of 31 registered patients, 30 completed the study, indicating good treatment compliance and feasibility. The majority belonged to the 51–60 years age group (63.33%), followed by 40–50 years (36.67%), supporting the Ayurvedic concept that increased *Vata* in old age contributes to *Dhatu Kshaya* and joint degeneration.

Females predominated (70%), which may be associated with post-menopausal hormonal changes, calcium deficiency, and increased bone resorption. Housewives constituted the majority (63.33%), suggesting that prolonged standing, squatting, and repetitive weight-bearing activities may contribute to knee joint degeneration.

All patients were Hindu (100%), reflecting the regional study population. Most were married (86.67%), literate (76.67%), and belonged to the middle socio-economic group (86.67%). The absence of family history in most patients (83.33%) suggests a greater role of lifestyle and environmental factors. Additionally, 60% had received no prior treatment, indicating delayed intervention and possible chronic progression.

Discussion on study findings (Subjective parameters)

Significant improvement was observed in most of the subjective parameters. *Vatapurnadrutisparsha* (representing a feeling of air-filled joints due to *Vata* aggravation and joint degeneration, showed marked improvement. This can be attributed to the *Snigdha* and *Ushna* properties of *Masha taila* which counteract the *Ruksha* and *Sheeta* qualities of *Vata* and provide nourishment to deeper tissues like *Asthi* and *Majja Dhatu. Phalatrikadi churna* by improving *Agni* and digesting *Ama,* prevents further *Vata* aggravation.

Sandhi Sotha (joint swelling) showed highly significant improvement due to anti-inflammatory action of both therapies. *Masha taila* improves local circulation, while *Phalatrikadi Churna* eliminates *Ama,* thereby relieving *Srotorodha.*

Prasarana- Akunchanayohsavedana (pain during movement) improved significantly due to enhanced joint lubrication and reduction of friction by *Masha taila*, along with systemic anti-inflammatory effects of *Phalatrikadi Churna*.

Tenderness showed maximum improvement, indicating effective reduction in localized inflammation and nerve sensitivity due to the soothing and unctuous nature of the therapy.

Loss of flexibility improved significantly as *Masha Taila* enhanced joint elasticity and mobility, while *Phalatrikadi Churna* prevented further degeneration.

However, bone spur did not show significant improvement, as it represents a chronic structural change which is not easily reversible.

Discussion on objective Parameters

ESR-Reduction indicates decreased inflammation. *Phalatrikadi Churna* acts through *Ama-Pachana* and anti-inflammatory, while *Masha Taila Janu Basti* reduces local joint inflammation, leading to normalization of ESR.[8]

TLC-Decrease shows control over inflammatory and immune response. *Phalatrikadi Churna* helps by improving *Agni* and reducing *Ama* and *Masha Taila* provides local anti-inflammatory action, thereby reducing leukocyte activity.

Neutrophils: Neutrophils are primary cells involved in acute inflammation. In *Sandhigata Vata*, a mild increase may be seen due to ongoing inflammatory processes in joints. After treatment, a reduction or normalization of neutrophil count indicates control over inflammation. *Phalatrikadi Churna* plays a key role through its *Ama-Pachaka* and anti-inflammatory action, reducing inflammatory mediators and thereby decreasing neutrophilic activity. It helps in restoring *Agni*, which prevents further formation of *Ama* and inflammatory responses. *Masha Taila (Janu Basti)* reduces local inflammation (*Sotha*) and pacifies *Vata* which indirectly contributes to lowering systemic inflammatory response reflected in neutrophil levels.

Eosinophils: Eosinophils are generally associated with allergic responses and chronic inflammatory conditions. In some patients, slight variations may be seen due to chronicity of the disease or associated conditions. Normalization of eosinophil count suggests reduction in chronic inflammatory or hypersensitivity reactions. *Phalatrikadi Churna* by its *Srotashodhana* and *Rasayana*-like effect, helps in detoxification and maintain immune balance, thus stabilizing eosinophil levels. Abnormal immune responses reduced by antioxidant and metabolic corrective action.

Lymphocyte: Lymphocyte are involved in chronic inflammation and immune regulation. In degenerative conditions like osteoarthritis, lymphocyte levels may show mild variation due to chronic immune involvement, after treatment, normalization of lymphocyte count indicates improved immune modulation, *Phalatrikadi Churna* exhibits immuno-modulatory properties, helping in balancing immune function and reducing chronic inflammatory load. By correcting *Agni* and *Ama*, it prevents prolonged immune activation. *Masha Taila* supports by reducing local pathology, which indirectly decreases chronic immune stimulation. Basophil and monocytes showed no significant change likely due to their minimal involvement in disease pathology.

Probable mode of action of *Phalatrikadi Curna* in *Sandhigata Vata*

Properties of drugs → **Action in *Sandhigata Vata***

Haritaki (Ushna Virya, Laghu Guna) → *Dipana, Pacana*

↓

Improves *Agni*

↓

Ama Pacana (Removal of metabolic toxins)

↓

Reduces *Ama* accumulation in *Sandhi*

↓

Removes *Srotorodha*

↓

Decreases *Stambha* & *Sandhi Śula*

Bibhitaki (Kashaya Rasa, Ruksha Guna) → *Kapha Śamana*
↓
Śothahara Action
↓
Decreases *Sandhi Śotha*

Amalaki (*Rasayana*, Anti-oxidant) → *Dhatu Poshana*
↓
Asthi & Majja Nourishment
↓
Prevents Joint Degeneration
↓
Improves Flexibility

Śunthi (Katu Rasa, Ushna Virya) → *Vata-Kapha Śamana*
↓
Vedana Sthapana
↓
Improves Circulation
↓
Decreases Pain & Improves Mobility

Overall Effect

Reduction in symptoms of *Sandhigata Vata* (pain, swelling, stiffness & restricted movement)

Probable mode of action *Masha Taila* (*Janu Basti*) in *Sandhigata Vata*

Properties of drugs **Action in *Sandhigata Vata***

Tila Taila (*Snigdha+Ushna Guna*) → Pacifies aggravated *Vata Dosha*
↓
Snehana effect in *Sandhi* → Improve lubrication of joint space
↓
Reduces friction between articular surface
↓
Relieves *Śula* & *Stambha*
↓
Svedana effect due to warmth retention in *Janu Basti* → Enhances local circulation & relieves *Srotorodha*
↓
Reduces *Sandhi Śotha*
↓
Masha (*Brimhana + Balya*) → Nourishes *Asthi* & *Majja Dhatu*
↓
Strengthens periarticular structures
↓
Improves joint stability & mobility
↓
Overall effect reduction in symptoms of *Sandhigata Vata* (pain, stiffness, restricted movement)

Overall effect of therapy

The overall results showed that 36.67% of patients had marked improvement, 53.33% had moderate improvement and 10% had mild improvement with no cases of non-improvement. This clearly indicates the effectiveness of the combined therapy in managing *Sandhigata Vata.*

CONCLUSION

Sandhigata Vata is a chronic degenerative disorder in which *Vata Dosha* vitiation is predominant along with *Dhatu Kshaya*. The factors such as aging, dietary habits, sedentary lifestyle, and occupational strain have impact on the disease.

The combined therapy of *Masha Taila* (*Janu Basti*) and *Phalatrikadi Churna* shows significant efficacy in the management of *Sandhigata Vata*. Marked improvement in subjective parameters such as pain, swelling, stiffness, tenderness, and restriction of movement, along with improvement in objective parameters like ESR and TLC was improved.

The mode of action of the therapy can be better explained through *Samprapti Vighatana*. *Masha Taila* (*Janu Basti*) provides localized *Snehana* and *Swedana*, leading to *Vata Shamana*, improved joint lubrication, and enhanced mobility. *Phalatrikadi Churna* acts systemically through *Deepana-Pachana* and *Ama Pachana*, correcting *Agni* and preventing further disease progression.

Thus, it can be concluded that this combined therapeutic approach is safe, effective, and economical. It not only presents symptomatic relief but also addresses the underlying pathology, thereby improving joint function and enhancing the quality of life of patients suffering from *Sandhigata Vata* (osteoarthritis).

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