

A NOTEWORTHY IMPROVEMENT OF SANDHIGATAVATA THROUGH BRIHAT PANCHAMoola BASTI - CASE SERIES

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ABSTRACT

Sandhigata vata is a *Vata* dominating disorders which creates inflammatory as well as degenerative changes in joints. The most typical disorder in the locomotor system is Osteoarthritis (OA). This disorder primarily affects large joints, especially in weight-bearing joints. Osteoarthritis symptoms are frequently observed in 15% of males and 25% of females. Materials and methods: This case series involves four cases diagnosed with *Sandhigata vata* and one *Grdhrasi*; treated with *Sarvanga Parisheka*, *Basti* and depending on the clinical presentation. Results: There was significant reduction in the symptoms of osteoarthritis and lumbago sciatica. Being safe, devoid of adverse effects, ayurvedic management is the only option to avoid painful intervals, advancement of the disease and repeated use NSAIDs.

KEYWORDS: *Sandhigata vata*, *Brihat panchamoola kashaya*, *Basti*.

INTRODUCTION

Sandhigata vata is mentioned in the context of *gata vata* in the classical texts. The *lakshana* are swelling in the joints, and pain which increases on extension and flexion of joints. Osteoarthritis (OA) which is mentioned in western medicine has its similarities with the signs and symptoms of *sandhigata vata*. Charaka Samhita has mentioned common treatment for *vata vyadhi* i.e., repeated use of *snehana* and *swedana*, *basti* and *mrudu virechana*. Sushruta Samhita, Yogarathnakara, Bhaishajya Ratnavali and Chakradatta have mentioned the treatment for *Sandhigata vata* in specific, i.e., *snehana*, *upanaha*, *bandhana*, *agnikarma*, *unmardana* and other *shamanushadhi*. In Sushruta Samhita it is mentioned that the given description of *sandhi* is only for *asthi Sandhi*. Dalhana in his commentary *Nibandha Sangraha* on Sushruta Samhita states that *sandhi* means *asthyashrita Sandhi*. So *Sandhigata vata* is considered as *Asthi-Sandhigata vikara*. *Asthi* and *sandhi* are the *moolasthan* of *majjavaha srotas*. *Majja kshaya* makes the person afflicted

by vataroga. Considering the above points, Asthi majjagata vata chikitsa is adopted in Sandhigata vata where Bahya and Abhyantara sneha is employed. Charaka Samhita mentions Panchakarma chikitsa especially Basti with ksheera and sarpi processed with tikta dravyas are useful in asthyashrita vyadhi. Here an attempt has been made to critically analyse the effect of Brhat Panchamoola Basti in the management of Sandhigata Vata.

CASE REPORT

Case 1

A female patient aged 57 year not a known case of hypertension and diabetes mellitus was apparently healthy 1 years back. Then gradually she developed pain over lower back region followed by bilateral knee joint. Pain aggravates on daily activity and subsides on rest. She consulted nearby physician and X-Ray revealed Grade 3 OA of bilateral knee joint. She was advised with Knee Replacement Surgery but patient preferred Ayurvedic line of management. Hence, she approached the panchakarma OPD, Government Ayurvedic Medical College, Bengaluru.

Case 2

A female patient aged 45 year known case of diabetes mellitus since 4 year on regular medication was apparently fine 2 years back. Then she gradually developed pain in bilateral knee joint followed by right shoulder joint. She feels difficulty while walking and folding the leg at knee joint. She is a tailor by her occupation since 9 year. The pain aggravated during tailoring, cooking and standing for a longer duration. Relives on taking rest. For all these complaints she consulted an allopathic physician and prescribed for NSAIDs. As much result was not obtained, she preferred Ayurvedic line of management. So, she approached the panchakarma OPD, Government Ayurvedic Medical College, Bengaluru.

Case 3

A 51 year married male with K/C/O Hypertension (on regular medication) and varicose vein (grade-2) was apparently fine 7 years back. Then gradually he developed pain over lower back region radiating to right lower limb associated with tingling sensation. He also had complaints of stiffness in the lower back region from 2 months and feeling difficulty while walking from 2 month. He worked as a bus conductor for more than 15 years & no prior surgical history. For this, he approached to nearby allopathic hospital & prescribed for symptomatic medication. As signifying result was not obtained, so he approached to the panchakarma OPD, Government Ayurvedic Medical College, Bengaluru for further management.

Case 4

A 63 years married female patient with N/K/C/O Hypertension, DM₂ and Thyroid dysfunction was apparently fine 8 years back. Then gradually she developed pain over bilateral knee joint followed by lower back region associated with stiffness. She used to work in a cotton factory for more than 15 years and history of weight lifting is there. After intake of analgesic also, no relief was obtained, and symptoms were getting worsened day by day. So she was advised for bilateral knee arthrocentesis. After the procedure, as the pain was reduced by almost 50%, she used to continue her work. But from past 3 years, the symptoms again reoccured. So, she approached Panchakarma OPD of Government Ayurveda Medical College, Bengaluru for further management.

Case 5

A 55 years old female patient N/K/C/O HTN, DM2 & Thyroid dysfunction presented with chief complaint of left knee pain since 6 months. Walking and climbing the stairs aggravated the pain & by resting the pain was relieved. She is a flower shopkeeper and prior surgery revealed of Total Hysterectomy 1year back due to AUB. In radiographical examination, Grade 2 OA was found. The patient was taking NSAIDs, but there was no satisfactory relief obtained. So she approached to Panchakarma OPD of GAMC, Bengaluru.

Table 1: Assessment was done on the basis of WOMAC Criteria.***Sandhi Shoola* (pain)**

Symptoms	Score/grading
No pain	0
Mild pain with no difficulty in walking	1
Slightly difficulty in walking due to pain	2
Severe difficulty in walking	3

***Sandhi Shotha* (swelling)**

Symptoms	Score/grading
No swelling at all	0
Swelling noticeable but not making the bony prominence	1
Swelling sufficient to cover the bony prominence	2
Swelling with positive fluctuation	3

***Sandhi Graha* (stiffness)**

Symptoms	Score/grading
No stiffness	0
Mild stiffness	1
Moderate stiffness	2
Severe stiffness more than 10 min	3

***Akunchana Prasaranya Vedana* (pain during flexion and extension)**

Symptoms	Score /grading
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

***Sparsha Ashyata* (tenderness)**

Symptoms	Score/grading
No tenderness	0
Patient say tenderness	1
Winching of face on touch	2
Does not allow to touch the joint	3

***Sandhi Sphutana* (crepitus)**

Symptoms	Score/grading
No crepitus	0
Palpable crepitus	1
Audible crepitus	2

Clinical Findings

Table 2: Showing the clinical findings.

	Case 1	Case 2	Case 3	Case 4	Case 5
Pain	Present	Present	Absent	Present	Present
Swelling	Absent	Absent	Absent	Absent	Present
Stiffness	Present	Present	Absent	Present	Present
ROM	Restricted	Painful during flexion	Possible	Restricted	Painful
Tenderness	Present (more over medial aspect of knee joint)	Present	Absent	Present (both medial & lateral aspect of knee joint)	Present (both medial & lateral aspect of knee joint)
Crepitus	Present	Present	Absent	Present	Present
Spinal curvature	Normal	Normal	Loss of lumbar lordosis	Normal	Normal
Doorbell sign	Positive (L ₄ -L ₅ -S ₁)	Negative	Positive (L ₃ -L ₅ -S ₁) Paraspinal muscle spasm present over right lumbar region	Positive (L ₃ -L ₅ -S ₁)	Negative
SLR	Negative	Negative	Positive (30 degree)	Negative	Negative
Heel walk & Toe walk	Heel walk more painful	Possible	Painful	Not possible due pain over knee joint	Possible
Gait	Antalgic	Antalgic	Antalgic	Antalgic	Antalgic

Treatment protocol adopted

Table 3: Showing the treatment protocol adopted.

Case 1	Case 2	Case 3	Case 4	Case 5
1. <i>Sarvanga Abhyanga</i> with <i>Karpooradi taila</i> followed by <i>Dashamoola Pariseka</i> for 5 days	1. <i>Sarvanga Abhyanga</i> with <i>Karpooradi taila</i> followed by <i>Dashamoola Pariseka</i> for 5 days	1. <i>Sarvanga Abhyanga</i> with <i>Karpooradi taila</i> followed by <i>Dashamoola Pariseka</i> for 5 days	1. <i>Sarvanga Abhyanga</i> with <i>Karpooradi taila</i> followed by <i>Dashamoola Pariseka</i> for 5 days	1. <i>Sarvanga Abhyanga</i> with <i>Karpooradi taila</i> followed by <i>Dashamoola Pariseka</i> for 5 days
2. <i>Brhat Panchamooladi Kashaya</i> followed by <i>Ksheera Basti</i> in <i>Kalabasti</i> pattern	2. <i>Brhat Panchamooladi Kashaya</i> followed by <i>Ksheera Basti</i> in <i>Kalabasti</i> pattern	2. <i>Brhat Panchamooladi Kashaya</i> followed by <i>Ksheera Basti</i> in <i>Kalabasti</i> pattern	2. <i>Brhat Panchamooladi Kashaya</i> followed by <i>Ksheera Basti</i> in <i>Kalabasti</i> pattern	2. <i>Brhat Panchamooladi Kashaya</i> followed by <i>Ksheera Basti</i> in <i>Kalabasti</i> pattern
3. Oral medicine during the treatment and at the time of discharge- <i>Simhanada guggulu</i> 1-1-1 A/F	3. Oral medicine during the treatment and at the time of discharge- <i>Lakshadi guggulu</i> 1-1-1 A/F	3. Oral medicine during the treatment and at the time of discharge- <i>Trayodashanga guggulu</i> 1-1-1 A/F	3. Oral medicine during the treatment and at the time of discharge- <i>Trayodashanga guggulu</i> 1-1-1 A/F	3. Oral medicine during the treatment and at the time of discharge- <i>Lakshadi guggulu</i> 1-1-1 A/F

RESULT (WOMAC Criteria)**Table 4: Showing the result (WOMAC Criteria).**

	Case 1		Case 2		Case 3		Case 4		Case 5	
	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
Pain	3	1	2	0	2	0	3	0	2	0
Swelling	0	0	0	0	0	0	0	0	2	1
Stiffness	3	1	1	0	0	0	3	1	2	0
Pain during flexion and extension	4	2	3	0	2	0	4	1	2	0
Tenderness	2	1	2	0	0	0	3	1	2	0
Crepitus	1	1	1	1	0	0	2	1	1	0

DISCUSSION

Osteoarthritis is most common in knee joints, but can occur in other weight bearing joints too. Goal of the treatment in osteoarthritis involves,

1. Preventing further loss of the bone tissue.
2. Improving the nourishment to the bone.
3. Reducing the pain and improving the range of movement of the joint involved.

Sarvanga Parisheka

All cases presented with *Kapha avarana lakshana* like stiffness and pain. According to *Acharya Vagbhata*, whenever there is *Vata prakopa* due to *Margavarana*, one should go for *Ruksha chikitsa* like, *Lepa*, *Seka* etc.^[4] As there was involvement of *Kapha* and *Vata* in the *Samprapti*, *Dashamoola kashaya Seka* was adopted.

Basti

Among *Panchakarma Basti Karma* is considered as “*Ardha chikitsa*” and “*Sarvakari*”. *Basti* has been standardized as definitive therapy to treat the vitiated *Vata* and *Vatapradhana Vyadhi* (AS.Su 28/12). *Basti* removes *Mala*, *Pitta* & *Kapha* and does *Vatanulomana* to relieve the disorders situated in all over the body.

Brhat Panchamooladi Kashaya/Ksheera Basti

Honey	50 ml
Saindhava	10 gm
Panchatiktaguggulu Ghrta	70 ml
Shatapushpa kalka	30 gm
Brhat panchamoola Kashaya/ksheera	340 ml
Total	500 ml

Anuvasana Basti with *Panchatiktaguggulu Ghrta* 60 ml

Brhat Panchamoola Kashaya Basti

In case of osteoarthritis, the degradation of articular cartilage and the reactive changes in surrounding joint tissues, including the subchondral bone and synovial membrane occurred due to *Dhatukshaya*. *Sandhi* is the site of *sleshaka kapha*. Due to *nidana sevana* and *vridhdhavastha*, *Vata dosha* in the body increases. The aggravated *Vata dosha* with its properties of *ruksha*, *laghu* and *khara* guna causes depletion of *sleshaka kapha* leading to *kshaya* of *asthi sandhi*. Thus, combating the aggravated *Vata dosha* stands first while treating the case. Hence in all the cases, 3 *Brhat Panchamoola Kashaya Basti* was administered for first three days of course of the *Basti*. It is *Tikta Rasa Pradhana* & *Ushna Virya* which helps in correcting the *Dhatvagni*.

Brhat Panchamoola Ksheera Basti

Acharya Charaka mention, *Tikta rasa sadhita ksheera basti* in the management of *Asthi kshaya vikara*^[10] *Tikta dravyas* may have the properties of neovascularization, detoxification, analgesic and antibacterial there by facilitate the *Poshaka Tatvas* to the *asthivaha* and *Majjavaha Srotas* due to its *Vata Guna* and *Akasha Mahabhuta* predominance. *Ksheera Basti* is a good nutritive measure in degenerative disorders. As all the cases presented with osteoarthritis, where the patients had *Asthi kshaya lakshana*, *Kala basti* pattern was followed and *Brhat Panchmoola ksheera basti* was administered for next 3 days.

Dhatu poshana - drugs → improves nutrient delivery → proper collagen formation in ligament. **Brimhana dravyas** (*Ksheera, Mamsa-rasa, Ghrita*) → Helps in nourishment of *asthi-Majja-Snayu* → increases tensile strength.

Sadyo-Balajanana - Rapid improvement in functional strength → early stability of joint and reduced giving-way.

Maintains Dhatvagni → prevents formation of weak, immature collagen (poor remodelling).

Balajanana (Bala, Yashtimadhu, Laghu Panchamula)- supports fibroblast activity.

Rasayana → prevents recurrent micro-tears & degeneration.

Simhanada Guggulu

It is the drug of choice in the disease *Amavata* as it contains *Eranda taila* as its main ingredient. It helps to reduce stiffness and does *Vatanulomana* which in turn protect the bone from further wear and tear.

Lakshadi guggulu

It is mainly indicated in the *Asthi vikara* which mainly helps in bone regrowth as it contains ingredients like *laksha*, *Asthishrunkhala*, *Arjuna* etc which has the target towards bone healing.

Trayodashanga guggulu

It is mainly prescribed in all type of *Vatavyadhi*, especially *Katigraha*, *Sandhigata Vata*. It is useful to promote strength of bones and joints by acting as an excellent anti inflammatory medication due to its content like *Triphala*, *Trikatu*, *Shunthi* etc.

CONCLUSION

The management of osteoarthritis should be multifaceted, including Basti, Upanaha etc. and Shamana Oushadhi aiming at preventing disease and slowing its progression. The purpose of the present study was "To Evaluate the effect of Brhat Panchamoola Basti in Sandhivata" The conclusions were drawn after logical interpretation of the results obtained in the preceding clinical study.

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