

EFFICACY OF MADHUTAILIKA BASTI IN JANUSANDHIGATVAT: A CASE REPORT

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ABSTRACT

Background: Janu Sandhigata Vata is described in Ayurveda as a disorder affecting the knee joint and is clinically comparable to knee osteoarthritis. It is characterized by pain (Sandhi Shoola), swelling (Shotha), stiffness, crepitus (Atopa), and restriction of movements, leading to impaired daily activities and reduced quality of life. As it is predominantly a Vata Dosha disorder, Basti Karma is considered one of the principal therapeutic interventions in its management. **Case Presentation:** A 51-year-old female patient presented to the outpatient department with complaints of pain in both knee joints, stiffness, swelling, and difficulty in walking for the past 2–3 years. The symptoms were aggravated by prolonged standing, walking, and climbing stairs. Clinical examination revealed tenderness, crepitus, swelling, and restricted range of

motion in both knee joints. Based on the clinical features and Ayurvedic assessment, the condition was diagnosed as Janu Sandhigata Vata. **Intervention:** The patient was treated with Madhutailika Basti for eight consecutive days. The treatment was administered according to classical Ayurvedic principles, including Purva Karma (pre-procedural measures), Pradhana Karma (administration of Basti), and Paschat Karma (post-procedural care). Assessment parameters included the Visual Analogue Scale (VAS) for pain, Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC), knee joint range of motion (ROM), and measurement of joint swelling. **Outcome:** Marked clinical improvement was observed following the completion of therapy. The VAS score decreased from 8 to 2, indicating significant pain reduction. The WOMAC score improved from 75 to 30, reflecting better functional status and reduced stiffness. Knee joint flexion improved from 90° to 120°,

and reduction in swelling was noted. The patient also reported improved mobility and enhanced ability to perform routine daily activities. **Conclusion:** Madhutailika Basti demonstrated encouraging results in reducing pain, stiffness, and swelling, and in improving joint mobility and functional capacity in this case of Janu Sandhigata Vata (knee osteoarthritis). Further well-designed clinical studies involving larger sample sizes are warranted to establish its therapeutic efficacy and explore its role in the management of knee osteoarthritis.

KEYWORDS: Janu Sandhigata Vata, Knee Osteoarthritis, Madhutailika Basti, Basti Karma, Ayurveda, Case Report.

INTRODUCTION

Janu Sandhigata Vata is a disease explained under *Vata Vyadhi* in Ayurvedic classics. It mainly affects the knee joint and presents with symptoms such as *Sandhishoola* (joint pain), *Stambha* (stiffness), *Atopa* (crepitus), and *Shotha* (swelling). These features closely resemble knee osteoarthritis described in modern medicine.

Knee osteoarthritis is one of the common degenerative joint disorders affecting middle-aged and elderly individuals. Continuous wear and tear, ageing, excessive physical activity, and improper dietary habits contribute to the degeneration of joint structures and reduced mobility.

According to Ayurveda, aggravation of *Vata Dosha* along with *Dhatu Kshaya* plays an important role in the development of *Sandhigata Vata*. *Asthi* and *Majja* Dhatus are mainly involved in this condition. *Basti Karma* is considered the best treatment for *Vata* disorders because of its systemic action on *Vata Dosha*.

Madhutailika Basti is a type of *Yapana Basti* described in Ayurvedic texts. It contains ingredients having both nourishing and *Vata*-pacifying properties. Although it is commonly used in clinical practice for *Sandhigata Vata*, only limited case reports are available with objective assessment parameters such as VAS and WOMAC score. Therefore, the present case was taken to study the clinical effect of *Madhutailika Basti* in *Janu Sandhigata Vata*.

Patient Information

A 51-year-old female patient presented with complaints of pain in both knee joints, stiffness, swelling, and difficulty in walking for the last 2–3 years. The pain gradually increased over

time and became more severe during prolonged standing, walking, and climbing stairs. The patient also experienced morning stiffness and difficulty in performing routine daily activities.

There was no history of diabetes mellitus, hypertension, or any other major systemic illness. Past surgical history revealed a tubal ligation done 20 years ago. No significant family history or allergy history was noted.

The patient's dietary history revealed regular intake of dry and Vata-aggravating food items. A history of excessive physical exertion (*Atishrama*) was also present. No addiction history was reported.

CLINICAL FINDINGS

General Examination- Table No. 1

Parameter	Findings
Pulse Rate	78/min
Blood Pressure	130/80 mmHg
Temperature	97.8°F
Build	Moderately built
Nourishment	Moderately nourished

Ayurvedic Examination- Table No.2

Parameter	Findings
<i>Jivha</i>	<i>Niram</i>
<i>Nidra</i>	<i>Prakrut</i>
<i>Mala</i>	<i>Srushta</i>
<i>Mutra</i>	<i>Srushta</i>
<i>Nadi</i>	<i>Vata-Pittaja</i>

Local Examination of Knee Joint – Table No. 3

Clinical Parameter	Findings
Tenderness	Present bilaterally
Swelling	Mild to moderate swelling
Crepitus	Present
Range of Motion	Restricted
Warmth	Mild local warmth
Deformity	Absent

Pain increased during movement and prolonged activity. Stiffness was more noticeable after rest, especially in the morning. The patient had difficulty in walking and climbing stairs.

Timeline – Table No. 4.

Day	Clinical Status	Intervention	Observation
Day 1	Severe pain and stiffness	<i>Madhutailika Basti</i> started	Baseline assessment
Day 2	Mild reduction in pain	Continued treatment	Slight symptomatic relief
Day 3	Improved mobility	Continued treatment	Reduction in stiffness
Day 4	Swelling slightly reduced	Continued treatment	Better comfort
Day 5	Pain gradually decreasing	Continued treatment	Improved walking
Day 6	Better joint movement	Continued treatment	Increased flexibility
Day 7	Stiffness reduced	Continued treatment	Functional improvement
Day 8	Moderate overall improvement	Completion of treatment	Pain and swelling reduced
Day 9	Follow-up	Observation	ROM improved
Day 15	Follow-up	Observation	Sustained improvement

DIAGNOSTIC ASSESSMENT

Diagnosis was made on the basis of classical Ayurvedic signs and symptoms of Janu Sandhigata Vata, along with clinical features corresponding to knee osteoarthritis.

PRESENTING FEATURES

1. *Sandhishoola* (joint pain)
2. *Stambha* (stiffness)
3. *Atopa/Shabda Prachiti* (crepitus)
4. Pain during flexion and extension
5. Restricted movements
6. Swelling around knee joints

Ayurvedic Assessment

1. Predominant *Vata Dosha* involvements
2. *Asthi* and *Majja* Dhatu involvement
3. *Asthivaha Srotas Dushti*

THERAPEUTIC INTERVENTION

Purva Karma

Local oleation (*Sthanik Snehan*) with Tila Taila was performed over *kati* and *udar*, *sphik pradeshi*, followed by mild fomentation (*Swedana*).

Pradhana Karma

Madhutailika Basti was administered once daily for 8 consecutive days using a sterile rectal catheter under aseptic precautions.

Composition of Madhutailika Basti – Table No. 5.

Ingredient	Quantity
<i>Madhu</i>	170 mL
<i>Saindhava Lavana</i>	10 g
<i>Tila Taila</i>	170 mL
<i>Shatapushpa Churna</i>	15 g
<i>Madanaphala Churna</i>	15 g
<i>Erandamoola Kwatha</i>	310 mL
Total Volume	690 mL

Paschat Karma

After *Basti* elimination, a warm water bath was advised and the patient was instructed to follow light diet (*Laghu Ahara*).

OUTCOME MEASURES

Clinical assessment was carried out using:

1. Visual Analogue Scale (VAS) for pain
2. WOMAC Index for pain and functional limitation
3. Range of motion (ROM) assessment using goniometry
4. Swelling measurement around the knee joint

Assessments were recorded before treatment, after treatment, and during follow-up.

RESULTS- Table No. 6.

Parameter	Before Treatment	After Treatment	Day 15 Follow-up
VAS Score	8	3	2
WOMAC Score	75	40	30
ROM	90°	110°	120°
Swelling	42 cm	40 cm	38 cm

After treatment, a reduction in pain, stiffness, and swelling was observed. Improvement in walking ability and knee joint movements was also noted.

DISCUSSION

Janu Sandhigata Vata is mainly a degenerative condition involving the knee joint. In Ayurveda, aggravation of *Vata Dosha* along with *Dhatu Kshaya* leads to symptoms such as pain, stiffness, crepitus, and restriction of movement. The disease's chronicity further affects the *Asthi* and *Majja Dhatus*.

In the present case, the patient had long-standing knee pain associated with swelling, stiffness, and difficulty in movement. These symptoms indicated *Vata* predominance with degenerative changes affecting the knee joints.

Basti Karma is considered an important line of treatment in *Vata* disorders because it acts on the main seat of *Vata*, i.e., *Pakvashaya*. *Madhutailika Basti* was selected because of its *Vata*-pacifying and nourishing properties.

Madhu acts as *Yogavahi* and helps in the better absorption of drugs. *Tila Taila* provides *Snigdhashata* and helps reduce dryness caused by aggravated *Vata*. *Saindhava Lavana* supports *Srotoshodhana* and facilitates the penetration of the formulation. The ingredients of the formulation may also help reduce inflammation and stiffness.

Following treatment, the patient showed improvement in pain, stiffness, swelling, and mobility. Reduction in VAS and WOMAC scores indicated improvement in functional ability and quality of life. An increased range of motion also suggested better flexibility of the knee joint.

However, this is a single case report, and the findings cannot be generalised. Lack of radiological assessment and short follow-up period are important limitations of the present study. Further studies with larger sample size and long-term follow-up are required.

Patient Perspective

The patient reported noticeable relief in knee pain and stiffness after treatment. She felt improvement in walking and daily activities and expressed satisfaction with the therapy. She also agreed to continue the advised diet and lifestyle modifications.

Informed Consent

Written informed consent was obtained from the patient for publication of this case report and related clinical details. Patient identity and confidentiality were maintained throughout the study.

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