

Exploring the Efficacy of *Dashmooladi Niruha Basti* in Managing *Janusandhigata Vata* –

A Case Series

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Abstract:

Background: *Janu Sandhigata Vata*, which is correlated with *osteoarthritis* of the knee joint, is a degenerative disorder characterized by pain, stiffness, swelling, *crepitus*, and restricted movements. Increasing age, obesity, a sedentary lifestyle, and overexertion contribute significantly to its prevalence. In *Ayurveda*, *Basti Chikitsa* is considered the primary treatment for *Vata* disorders. *Dashmooladi Niruha Basti* possesses *Vata-shamaka*, *Shothahara*, and *Vedanasthapana* properties, which may help in reducing the symptoms of *Janu Sandhigata Vata*. **Aim:** To evaluate the efficacy of *Dashmooladi Niruha Basti* in the management of *Janu Sandhigata Vata*. **Materials and Methods:** A single-group clinical study was conducted on 10 patients diagnosed with *Janu Sandhigata Vata* at M. A. Podar Hospital, Mumbai, from September 2025 to January 2026. Patients aged 30–70 years fulfilling the inclusion criteria were selected. *Dashmooladi Niruha Basti* (640 ml) along with

Sahachar Taila Anuvasana Basti was administered according to the *Kala Basti* schedule for 15 days. Assessment was performed before and after treatment using grading criteria for *Sandhishoola*, *Sandhigraha*, *Sandhishotha*, *Sparsha Asahatva*, *Sandhisphutata*, the Visual Analogue Scale, and the range of knee joint movements. **Results:** Considerable improvement was observed in pain, tenderness, stiffness, swelling, and *crepitus*. Improvement in knee *flexion* and *extension* indicated better joint mobility and functional capacity. **Conclusion:** *Dashmooladi Niruha Basti* proved beneficial in managing *Janu Sandhigata Vata* and can be considered an effective *Ayurvedic* approach for *osteoarthritis* of the knee joint. **Keywords:** *Janu Sandhigata Vata*, *Osteoarthritis* Knee, *Dashmooladi Niruha Basti*, *Basti Chikitsa*, *Ayurvedic* Management.

Introduction *Osteoarthritis* (OA) is one of the most common degenerative joint disorders affecting the elderly population worldwide. It is

characterized by the progressive degeneration of articular cartilage, changes in subchondral bone, synovial inflammation, pain, stiffness, and the restriction of joint movements. In India, *OA* is the second most common rheumatological disorder, with a prevalence ranging from 22–39%, and knee joint involvement is the most frequent due to its weight-bearing function. Modern lifestyle factors, such as obesity, sedentary habits, excessive physical exertion, irregular dietary patterns, stress, improper sleep, and aging, contribute significantly to the increasing incidence of *osteoarthritis*. Conventional management mainly includes analgesics and non-steroidal anti-inflammatory drugs (NSAIDs), which provide symptomatic relief but fail to arrest disease progression and are often associated with adverse effects during long-term use.

In *Ayurveda*, *osteoarthritis* can be correlated with *Sandhigata Vata*, a disorder described under *Vatavyadhi*. *Acharya Charaka* explained *Sandhigata Vata* with symptoms such as *Shotha* (swelling), *Vedana* during *Akunchana* and *Prasarana* (pain during *flexion* and *extension*), and *Vatapurna Druti Sparsha* (*crepitus* or a sensation like an air-filled bag). *Acharya Sushruta* further described symptoms including *Shoola* (pain), *Shotha*, *Atopa*, and impairment of joint movements. *Janu Sandhigata Vata* specifically refers to the involvement of the knee joint, which is one of the most commonly affected joints due to constant mechanical stress and degeneration.

According to *Ayurvedic* principles, the disease originates due to the vitiation of *Vata Dosha* along with *Dhatu Kshaya*, especially *Asthi Dhatu Kshaya*. Improper diet, excessive traveling, overexertion, the suppression of natural urges, and disturbed *Dinacharya* and *Ritucharya* lead to the aggravation of *Vata Dosha*. The aggravated *Vata* localizes in joints having *Khavaigunya* and causes degeneration, pain, stiffness, and restricted mobility. *Sandhigata Vata* is considered a *Madhyama*

Rogamarga Vyadhi and is often categorized as *Kashta Sadhya* because of the involvement of deeper tissues and the chronicity of the disease.

Ayurveda emphasizes both *Shamana* and *Shodhana* therapies in the management of *Sandhigata Vata*. Among *Panchakarma* procedures, *Basti Chikitsa* is considered the primary treatment for *Vata* disorders because the *Pakwashaya* is the principal seat of *Vata*. *Basti* not only pacifies aggravated *Vata* but also nourishes the tissues and improves joint functions.

Dashamuladi Niruha Basti is a type of medicated decoction enema mainly indicated for the management of *Vata* disorders. It contains *Dashamoola kwatha*, *kanji*, *Mahasneha*, honey, *saindhava*, and *Vata-Kapha* pacifying herbal paste drugs (*kalka*), which help in pacifying aggravated *Vata*, reducing pain, and cleansing the body channels (*srotas*).

In *Janusandhigata Vata* (*osteoarthritis* of the knee joint), this *basti* is beneficial as it reduces joint pain, stiffness, dryness, and restricted movements. The *Vata-shamaka* and *snehana* properties nourish the knee joint, improve flexibility, and help in reducing degeneration and discomfort associated with *osteoarthritis*. *Sahachar Taila* is used as *Anuvasana Basti* due to its *Vata-shamaka* and *Vedanasthapana* properties. It helps in reducing pain, stiffness, and dryness of the knee joint. *Sahachar Taila* nourishes *Asthi* and *Sandhi* structures and improves joint mobility. The *Sneha* property of the *Taila* pacifies aggravated *Vata* and provides lubrication to the joints.

Aim To evaluate the efficacy of *Dashmooladi Niruha Basti* along with *Sahachar Taila Anuvasana Basti* in the management of *Janu Sandhigata Vata*.

Objects

1. To evaluate the efficacy of *Dashmooladi Niruha Basti* in reducing the symptoms of *Janu Sandhigata*

Vata, such as pain, stiffness, swelling, and *crepitus*.

- To assess the improvement in knee joint mobility and functional activity after the administration of *Dashmooladi Niruha Basti*.

Material and Methods

- Type of Study:** A single-group clinical study.
- Place of Study:** OPD and IPD of *M. A. Podar Hospital*, Worli, Mumbai.
- Duration of Study:** The study was conducted from September 2025 to January 2026.

Selection of Patients A total of 10 patients with *Janu Sandhigata Vata* were selected and enrolled irrespective of sex, religion, economic status, education, or occupation.

Inclusion Criteria

- Patients presenting with textual symptoms of *Sandhigata Vata* with special reference to *Janu Sandhi*, including *Sandhi Shoola*, *Sandhi Shotha*, *Vatapurna Druti Sparsha*, and *Graha* (restricted movement).
- Age: 30 to 70 years.
- Patients providing written consent.
- Patients fit for *Basti*.

Exclusion Criteria

- Patients with other joint deformities or diseases unrelated to *Janu Sandhigata Vata*, such as *Amavata* or *Vatarakta*.
- Knee joint fractures requiring surgical care.
- Autoimmune diseases like *SLE* or *Ankylosing Spondylitis*.
- Permanent joint damage.
- Known cases of cardiac disease, pulmonary *TB*, pregnancy, paralysis, *HIV*, or neurological disorders.
- Age <30 years or >70 years.

Withdrawal Criteria a) Occurrence of serious adverse events. b) The investigator feels the *protocol* has been violated or the patient has become uncooperative. c) Further continuation of the study is likely to be detrimental to the health of the patients. d) The patients are not willing to continue the trial. e) Use of non-permitted medications during the trial, such as *corticosteroids*, analgesics, local applications containing steroids, self-medication, or *narcotics*.

Method of Administration

- Duration of Therapy:** 15 days.
- A – Sahachar tel:** 80 ml.
- N – Dashmooladi Niruha Basti:** 640 ml.

1st day	2nd day	3rd day	4th day	5th day	6th day	7th day	8th day
A	N	A	N	A	N	A	N
9th day	10th day	11th day	12th day	13th day	14th day	15th day	
A	N	A	N	A	A	A	

Procedure

- **Purvakarma:** *Sthanik snehan* (local oleation) and *Swedana* (medicated fomentation); Position: left *lateral*.
- **Pradhankarma:** *Basti-dana*.
- **Pashchatakarma:** *Tadana karma* and *Uttana* (supine) position.

Preparation of Dashmooladi Niruha Basti Sharangdhara has fixed the *Basti matra* as follows:

- *Uttam matra:* 80 Tola (800 ml).
- *Madhyam matra:* 64 Tola (640 ml).
- *Hina matra:* 48 Tola (480 ml).
- *Mahasneha:* 100 ml.
- *Madhu:* 60 ml.
- *Saindhav:* 10 gm.
- *Kalka:* 20 gm (*yavani, madanaphala, bilva, kushta, twacha, shatavari, musta,* and *pippali* in equal quantities).
- *Kwath:* 400 ml.
- *Kanji:* 30 ml.
- **Total Quantity:** 640 ml.

For the preparation of *Niruha Basti*, first take 60 ml of *Madhu* (honey) in a clean *basti* vessel and add 10 gm of *Saindhava Lavana* to it. Both should be mixed properly until the salt dissolves completely in the honey. After this, add 100 ml of *Mahasneha* slowly while continuously churning to form a uniform *emulsion*. Then add 20 gm of *Kalka* and mix thoroughly. After proper mixing, add 30 ml of *Kanji* and stir well. Finally, add 400 ml of lukewarm *Dashamoola Kwatha* slowly while continuously mixing to obtain a *homogeneous* preparation.

Observations Assessments were based on the following grading scales:

<i>Sandhishoola</i>	Grade
No Pain	0

Mild Pain	1
Moderate Pain but no difficulty in walking	2
Severe pain and difficulty in walking	3
<i>Sparsha Asahatva</i>	Grade
No Tenderness	0
Patient feels tenderness	1
Winching of face on touch	2
Does not allow to touch the joint	3
<i>Sandhigraha</i>	Grade
No stiffness	0
Mild Stiffness	1
Moderate Stiffness	2
Severe Stiffness	3
<i>Sandhishoth</i>	Grade
No Swelling	0
Mild Swelling	1
Moderate Swelling	2
Severe Swelling	3
<i>Sandhisphutata (crepitus)</i>	Grade
No <i>Crepitus</i>	0
Palpable <i>Crepitus</i>	1
Audible <i>Crepitus</i>	2
Visual Analogue Scale	Grade
No Pain (0-4mm)	0
Mild Pain (5-44mm)	1

Moderate Pain (45-74mm)	2
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Severe pain (75-100mm)	3
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Patient Symptom Results:

P	T	<i>Sandhishoola</i>	<i>Tenderness</i>	<i>Sandhigraha</i>	<i>Sandhishoth</i>	<i>Crepitus</i>	<i>VAS</i>
1	B / A	3 / 1	3 / 2	2 / 1	2 / 1	1 / 1	3 / 1
2	B / A	2 / 1	2 / 1	3 / 0	3 / 0	1 / 1	2 / 0
3	B / A	2 / 1	3 / 1	3 / 2	1 / 0	1 / 0	2 / 1
4	B / A	3 / 0	3 / 1	1 / 0	2 / 1	3 / 2	3 / 0
5	B / A	2 / 1	2 / 2	2 / 0	1 / 1	3 / 2	3 / 0
6	B / A	3 / 1	2 / 2	2 / 0	2 / 1	1 / 0	3 / 1
7	B / A	2 / 0	2 / 1	2 / 2	3 / 0	3 / 1	3 / 1
8	B / A	1 / 0	1 / 1	2 / 0	2 / 1	2 / 1	3 / 0
9	B / A	3 / 1	3 / 2	3 / 1	1 / 0	1 / 1	2 / 0
10	B / A	2 / 1	2 / 2	3 / 1	3 / 1	2 / 0	3 / 1

(B = Before Treatment; A = After Treatment)

Range of Motion Results (Degrees):

Patient	<i>Right Flexion</i>	<i>Left Flexion</i>	<i>Right Extension</i>	<i>Left Extension</i>
1 (B/A)	90 / 120	90 / 120	15 / 10	20 / 10
2 (B/A)	75 / 100	75 / 90	20 / 15	15 / 10
3 (B/A)	100 / 120	90 / 110	20 / 10	10 / 5
4 (B/A)	100 / 120	110 / 120	5 / 5	5 / 5
5 (B/A)	100 / 110	90 / 110	15 / 10	10 / 10
6 (B/A)	100 / 120	100 / 130	0 / 0	0 / 0
7 (B/A)	100 / 120	100 / 120	5 / 0	10 / 0
8 (B/A)	90 / 110	80 / 110	5 / 5	10 / 10
9 (B/A)	85 / 110	90 / 110	5 / 5	5 / 0
10 (B/A)	95 / 120	100 / 110	5 / 5	5 / 5

Conclusion:

Dashmooladi Niruha Basti proved effective in reducing the symptoms of *Janu Sandhigata Vata*, such as pain, stiffness, tenderness, swelling, and *crepitus*. Significant improvement was also observed in knee joint mobility and range of movements. The therapy was found to be safe, economical, and beneficial in improving the quality of life of patients suffering from *osteoarthritis* of the knee joint. Therefore, *Dashmooladi Niruha Basti* can be considered an effective *Ayurvedic* treatment modality for the management of *Janu Sandhigata Vata*.

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Conflict of Interest: *Non*

Source of funding: *Nil*

Cite this Article:

Lodha Sheetal, Gavit Vrushali Ramesh
"Exploring the Efficacy of Dashmooladi Niruha Basti in Managing Janusandhigata Vata –
A Case Series".

Ayurline: International Journal of Research In Indian Medicine: 2026;10(4)