

Effect of *Mahasneha Matra Basti*, *Abhyang* and *Bilwadi Panchmool Ksheerpaka* in the Management of *Sandhigat Vata*: A Pilot Clinical Study

Umesh Tamrakar,^{1*} Babita Dash,² Arti Manjhi³

¹ Post Graduate scholar, ² Reader, Dept. of Panchkarma, Pt. Khushilal Sharma Govt. (Auto) Ayurveda College & Institute, Bhopal, Madhya Pradesh, India.

³ Post Graduate scholar, Dept. of Kayachikitsa, Pt. Khushilal Sharma Govt. (Auto) Ayurveda College & Institute, Bhopal, Madhya Pradesh, India.

ABSTRACT:

Sandhigatvata a *vata* dominant disorder comparable to osteoarthritis which is characterised by joint pain, stiffness and reduced mobility. It is a degenerative disorder described in Ayurveda under the spectrum of *Vata Vyadhi*, due to its chronic nature and progressive disability, it is a major health burden. Management of the disease are *Vatashamana*, *snigdha* and *brimhana* therapies. This pilot study aimed to evaluate the efficacy of *Mahasneha Matra Basti* along with *Mahasneha Abhyanga* and oral administration of *Bilwadi Panchmoola Ksheerpaka* in patients suffering from *Sandhivata* of the knee joint. Ten patients clinically diagnosed with *sandhivata* were selected based on classical Ayurveda texts. The treatment protocol included daily administration of *Mahasneha Matra Basti* 50 ml for 15 days, *Mahasneha Abhyanga* on both Knees followed by *Swedana* and oral intake of *Bilwadi Panchmoola Ksheerpaka* 40ml twice daily for 15 days. Outcome was assessed by pain scale and Womac Index. Statistically significant improvement was observed after the treatment in pain reduction, knee mobility and daily routine activities. Patients reported subjective relief in joint stiffness and improved easy movement without any adverse effects. The combination of *Mahasneha Matra Basti*, with *Abhyanga Swedana* and oral administration of *Bilwadi Panchmoola Ksheerpaka* showed promising results in the management of *Sandhivata*. Further clinical trials with large sample sizes are recommended to validate results.

KEYWORDS: *Bilwadi Panchamoola*, *Ksheerpaka*, *Mahasneha*, *Matra Basti*.

Received: 02.08.2025

Revised: 30.08.2025

Accepted: 07.09.2025

Published: 16.09.2025



Creative Commons Attribution-Non-Commercial-No Derivatives 4.0 International License
© 2025 International Journal of AYUSH Case Reports | Published by Tanaya Publication, Jamnagar.

QR Code



DOI 10.70805/ija-care.v9i3.768

*Corresponding Author:

Dr. Umesh Tamrakar

Post Graduate scholar, Dept. of Panchkarma,
Pt. Khushilal Sharma Govt. (Auto) Ayurveda College &
Institute, Bhopal, Madhya Pradesh, India.

Email: drumeshtamrakar@gmail.com

INTRODUCTION:

Osteoarthritis represents the clinical and pathological result of various disorders that lead to the structural and functional deterioration of synovial joints^[1]. Osteoarthritis is a condition that is increasingly prevalent due to poor dietary habits and lifestyle choices. Typically, it manifests in individuals during their forties, with its incidence rising progressively with age^[2]. This is a degenerative condition marked by the deterioration of articular cartilage, accompanied by synovial inflammation, joint stiffness, swelling, pain, and a notable reduction in mobility^[3]. The condition tends to primarily impact weight-bearing joints, particularly the knee and hip, making it a significant contributor to disability. Allopathic treatment has inherent limitations in addressing this disease. It offers either conservative or surgical options, which are primarily symptomatic and often accompanied by significant side effects. In contrast, conditions of this nature may be more effectively managed through the approaches and techniques outlined in Ayurvedic classics^[4]. The symptoms of Osteoarthritis are mimicked with *Sandhigata Vata* as detailed in the context of *Vatavyadhi*. *Sandhivata* is initially described by *Acharya Charaka* as *Sandhigata Anila*, presenting symptoms such as *Shotha* (swelling), which upon examination feels akin to a bag filled with air, and *Shula* (pain) experienced during *Prasarana* and *Akunchana* (pain during the flexion and extension of the joints)^[5]. *Acharya Sushruta* also referred to *Shula* and *Shotha* in, a condition that results in the reduction (*Hanti*) of movement in the affected joint^[6]. *Madhavakara* adds *Atopa* (Crepitus in joint)^[7] as additional feature of it. The pathological foundations of this disease are linked to the imbalance of *Vata* and *Kapha Dosha*, which impacts the *Asthi*

(bone), *Sandhi* (joint), *Mamsa* (muscle), and *Snayu* (ligament). *Snehan* has been referred to as the line of treatment for *Sandhigatavata*. Vasti is the best treatment for *Vata Vyadhis*^[8]. So these two were decided for the management of patients of *Sandhi Gata Vata*. *Mahasneha* was used for *Bahya abhyantar Snehan* in the form of *Abhyanga*, *Janu Basti* and *Matra basti*. *Mahasneha* is the combination of Four *Snehas* i.e. *grita taila vasa* and *majja* and said to be highly effective for *bahya* and *Abhyantar Snehana*, with vitiation of *Vata* and *Kapha Dosha*. Osteoarthritis is known as degenerative arthritis, or degenerative joint disease with vitiation of *Vata* and *Kapha dosha*. Because of the decrease of synovial fluid, patients experience pain upon weight bearing joints during walking and standing. The decreased movement of the joint due to pain, regional muscles of joint may change to atrophy and ligament may become more relaxed^[9].

Aims and objective:

To evaluate the efficacy of *Matra Basti* and *Abhyanga* with *Mahasneha* along with *Bilvadi Panchmoola Ksheerpaka* orally in the management of *Sandhigatvata*.

Materials and method:

Ten patients suffering from *Sandhigatvata* are selected from OPD and IPD of Department at Pt Khushilal sharma Govt.(Autonomous) Ayurveda college and institute Bhopal. Drugs are prepared in the pharmacy of the institute *Mahasneha* was procured from *Arya Vaidya Sala Kottakkal*.

Inclusion criteria:

1. Patients having present clinical signs and symptoms of *Sandhivata* like *shool*, *Stambha*, *Sandhigraha*, etc .
2. Patients are aged between 21 to 70 years.

3. Patients fit for *Matra Basti* and *Sthanik Abhyanga Nadi Swedana*.
4. Patients who have signed written consent to participate in the study.

Exclusion criteria:

1. Patients having a history of serious disorders like cardiac renal and hepatic impairment.
2. Pregnant and lactating mother.
3. Patient having any type of cancer.

Withdrawal criteria:

1. Patients are unwilling to proceed.
2. If a patient develops a serious condition during the clinical trial that necessitates immediate treatment.
3. A patient wishes to withdraw from the clinical trial.

Treatment Period:

Duration of the treatment- 15 days

Criteria of diagnosis-

Diagnostic criteria of disease are based on described in Ayurvedic texts -

- 1-*Sandhishoola*-Pain
- 2-*Sandhigraba*-Stiffness
- 3-*Sandhishotha*-Swelling
- 4-*Sandhisputana*-Crepitus
- 5-Restriction in joint movement

Criteria of assessment-

Subjective parameters

1-shandhi shoola (joint pain)

Assessed using Visual Analogue Scale^[10].

A Visual Analogue Scale (VAS) score is a numerical rating used to measure the intensity of a subjective experience, most commonly pain. It's a 100-mm line with anchors at each end representing "no pain" and "worst pain," where patients mark their pain level on the line. The distance from the

"no pain" end is then measured, and this measurement is the Visual Analogue Scale (VAS) score.

0cm = No pain
1cm-3cm = Mild pain
4cm-6cm = Moderate and
7cm-10cm = Severe pain



2- WOMAC INDEX^[11]

Osteoarthritis Index (WOMAC) is a patient-reported outcome measure used to assess the severity of pain, stiffness, and physical function in patients with hip or knee osteoarthritis. It consists of 24 items, divided into three subscales:

Pain (5 items),
Stiffness (2 items), and
Physical function (17 items).

Each subscale has a scoring range, with higher scores indicating worse pain, stiffness, and functional limitations. The pain subscale ranges from 0 to 20, stiffness from 0 to 8, and physical function from 0 to 68.

Scale of difficulty: 0=None, 1=Slight, 2=Moderate, 3= Severe, 4=Extremely Severe

WOMAC	OA	Grading-
WOMAC OA Scoring		
None		
Pain:	0 - 20	
Mild		
Stiffness-	0 - 8	
Moderate		
Physical function-	0 - 68	
Severe		
Total Scoring-	0 - 96	

Extreme

WOMAC OA INDEX

None : 0

Mild : 1-24

Moderate : 24-48

Severe : 48-72

Extreme : 72-96

Intervention-

Bahya Abhyanga (Sthanik) with *Mahasneha* and *Nadi Swedana* for 30 minutes.

Matra Basti with *Mahasneha* is 50 ml.

Oral administration of *Bilwadi Panchmoola Khseerapaka* 40ml twice daily for 15 days.

Method of preparation of *bilwadi panchmoola khseerapaka*

For preparing 40ml of *Bilwadi Panchmoola Khseerapaka*, 12 g *Bilwadi Panchmoola Khseerapaka* was taken. It was cleaned, dried, and pounded. They were taken in separate vessels and 50 ml of milk was added separately and the level was noted. 200 ml of water (1:4:16) was added and heated in the mild fire till it was reduced to the initial level of milk, that is 50 ml. It was filtered and transferred to a clean container after cooling^[12].

Content of *Mahasneha*

Follow up period:

Patients were followed up for 2 weeks after completion of the treatment.

OBSERVATIONS AND RESULT:

Statistical analysis of Visual Pain Scale shows that the mean score which was 5.7 before the treatment was reduced to 2.9, after the treatment with 49% improvement, after follow-up period of 2 weeks it was reduced 1.6 which is statistically highly significant with ($p < 0.001$).

Statistical analysis of Womac Index shows that the mean score which was 57.5 before the treatment was reduced to 34.5 after the treatment with 40% improvement after followup period of 2 weeks, it was reduced 21.5 and it is statistically highly significant with ($p < 0.001$)

The total effect of therapy was assessed with Graph and Table. Maximum no of patients out of 10 are 5 get relief between 75-50%. 2% patients get relief between 100-50% and 50-25 %. One Patient gets 25% Relief.

Adverse Drug Effect-

No adverse drug reaction was observed during and after the course of treatment.

Table-1: Ingredients of *Bilwadi Panchmoola Khseerapaka*

S.N.	Drug/Procedure name	Botanical name	Dose
1.	<i>Bilva Kwath churna (Yavkut)</i>	<i>Aegle marmelos</i>	40ml Twice daily After food
2.	<i>Agnimanth Kwath churna (Yavkut)</i>	<i>Premna serratifolia</i>	
3.	<i>Shyonak Kwath churna (Yavkut)</i>	<i>Oroxylum indicum</i>	
4.	<i>Patla Kwath churna (Yavkut)</i>	<i>Stereospermum suaveolens</i>	
5.	<i>Gambhari Kwath churna (Yavkut)</i>	<i>Gmelina arborea</i>	
6.	<i>Bala Moola Kwath churna (Yavkut)</i>	<i>Sida cardifolia</i>	
B.	<i>Godugdha (Cow Milk)</i>		50 ml
C.	<i>Water</i>		200 ml

Table-2: Overall Result:

WOMAC Index Result						V A S Score Result			
SN	Pts	BT	AT	Diff	% Relief	BT	AT	Diff.	% Relief
1	N1	48	17	31	64	05	03	02	40
2	N2	67	30	37	55	05	02	03	60
3	N3	46	31	15	32	07	04	03	42
4	N4	34	09	25	73	05	01	04	80
5	N5	62	27	35	56	06	02	04	66
6	N6	70	29	41	61	05	01	04	80
7	N7	59	19	40	67	07	03	04	56
8	N8	38	25	13	34	06	02	04	66
9	N9	81	49	32	39	05	02	03	60
10	N10	64	64	0	0	6	6	0	0

Table-3: effect of the treatment on visual pain scale:

Mean BT	Mean		Mean difference	% Relief	Test			
					SD	P Value	T Value	Remark
	AT	2.9			2.8	49%	0.82	<0.05
5.7	AF	1.6	4.1	72%	2.33	<0.001	4.52	ES

Table-4: Effect of the treatment on WOMAC Index-

Mean BT	Mean		Mean difference	% Relief	Test			
					SD	P Value	T Value	Remark
	AT	34.5			23	40%	19.4	<0.05
57.5	AF	21.5	36	62.5%	15.8	<0.001	1.66	ES

Table-5: Overall Result Assessment:

Criteria	% Relief	No of pt (Womac index)
Complete remission	100%	0
Marked improvement	<100% to ≥ 75%	2
Moderate improvement	<75% to ≥ 50%	5
Mild improvement	<50% to ≥25% relief	2
No improvement	< 25% relief	1

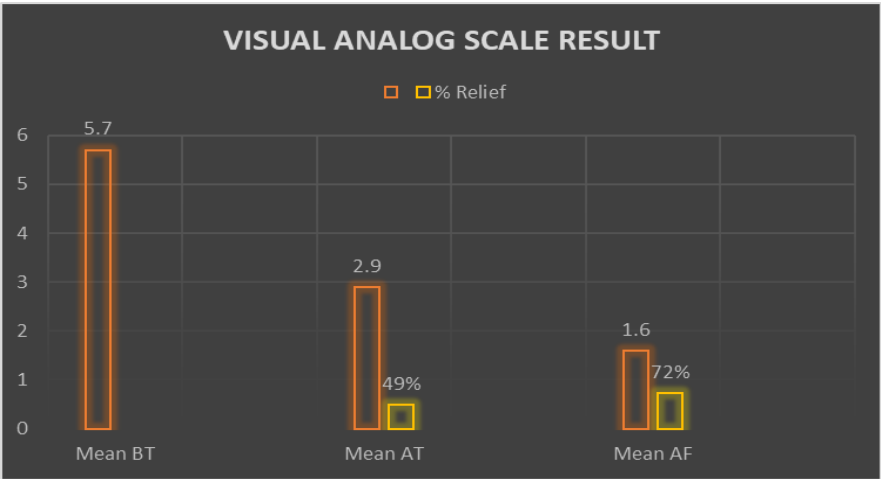


Figure-1: Effect of the treatment on Visual Pain Scale

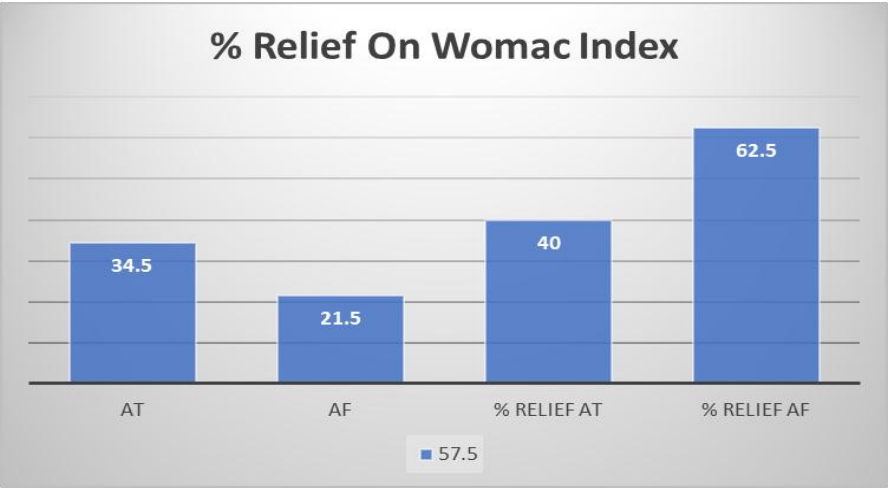


Figure-2: Comparison of effect of the treatment on WOMAC Scale

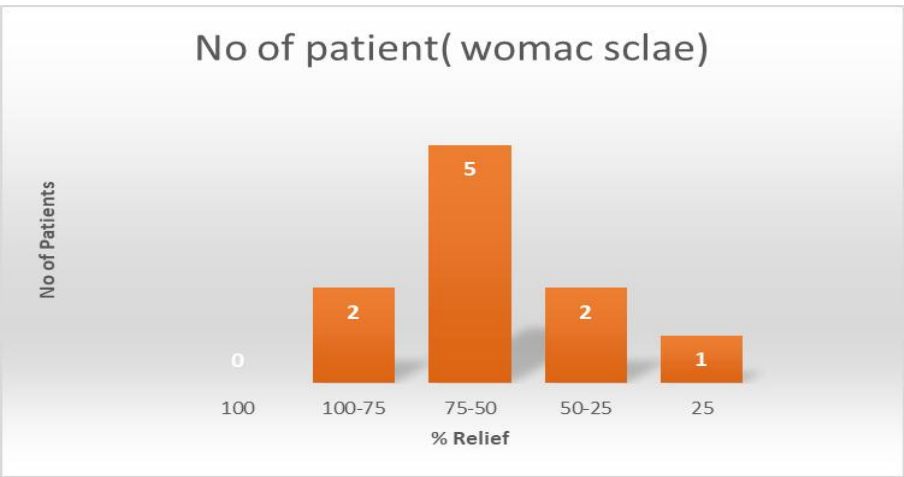


Figure-3: Overall assessment

DISCUSSION:

Sandhigatvata is a condition affecting the *Madhyamrogamarga*, specifically involving the *Asthisandhis* of the body. *Asthi* serves as the *Asbraya* for the *Vata Dosha*, and when *Vata* becomes vitiated, it disrupts the nourishment of the *Asthis*, which is evident in the *Sandhis*. This malnourishment leads to a decrease in *Sleshakakapha* and a decline in the *Sleshmadharakala*. *Snehana* provides the necessary *Snehabhava* for the nourishment of these elements, which in turn helps regulate the vitiated *Vata*. *Sneha* is the substance that produce unctuousness, softness, moisture, and increase secretions in the body^[13]. *Sneha* is predominantly composed of basic elements-*Pithvi* and *Jala Mahabhoot*^[14]. Hence it is responsible for moisture^[15]. Providing softness to the body while also playing a major role in producing strength^[14]. The qualities of *Sneha* can be characterized by adjectives including *Guru* (heavy), *Sheeta* (cold), *Sara* (agility), *Snigdha* (unctuous), *Manda* (slow), *Sukshma* (penetrating), *Mridu* (soft), *Drava* (fluid), and *Pichchila* (slimy)^[15].

In this study *Mahasneha* was used for both *Abhyanga* and *Matra Basti* purposes. *Mahasneha* is a traditional Ayurvedic preparation that consists of four main unctuous substances i.e, *Ghrita* (clarified butter), *Taila* (oil), *Vasa* (animal fat), and *Majja* (bone marrow) in equal amounts. *Mahasneha*, a combination of four ingredients, amplifies its effects and offers targeted relief for joint-related issues. The application of warm *Mahasneha* softens and lubricates the tissues, facilitating the removal of toxins and promoting flexibility in the joints and muscles. This process is essential for conditions associated with *Vata dosha* imbalances, such as dryness, stiffness, and pain. The massage technique employed during *Sthanik Snehana* stimulates blood circulation, aiding in the delivery of

nutrients to tissues and the removal of metabolic waste products. By loosening and liquefying accumulated toxins (known as *Ama*), *Sthanik Snehana* makes it easier for these harmful substances to be expelled from the body. The *Snigdha Guna* of the *Mahasneha* used in *Sthanik Snehana* counteracts the *Ruksha Guna* of *Vata Dosha*, thereby restoring balance and alleviating symptoms such as pain, stiffness and restricted movement^[16]. The synergetic action of *Mahasneha* through *Abhyanga* helping pacifying *Vata*.

Nadi Swedana is a type of localized sudation therapy (sweating treatment) used in Ayurveda, where steam is directed through a tube (*Nadi*) to a specific body part, such as the knee joint. It's commonly used in managing pain, stiffness, inflammation, and degenerative joint conditions. The heat from the steam dilates blood vessels, improving local blood flow around the knee. This helps in delivering oxygen and nutrients to tissues and removing metabolic waste. Heat relaxes muscles, tendons, and ligaments, reducing musculoskeletal stiffness. It helps in reducing pain by soothing nerve endings and reducing inflammatory mediators. The warmth stimulates synovial fluid production, enhancing joint lubrication and improving range of motion. According to Ayurveda, *Ama* (toxins or undigested metabolic waste) accumulates in joints, causing diseases like *Sandhigata Vata* (osteoarthritis). *Swedana* helps liquefy and mobilize *Ama* for elimination from the body. *Nadi Swedana* on knee joints pacifies aggravated *Vata*, the primary dosha involved in joint disorders. Heat is especially beneficial for cold, dry, and mobile qualities of *Vata*^[17]. Proper lubrication of joints is maintained by local *Abhyanga* and *Swedana*.

Administered per rectum, *Matra Basti* with *Mahasneha* bypasses the hepatic first-pass

metabolism, allowing for rapid absorption into the systemic circulation via the middle and inferior veins. This facilitates quicker onset of action compared to oral administration. It stimulates the enteric nervous system, leading to the secretion of regulatory peptides like serotonin and vasoactive intestinal polypeptide. This stimulation may influence the central nervous system, aiding in the regulation of functions governed by Vata dosha. The medicated oils nourish the tissues, promote tissue regeneration, and improve overall bodily functions, which is particularly beneficial for individuals experiencing chronic fatigue, muscle weakness and recovery after illness. The therapy aids in improving muscle tone and joint^[18].

Ksheerpaka is made by boiling *Bilwadi Panchamoola* (6 drugs) with a precise amount of milk and water (1:4:16), then reducing it to the volume of milk^[19]. As a result, the water-soluble, fat-soluble, and protein-soluble constituents of the drugs dissolve in the milk, making them accessible to the body^[20]. Additionally, milk possesses antacid properties owing to its alkaline nature^[21]. Given the significant dietary benefits of milk, it serves both as a dietary regimen and as a medicinal agent. *Ksheerpaka* enhances the and significantly diminishes the intense potency of medications, thereby making them safer for use. This formulation facilitates a synergistic effect between milk and the drug. Milk essentially has properties that serve to alleviate the dry qualities of vata and restore softness. Bala, a key component in *Ksheerpaka*, is known for its *Vata*-reducing properties. The tissues involved in *Sandhigata Vata* are bone and marrow, as bone and joint are the primary channels for marrow^[22]. This treatment approach serves as both a rejuvenating agent and a comprehensive solution for all aspects

of osteoarthritis. The bitter-tasting substances are beneficial in enhancing the strength of the bones by improving their hardness, while the nourishing properties of milk contribute to bone nourishment.

CONCLUSION:

The combination of *Matra Basti with Mahasneha* along with *Abhyanga* and *Swedana* and oral administration of *Bilwadi Panchmoola Ksheerpaka* showed significant results in the management of *Sandhigatvat*. thus Null Hypothesis was rejected.

Patient consents:

The written consent of all Patients has been taken before starting the treatment and explain about the procedure.

Limitation and recommendation:

Further clinical study with large sample sizes and in a longer duration are recommended to validate results.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Umesh Tamrakar, Babita Dash, Arti Manjhi. Effect of *Mahasneha Matra Basti, Abhyang* and *Bilwadi Panchmool Ksheerpaka* in the Management of *Sandhigat Vata*: A Pilot Clinical Study. Int. J. AYUSH CaRe. 2025;9(3): 699-708. DOI 10.70805/ija-care.v9i3.768.

REFERENCES:

1. Nuki G. Osteoarthritis: A Problem Of Joint Failure. *Z Rheumatol* 1999;(58): 142-7.
2. Altman RD. Early Management Of Osteoarthritis. *Am J Manag Care* 2010;16:S41-7
3. Musumeci G, Aiello FC, Szychlińska MA, Di Rosa M, Castrogiovanni P, Mobasher A, Et Al. Osteoarthritis In The Xxist Century: Risk Factors And Behaviours That Influence Disease Onset And Progression. *Int J Mol Sci* 2015;(16):6093-112.
4. Allen KD, Golightly YM. Epidemiology Of Osteoarthritis: The Evidence. *Curr Opin Rheumatol* 2015; (27):276-83.
5. Shastri R, Upadhaya Y, Editors. Charaka Samhita Of Agnivesha, Chikitsa Sthana, Ch. 28, Ver. 37, Edition Reprint. Varanasi: Chaukhambha Bharti Academy; 2007. P. 783.
6. Shastri AD, Commentator. Sushruta Samhita Of Sushruta, Sutra Sthana, Ch. 1, Ver. 28-29, 11th Ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2001. P. 230.
7. Upadhaya Y, Editor. Madhava Nidana, Ch. 22, Ver. 21, 13th Ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2002. P. 463.
8. Charaka Samhita With “Ayurved Dipika” Sanskrita Commentary, Sutrasthana, 20/11, By Vaidya Jadavaji Trikamji Acharya, 2009, Chaukhamba Prakashana, Varanasi-221001, Pp-113.
9. Jethava NG, Dudhamal TS, Gupta SK. Role Of Agnikarma In Sandhigata Vata (Osteoarthritis Of Knee Joint). *Ayu*. 2015 Jan;36(1):23.
10. Hawker, G. A., Mian, S., Kendzerska, T., & French, M. (2011). Measures Of Adult Pain: Visual Analog Scale For Pain (VAS Pain), Numeric Rating Scale For Pain (NRS Pain), McGill Pain Questionnaire (MPQ), Short- Form McGill Pain Questionnaire (SF- MPQ), Chronic Pain Grade Scale (CPGS), Short Form- 36 Bodily Pain Scale (SF- 36 BPS), And Measure Of Intermittent And Constant Osteoarthritis Pain (ICOAP). *Arthritis Care & Research*, 63(S11), S240–S252.
11. Bellamy, N., Buchanan, W. W., Goldsmith, C. H., Campbell, J., & Stitt, L. W. (1988). Validation Study Of WOMAC: A Health Status Instrument For Measuring Clinically Important Patient Relevant Outcomes To Antirheumatic Drug Therapy In Patients With Osteoarthritis Of The Hip Or Knee. *Journal Of Rheumatology*, 15(12), 1833–1840."
12. Tewar PK. Vrindha's Vrindha Madhava Or Sidhayoga. 5th Ed. Varanasi: Chaukhambhaviswabharti; 2006.
13. Sushruta Samhita. Edited By Jadavaji Trikamji Acharya. 8th Ed. Varanasi: Chaukhambha Orientalia; 2005.
14. Sushruta Samhita Sutrasthan 41/1 Dravya
15. Vagbhata. Ashtanga Hridayam. Edited By Harishastri Paradkar Vaidya. 1st Ed. Varanasi: Krishnadas Academy; 2000.
16. Kulkarni, R.R., Patki, P.S., Jog, V.P., Gandage, S.G., & Patvardhan, B. (2012). Clinical Studies On The Effect Of Abhyanga On Osteoarthritis. *Journal Of Ayurveda And Integrative Medicine*, 3(4), 185-189.
17. NS-Baheti, S., & Mahesh, S. (2020). Effect Of Nadi Sweda On Symptoms Of Pain, Swelling And Stiffness In Knee Osteoarthritis: An Open Labeled Single Arm Clinical Study. *Journal Of*

-
- Ayurveda And Integrated Medical Sciences, 8(2), 3–8.
18. Deepti, A., Munnoli, B. T., Vijaykumar, D., Aziz, A., & Amol, P. (2015). Role Of Matra Basti (Enema) Over Abhyanga (Massage) And Sweda (Sudation) In Reducing Spasticity In Cerebral Palsy With Suddha Bala Taila-A Randomized Comparative Clinical Study. *International Journal Of Ayurveda And Pharma Research*, 2(2).
19. Sharangadhara, Sharangadhara Samhita, Madhyama Khanda, Varanasi Choukhambha Surbharti Prakashan, Reprint; 2013. 1–7.
20. Badami S, Sangeetha M, Latha V, Archana N, Suresh B. Antioxidant Potential Of Five Ksheerapakas And Kashaayas, Ayurvedic Decoctions. *Indian J Tradit Knowl* 2007;6:423–25.
21. Hillig F. Report On Neutralizers In Dairy Products. *J Assoc Off Agric Chem* 1942;25:610–2.
22. Agnivesha Charaka Samhita With Ayurveda Deepika Commentary Of Chakrapanidatta Revised By Charaka And Bridabala Edited By Vaidya Yadavaji Trikanji Acharya Vimanasthana Srotovimanam 5/8 Edition Reprint 2014 Chamkambha Publishers Varanasi P 250.