

Efficacy of *Dashamooladi Ghrita Matra Basti* with Local *Ghrita Abhyanga* in *Janu SandhigataVata* (Knee Osteoarthritis): A Preliminary Single-Arm Clinical Study**W. K. Jayarathna,^{1*} Hetal Vyas,² Mandip Goyal,³ N. D. N. Jayawardhane⁴**

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ABSTRACT:

Janu SandhigataVata, comparable to knee osteoarthritis, is a degenerative joint disorder characterized by pain, stiffness, swelling, and functional impairment due to aggravated *Vata Dosha* and *Dhatu Kshaya* (tissue depletion). Ayurveda recommends *Sneha*-based therapies and *Basti* (therapeutic enema) as key interventions for *Vata* disorders (neuromusculoskeletal disorder caused by aggravated *Vata*). *Dashamooladi Ghrita*, a classical medicated ghee formulation, possesses *Vatahara* (alleviating aggravated *Vata*) and *Brimhana* (nourishing therapy) properties. The present study aimed to evaluate the preliminary clinical efficacy of *Dashamooladi Ghrita* administered as *Matra Basti* (oil enema therapy) along with local *Abhyanga* (therapeutic massage) in the management of *Janu Sandhigata Vata*. A total of 30 patients aged 30–60 years were enrolled, of whom 26 completed the study. The intervention was administered for 14 days, followed by a 28-day follow-up period. Clinical outcomes were assessed using subjective parameters (pain, stiffness, tenderness, crepitation, and swelling) and objective measures including KOOS score. Statistical analysis was performed using the Wilcoxon signed-rank test. The results showed statistically highly significant improvement ($P < 0.001$) in all parameters. The findings suggest that *Dashamooladi Ghrita Matra Basti* with *Abhyanga* is effective in the management of *Janu Sandhigata Vata*. However, further controlled studies are required to validate these findings.

KEYWORDS: *Dashamooladi Ghrita*; *Janu SandhigataVata*; Knee Osteoarthritis; *Matra Basti*; *Abhyanga*.

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INTRODUCTION:

Janu Sandhigata Vata (knee osteoarthritis) is a *Vata*-dominant degenerative joint disorder described under *Sandhigata Vata* (osteoarthritis) in classical *Ayurvedic* texts. It is mentioned under *Vata Vyadhi*, (neuromusculoskeletal disorder caused by aggravated *Vata*) where aggravation of *Vata Dosha* occurs in the joints, leading to symptoms such as *Shoola* (pain), *Sthabdghata* (stiffness), *Shotha* (swelling), *Chinchimi* (Crepitus) and restricted joint movements. [1] The condition develops due to *Vata prakopa* (aggravation of *Vata*) associated with *Dhatu Kshaya* (tissue depletion), resulting in depletion of joint lubrication and progressive degeneration. *Janu Sandhigata Vata* closely resembles knee osteoarthritis (OA) described in contemporary medicine. Osteoarthritis is a chronic degenerative joint disorder characterized by progressive cartilage degradation, osteophyte formation, joint remodeling, pain, stiffness, and functional impairment. [2] Epidemiological studies indicate that degenerative changes begin as early as 30 years of age, and by 65 years, nearly 80% of individuals show radiographic evidence of osteoarthritis, although only 25% may be symptomatic. [3]

The prevalence of knee osteoarthritis is notably high among elderly populations, particularly in women. Studies conducted in Sri Lanka have reported a considerable prevalence of moderate to severe knee osteoarthritis among females above 50 years. [4] Osteoarthritis is a major global public health concern and a leading cause

of pain, disability, and reduced quality of life. Current management is mainly symptomatic, including analgesics, non-steroidal anti-inflammatory drugs, physiotherapy, and surgical interventions in advanced stages. However, long-term use of these therapies is associated with adverse effects, and no definitive disease-modifying treatment is available. Additionally, the risk of surgical complications, failure of knee replacement procedures, and the economic burden associated with surgery have led many patients to seek alternative conservative treatment approaches.

According to *Ayurvedic* principles, the management of *Vata Vyadhi* involves therapies that counteract the *Ruksha* (dry) and *Laghu* (light) qualities of aggravated *Vata*. *Snehana* (oleation therapy) and *Basti* [5] (therapeutic enema) are considered the principal therapeutic modalities. *Sneha* helps restore lubrication and nourish depleted tissues, while *Basti* is regarded as the most effective therapy for *Vata Dosha*, as *Pakwashaya* (large intestine) is its primary site.

Dashamooladi Ghrita is a classical *Sneha Kalpana* (medicated lipid formulation) indicated in *Vata*-dominant disorders [6] Due to its *Vatahara* (alleviating aggravated *Vata*), *Shothahara* (anti-inflammatory), and *Brimhana* (nourishing therapy) properties, it may be beneficial in degenerative joint conditions such as *Janu Sandhigata Vata*. Therefore, the present study aims to evaluate the preliminary clinical efficacy of *Dashamooladi Ghrita* administered as

Matra Basti (oil enema therapy) along with *Abhyanga* (therapeutic massage) in the management of *Janu Sandhigata Vata*. Several clinical studies have reported the beneficial effects of various *Basti* therapies in the management of knee osteoarthritis, demonstrating improvements in pain, stiffness, and functional mobility. However, many of these studies were limited by small sample sizes, short follow-up periods, heterogeneous treatment protocols, or the absence of standardized outcome measures. Furthermore, limited evidence is available regarding the clinical efficacy of *Dashamooladi Ghrita Matra Basti* combined with *Abhyanga* in patients with *Janu Sandhigata Vata*. Therefore, the present study was undertaken to generate preliminary clinical evidence regarding this treatment approach.

MATERIALS AND METHODS:

Study Design and Setting

The present study was conducted as a preliminary single-arm clinical study to evaluate the efficacy of *Dashamooladi Ghrita* administered as *Matra Basti* along with *Abhyanga* in the management of *Janu Sandhigata Vata*. The study was carried out at the Outpatient and Inpatient Departments of the National Ayurveda Hospital, Borella, Sri Lanka. A total of 30 patients aged between 30 and 60 years were enrolled, of whom 26 completed the study protocol. The intervention was administered for 14 consecutive days, followed by a 28-day follow-up period. Written informed consent was obtained from all participants prior to enrolment.

Ethical clearance was obtained from the Research Ethics Committee of the Bandaranayke Memorial Ayurveda Research Institute (BMARI), Navinna, Maharagama, Sri Lanka (ERC-BMARI/2023/010).

Diagnostic Criteria

Diagnosis was based on the classical signs and symptoms (*Rupa*) of *Janu Sandhigata Vata* described in *Ayurvedic* literature, along with the clinical and radiological features of knee osteoarthritis. Patients presenting with one or more symptoms such as *Shoola*, *Sthabdhata*, *Sparsha Asahyata*, *Chinchimi*, and *Shotha*, along with radiographic evidence of osteoarthritis on knee X-ray, were included in the study. Only patients with Kellgren–Lawrence Grades I–III knee osteoarthritis were considered eligible for enrolment.

Inclusion Criteria:

Patients aged 30–60 years of either gender presenting with one or more classical features of *Janu Sandhigata Vata*, such as *Shoola*, *Sthabdhata*, *Chinchimi*, *Shotha*, and *Sparsha Asahyata* (tenderness), were included. Patients with *Sama Agni* (normal digestive and metabolic state) and those indicated for *Snehana* and *Matra Basti* were considered eligible. Individuals with a body mass index (BMI) between 18.5 and 24 were also included. Participants willing to undergo 14 days of treatment followed by a 28-day follow-up period and who provided informed consent were enrolled.

Exclusion Criteria:

Patients below 30 years or above 60 years of age were excluded. Patients with advanced knee osteoarthritis (Kellgren–Lawrence Grade IV) or severe knee deformities requiring surgical intervention were excluded. Individuals with secondary osteoarthritis due to conditions such as tuberculosis, syphilis, AIDS, or leprosy were also excluded. Patients diagnosed with inflammatory joint disorders, including rheumatoid arthritis, as well as pregnant and lactating women (up to two years postpartum), were not included in the study. Individuals with impaired mental capacity and those having contraindications for *Snehana Karma*, such as *Kaphaja* conditions, obesity, excessive salivation, or anal discharge, were also excluded.

Laboratory Investigations:

Baseline investigations included random blood sugar (RBS), fasting blood sugar (FBS), hemoglobin (Hb), erythrocyte sedimentation rate (ESR) measured using the Westergren method, lipid profile, and X-ray imaging of the knee joint. X-ray examination was performed only at baseline for diagnostic confirmation. All laboratory parameters were within normal reference ranges at baseline and during follow-up, indicating the safety of the intervention. ,

INTERVENTION:

A total of 30 patients received *Dashamooladi Ghrita* administered as

Matra Basti along with local *Ghrita Abhyanga* for 14 consecutive days. Clinical assessments were carried out at baseline, after treatment, and during the follow-up period of 28 days.

Preparation of Medicine:

Dashamooladi Ghrita was prepared in the pharmacy of the National Ayurveda Hospital, Borella, Sri Lanka, in accordance with classical *Ayurvedic* guidelines [7]

All raw materials were properly identified, cleaned, dried, and coarsely powdered. A decoction (*Kwatha*) was prepared by boiling *Dashamoola*, along with *Yava*, *Kola*, and *Kulattha*, in the prescribed quantity of water until it was reduced to one-fourth of its original volume, as described in classical texts.

Subsequently, the paste (*Kalka*) of drugs belonging to the *Jivaniya Gana* [8] along with *Kharjura*, *Draksha*, *Badara*, and *Phalgu*, was added to the filtered decoction. Thereafter, *Go-Ksheera* (cow's milk) and *Murchhita Ghrita* were incorporated in the prescribed proportion.

The mixture was heated over mild fire with continuous stirring until the attainment of *Ghrita Siddhi Lakshana* (signs of proper completion of ghee preparation), such as the absence of froth, characteristic aroma, and proper consistency.

The prepared medicated ghee was then filtered while warm and stored in sterile, airtight containers to maintain its stability and prevent contamination. The detail Ingredients of *Dashamooladi Ghrita* and *Pratinidi* of *Jeevaniya Gana* are

shown in Table 1 and Table 2 respectively.

THERAPEUTIC INTERVENTION:

Dashamooladi Ghrita was administered as follows: 60 mL ^[9] was given as *Matra Basti* (per rectum) in the afternoon (around 2:00 PM), and 30 mL was applied externally as *Ghrita Abhyanga* in the morning (around 8:00 AM). Both interventions were continued for 14 consecutive days (Table 3).

Procedure of Matra Vasti :

The patient was prepared with *Abhyanga* and *Swedana* (sudation therapy) prior to administration. The procedure was performed after a meal, and evacuation of bowel and bladder. The patient was positioned in the left lateral position with the right leg flexed and the left leg extended. A dose of 60 mL of *Dashamooladi Ghrita* was administered using a properly prepared *Vasti Yantra*, (enema apparatus) ensuring adequate lubrication and removal of trapped air. After administration, the patient was kept in a supine position for a duration approximately equal to the time required to count up to one hundred, along with gentle stimulation of the soles and buttocks. In cases of immediate expulsion, the procedure was repeated. After proper retention and evacuation, the patient was advised to take a light diet. ^[10]

Procedure of Ghrita Abhyanga:

Ghrita Abhyanga was performed in the morning (around 8:00 AM) using 30 mL of *Dashamooladi Ghrita*, which was gently

applied over the affected knee joint. The area was then bandaged and kept in place throughout the day, and the bandage was removed in the evening. The procedure was continued for 14 consecutive days.

Diet and Regimen (*Pathya and Apathya*)

Patients were advised to follow *Pathya*, (wholesome diet and regimen) including warm water, milk, *Yusha*, and *Mamsa Rasa*. They were instructed to avoid *Guru Ahara* (heavy food) such as curd, cheese, deep-fried foods, bakery products, sweets prepared with refined flour, and excessively oily foods.. *Apathya* (unwholesome diet and regimen) included prolonged sitting or standing, excessive physical or mental exertion, day sleep, exposure to sunlight, and intake of incompatible or untimely food.

Follow-up Period

During the 28-day follow-up period, patients were strictly advised to avoid the use of any internal or external medications.

Assessment criteria

Subjective parameters:

Grading of Subjective parameters and Assessment of Knee Osteoarthritis Using KOOS are shown in Table 4 and Table 5 respectively.

The Knee injury and Osteoarthritis Outcome Score (KOOS) was used as a standardized outcome measure to assess clinical outcomes in patients with knee osteoarthritis. It comprises five subscales: pain, symptoms, activities of daily living,

sports and recreation, and knee-related quality of life. Each item is scored on a 5-point Likert scale (0–4), and the scores are subsequently transformed to a 0–100 scale, where higher scores indicate better knee function.

Data Collection:

Data were collected at baseline (pre-treatment), post-treatment, and after the follow-up period. The effect of the intervention was assessed using both subjective and objective parameters, including pain, stiffness, tenderness, crepitation, edema and the Knee injury and Osteoarthritis Outcome Score (KOOS) as a standardized quantitative outcome measure.

Analysis of Data:

A total of 30 patients were enrolled in the study, of which 26 completed the treatment protocol and were included in the final analysis. Statistical analysis was performed to assess the effect of treatment at three time points: baseline (BT), post-treatment (AT), and follow-up (FU). Both subjective parameters (pain, stiffness, tenderness, crepitation, and swelling) and KOOS scores were analyzed. As the data were not normally distributed, the non-parametric Wilcoxon signed-rank test was applied to compare within-group differences between BT–AT, AT–FU, and BT–FU. A p-value of >0.05 was considered insignificant, <0.01 significant, and <0.001 highly significant.

RESULT:

The effect of treatment was assessed using both subjective parameters (cardinal symptoms) and objective functional outcome (KOOS score) at baseline (BT), after treatment (AT), and follow-up (FU).

As shown in Table 4, all cardinal symptoms demonstrated statistically significant to highly significant improvement after treatment. Pain showed a marked reduction with 85.52% relief ($P < 0.001$). Stiffness, tenderness, crepitation, and swelling showed complete or near-complete relief ($P < 0.01$ to $P < 0.001$).

As illustrated in Table 5, the improvement in symptoms was sustained during the follow-up period, with all parameters maintaining statistically significant results ($P < 0.01$ to $P < 0.001$).

The functional outcome assessed by KOOS score (Table 6) showed statistically highly significant improvement in all domains following treatment when compared to baseline. KOOS pain, symptoms, activities of daily living, sports, and quality of life domains showed highly significant improvement ($P < 0.001$), while stiffness showed statistically significant improvement ($P = 0.008$).

During the follow-up period, no statistically significant difference was observed between AT and FU in most KOOS domains ($P > 0.05$), indicating sustained therapeutic effect. A mild, non-significant variation was observed in activities of daily living ($P = 0.083$).

Overall, the intervention produced statistically significant to highly

significant improvement in both subjective symptoms and functional outcomes, and the therapeutic effect was maintained during the follow-up period.

Table 6: Comparison Between Baseline (BT) and After Treatment (AT) (N = 26)

Table 7: Comparison Between Baseline (BT) and Follow-Up (FU) (N = 26)

Statistical analysis was performed using the Wilcoxon signed-rank test. A value of

$P < 0.05$ was considered statistically significant and $P < 0.001$ was considered highly significant.”

Table 8: Effect of Treatment on KOOS Score at BT, AT, and FU (N = 26)

Statistical analysis was performed using the Wilcoxon signed-rank test. A value of $P < 0.05$ was considered statistically significant and $P < 0.001$ was considered highly significant.

Table 1: Ingredients of Dashamooladi Ghrita

+Botanical name	Sanskrit Name	Parts used	Proportion
<i>Hordeum vulgate</i> Linn	Yava	Seeds	960g
<i>Zizyphus jujuba</i> Lam.	Badara	Bark	960g
<i>Macrotyloma biflorum</i> var. <i>biflorum</i>	Kulattha	Seeds	96
<i>Aegle marmelos</i> Corr	Bilva	Stem bark	bark 19.2 gm
<i>Premna mucronata</i> Roxb.	Agnimantta	Stem bark	19.2 gm
<i>Oroxylum indicum</i> Vent.	Shunaka	Roots	19.2 gm
<i>Stereospermum suaveolens</i> DC	Patala	Roots	19.2 gm
<i>Gmelina arborea</i> Linn.	Gambhari	Fruit /Root	19.2 gm
<i>Desmodium gangeticum</i> DC	Shalparni	Panchang	19.2 gm
<i>Uraria picta</i> Desv.,	Prishniparni	Panchang	19.2 gm
<i>Solanum surattense</i>	Kantakari	Panchang	19.2 gm
<i>Solanum indicum</i> Linn.	Brihati	Panchang	19.2 gm
<i>Tribulus terrestris</i> Linn	Gokshura	Fruit /Root	19.2 gm
<i>Hordeum vulgare</i>	Yava	Seed	768gm
<i>Ziziphus jujube</i>	Kola	Fruit	768gm
<i>Dolichos buflorus</i> Linn	Kullatha	Seed	768gm
<i>Malaxis acuminata</i>	Jivak	Bulb	12gm
<i>Malaxis uscifera</i>	Rishabhak	Bulb	12gm
<i>Polygonatum verticillatum</i>	Meda	Rhizome	12gm

<i>Polygonatum cirrhifolium</i>	<i>Mahameda</i>		12gm
<i>Roscoe purpurea</i>	<i>Kakoli</i>	Root	12gm
<i>Lilium polyphyllum</i>	<i>Kshirkakoli</i>	Bulb	12gm
<i>Phaseolus trilobus Ait</i>	<i>Mudgparni</i>	Whole plant	12gm
<i>Teramnus labialis spreng</i>	<i>Mashaparni</i>	Whole plant	12gm
<i>Glycyrrhiza glabra Linn</i>	<i>Madhuk</i>	Root	12gm
<i>phonex dactylifera</i>	<i>Kharjur</i>	Fruit	12gm
<i>Gmelina arborea</i>	<i>Gambhari</i>	Stem bark	12gm
<i>Vitis vinifera</i>	<i>Dhraksha</i>	Fruit	12gm
<i>Zizyphus jujube</i>	<i>Badar</i>	Fruit	12gm
<i>Ficus hispida</i>	<i>Phalgu</i>	Fruit	12gm
<i>Sugar</i>	<i>Shrkara</i>		12gm
<i>Goksheer</i>	<i>Milk</i>		6.144liter
<i>Sharpi</i>	<i>Ghee</i>		768gm
<i>Jala</i>	<i>Water</i>		1drona

Table 2 : Pratinidi of Jeevaniya Gana

Sanskrit name of Jeevaniya Ganaya	Pratinidi Sanskrit name	Pratinidi Botanical name
<i>Jeevaka , Rishabhak, Rddhi, Vruddhi</i>	<i>Vidarikanda</i>	<i>Pueraria tuberosa DC</i>
<i>Srushabaka</i>	<i>Ashvagandha</i>	<i>Withania somnifera</i>
<i>Meda , Mahameda</i>	<i>Shathawari</i>	<i>Asparagus racemosus Willd</i>
<i>Kakoli , KshiraKakoli</i>	<i>Ashwgandha</i>	<i>Withania somnifera Dunal</i>

Table 3: Therapeutic Intervention

Medicine	Dose	Procedure	Time	Route	Duration
<i>Dashamooladi Ghrita</i>	60 ml	<i>Matra Basti</i>	Evening (2.00pm)	Per rectum	14 days
<i>Dashamooladi Ghrita</i>	30 ml	<i>Abhyanga</i>	Morning(8.00am)	External	14 days

Table 4: Grading of Subjective parameters

Symptoms	Parameters	VAS Score	Gradation
<i>Shoola</i> (Pain)	No pain	0	0
	Mild pain	1- 3	1
	Moderate pain	4- 7	2
	Severe pain	8-10	3
<i>Sparsha Asahyata</i> (Tenderness)	No tenderness		0
	Patient says tenderness		1
	Wincing of face on touch		2
	Patient does not allow to touch the joint		3
<i>Sthabdhata</i> (Stiffness)	No stiffness		0
	Mild stiffness		1
	Moderate stiffness		2
	Severe difficulty due to stiffness		3
	Severe stiffness for more than 10 minutes		4
<i>Chinchimi</i> (Crepitus)	No crepitus		0
	Palpable crepitus		1
	Audible crepitus		3
<i>Shotha</i> (swelling)	No swelling		0
	Slight swelling		1
	Moderate swelling		2
	Severe swelling		3

Table 5: Assessment of Knee Osteoarthritis Using KOOS

Parameter	Description	Scoring System
Pain	Assessment of knee pain during various activities	0 = No pain, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Extreme
Symptoms	Includes swelling, grinding, stiffness, and range of movement	0 = None, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Extreme
Activities of Daily Living (ADL)	Difficulty in routine activities such as standing, walking, climbing stairs	0 = No difficulty, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Extreme
Sports and Recreation	Difficulty during physical activities like running, jumping, kneeling	0 = No difficulty, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Extreme
Quality of Life (QOL)	Patient's awareness and impact of knee problem on daily life	0 = None, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Extreme

Table 6: Comparison Between Baseline (BT) and After Treatment (AT) (N = 26)

Cardinal Symptoms	BT (Mean)	AT (Mean)	Mean Difference (BT-AT)	% Relief	SD ±	SE ±	Z Value	P Value
Pain	5.50	0.85	4.73	85.52	1.218	0.201	4.505	<0.001
Stiffness	1.00	0.00	0.27	100.00	0.452	0.887	2.646	0.008
Tenderness	0.93	0.00	0.88	100.00	0.909	0.178	3.493	<0.001
Crepitation	0.96	0.12	0.89	100.00	0.516	0.101	4.413	<0.001
Swelling	0.68	0.00	0.69	100.00	0.618	0.121	3.819	<0.001

Table 7: Comparison Between Baseline (BT) and Follow-Up (FU) (N = 26)

Cardinal Symptoms	BT (Mean)	AT (Mean)	Mean Difference (BT-AT)	% Relief	SD ±	SE ±	Z Value	P Value
Pain	5.50	0.92	4.65	85.52	1.325	0.207	4.497	<0.001
Stiffness	1.00	0.96	0.27	100.00	0.452	0.887	2.646	0.008
Tenderness	0.93	0.00	0.88	100.00	0.909	0.178	3.493	<0.001
Crepitation	0.96	0.12	0.88	100.00	0.516	0.101	4.413	<0.001
Swelling	0.68	0.00	0.69	100.00	0.618	0.121	3.819	<0.001

Table 8: Effect of Treatment on KOOS Score at BT, AT, and FU (N = 26)

KOOS Domains	Z Value (BT-AT)	P Value (BT-AT)	Z Value (AT-FU)	P Value (AT-FU)	Z Value (BT-FU)	P Value (BT-FU)
KOOS Pain	4.461	<0.001	1.000	0.317	4.462	<0.001
KOOS Symptoms	4.420	<0.001	0.000	1.000	4.420	<0.001
KOOS Stiffness	2.646	0.008	0.000	1.000	2.646	0.008
KOOS ADL (Daily Living)	4.460	<0.001	1.732	0.083	4.460	<0.001
KOOS Sports	4.529	<0.001	0.000	1.000	4.529	<0.001
KOOS QOL	4.477	<0.001	1.000	0.317	4.111	<0.001

DISCUSSION:

In the present study, the majority of patients were aged 40–60 years, predominantly female, and engaged in

physically demanding occupations with prolonged standing. All patients presented with classical features of Janu Sandhigata Vata, including *Shoola*,

Sthabdhata, *Sparsha Asahyata*, *Chinchimi*, and *Shotha*. Out of 30 enrolled patients, 26 completed the study. The intervention showed statistically highly significant improvement in all subjective parameters ($P < 0.01$ to $P < 0.001$) along with significant improvement in KOOS scores ($P < 0.001$). No adverse drug reactions were observed.

Based on the pharmacodynamic properties of its constituent ingredients described in classical Ayurvedic literature *Dashamooladi Ghrita*, predominantly having *Madhura Rasa* (sweet taste), *Guru* (heavy quality) and *Snigdha Guna* (unctuous quality), *Ushna Veerya* (hot potency), and *Madhura Vipaka* (sweet post-digestive effect), exerts *Vata-shamaka* (alleviating aggravated *Vata*) action by counteracting the *Ruksha* (dry quality) and *Laghu* (light quality) qualities of aggravated *Vata*.^{[11][12]} The *Snigdha Guna* provides *Snehana*, improving joint lubrication and reducing crepitation, while *Tikta* (bitter taste) and *Kashaya Rasa* (astringent taste) impart *Shothahara* effect, reducing swelling and inflammation. *Ushna Veerya* facilitates *Vata anulomana* (normalization of the physiological movement of *Vata*) and enhances local circulation.

From the perspective of *Samprapti Vighatana*, (breaking the pathogenesis) the formulation acts on *Vata prakopa*, *Dhatu kshaya*, and *Ama*. (metabolic toxins) *Ushna Veerya* and *Tikta-Kashaya Rasa* promote *Deepana* (enhancing digestive fire) and *Pachana*, (metabolic digestion of *Ama*) aiding in *Ama pachana* (digestion and elimination of metabolic

toxins) and *Srotoshodhana*, (channel cleansing) while *Snigdha* and *Guru Guna* support *Dhatu poshana* (tissue nourishment) and tissue nourishment.

Administration through *Matra Basti* ensures systemic regulation of *Vata*, as *Basti* is the prime therapy for *Vata* disorders. From a modern perspective, *Basti* may facilitate drug absorption through rectal mucosa, partially bypassing first-pass metabolism, and modulate neurophysiological pathways via pelvic splanchnic nerves and the gut-brain axis, thereby influencing pain perception.^[13]

Simultaneously, *Abhyanga* enhances local *Snehana*, improves circulation, reduces muscle stiffness, and increases joint flexibility. Thus, the combined therapy effectively alleviates symptoms and improves functional outcomes in *Janu Sandhigata Vata*.

CONCLUSION:

Dashamooladi Ghrita administered through *Matra Basti* and *Abhyanga* was found to be effective in the management of *Janu Sandhigata Vata*. The therapeutic benefits may be attributed to its *Vata Shamaka*, *Shothahara*, *Deepana*, and *Pachana* properties, which help improve joint function and alleviate symptoms. The therapy was safe, well tolerated, and showed sustained clinical benefits during the follow-up period.

Limitation of study:

This study is limited by the small sample size and absence of a control group. Further randomized controlled studies

with larger sample sizes are required to confirm the effectiveness of this treatment protocol.

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Declaration of patient consent:

The written informed consent has been taken from the patients before stating the treatment and for publication of data without disclosing the identity.

Limitation of study:

This study is limited by the small sample size and absence of a control group. Further randomized controlled studies with larger sample sizes are required to confirm the effectiveness of this treatment protocol.

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