ABSTRACT
Musculoskeletal Disorders (MSD) affect people of all age groups in all regions of the world. Musculoskeletal conditions are characterized by pain, limitations in mobility, dexterity and functional ability which restrict a person’s ability to work and participate in society which in turn affects mental well-being as well. According to the data by WHO 20-30% of people across the globe live with a painful musculoskeletal conditions. Pain and restricted mobility are the main features in MSD and the drugs used in contemporary medicine are analgesics, NSAIDs, DMARDS, corticosteroids etc. which are associated with long term adverse-effects. In Ayurveda Classics MSD’s can be related with the various diseases described under Vata Vyadhi. Basti Chikitsa is the best line of treatment for treating all types of Vataj disorders.

KEYWORDS: Musculoskeletal disorders, Vata Vyadhi, Panchakarma, Basti chikitsa.

INTRODUCTION
Musculoskeletal disorders (MSDs) are injuries or pain in human musculoskeletal system including the joints, ligaments, muscles, nerves, tendons, and structures that support limbs, neck and back. The most common musculoskeletal conditions are osteoarthritis, back and neck pain, fractures associated with bone fragility, injury and systemic inflammatory conditions such as rheumatoid arthritis. According to the data by WHO between 20-30% of people across the globe lives with a painful musculoskeletal conditions. The most common feature of musculoskeletal disease is pain and restricted mobility in which pain typically persist for long term conditions. In Ayurveda MSDs comes under the major heading of Vata vyadhi which involves all types of musculoskeletal disorders. According to Acharya Charaka[3] - Sankoch (muscle contraction), Parva sthambha (stiffness in joints), Parvabheda (pain in joints), Pani, Prishtha and Shiroygra (stiffness in hand, back and head), Khaña (lame), Pangulya (paraplegia), Kubjatava (hump back), Anga shosha (muscular atrophy), Gatra spandan (feeling of something moving in body), Gatra saptata (numbness in whole body), Greeva hundan (cracking of scalp and pain in temporal region), Bheda, Toda (types of pain), Akeshapa (convulsions), Moha (loss of sensorium), Aayasa (feeling of exertion).

Pathogenesis of Musculoskeletal disorders[4]
Nidana sevana includes excessive use of dry, cold, less and light diet, excessive coitus, night awakening, not following diet and regimen after therapy, excessive expulsion of bio humors or blood, due to Langhana (prolong fasting), swimming, excess use of vehicles, sitting in wrong postures, due to depletion of Dhatus or psychological causes like anxiety, stress, sorrow, anger, day sleeping, fear, suppression of natural urges, external trauma or injury, avoidance of food intake, injury to Marma points (vitals points), falling off from certain heights all these factors leads to vitiation of Vata mainly but can be associated with Pitta and Kapha also. This vitiated Vata reaches to Srotas and manifests localized or generalized disorders.

Management of Musculoskeletal disorders
In contemporary science, the management mainly includes uses of NSAIDs drugs (non-steroidal anti-inflammatory drugs) which are having adverse effect on health. According to one study conducted in Nigerian patients found that they were not informed about the side effects of NSAIDs by the prescribers. Dizziness and abdominal pains were the most experienced side effects of NSAIDs. After the introduction of selective cyclooxygenase-2 (COX-2) inhibitors (or coxibs) there has been ongoing discussion and debate about the safety of all NSAIDs. Current available evidence suggests both traditional NSAIDs and coxibs increase the risk of gastrointestinal and cardiovascular toxicity.

Treatment of MSDs in Ayurveda depends on causation of disease that is either due to aggravation of Vata dosha
or due to depletion of Dosha. So, when there is accumulation of morbid Doshas Shodhana therapy and in Kshaya condition Brihana chikitsa should be done respectively. In Ayurveda there is one specialized field known as Panchakarma which mainly includes five therapeutic procedures namely Yamana, Virechana, Basti, Nasya and Raktamokshan. Among them Basti is one therapeutic procedures in which medicated drugs are administered through anal route with the help of Basti yantra. Acharya Charaka says that Basti is best therapeutic procedure to treat all types Vata disorders. They mentioned that Basti can be used in multidimensional approach like Apatarpana or Santarpana depends upon the usage of respective drugs. In the pathogenesis of Vatayadhi one term “Rikta sthana” has been mentioned which means vitiated Vata leads to decrease or diminished Snehadi qualities in the passages, so it is helpful in achieving those qualities.

DISCUSSION

The first and foremost sign in the patient of musculoskeletal disorders is persistent of pain which mainly due to vitiation of Vata dosha. Acharya Sushruta says that Basti can be administered if there is vitiation of Vata alone or if it is associated with Pitta, Kapha, and Rakta also.

Researches done on Basti given in various MSD

1. Clinical efficacy of Eranda Muladi Yapana Basti in the management of Kati Graha (Lumbar spondylosis). Fernando et al did trial on 23 patients of either sex in the age between 20 to 65 years having signs and symptoms of LS were selected and were administered Yapana Basti for a period of 15 days. Highly significant results were observed and improvement in cardinal symptoms of Kati Graha was observed.

2. The role of Matra Basti with Bala taila in Sandhigata Vata w.s.r to ability to Climbing stairs in patients of osteoarthritis - Knee Joint. According to this study done by Anurag et al. subjective parameter that is climbing ability was used to assess effectiveness of Basti therapy. In this trial Matra basti was given for seven days and significant improvement was observed.

3. A clinical study of Nirgundi Ghana Vati and Matra Basti in the management of Gridhrasi with special reference to sciatica. According to Ali et al. a total of 119 patients were registered for the study, out of which 102 patients completed the treatment: 52 patients in group A (Nirgundi Ghana Vati) and 50 in group B (Nirgundi Ghana Vati + Matra Basti). The results show that both treatments had an effect on Gridhrasi, but there was better relief of the signs and symptoms in group B.

4. Clinical efficacy of Madhu ghritadi yapana basti (enema) in the management of Vataja gridhrasi (Sciatica). Ilukumaba et al. given Niruha basti with Madhughritadi yapana and Anuvasana basti with Murchita ghrita in Vataja Gridhrasi for 9 days in form of Yoga basti sequence followed by Rarihara kala of 18 days. Study were assessed using paired ‘t’ test and wilcoxon matched pair signed rank test and it was found that 60% patients showed major improvement, 27% moderate improvement and 13% minor improvement.

5. Basti chikitsa in Vatarakta with special reference to hyperurecemia. Katariya preash et al performed Guduchi siddha ksheera basti and found 80% relief in swelling, pain and burning sensation. Also significant reduction in serum uric acid level was observed.

6. Prevalence of use alternative medicine and complementary medicine among patients. There was one cross sectional study done in UAE in which prevalence of use of alternative and complementary medicine in a sample 305 patients in Ajman UAE were assessed and it was found that 51.1% of subjects use alternative medicine. Out of these, 30.1% use it along with allopathic medicine. 34% subjects used Ayurveda medicine for general aches and 46.8% for pain. Most subjects chose CAM because they felt that allopathic were not effective (30.2%). They also felt that the benefit of using CAM was relieving stress (23%) and reducing the severity of the condition at (22.6%). No significant difference was found between the effectiveness of CAM alone and CAM with allopathic.

CONCLUSION

In Ayurveda basti therapy is consider as Ardh chikitsa that means Basti therapy have potency to cure the disease provided selection and proper execution of Basti therapy according to nature of Dosha, Dushya, Vyadhi, and Vyadhita (patient). In this article we can conclude that significant improvement can be achieved by implementing Basti therapy in the patients of MSDs.

REFERENCES


