



Case Study

MANAGEMENT OF OSTEOARTHRITIS OF KNEE JOINT THROUGH SAMANA SNEHAPANA WITH SAHACHARADI MEZHUKUPAKA - CASE SERIES

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ABSTRACT

Osteoarthritis is one of the oldest known chronic degenerative joint disorders characterized by joint pain, tenderness, limitation of movements, crepitus, occasional effusion and variable degrees of local inflammation. In Ayurveda, this disease clinically simulates with *Sandhigata vata* which occurs due to the localization of the vitiated *Vata dosha* in the *Asthi sandhis* of the body. It is characterized by the symptoms pertaining to the *Asthi sandhis* like *Sandhi soola*, *Sandhi soph* etc. Acharya Susruta has mentioned the treatment for *Sandhigata vata* clearly i.e., *Snehana*, *Upanaha*, *Agnikarma*, *Bandhana* and *Unmardana*. In Ashtanga Hridaya, *Snehana* is mentioned as one of the main treatment of *Sandhigata vata*. **Aim:** To evaluate the effect of *Samana snehapana* with *Sahacharadi mezhukupaka* for a duration of 14 days in patients of OA knee joint in the age group of 40–60 years. **Materials and Method:** A case series of 5 patients aged between 40-60 years diagnosed as osteoarthritis of knee joint with pain, stiffness, difficulty in physical function and mobility by using WOMAC Osteoarthritis index and TUG test. They are advised to take *Sahacharadi mezhukupaka* for duration of 14 days after doing *Rookshana* with *Gandharvahastadi kashyam* and *Vaiswanara choorna* for 5 days. Assessment was done on 20th day and 35th day after treatment. **Results:** After completion of *Snehapana* for 14 days followed by assessment, there was significant relief in pain, stiffness and improvement in physical function and mobility. WOMAC Index and TUG test scores shows significant improvement in patients. **Conclusion:** Osteoarthritis is a musculoskeletal degenerative disease affecting the bones, cartilage, joint and connective tissue leading to the impairment of function. In Ayurveda, by using *Samana snehapana* patients got satisfactory relief in pain, stiffness and improvement in physical function and mobility.

INTRODUCTION

The degenerative joint diseases are the major portion of cases we meet in our clinical practice. Mobility is dependent up on the structural and functional character of the body. As the age advances, body shows degenerative changes particularly relating to the joints. Osteoarthritis is one of the most common and oldest known chronic degenerative joint disorders characterized by joint pain, tenderness, limitation of movements, crepitus, occasional effusion and variable degrees of local inflammation.

Osteoarthritis is a slowly progressive degenerative musculoskeletal disorder that typically affects the joints of the hand, spine and weight bearing joints of the lower extremity. It is an age related as well as a lifestyle disorder. Overweight as a result of deviation from natural food habits and practice of faulty life style are the main factors which lead the person to be a victim of the disease. As a result, not only the old age groups, but also the younger age groups are also affected. The pooled global prevalence of OA knee was 16.0% (95% CI, 14.3% - 17.8%) in individuals aged 15 and over and was 22.9% (95% CI, 19.8% - 26.1%) in individual aged 40 and over. Correspondingly there are around 654.1 (95% CI, 565.6-745.6) million individual 40 years and older with knee OA in 2020 worldwide. The ratio of prevalence and incidence in females and males were 1.69 (95% CI, 1.59-1.89, P<0.00) respectively^[1]. OA knee is prevalent all racial groups and principally affect the patella-femoral and medial

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tibio-femoral compartments of the knee. Most OA knee are particularly in women, is bilateral and symmetrical. OA knee pain is usually localized to the anterior or medial aspect of the knee and upper tibia. Common functional difficulties are difficulty in prolonged walking, rising from the chair, getting in or out of a car, or bending to put shoes and socks. OA if stands for long time it may lead to complication like muscle wasting, deformity, intra articular loose bodies etc. This condition is very complicated where patients feel difficulty in managing daily routine.

In Ayurveda, this disease clinically simulates with *Sandhigata vata* which occurs due to the localization of the vitiated *Vata dosha* in the *Asthi sandhis* of the body^[2]. It is one among the *Vata vyadhi* described in our classics. Moreover this is a disease of middle age or late middle age which is again the period of *Vata* predominance. *Vata* is the master of all the *Doshas* and is responsible for all types of functions and movements in the body because of its *Gati* and *Gandhana* properties. In case of *Vardhakya*, there will be *Dhatukshaya* which result in *Vatakopa* and *Kaphakshaya* and which in turn leads to *Rukshata*, *Laghuta* and *Kharatva* of the body especially of that of joints. This causes *Soola* and *Sotha* in *Sandhi*. *Asthi dhatu* is the *Asrayasthana* of *Vatadosha* and *Vata vrudhhi* results in *Asthi kshaya*. In *Sandhigata vata* both these features can be seen. It is characterized by the symptoms pertaining to the *Asthi sandhis* like *Sandhi soola*, *Sandhi sophia* etc. Excessive physical activities, external trauma in the joints and excess intake of astringent, pungent, and bitter predominant diet are the main causative factors responsible for it.

Acharya Charaka has mentioned common treatment for *Vatavyadhi* i.e., repeated use of *Snehana*, *Svedana*, *Vasti* and *Mridu virechana*^[3]. Acharya Susrutha has mentioned the treatment for *Sandhigata vata* clearly i.e., *Snehana*, *Upanaha*, *Agnikarma*, *Bandhana* and *Unmardana*^[4]. In Ashtanga Hridaya, *Snehana* is mentioned as one of the main treatment of *Sandhigata vata*^[5]. Moreover, in *Asthi dhatugata vata*, *Bahya* and *Abhyantara sneha* (external and internal unction) is mentioned as the treatment. The disease *Sandhigata vata* is *Kashtasadhya* because it involves *Marma*. It is situated in *Madhyama rogamarga*.

In modern science, the treatment of osteoarthritis is currently limited to the management of symptoms rather than reducing disease progression. Analgesic and anti inflammatory drugs are widely used in management. When other treatment modalities are failed, surgical procedures (joint replacement) are considered for those with severe pain, disability and severe deformity.

Many researches have been carried out in *Sandhigata vata* for the search of relief of the symptoms and for the cure of the disease. No treatment is available which can prevent or reverses or blocks the disease process. Researchers look forward for drugs that would prevent, slow down or reverse the joint damage.

Ayurvedic treatments has got slower onset of action, but their symptomatic effects tend to be more long lasting after the end of the treatment. So it is the time to find out an effective and economical treatment which will reduce symptoms, prevent progression and improve the quality of life of people affected by the disease.

The present paper is aimed to improve the quality of life of patients with chronic OA knee joint by *Samana sneha pana*^[6]. It is a procedure without much restriction in day to day activities and is very cost effective.

The clinical indication of *Samana snehapana* is palliative in nature, i.e., it brings down the disturbed *Dosha* to normalcy without expelling them out and without disturbing the equilibrium of the normal ones. It is to be taken in *Madhyama matra* when the food taken on the previous day is digested and when the individual is hungry (*Accha sneha* in *Annakala*).

Reminding the quote '*Snehasaro ayam purusha*:' the degenerated knee joint can be nourished with *Snehamsa*. As we all are leading a busy schedule, the execution of prolonged *Sodhana* procedures will not be practicable for majority of them. The *Taila* taken when hungry will be digested as soon as it is taken because of the powerful digestive fire and will not be competent enough to deliver the procedure for *Sodhana*. Hence *Samana snehapana* is chosen, which is, though time consuming, is very effective and the prime concern will be given for the evaluation of signs and symptoms of OA following *Samana snehapana*.

MATERIALS AND METHOD

It is a case series of 5 patients aged between 40-60 years diagnosed as osteoarthritis of knee joint with pain, stiffness, difficulty in physical function and mobility by using WOMAC Osteoarthritis index and TUG test. They are advised to take *Sahacharadi mezhukupaka* for duration of 14 days after doing *Rookshana* with *Gandharvahastadi kashyam* and *Vaiswanara choorna* for 5 days. Assessment was done on 20th day and 35th day after treatment.

Intervention

Preparation of medicine: *Sahacharadi taila* are brought from GMP certified pharmacy for administration.

Procedure of Samana sneha pana

	Intervention	Drug	Mode of administration	Dose	Time	Duration
<i>Poorva karma</i>	<i>Deepana pachana</i>	<i>Gandharva hastadi kashayam</i>	Internally before food	90ml	Morning 6am and evening 6pm	Till <i>Samyak rookshana lakshana</i>
		<i>Vaiswanara choornam</i>	Internally after food	6g with hot water	Morning 11am and evening 4pm	Till <i>Samyak rookshana lakshana</i>
<i>Pradhana karma</i>	<i>Samana snehapana</i>	<i>Sahacharadi taila</i>	Internally	According to the <i>Koshta</i> and <i>Agni bala</i> of the participants	When patients feel hungry	14days

Dosage form: Liquid

Dose: Dose of administration depends upon the *Koshta* and *Agnibala* of participants.

Dosing schedule: The administration of drug continuously for 14 days.

Vehicle: *Yusha anupana*

Route/mode of administration – Oral route

Treatment period, including the follow-up period: The treatment is done for 19 days. Assessment will be made before treatment on 0th day, after treatment on 20th day, follow-up on 35th day.

RESULTS**OBSERVATIONS****Table 1: Distribution of Age**

Age	Frequency	Percentage
40-50	3	60
50-60	2	40

Distribution of Age**Table 2: Distribution of Koshta**

<i>Koshta</i>	Frequency	Percentage
<i>Mridu</i>	3	60
<i>Madhyama</i>	2	40
<i>Krura</i>	0	0

Table 4: Distribution of Agni

<i>Agni</i>	Frequency	Percentage
<i>Samagni</i>	4	80
<i>Vishamagni</i>	0	0
<i>Mandagni</i>	1	20
<i>Theekshanagni</i>	0	0

Table 5: Distribution of knee joint affected

Knee joint affected	Frequency	Percentage
Bilateral	3	60
Unilateral	2	40

Table 6: Distribution of WOMAC index

WOMAC index	1 st case	2 nd case	3 rd case	4 th case	5 th case
BT	41.6%	48.9%	47.9%	57.29%	54.16%
AT	11.45%	10.41%	30.2%	37.5%	48.95%
Follow up	11.45%	10.41%	30.2%	37.5%	48.95%

Table 7: Distribution of TUG Test

TUG Test	1 st case	2 nd case	3 rd case	4 th case	5 th case
BT	1min 32 sec	1min 50sec	1min 15 sec	1min 34 sec	1min 57sec
AT	1min 29 sec	1min 30sec	1min 4sec	1min 18sec	1min 49sec
Follow up	1min 29 sec	1min 30sec	1min 4sec	1min 18 sec	1min 49sec

DISCUSSION

Osteoarthritis can be better correlated with *Sandhigata vata*. In the present paper OA of knee joint was selected, because it is the most common type of arthritis in the community. It is the major cause of chronic musculoskeletal pain and disability in the elderly and therefore represents a significant burden on healthcare profession. Since knee is one of the weight bearing joint, younger generations with overweight are also get affected. Here patients within age group 40-60 years were selected for the study. In *Sandhigata vata*, localization of vitiated *Vata dosha* in *Asthi sandhis* occurs, characterized by symptoms like *Sandhi soola*, *Sandhi soph* etc. Specific treatments for *Sandhigata vata* are explained in our classics. Continues *Snehana* is explained as its main treatment. Since *Snehana* is the most suitable *Samana chikitsa* for *Kupita vata* localized in *Janu sandhi* (knee joint).

The selection of *Sneha* for the *Samana snehapana* is very important, here in this disease condition, *Sandhigatavata*, both *Vata* and *Kapha doshas* are involved in the pathology. So the ideal choice was *Taila*, which is the *Agrya samana oushadha* for *Vata* and *Kapha*. *Taila* pacifies *Vata* by its *Snigdha*, *Ushna*, *Tikshna guna*, *Madhura rasa* and *Madhura vipaka*. By *Picchila* and *Guru guna* it nourishes *Sleshaka kapha* and enhances the gliding movements by decreasing the friction between bony surfaces and results in ease of range of movement in knee joint. With the help of *Balya*, *Dardhya*, *Sthira*, *Mardavakara* and *Prinana* property, it provides strength to the surrounding structures of the joint like muscles, ligaments etc. Also, the *Taila* has an important property, i.e., *Samskarat sarvarogajit*. That means after processing with different drugs, it becomes capable of pacifying different diseases by the enhancement of its potency and *Swabhavika gunas*. *Samana snehapana* in osteoarthritis of knee joint with *Sahacharadi taila* which is mentioned in *Astanga Hridaya*, *Chikitsa stana*, *Vata vyadhi chikitsa adhyayam*. This *Taila* cures *Krchravata roga*, *Kampa*, *Aksepha*, *Stambha*, *Sosha*, *Gulma*,

Unmade, *Pinasa*, *Yoni roga*. It can be administered as *Pana*, *Abhyanga* and *Vasti*. For *Snehapana* and *Vasti*, *Madhyama paka* or *Chikkana paka* is mentioned in our classics. Therefore in the present study, *Tailam Sahacharadi mezhukupakam* was used for *Samana snehapana*.

Before starting *Snehapana*, *Deepana* and *Pachana* was done with *Gandharvahastadi kashayam* and *Vaiswanara choornam* for 5 days. On the 1st day of *Snehapana*, when the patient felt hunger in the morning, after proper digestion of previous day's meal, each patient was given 10ml of *Sahacharadi tailam mezhukupakam* as the test dose. *Mudga yusha* was given as the *Anupana*. Based on the time taken for the digestion of *Sneha*, dose for the next day was fixed. The dose was raised like this till the dose which get digest in 6 hours is reached. That dose will be the *Madhyama matra* for *Samanasnehapana*.

CONCLUSION

Osteoarthritis is an musculoskeletal degenerative disease affecting the bones, cartilage, joint and connective tissue leading to the impairment of function. *Samana snehapana* is effective in *Vataja* conditions. In Ayurveda, by using *Samana snehapana* patients got satisfactory relief in pain, stiffness and improvement in physical function and mobility.

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