



Case Study

MANAGEMENT OF SANDHIVATA WITH SPECIAL REFERENCE TO OSTEOARTHRITIS

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ABSTRACT

Sandhivata is Vataja nanatmaja Vyadhi and one of the common types of Vatavyadhi. It is most commonly witnessed in elderly patient more than 50 years due to Dhatukshaya. Females are more prone to Sandhivata due to hormonal imbalance after menopause. Since it is located in Marma sthana it is Kashtasadya. In this case study Upanaha with Goduma churana, Rasna churna, Kottumchukkadu churna, and Janu Basti with Ksheerabala taila, and Vyadhishardoola guggulu is used as Shamanayoga to manage Sandhivata. As a result observed that subject had significant relief in all cardinal symptoms. In this case study Godumadi Churna is used for Upanaha, Ksheerabala Taila used for Janu basti and Vyadhishardoola Guggulu is used as Shamanayoga for the management of Janusandhigata Vata. It is observed that all the symptoms are reduced and patient feels significant relief. This study can be taken for the further study in large sample size with different variety of patient to look over the results.

INTRODUCTION

According to the Ayurvedic classics, "Sandhigatavata" comes under *Vatavyadhi Chikitsa Adhayaya*, and the etiological factors are consistent for all *Vatavyadhis*. The *Purvarupa* of *Vatavyadhi* can be considered as the *Purvarupa* of *Sandhigatavata*, as specific features are not mentioned. The *Samprapti* of *Sandhigatavata* follows either the *Dhatukshyajanya* or *Avaranjanya* customs based on the *Nidana* of *Vata Prakopa*. Clinically, *Sandhigatavata* is manifests mainly due to *Dhatukshaya*. *Vriddhavastha* is the most common cause as *Vridha Vata* is present at this age group. This leads to *Ashti vaha Srotodusti* and *Khavaigunya* in *Sandhi*. *Vata Vardhaka Ahara* and *Vihara* are more contribute to *Vata Sanchaya*. On *Sandhi* causes the diseases.

Osteoarthritis is a degenerative joint disease it results because of breakdown of cartilages of joints due to wear and tear effect. It mainly affects the weight bearing joints and it causes the change in the bone and deterioration of connective tissues which holds the joints together. Osteoarthritis is second most common

type of problem it's prevalence rate 28.7% in India and in Bangalore 26.6%.^[1]

Vatapurna Druti Sparsha, Prasarano akunchana Vedana, Shotha, Shoola, Atopa^[2], are the cardinal feature of *Sandhivata*.

In this case study management of *Sandhivata* with *Godumadi upanaha* which is having the drugs of *Vatahara* property and *Ksheerabala taila* which is *Vatashamaka* and *Brumhaniya*, effect and *Vyadhishardoola Guggulu* having *Tridosahara, Balya, Brumahana*, effect are used. According to classics *Chikitsa sutra* is *Daha, Snehana, Upanaha*, the same principle is followed in this study.

Case Report

On 2nd Feb 2024 a Hindu male subject of 55 years non-diabetic, non-hypertensive visited OPD of Kayachikitsa department of DGM Ayurvedic Medical College and Hospital, Gadag, Karnataka.

Chief Complaints

C/O bilateral knee joint pain since 2 years 4 months
C/O swelling of knee joint since 2 months

Associated complaints

C/o pain while walking since 2 months

History of present illness

Patient was apparently normal before 2 years gradually developed pain in the knee joint. Initially patient neglected. In last 4 months pain got increased

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and on last 2 months subject started to feel difficulty in walking. There was no history of fall. Now he came to our OPD for further management.

Nidana

Subject works in grocery shop he use to lift heavy weight and standing over long time daily. This may be one of the *Nidana* for the *Vata* to get increases.

General Examination

Bp – 130/80 mmhg
Pulse rate – 78 b/m
Spo2 – 96%
Weight – 71 kg
CNS – Conscious and oriented
CVS – S1 and S2 Heard
RS – Normal vesicular breath sound
P/A – Soft and non-tenderness, no organomegaly

Joint Examination

Anterior draw test – Negative
Posterior draw test – Negative
Lachh man test – Negative
SLR Test - Negative
Gait – Normal

Astastana Pariksha

- *Nadi* -78 b/min
- *Mala* – 1 time /day
- *Mutra* – 4-5 times/day
- *Jivha* – *Nirliptata*
- *Shabda* - *Prakruta*
- *Sparsha* -*Prakruta*
- *Druk* - *Prakruta*
- *Akruti* – *Madyama*

MATERIAL AND METHODS

Table 1: Yogas and their ingredients

Yogas	Ingredients
<i>Ksheerabalataila</i> ^[3]	<i>Ksheera, Balamoola, Tilataila</i>
Godumadi upanaha	
<i>Goduma churna</i> ^[4]	<i>Goduma</i>
<i>Rasna churna</i> ^[5]	<i>Rasna</i>
<i>Kottumchukkadi churna</i> ^[6]	<i>Shunti, Pushkara Moola, Vacha, Devadaru, Lashuna, Shigru, Rasna, Sarshapa, Chinchapatra, Kamsamara</i>
Shamana Yoga	
<i>Vyadhishardoola guggulu</i> ^[7]	<i>Tripala, Trikatu, Parada, Gandaka, Lohabasma, Abrakabhasma, Danthi, Chavya, Chitraka, Vidanga, Guduchi</i>

Treatment Plan

Table 2: Medicine duration and dosage

Medicine	Duration	Dose
<i>Chitrakadi vati</i> ^[8]	5 days	1 Tab TID
<i>Eranda taila</i> ^[9]	1 day (5 th day night)	50 ml (HS)
<i>Janu basti with KBT Taila</i>	7 days (from 6 th day)	Q.S
<i>Vyadhishardoola Guggulu</i>	30 days	2 Tab (500mg) BID

Note -*Vyadhishardoola guggulu* start from the day of *Janu basti*.

Janubasti

Procedure

Masha floor mixed with water made into *Pishti* then made a ring like structure on both knee joint. After sealing from all sides hot *Ksheerabala Taila* is poured into pit formed by *Masha* floor. Patient's comfortability with temperature was assessed periodically oil has been replaced.

Post procedure

Stanika Abyanga done then *Nadi sweda* with *Dashamoola kwatha* is done.

Figure 1: Janu Basti and Upanaha



Upanaha

Method of preparation of Upanaha

Take 8 teaspoons of *Goduma churna*

Take 6 teaspoons of *Rasna churna*

Take 6 teaspoons of *Kottumchukkadi churna*

Oil quantity sufficient

Method of Application

Assessment	Before Treatment	After Treatment	Follow up
<i>Sandhi Shoola</i>	3	0	0
VAS Scale	2	0	0
<i>Sparshasahyata</i>	1	0	0

Prepared *Upanaha* is taken comfortable temperature is checked and applied over knee joint and cover with *Eranda patra* and roll the bandage over the knee joint so that *Upanaha* stay in correct position, in order to give satisfactory outcome.

OBSERVATION AND RESULTS

Subjective criteria

Table 3: Janushoola Gradings

<i>Janusandhi Shoola</i>	Grades
No pain	0
Mild	1
Moderate	2
Severe	3

Table 4: Sparshasayyata

<i>Saparshasayyata</i>	Grades
No complaints	0
Says the joint tender	1
Patient winces the face by touching	2
Patient winces and withdraws the affected joint	3

Table 5: Grading of VAS Scale^[10]

VAS Scale	Grades
0 mm	0
10-30 mm	1
40-60 mm	2
70-100mm	3

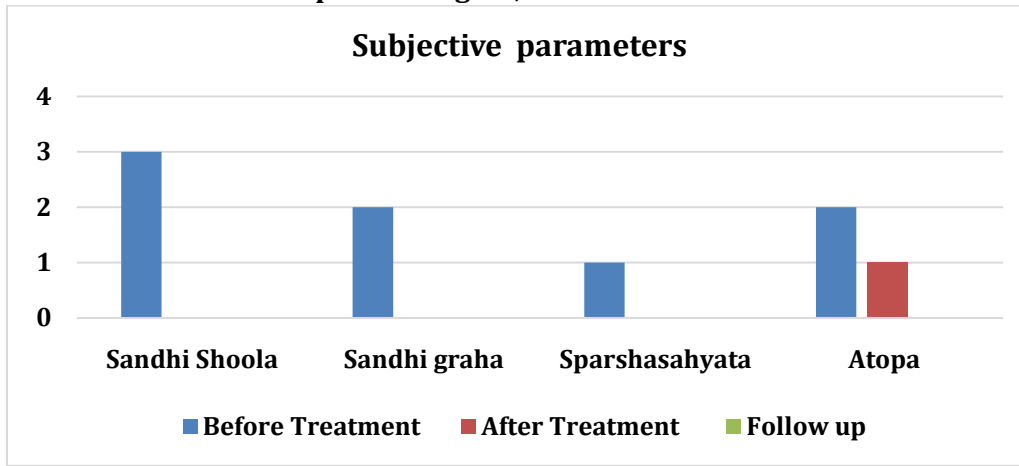
Table 6: Grading of Atopa

<i>Sandhi atopa</i>	Grades
None	0
Felt	1
Heard	2

Table 7: Showing Before and after treatment result

Assessment	Before Treatment	After Treatment	Follow up
<i>Sandhi Shoola</i>	3	0	0
VAS Scale	2	0	0
<i>Sparshasahyata</i>	1	0	0
<i>Sandhi Atopa</i>	2	1	1

Graph showing BT, AT and AF Results



Objective Criteria

Table 8: X-ray of knee joint Kellegren-Lawrence^[11] scale grades

Kellegren-Lawrence Scale Grades	Grading
Normal	0
Doubtful narrowing of Joint space.	1
Definite osteophytes and possible narrowing of joint space.	2
Moderate multiple osteophytes, definite narrowing of joint space, possible deformity of bone end.	3
Large osteophytes, marked narrowing of joint space, severe sclerosis, and definite deformity of bone ends.	4

Table 9: Grading of WOMAC^[12] Scale

WOMAC Scale	Grades
None (0)	1
Mild (1-24)	2
Moderate (25-48)	3
Severe (49-72)	4
Extreme (73-96)	5

Table 10: Grading of Swelling^[13]

Grading	Swelling
Grade 0	No swelling (0 mm)
Grade 1	Slightly swelling (1mm - 20 mm)
Grade 2	Covers well over the bony prominence (21 mm - 40mm)
Grade 3	Much elevated (41mm - 60 mm)

Swelling of joint is measured by measuring tape

Table 11: Grading of walking time

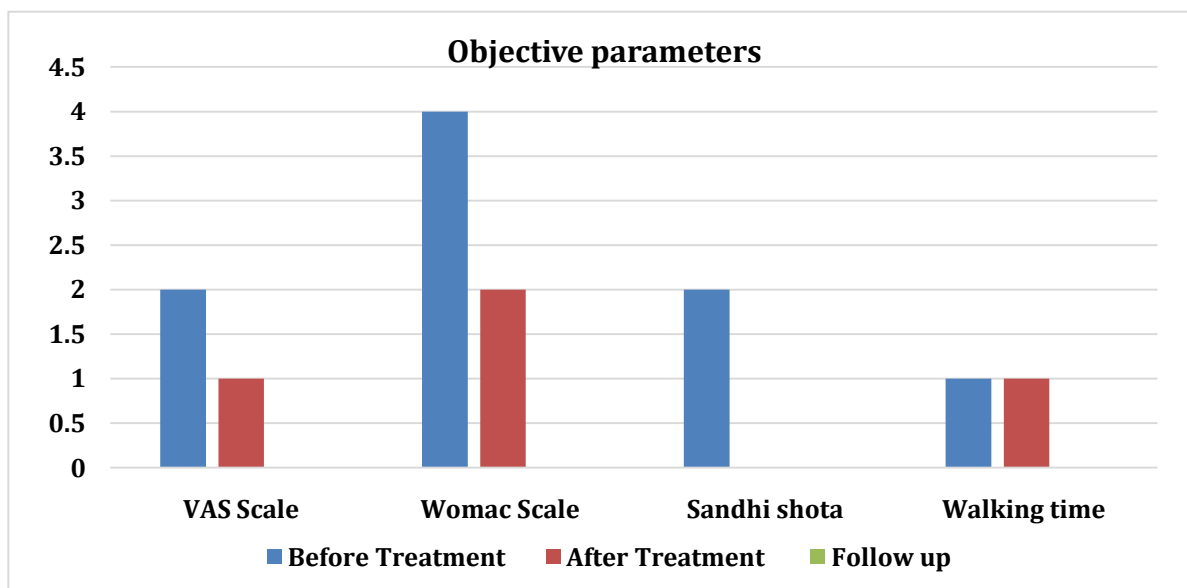
Walking time	Grades
Up to 20 seconds	0
21-30 seconds	1
31-40 seconds	2
41-50 seconds	3
51-60 seconds	4

Walking Time - Walking time to cover 21 meters is recorded and distributed into the following grades.

Table 12: The observations of objective parameters

Assessment	Before Treatment	After Treatment	Follow up
Womac Scale	4	2	0
Sandhi shota	2	0	0
Walking time	1	1	0
Assessment	Before Treatment	After Treatment	Follow up
Kellegren-Lawrence scale	4	4	

Graph showing objective criteria result



OBSERVATION AND RESULTS

After *Janu Basti* with *Godumadi Upanaha* along with *Shamanayoga* patient experiencing the reduction in pain, stiffness, crepitus sound, and swelling. Procedure is continued for 8 days and advised to continue *Shamanayogas*. Follow up done after 30 days and patient was accessed he got significant amount of changes in his symptoms.

DISCUSSION

In this study before starting the treatment *Chitrakadi vati* is administered which is having properties like *Ama Pachana*, *Vatahara*, and anti-inflammatory. After *Ama Pachana Gandarvahastadi taila* for *Kosta Shodhana* is given, which gives the *Shodhana* effect helps in effective absorption of medicine in the *Kosta*.

Probable mode of action of *Godumadi Upanaha* is having ingredients

Godumadi Upanaha having *Vata Kapha Shamana* property, anti-inflammatory effects, which can help reduce joint inflammation and pain.

Probable mode of action of *Kottumchukkadi churna*

Main ingredient in *Kottumchukkadi Churna* is *Kottumchukka* it is known for anti-inflammatory and analgesic. It reduces the swelling other ingredients like *Ashwaganda Guggulu* etc, will strengthening and balance the *Doshas*.

Probable mode of action of *Rasna Churna*

Rasna Churna is effective in managing musculoskeletal disorders like *Sandhivata*. Due to its anti-inflammatory and analgesic property and it improves the joint mobility and it detoxifies the *Ama*.

Probable mode of action of *Ksheera bala taila*

It is having wide range of therapeutic benefits, especially in the treatment of musculoskeletal and neurological disorders. Ingredient like *Bala* is known

for its rejuvenating and strengthening property. *Ksheera* is used as a media to enhance and extract the medicinal property of *Bala*. *Tila taila* have the excellent penetrative and nourishing property. In total, KBT have anti-inflammatory, analgesic, strengthening, nourishing, and *Vatahara* property.

Probable mode of action of *Vyadhishardhoola Guggulu*

All the ingredients having *Vatahara* and *Rasayana*, probably with strengthening and nourishing and anti-inflammatory and analgesic effect so it is more effective in musculoskeletal and arthritis condition.

CONCLUSION

- As per the classics *Daha Sneha Upanaha* are the *Chikititsa* in *Sandhivata*.
- *Sandhivata* is one among the *Vatavyadhi* all the medicine which are used in this study is having the anti-inflammatory and analgesic and nourishing and strengthening property. All these effectively give the significant result in managing the *Sandhivata*.
- This has to be carried out on more number of subjects to have more accurate result.

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