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Efficacy Of Ayurvedic Treatment Procedure In Women Suffering From Sandhigatavata (Osteoarthritis) In Ayurvedic Hospital- A Retrospective Study

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ABSTRACT

Sandhigata vata is described under Vatavyadhi in Ayurvedic texts. It can be correlated with Osteoarthritis in modern science. Osteoarthritis is also known as degenerative arthritis that results from breakdown of joint cartilage. Its prevalence is more in female and among old age people. It mainly affected weight bearing joints of the body specially knee, hip, lumbar spine associated with ageing, physical occupation, activity and obesity. In Ayurveda symptom of sandhigatavata are sandhishula, sandhishotha, akunchna prasarna janya vedna and hanti sandhigati described by various acharya. In the present study the diagnosed cases of sandhigata vata were treated with convestional Ayurvedic oral medicines alongwith local application of medicated oil and patra panda potali swedana as a special therapy. The result showed that Ayurvedic treatment procedures are significant in the sandhigata vata without any ADR. The result of present study revealed the therapeutic use of natural product according to Ayurvedic principal and practice of Sandhigata vata. The improvement of the present Ayurvedic treatment procedure on pain 61.90%, stiffness 69.44%, restricted movement 63.15%, crepitating movement 56.66% and tenderness73.33%. The overall relief was observed 64.89%.

KEY WARDS - Sandhigata vata, Osteoarthritis, Patra Pinda Potali Sweda

INTRODUCTION

The term "Sandhivata" is formed by two words sandhi - means joints and vata- one of three dosa of the body. Different nomenclatures are available in Ayurvedic text which is sandhivata, sandhigatavata, hudavata and jeernavata etc. Sandhigata vata is described under vatavyadhi in Ayurvedic texts. Acharya Charaka has first described separately sandhigata anila but it was not included under 80 types of nanatmaja vatavyadhi.

In Ayurveda the causes of sandhivata is vata prakopaka ahara, vihara, jara awastha may cause to aggravated vata dosa. When the vitiated vata affected the joints and leading to sandhivata. The clinical symptom of both sandhigata vata and osteoarthritis are similar. As per its clinical sign symptom of sandhivata, sandhisula (pain in affected joints) is main clinical feature, and other symptom are shotha (swelling), stabadhata (stiffness), atopa (crepitas) and difficulty in performing the function of the involved joints.^{2,3}

Osteoarthritis (OA) is the most common form of arthritis. It is strong associated with ageing and is a major causes of pain and disability in older people. ⁴ According to modern science loss of estrogen during menopause increase the woman risk of getting osteoarthritis. ⁵ Osteoarthritis is characterized by focal loss of articular cartilage, sub chondral osteosclerosis, osteophytes formation at the joints margin and reduced of

Rohit Kumar Ravte¹, International journal of ayurvedic & herbal medicine 6(1) Jan.-Feb..2016(2096-2100)

joints space with enlargement of affected joints. Joint involvement in OA follows a characteristic distribution mainly in hip, knee joints of hands, neck and lumbar spine.

In Ayurveda various indigenous drugs and procedure used including snehapana, upnaha, agnikarma ⁶, taila abyanga ,⁷ virechana karma , basti karma, shamana yoga like,Sihnad guggulu, Mahavatavidhwansan rasa, Ashwagandha churna, Shunthi churna etc. Efficacy of Ayurvedic treatment procedure observed more significant effect in sandhgata vata.

MATERIAL AND METHODS

This is a retrospective study carried out at In - Patient Department of National Research Institute of Ayurvedic Drug Development, Kolkata during the period from April 2014 to March 2015. The 30 females cases of sandhivata ,were from In-Patients Department of NRIADD, Kolkata were selected for 1 month treatment.

Criteria for selection of patients

The patients who have the following sign and symptom were selected for the study. Sign & symptom are mentioned vedna (pain), sandhigraha (stiffness), sparshashatva (tenderness), sandhisphutan (crepitating movement), ankochan prasaran vedana in sandhi (restricted movement). The patient age groups were 40-70 years females only.

Drugs Intovenation

1. Tab Simhnad Guggulu - 2 tab twice a day

Mahavatavidhwansa Rasa - 250mg
 Ashwagandha Churna - 2 gm
 Shunthi churna - 1 gm

Twice daily with honey

3. Rashnadi Kwatha - 10 ml BD with equal luke warm water

4. Ksheerbala Taila for Local application – 15ml /day

5. Patra Pinda Potali Sweda for 7days

Tab Sihnad guggulu medicine supply from IMPCL, Mohan, Uttranchal, Tab Mahavatavidhwansa rasa supply from Dabur Company, Rashnadi Kwatha and Kheerbala taila supply from Ayurveda Sala, Kottakal, Kerala, Ashwagandha churna and Shunthi churna Prepared from the pharmacy Deptt. of NRIADD, Kolkata.

Patra Pinda Potali Sweda

The ward "Patra Potali" is derivate from two wards patra means leaves and potali means bundle. Patra potali sweda refer to the swedan performed by the special prepared bundal of medicine leaves. ⁸

Material required

Leaves of (chopped into pieces)
 Grated coconut
 Slice lemon
 Company of the characteristics

4. Cotton cloth(45 cm x45cm) - 4 pieces

Rohit Kumar Ravte¹, International journal of ayurvedic & herbal medicine 6(1) Jan.-Feb..2016(2096-2100)

5. Tags - 4

6. Vessels (for frying leaves and for heating potalis) - 2

7. Oil - for frying leaves -100ml

- For heating potalis -250ml

- For abhyanga -100ml

8. Rasanadi choorna - 5 g
9. Towel - 2

10. Saindhava Lavana - 5 -10 gms

Preparation of potali- The fresh leaves of nirgundi, arenda, arka, shefali are washed in water and chopped into small pieces. The leaves, grated coconut & sliced lemon should be mixed thoroughly and fired together in 100 ml of appropriate oil till coconut scraping attains a brown tinge. It is divided into four equal parts and made into potalis.

Pre operative measures- The patient are seated with leg extended over the droni facing to the east direction. Abhyanga should be performed with prescribed medicated oil all over the body for about 10 minutes. Talam with suitable oil /churna should be applied.

Procedure – The prepared potali should be heated with suitable oil in hot iron pan up to 40-45°C. It should be applied after checking the temperature, throughout the body with mild pressure in seven prescribed position by two attendants standing on both sides of the droni. Care should be taken to maintain the temperature throughout the procedure by reheating the potalis.

Post operative procedure- Wipe off the oil from the body using clean dry towel. Body is covered with thin blanket for 10-15 minutes. Remove talam & apply Rasanadi choorna. Patient should be advised to take hot water bath after half an hour depending on diseases.

Duration - 45 minutes to 1 hour

Diet- Food which is light and easily digestible.

Criteria for assessment – The improvement in the patients was assessed mainly on the signs and symptom of the disease.

Effect of therapy

Good Response - Above 75% relief in the clinical symptom

Fair response - 51-75% relief in the clinical symptom

Poor response - 26-50% relief in the clinical symptom

No response - 0-25% relief in the clinical symptom

RESULT AND DISCUSSION

The present retrospective study was mainly based on the clinical assessment of the above sign and symptom. In this study, 30 female patients were selected from the In- patient department of NRIADD, Kolkata having common feature of sandhivata. The result showed that 46.66% of patients were the age group of 61 years and above were suffering from sandhivata which is vata dosha dominant stage of life. (Table -1)

Table 1. Age wise distribution of the Sandhivata patients

Age group	No of patients
30-40 Yrs	03
41-50 Yrs	03
51-60 Yrs	10
61 Yrs & above	14
Total	30

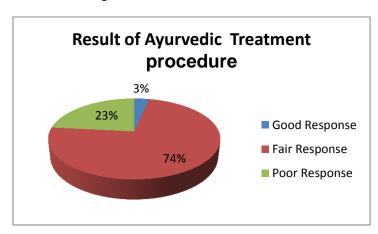
Table 2. Effect of Ayurvedic drugs in Sandhivata

S.No	Symptom	BT	AT	Cured	%
1	Pain	63	24	39	61.90
2	Stiffness	36	11	25	69.44
3	Restricted movement	19	7	12	63.15
4	Crepitating Movement	30	13	17	56.66
5	Tenderness	15	4	11	73 .33

It is observed that effect of therapy in vedna (pain) were relieved 61.90%, sparshasahata (tenderness) 73.33%, sandhigraha (stiffness) 69.44%, ankochan prasaran vedana (restricted movement) 63.15%, and sandhisphutan (crepitated movement) 56.66% relived.

Patients response of the treatment was evaluated on all subjective criteria and fair response were found among 74% patients, good response in 03% of patients whereas 23% of the patients showed poor response and. (Fig-1)

Fig .1 Result of Ayurvedic Treatment procedure



Sandhivata is madhyarogamarga vata vikara in which vata gets lodge in sandhi. So in sandhivata drugs acting on both vata and asthi should be selected. Sihnad guggulu, Mahavatavidhwansa rasa and rasnadi kwatha are used mainly in vatavyadhi. In Ayurveda, mandagani is responsible for all diseases. In sandhgata vata, jaraavastha (old age) leads agnivaishmya and agnivishamya leads to vataprakopa. So achieve

Rohit Kumar Ravte¹, International journal of ayurvedic & herbal medicine 6(1) Jan.-Feb..2016(2096-2100)

agnisamanta Aswagandha churna and Shunthi churna are katu rasa, usna virya,vatakaphahar ¹⁰ is very essential for samana of the sandhivata. Rasnadi kwatha also used for vedna shamak and shothaher.

In patra potali sweda , nirgundi patra , erenda patra , til taila were used. They are vata kapha samak, vedna samak and shothahara. Before performing patra panda potali swedna local abhyanga by ksheerbala taila was done. Kheerbala taila used in vata roga for abhyangato manage the pain. Abhyangya karma was snehan, kledkarak, vata shamak , jarahar. Sneha reached mansha, meda , asthi and majja dhatu. Dhatu provided nourishment to them. Abhyanga give strength to the muscles and relief the stiffness of muscles. After abhyanga patra panda potali swedna was applied to affected part of the body which is sroto suddikar, vatakapha samaka. It decreases the stambha and release the pain.

CONCLUSION

It is concluded that excessive vataprakopak ahara vihara and jaravastha may causes to aggravated vata dosha and leading to sandhivata. It has been observed that the Sihnad guggulu, Mahavatavidhwansa rasa, Ashwagandha churna, Shunthi churna, Rashnadi kwatha , Ksheerbala taila and Patra potali pinda sweda are effective to reduced pain, stiffness, restricted movement , tenderness after one month of treatments. The X-ray finding of degenerative changes remained unchanged. The result would have been better if therapy had continued for long duration.

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