

Clinical Study on *Sandhigata Vata* W.S.R. To Osteoarthritis a Single Case Study

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Abstract—Sandhigata Vata is the commonest form of articular disorder. It is a type of Vatavyadhi which mainly occurs in Vriddhavastha due to Dhatukshaya, which limits everyday activities such as walking, dressing, bathing etc. thus making patient disabled / handicapped. It being a Vatavyadhi, located in Marmasthisandhi and its occurrence in old age makes it Kashtasadhya. Vata Dosha plays main role in the disease. Shula Pradhana Vedana is the cardinal feature of the disease associated with Sandhishotha with Vata Purna Druti Sparsha, lack of movements of the joints or painful movement of the joints. In this study 58-year-old female patient diagnosed with Sandhigata Vata treated with shamana chikitsa and janubasti, agnikarma.

Index **Terms**—Sanadhigata vata,
Osteoarthritis, Shamana, Janu basti, Agnikarma

I. INTRODUCTION

In every Samhita and Sangraha Grantha, Sandhigata vata is categorized under Vatavyadhi. In Jaravastha, everything Kshaya causes dhatus to deteriorate, which makes people more susceptible to a variety of ailments and causes Vataprakopa. One of these is sandhigata vata. The illness known by the separate name of "Sandhigata Anila" was first described by Acharya Charaka. but has not covered fewer than 80 different kinds of Nanatmaja Vyadhi [1]. The illness Sandhigata vata is discussed by Acharya Sushruta in the Vatavyadhi chapter. He has provided it. the line of treatment and symptoms. In the symptoms shown, he included a novel one, namely "Hanti Sandhi." by Acharya Charaka in the past [2] Vatavyadhis are referred to as "Maharoga" by Acharya Vagbhatta. Therefore, making Sandhigata vata is ranked first among the Vatavyadhis to which people are susceptible. Clinical Features include Prasaranakunchana Vedana, Vata purna Druti Sparsha [3] Sandhi Shoola [4] Atopa [5], The Greek

term "osteo" means "of the bone," while "arthro" means "joint," hence the word "osteoarthritis." Inflammation of the joints is referred to as "itis." Thus, a joint inflammatory change in bone is known as osteoporosis. Degenerative arthritis, often referred to as degenerative joint disease, is a form of osteoporosis. a clinical condition marked by mild joint inflammation brought on by aberrant cartilage wear that protects and cushions the interior of the joints. Due to the reduction in synovial fluid, the patient When walking and standing, weight-bearing joints experience pain. The reduction in movement Regional joint muscles may atrophy, and the ligament may become because of pain and joint problems more lax [6]

II. MATERIALS AND METHODS

This single case study deals with a 58-year-old female patient diagnosed with Sandhigata Vata. The patient has pain in both knee joints, particularly in the right knee joint and experienced difficulty in walking for the last five years. The X-ray of the right knee joint showed a considerable reduction in joint space with osteophyte development.

CASE REPORT

History of present illness

A 58-year-old female patient came to OPD Kaychikitsa Outpatient Department, pravara Ayurveda hospital, shevgaon with a complaint of pain in both knee joints, especially right knee joint. Associated symptoms are constipation and pain in both the elbow joint and lower back region for the last six years. After the intake of analgesic medicines, no relief was obtained from the symptoms. So, she approached us for Ayurvedic treatment. The patient's examination includes vitals, ashtavidha pariksha (eight systemic examinations), and dashvidha pariksha's specific

locomotor system examination. After obtaining written informed consent, the treatment was started on the IPD level.

Past History

N/H/O- Trauma, Diabetes mellitus, Hypertension, Hypothyroidism.

Medication History

Patient had taken diclofenac 75 mg from last 5 years SOS.

Personal History

Appetite: Decreased Food habits: Vegetarian diet, excessive intake of spicy food and bakery products
Sleep: disturbed sleep due to pain Bowel: Hard stool evacuation Bladder: Clear Addiction: Tea and coffee consumption thrice per day for the last 20 years.

Family History

No significant family history was reported.

Demographic Details Age: 57 years Sex: female
Address: Udaipur OPD: xxx4 Occupation: Housewife
Marital status: Married Socioeconomic status: Middle class Weight: 78 kg Height: 5'2" Vitals Examination
Blood pressure: 130/90mm Hg Pulse: 68/min
Respiratory rate: 18/min.

Ashtavidha parikshana

Nadi (pulse) 68/min

Mala (stool) Vibandha (hard stool evacuation)

Mutra (urine) Samyak (normal)

Jivha (tongue) Alpa Sama (slightly coated)

Shabda (speech) Spashta (clear)

Sparsha (skin) Samyak (Samshitoushna)

Druka (eyes) Prakruta (Natural)

Aakruti (posture) (Prakruta)

Samprapti(pathophysiology of the disease):

Due to above causative factors lead to Rasadushti(improper formation of blood plasma) and Vataprokopa(Vitiating of Vata), which spreads Vatadoshain all body channels, which creates obstruction of various channels and invaded over joints. Owing to obstruction, degenerative changes occur joints, which produces Sandhigatavata.[7]

Local Examination:

- Tenderness on both knee joints
- Mild swelling around joints
- Restriction in flexion/extension
- Crepitus present
- No redness or warmth

Investigations:

- X-ray Knee Joints (AP & Lateral View): Joint space narrowing, osteophyte formation (grade II OA)
- ESR: Mildly raised
- RA Factor: Negative
- Blood Sugar (Fasting/PP): Normal

Treatment given

ShamanaChikitsa				
Sr.no	Drugs	Dose Time of administration		Anupana
1	Hingwashtakchurna	gm B.D.	Before food	Luke warm water
2	YogarajGuggul	B.D. After food		Lukewarm water
3	AvipattikarChurna	gm B.D.	After food	Lukewarm water

Karma – Janubasti With Tila Taila For 7 Days .

Agnikarma At Janu Sandhi Region One Time .

Assessment criteria[11]			
Sr.no	parameters	0	1 2 3
1	pain	No pain	Mild pain that can be ignored easily most of the time, which demands activities
2	swelling	No swelling	Moderate pain which does not interfere with daily activities constant attention.
			Moderate swelling
			Severe swelling

3	crepitus	Normal- no crepitus	Mild- crepitus complaint by Moderate- crepitus felt on Severe- crepitus felt and felt the patient but not felt on examination on review.
	Walking speed Regular- 100	Mild- 100 m mts in in 70s Moderate- 100 mts in the Severe- 100 min in 90 s or mts in the 60s 80s more.	
5	Tenderness	No tender	tender Tender and wincing Tender, wincing, and withdrawal

Observation and Results

	Observation and Results		
Sr.no	Criteria	Before Treatment	After Treatment
1	Pain	3	0
2	Swelling	1	0
3	crepitus	3	3
4	Walking speed	3	0
5	Tenderness	2	0

III. DISCUSSION

Effect of Shamanchikitsa

Hingwashtakchurna[12]

Contains Zingiber officinale(ginger), Piper nigrum (black pepper), Piper longum (long pepper), Cuminumcyminum (cumin), Ferula foetida (asafoetida), Nigella sativa(fennel), Trachyspermum Ammi (carom seed), Saindhav (rock salt). It increases digestive capacity by expanding the Agni. Hingwashtakchurna contains property drugs like shunthi, which helps to increase the digestive fire.^[13]

Yograjguggul[14]

Yogaraj guggul is tridoshashamaka which balances all three doshas, especially Vatadosha. It has anti-inflammatory and analgesic properties, which help to cure Symptoms of SandhigataVata and break the pathology. It is recommended for Joint pain, Joint stiffness. It aillevates tridosha and also act as Rasayan. Guguula has anti-inflammatory action, binding and nourishing capacity.[15]

Avipattikarachurna[16]

It contains Amla(EmbliaOfficinalis), Bibhitaki(Terminalia bellerica), Haritaki(Terminalia chebula), Pippali(Piper longum), Marich(Piper

nigrum), Shunthi(Zingiber officinale), Musta(Cyperus rotundus), Patra(Cinnamomum Tamala), Lavagna(Syzygium aromaticum), Ela(Elettaria cardamomum), Trivrit(Operculina turpenthum), Vidanga(Emblia ribes), Sharkara(Sugar). It helps to relieve doshas from the rectal route. Hence, used for mild shodhana, which is needed in this condition. It provides a protective layer in the Inner lining of the gastro-intestinal wall.[17]

Janu Basti

Materials needed are:

Black gram flour

Tila taila

Nirgundi Kwatha

Nadi Swedana Yantra

Procedure

Fine black gram flour is taken in a vessel. Water is added to it (preferably warm water) and kneaded well so as to prepare a bolus. From this bolus a ring is made. The ring should have a diameter so as to accommodate and encloses the knee joint within it. That means to tell that when the ring of wet flour is placed on knee joint the whole joint is enclosed within the ring. The height of ring should be atleast 5-6 inches. Heated Tila Tail is poured in the ring up to the level of 2 Angula by using small piece of cotton. Care should be taken to maintain the temperatue of the oil. The temperature should be kept uniform throughout the procedure. The oil from

the ring is removed at regular intervals and replaced by warm oil. The procedure is carried out for 45 minutes. After this, oil is drained from the ring and mash pishti ring is removed. Abhyanga was given using the same oil for 10-15 minutes. Nadi Swedana with Nirgundi Patra Kwatha was given to patients for 15 minutes.

Agnikarma When applied to the afflicted joint, Agnikarma can significantly reduce pain. Currently research work related to Agnikarma was found with significantly analgesic effect on pain [8]. There is includes probable mode of action [9]. Agnikarma with electrocautery having satisfactory result in the sign and symptoms of Janusandhigata Vata. [10] Bandhana is applying Vatashamaka herb leaves firmly to the injured joint. This method lessens swelling that resembles an inflated bag by preventing Vata from becoming aggravated. Unmardana is a massage method that provides pressure to the injured joint, aiming to relieve swelling and enhance blood circulation. Because it targets problems in the medium channel of the disease.

IV. CONCLUSION

The case of Sandhigata Vata (Osteoarthritis) responded well to classical Ayurvedic management with a combination of Shamana, janubasti, and agnikarma therapies. Early diagnosis and personalized lifestyle corrections played a key role in improving the patient's quality of life.

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