

Clinical Evaluation of Janusandhigata Vata Through Upanaha Sweda and Shamana Sneha

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Abstract—Sandhigata Vata¹ is explained under Vata-vyadhi in Charaka Samhita. Aetiology and symptomology of Sandhigata Vata mentioned in Ayurveda classics can be co-related with Osteoarthritis (OA) of modern science. There is a steady rise in the prevalence from age 30, such that 65.80% of people have radio-graphic evidence of osteoarthritis, though only 25%–30% are symptomatic². Here 40 subjects of Janusandhigata vata were taken in two Groups A and B, with 20 subjects in each group. Group A received Upanaha sweda with koladi churna followed by Ashwagandhadya Ghrita as shamana sneha and In Group B Upanaha sweda with koladi churna followed by Panchatikta Ghrita as shamana sneha.

Key words— janusandhigata vata, osteoarthritis, upanaha, shamana sneha

I. INTRODUCTION

Sandhigata Vata¹ is explained under Vata-vyadhi in Charaka Samhita. The change in the today's life style, dietary habits, excessive mobility of joints, stress, strenuous work and suppression of natural urges due to busy schedule have influenced the health of an individual leading to early aging process and thereby, causing degeneration of the body tissue.

Further, continuously indulging in Vata aggravating factors lead to Sthana-Samshraya of Prakupita Vata in Kha-Vaigunya Yukta Sandhi. Shleshaka Kapha in these joints also depletes resulting in the Kshaya of Asthi Dhatu and other components. This localized Vayu, due to its Ruksha, Laghu, Kharadi guna result in Sandhigatavata and if not treated, leads to Vaikalyata of Sandhi.

The symptoms of Janu-Sandhigata Vata includes Vata-poorna driti-sparsha, Sandhi shotha, Prasarana Acuchanayoho Veda¹, Atopa³, Sandhi Hanti⁴.

Various treatment modalities have been employed for the treatment of Sandhi-gata Vata, such as Bahya and Abyantara Snehana, Basti Prayoga, Upanaha, Agnikarma, Bandhana, Unmardana⁵, etc.,

Aetiology and symptomology of Sandhigata Vata mentioned in Ayurveda classics can be co-related with Osteoarthritis (OA) of modern science. Osteoarthritis is defined as a non-inflammatory degenerative joint disease marked by degeneration of articular cartilage, accompanied by pain and stiffness of joints⁶. It is also characterised by Subcondral Osteosclerosis, Osteophyte formation at the joint margin and remodelling of joint contour with enlargement of affected joints⁷. Besides destroying the joints, this disease makes the person crippled and dependent on others for attending normal daily activities.

There is a steady rise in the prevalence from age 30, such that 65.80% of people have radio-graphic evidence of osteoarthritis, though only 25%–30% are symptomatic².

According to World Health Organization (W.H.O), Osteoarthritis is one of the most common musculoskeletal disorders in the world population which accounts for about 30%. Contemporary medicine aims at Exercises, Analgesics, NSAIDS, Steroidal Injections and also in severe Osteoarthritis, Surgeries like Osteotomy, Total Knee Replacement is done.

In the present study, 40 patients were selected incidentally and randomly placed into two groups, Group A and Group B, with 20 subjects in each group, classical signs and symptoms from the main diagnostic criteria were also studied for assessment criteria. Group A was treated with Upanaha Sweda with Koladi Churna⁸ followed by Ashwagandhadya

*Ghrita*⁹ as shamana sneha and in Group B was treated with *Upanaha Sweda* with Koladi Churna followed by *Panchatikta Ghrita*¹⁰ as shamana sneha.

Objectives:

- To study the efficacy of *Upanaha Sweda* followed by *Ashwagandadya Ghrita* in Group A.
- To study the efficacy of *Upanaha Sweda* followed by *Panchatikta Ghrita* in Group B.
- To study the comparative efficacy of treatment plan in Group A and Group B.

II. MATERIALS AND METHODS

Literary Source: Literary aspect of the study will be collected from Ayurveda classics, modern texts with updated authentic medical research journals, M.D Dissertation, Research papers, relevant websites etc.

Clinical Source:

The patients were selected from *kayachikitsa* OPD and IPD of Ayurveda Mahavidyalaya Hospital, Hubli.

Drug Source: The required drugs for the present clinical research study were purchased from–

Vaidyaratnam Oushadasala, Hubli and Hebsur Herbals, Hubli.

Method-Study Design: Randomized controlled Study

Inclusion Criteria:

1. Subjects presenting with classical symptoms of *Janusandhigata Vata* and the clinical features of osteoarthritis of knee joint.
2. Age group:40-70 years
3. Subjects fit for *Upanaha Sweda*.

Exclusion Criteria:

1. Subjects with Rheumatoid arthritis, Tubercular arthritis, Systemic lupus erythematosus,λ Psoriatic arthritis and Gouty arthritis.
2. Subjects with uncontrolled diabetes and ascitis.
3. Subjects with bone deformity and fracture of knee joint.

Plan of Study:

A Total of 40 subjects who fulfilled the inclusion criteria were selected and randomly divided into two groups. Inform consent was taken from each patient before commencement of medicine.

TableNo.1: Showing Study Intervention of GROUP A:

NO	PROCEDURE	DRUGS	DOSE	DURATION
1	AMAPACHANA	Shunti churna with Ushnambu	5gms twice a day, Before food	Till Niramalakshana seen
2	UPANAHA SWEDA	Koladi Churna	Quantity Sufficient	Once For 7 Days
3	SHAMANA SNEHA	Ashwagandhadya Ghrita with Ushnambu as Anupana.	10ml twice a day, Before food	For 14 days

Total Duration: 21 Days

Table No.2: Showing Study Intervention of GROUP B:

NO	PROCEDURE	DRUGS	DOSE	DURATION
1	AMAPACHANA	Shunti churna with Ushnambu	5gms twice a day, Before food	till Niramalakshana seen
2	UPANAHA SWEDA	Koladi Churna	Quantity Sufficient	Once a day, For 7 days.
3	SHAMANA SNEHA	Panchatikta Ghrita with Ushnambu	10ml, before food.	For 14 days.

Total Duration: 21 Days

Follow up:

1 st Follow up:Next day after *Shamana Sneha*.

2 nd Follow up:15th day after *Shamana Sneha*

ASSESSMENT CRITERIA:

Improvement in Subjective and Objective parameters of Janusandhigata Vata will be assessed before and after treatment.

TableNo.3: Showing Subjective Parameter

SUBJECTIVE PARAMETERS	GRADE 00	GRADE 01	GRADE 02	GRADE 03
1. <i>SANDHI SHOOLA</i> (PAIN)	NO PAIN	MILD PAIN, DOESN'T INTERFERE WITH ACTIVITIES OF DAILY LIVING.	MODERATE PAIN AND INTERFERES WITH ACTIVITIES OF DAILY LIVING	SEVERE PAIN AND MARKEDLY INTERFERES WITH ACTIVITIES OF DAILY LIVING.
2. <i>SANDHI STHABDATA</i> (STIFFNESS)	NO STIFFNESS	MILD STIFFNESS AFTER SITTING FOR LONG DURATION BUT RELIEVED BY MOVEMENTS	MODERATE STIFFNESS, LASTING FOR ONE HOUR.	MODERATE STIFFNESS, LASTING GREATER THAN 2 HOUR.

TableNo.4: Showing Subjective Parameter

OBJECTIVE PARAMETERS	GRADE00	GRADE01	GRADE02	GRADE03
1) <i>SANDHI ATOPA</i> (CREPITUS)	NO CREPITUS PALPABLE OR AUDIBLE	CREPITUS PALPABLE BUT NOT AUDIBLE	SOFT PALPABLE AND AUDIBLE CREPITUS	A LOUD GRATING OR SNAPPING SOUND
2. <i>SANDHI SHOTHA</i> (SWELLING)	NO SWELLING	MILD SWELLING ONLY IN THE MORNING	MODERATE SWELLING ONLY DURING ACTIVITIES	MODERATE SWELLING LASTING THROUGHOUT THE DAY.

VEDANA ON PRASARANA ACUCHANA (Pain during flexion and extension): Goniometer Scale

III. RESULTS

A total of 80 Subjects were screened. Among which, 42 subjects were selected for the study based on the criteria set. 40 subjects completed, 2 subjects

dropped out between the treatment. The results thus obtained before and after the treatment were analysed statistically and are depicted as under.

Within the Group: Wilcoxon Signed Rank test

Between the Group: Mann-Whitney U test.

Table no 5: Showing the distribution of subjects according to Gender

Gender	GroupA		GroupB		Total	
	No. of Subjects	Percentage	No. of Subjects	Percentage	No. of Subjects	Percentage
Male	7	35%	6	30%	13	32.5%
Female	13	65%	14	70%	27	67.5%

Table no 6 : Showing effect of therapy on subjective and objective parameter in Group A

Parameter	Mean		MD	Sum of the ranks	Mean of the ranks	SD	Z value	P value	Remarks
	BT	AT							
Sandhi shoola	2.65	1.55	1.1	210	105	26.79	-3.919	0.00008	S
Sandhi graham	2.35	1.25	1.1	190	95	24.85	-3.823	0.00014	S
Sandhi shota	1.85	1.15	0.7	105	52.5	15.93	-3.295	0.00096	S

Sandi atopa	2.55	2.25	0.3	21	10.5	4.76	-2.205	0.027	S
Total	9.4	6.2	3.2	210	105	26.79	-3.919	0.00008	S
Flexion	2.8	2.05	0.75	105	52.5	15.93	-3.295	0.00096	S
Extension	0.7	0.2	0.5	55	27.5	9.81	-2.803	0.0014	S

Table no 7: Showing effect of therapy on subjective and objective parameter in Group B

Parameter	Mean		MD	Sum of the ranks	Mean of the ranks	SD	Z value	P value	Remarks
	BT	AT							
Sandhi shoola	2.5	0.75	1.75	210	105	26.79	-3.919	0.00008	S
Sandhi graham	2.2	0.75	1.45	210	105	26.79	-3.919	0.00008	S
Sandhi shota	1.95	0.5	1.45	120	60	17.61	-3.407	0.00064	S
Sandi atopa	2.15	0.95	1.2	190	95	24.85	-3.823	0.00014	S
Total	8.8	2.95	5.85	210	105	26.79	-3.919	0.00008	S
Flexion	2.55	1.45	1.1	171	85.5	22.96	-3.723	0.0002	S
Extension	0.75	0	0.75	120	60	17.61	-3.407	0.00064	S

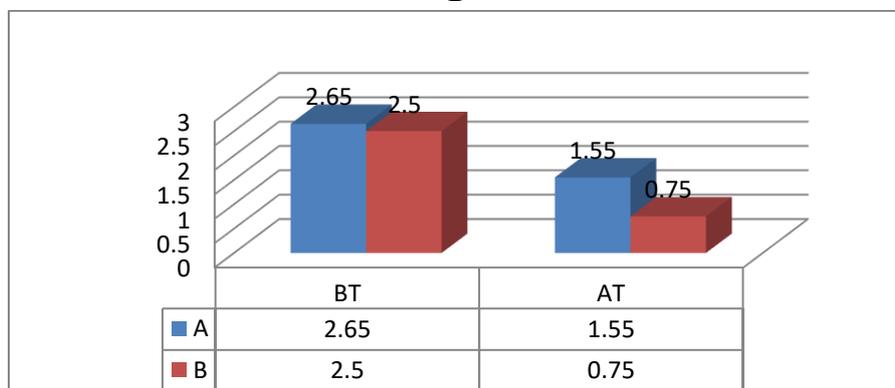
Table no 8: Showing comparative effect of therapy on subjective and objective parameter in Group A and Group B

Parameter	Sum of ranks	Mean of ranks	SD	U-value	Z-value	p-value	Remarks
Sandhi shoola	820	20.5	36.96	79	-3.295	0.0012	S
Sandhi graham	820	20.5	36.96	134.5	-1.758	0.0784	S
Sandhi shota	820	20.5	36.96	120	-2.154	0.0315	S
Sandi atopa	820	20.5	36.96	55	-3.908	0.0001	S
Total	820	20.5	36.96	31	-4.557	<0.00001	H.S
Flexion	820	20.5	36.96	141	-1.582	0.114	S
Extension	820	20.5	36.96	150	-1.338	0.180	S

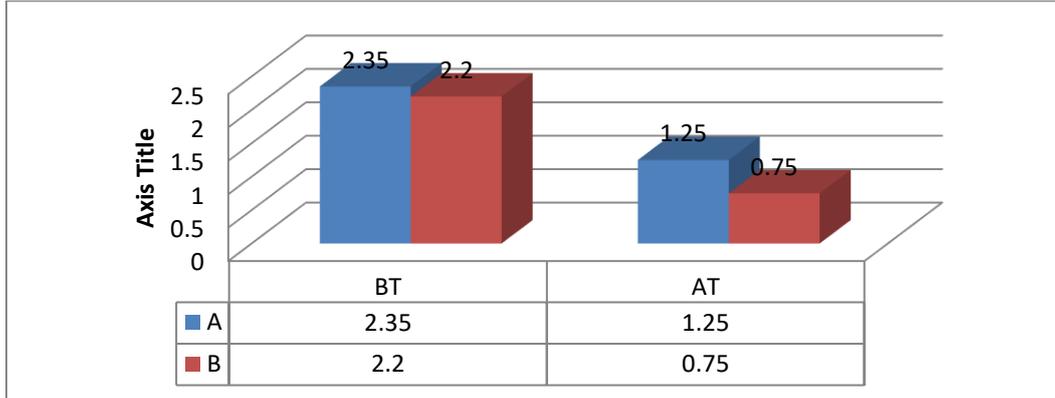
*BT-Before Treatment,*AT-After Treatment,*MD-Mean Deviation

*S-Statistically Significant, *HS-Statistically Highly Significant

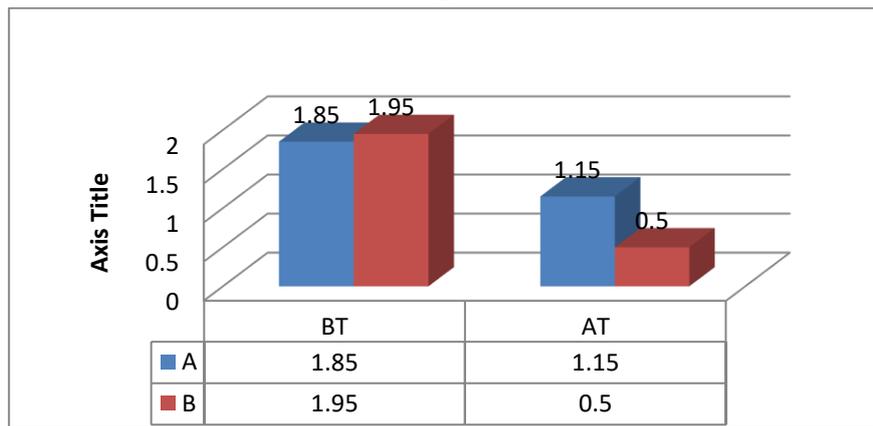
Graph No.1: Showing the Effect of therapy on Sandhi Shoola before and after treatment in Group A and Group B



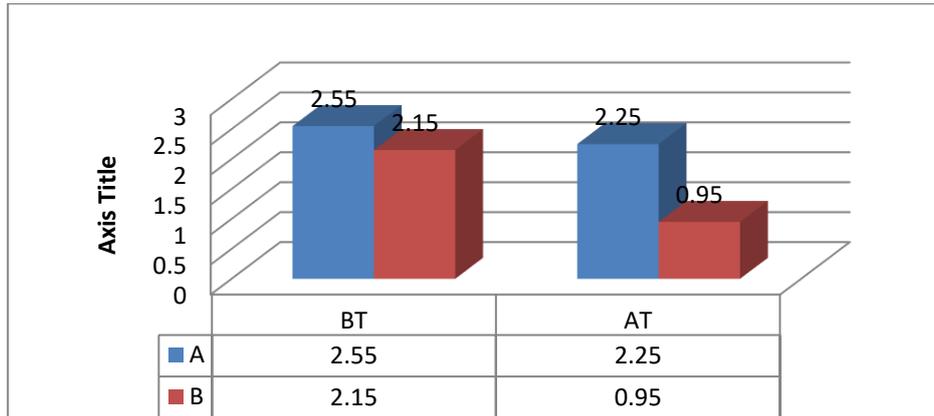
Graph No.2: Showing the Effect of therapy on Sandhi Graha before and after treatment in Group A and Group B



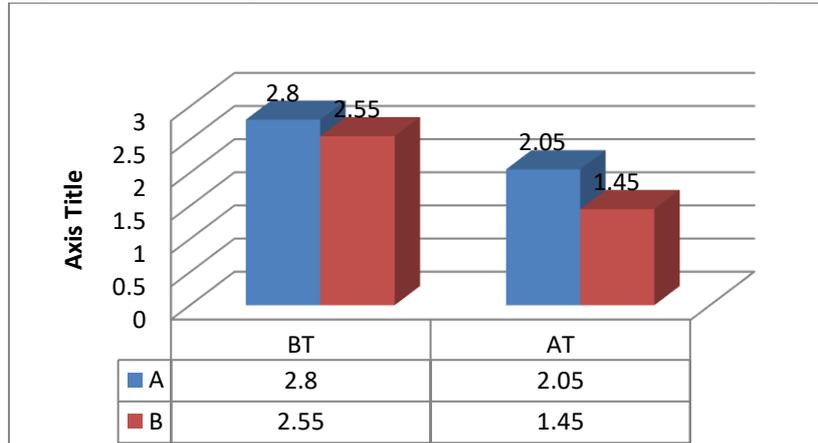
Graph No.3: Showing the Effect of therapy on Sandhi Shotha before and after treatment in Group A and Group B



Graph No.4: Showing the Effect of therapy on Sandhi Atopa before and after treatment in Group A and Group B



Graph No.5: Showing the Effect of therapy on Flexion before and after treatment in Group A and Group B



Graph No.6: Showing the Effect of therapy on Extension before and after treatment in Group A and Group B

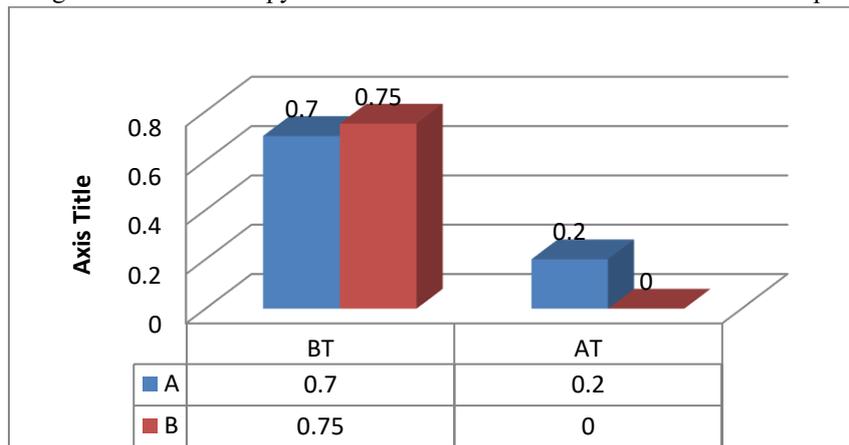


Table no 9: Showing Relief rate of Group-A and Group-B

Parameter	Relief rate	
	Group A	Group B
Sandhi shoola	43.33%	70.83%
Sandhi graham	48.33%	65.83%
Sandhi shota	31.66%	56.66%
Sandi atopa	11.66%	55%
Total	34.57%	66.80%
Flexion	29.16%	43.33%
Extension	50%	75%

IV. DISCUSSION

Total 42 subjects of *Janusandhigata vata* were registered, out of which 40 subjects completed the treatment. In Group A, *Upanaha sweda* with *koladi churna* for 7 days followed by *Ashwagandhadya Ghrita* as *shamana sneha* was administered for 14 days. In Group B, *Upanaha sweda* with *koladi churna* for 7 days followed by *Panchatikta Ghrita* as *shamana sneha* was administered for 14 days. Both groups showed the efficacy in subjective and objective parameter of *Janusandhigata vata*. But

Group B i.e. *Koladi upanaha sweda* followed by *Panchatikta Ghrita* showed more efficacy than Group A i.e. *Koladi upanaha sweda* followed by *Ashwagandhadya Ghrita* as *Shamana Sneha*.

In *Janu-sandhigata Vata*, where *Vata* predominance along with *Asthi-dhatu kṣaya* and *ama/Kapha avaraṇa* plays a major role, *Koladi Upanaha Sweda* followed by *Pañcatikta Ghṛta* proved more effective than *Kolādi Upanaha Sweda* followed by *Ashwagandhadya Ghrita*.

The superior efficacy of *Pancatikta Ghṛta* is attributed to its *Tikta rasa* dominance and *tikta rasa*

has *vishesa sambandha* with *Asthi dhatu*. It does *vata shamana* promotes *asthi poshana*, counteracts degeneration, *Ama-Kapha samana* action, which directly address the pathology of *Sandhigata Vata*. In contrast, *Ashwagandhadya Ghrita*, being predominantly *Madhura* and *Brimhana*, is more suitable for pure *Vata-ksaya* conditions and is comparatively less effective in chronic joint disorders with inflammatory components.

V. CONCLUSION

This study was conducted to analyze the effect of *upanaha sweda* followed by *shamana sneha* in the management of *Janusandhigata Vata*. *Janusandhigata vata* can be correlated with osteoarthritis of modern science more prevalent in female group of age 40-70 years. Classically mentioned treatments like *Upanaha Sweda*, *Shamana Sneha* proved to be effective in the management of *Janusandhigata Vata*.

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