

CLINICAL STUDY ON SANDHIGATA VATA W.S.R TO OSTEOARTHRITIS AND ITS MANAGEMENT BY SAHACHARADI KWATH VATI.

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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. Vata Dosha plays main role in the Disease. In this study total 60 patients having complaints of Osteoarthritis were randomly divided into 2 groups. In group A, patient were treated with Sahacharadi Kwath Vati along with Abhyanga and Nadi Swedana and in group B patients were treated with only Abhyanga and Nadi Swedana. The data shows that Sahacharadi kwath vati along with local Abhayanga and Nadi swedana i.e. group A has provided better relief in the disease Sandhigata Vata.

Keywords- Sandhigata Vata, Osteoarthritis, Sahacharadi Kwath Vati

INTRODUCTION

In Vriddhavastha, all Dhatus undergo kshaya, thus leading to Vataprakop and making individual prone to many disease. Among them Sandhigata vata stands top in the list. The incidence of osteoarthritis in India is as high as 12%. Osteoarthritis is the most common articular disorder begins asymptotically in the 2nd and 3rd decades and is extremely common by age 70. Almost all the persons by age 40 have some pathologic changes in weight bearing joint¹, 25% females & 16 % males have symptomatic osteoarthritis.

Allopathic treatment has its own limitation in managing this disease. It can provide either conservative or surgical treatment and is highly symptomatic and with troublesome side effects. Whereas such type of conditions can be better treatable by the management and procedures mentioned in Ayurvedic classics.

Local Abhyanga and Nadi Swedana were selected for the present study as it has shown best for the Vata Vyadhis. Here local Abhyanga was given with Bala Taila because Bala Taila and Nadi Swedana are having Vatashamak and Rasayan properties. Sahacharadi kwath vati has Vatashamak properties.

Aims & Objectives-

- To observe the effect of Sahacharadi kwath vati with Abhyanga , Nadi swedana in Sandhigata Vata.
- To observe the effect of only Abhyanga and Nadi Swedana in Sandhigata Vata.

- To compare the difference of result in the above treatment of group.

Materials & Methods-

Patient suffering from Osteoarthritis were selected from O.P.D. and I.P.D. of Ashwin Rural Hospital, Sangmner, Maharashtra.

Inclusion Criteria-

- Classical sign and symptoms of Sandhigata Vata are Shula, Shotha, Stambha, Sparsha asahtva, Sphutana, Ankunchana Prasarana Vedanaetc. At the joints².
- Patient between age group of 30-70 years.
- Patients without any Anatomical deformity included.

Exclusion Criteria-

- Patients below 30 and above 70 years of age.
- Patients suffering from disease like D.M., Carcinoma, Psoriatic arthritis, Vata Rakta, Phiranga, S.L.E., Polymylegia Rheumatica & Tuberculosis.

Grouping-

Group A- Patients were treated by Local Abhyanga with Bala Taila+ Nadi Swedana with Dashmula kwath + Sahacharadi Kwath Vati³⁻² vati twice a day were given to the patient for 30 days with Lukewarm Water.

Group B- Patients were treated by Local Abhyanga with Bala Taila+ Nadi Swedana with Dashmula kwath for 21 day.

Observations-

Total 50 patients were registered, Group A- 30 & Group B- 30, Amongst them in Group A 26 patients had completed the

Treatment and 04 were drop out. However in Group B- 22 patients had completed the treatment and 08 were drop out.

Table 01: Status wise distribution of 60 patients of Sandhigata Vata.

Status	Number of Patients		Total	%
	Group A	Group B		
Completed	26	22	48	80
Drop Out	04	08	12	20
Total	30	30	60	100

In this study, maximum 44.89% patients were found in 41-50 years of age group, 59.18% were female, 93.87% were Hindu, 95.91% were married, 37.73% were primary educated, 40.81% were housewives, 53.06% belonged to lower middle class, 81.63% were from urban area, 36.73% had samshana type of habit, 85.71% had got gradual type of onset, 48.97 were found in chronic stage, 85.71% were aggravation of symptoms in cold season, 67.34% were having negative family history, 69.38% had Madhyam Kashta, 69.38% were having regular bowel habit & 40.81% was in menopausal state of life.

Vata- Kapha predominance was found in 55.10% of patients, 81.63% patients had got Madhyama Sara. Madhyama

Samahana was found 83.67% of patients and in Pramana Pariksha Sthaulya was found in maximum number of patients i.e. 51.02% and Madhyama Pramana was found in 32.65% of patients, 65.30% were in Madhyama Satmya & Avara Vyayama Shakti was found in 53.06% patients.

Knee is one of the big weight bearing joints and thus 93.88% was found in involvement of knee joint. Involvement of other joint i.e. Hip, Ankle, Shoulder were found 30.61%, 6.12% and 8.16% respectively, Divaswapna was found prevalent 65.30%, Ati ruksha Ahara 51.02%, Ati sheeta Ahara 40.81%, Ati Vyayama 38.77%, Ati Alpa Ahara 32.65%. Among the risk factors patients of female 57.14%, Obesity 55.10%, psychological stress 28.57% was found prevalent.

Table 2: Chief complaints wise distribution of 60 patients of Sandhigata Vata.

Chief Complaints	Number of Patients		Total	%
	Group A	Group B		
Sandhishula	30	30	60	100
Sandhishotha	19	10	29	59.18
Ankunchana Prasana Vedana	23	13	36	73.46
Hanti Sandhigata	04	04	08	16.32
Sandhi Sphutana	22	11	33	67.34
Sparshasahatva	17	07	24	48.97
Vata Purna Druti Sparsha	03	00	03	06.12

Apart from this Vata Vriddhi and Vata Prakopa were found in 100% patients & Kaphashaya was found in 18.36% patients. Asthi-Majjavaha Strotodushti was found in all the patients. Other important Strotas were involved in the pathogenesis of the disease are Mamsavaha 71.42%, Artavavaha 57.14%, Medovaha 28.48%, Raktavaha 18.36% and Purishvaha 26.33%.

Results-

In case of walking time in group a, percentage of improvement was 11.15%, while in group B percentage of improvement was found 5.34%, which is insignificant at the level of $p > 0.05$. in case of climbing time in group A, percentage of relief was 11.88%. While in group B, percentage of improvement was 9.09%. This result shows statistically significant at the level of $p < 0.01$.

Table 3: Effect of chief complaints in the patients of Sandhigata vata in Group A

Symptoms	Mean Score		% of Relief	S.D.	S.E.	't'	p
	B.T.	A.T.					
Sandhishula	2.38	0.54	77.41	0.54	0.11	16.82	<0.001
Sandhishotha	1.50	0.17	88.89	0.48	0.11	12.09	<0.001
Ankunchana Prasarana Vedana	1.80	0.40	77.78	0.58	0.11	12.73	<0.001
Sandhisputana	1.91	0.65	65.90	0.45	0.09	14.00	<0.001
SandhiSparsha- Asahatva	1.44	0.12	91.30	0.60	0.15	08.73	<0.001
Sandhigraha	1.44	0.11	92.30	0.50	0.17	07.82	<0.001

Table 4: Effect of chief complaints in the patients of Sandhigata Vata in Group B.

Symptoms	Mean Score		% of Relief	S.D.	S.E.	‘t’	P
	B.T.	A.T					
Sandhishula	2.29	0.71	68.75	0.65	0.17	09.23	<0.001
Sandhishotha	1.90	0.30	84.21	0.52	0.16	10.00	<0.001
Ankunchana Prasarana Vedana	1.64	0.45	72.22	0.40	0.12	9.83	<0.001
Sandhisputana	1.67	0.83	50.00	0.39	0.11	7.54	<0.001
Sandhisparsha- asahtva	1.50	0.25	83.33	0.50	0.25	5.00	>0.05
Sandhigraha	1.83	0.17	90.90	0.52	0.21	7.95	<0.001

Table 5 : Total Effect of therapy.

Gradation	Group A		Group B	
	No.of Pts %		No of Pts. %	
Complete Remission (100%)	04	15.38	01	07.14
Maximum Improvement (>75 to 99%)	16	61.54	02	14.28
Moderate Improvement (>50- 75%)	06	23.07	09	64.28
Mild Improvement (>25-50%)	00	00.00	02	14.28
No improvement (0-25%)	00	00.00	00	00.00

In group A, in left knee joint flexion percentage of relief was 36.31%, while in right knee joint flexion it was 47.42%. in left hip joint flexion , percentage of relief was 38.51% and in right hip joint percentage of relief was found 36.82%, which is statistically highly significant. In Group B, in left knee joint flexion, the percentage of relief was found 27.05% & right knee joint flexion, improvement was found 20.15%. While in left hip joint flexion, percentage of relief was found 18.85% & right hip joint flexion, percentage of relief was found 14.58%(Table 3-4)

The above mentioned data shows that Sahacharadi kwath Vati along with Local Abhyanga and Nadi Swedana i.e. Group A has provided better relief in the disease Sandhigata Vata- Osteoarthritis in the present study (Table 5).

Discussion-

In this study 44.89% patients were found in 41-50 years of age group. Sandhigata Vata starts at the age of 40 which is declining stage of Madhya Vaya. According to sex 59.18% were female patients, which indicates that Sandhigata Vata is more common in females. The symptoms such as pain and inflammation ,

appear in middle age. Till the age of 55 it occurs equally in both sexes, after 55 the incidence is higher in women⁵.

Among the female patients 40.81% were in menopausal state of life. Due to Rasa Dhatukshaya aggravation of Vayu occurs that cause the Sandhigata Vata. While 87.75% patients did not have regular exercise in their routine life. Lack of practice or exercise gradually leads to the weight gain which ultimately leads to Sandhigata Vata. In Prakruti wise distribution shows that Vata- Kapha predominance was found in 55.10% of patients, due to Vayu of patients and also intake of the Vata vrudhikar Aahara.

Among the chief complaints Sandhishula was found in all cases. In Sandhigata Vata there will be aggravation of Vata Dosha which is responsible for any kind of shula pramana vedana. Ankunchana prasarana vedana and Hanti sandhigati was found more in the patients, which occurs due to aggravation of Vata Dosha and Kapha kshaya. In chronic stage osteophyte formation occurs due to this Sandhishotha was seen in chronic case of Osteoarthritis. (Table 2).

Sahacharadi kwath vati along with Local Abhyanga and Nadi Swedana i.e. Group A has provided better relief in the disease Sandhoigata vata Osteoarthritis in the present study.

In both the groups A & B 15.38% & 07.14% patients achieved complete remission, while 61.54% & 14.28% patients found in maximum improvement. No patients found mild improved in group A

whereas 14.28% mild improvement in group B.

In the present study, in affected patients knee X ray was done before and after the treatment, but no changes was observed in any X ray. No significant change of S. Calcium was found before and after treatment. It shows that there is no direct role of S. Calcium in the etiology or in the prognosis of Osteoarthritis. S. calcium level was found elevated both before and after treatment in female patients of pre-menopausal or menopausal period. That may be due to the Osteoporotic changes of bones, due to lack of oestrogen hormone.

Probable Mode of Action-

Sandhigata vata is Madhyama Roga marga gata vata vyadhi in which vitiated vata gets lodged in Sandhi. Hence to treat Sandhigata Vata drugs acting on both Vata and Asthi should be selected. According to charaka in Asthi dhatu dusthi the treatment should be given Tikta Dravya. In sahacharadi kwath vati predominance of Tikta Rasa is their.

Tikta Rasa has Vayu and Akasha Mahabhuta predominance. Hence it has got affinity towards the body elements like Asthi having Vayu and Akasha Mahabhuta in dominance. Though, Tikta Rasa aggravates vayu which may enhance the pathogenic process of Sandhigata vata, but the main principal of Ayurvedic treatment is 'Sthanam Jayate Purvam'. The main site of Sandhigata vata is Sandhi which is the site of Shleshaka kapha. So, by

decreasing the kapha dosha , Tikta Rasa fulfils the principle.

Most of the ingredients of Sahacharadi kwath vati have tikta Rasa, ushna Virya and Madhura and katu Vipaka. The Tikta Rasa increases the Dhatvagni. As Dhatvagni increase, nutrition of all the Dhatus will be increased. As a result asthi Dhatu , Majja Dhatu kshaya will be decreased. So degeneration in the Asthi dhatu may not occur rapidly. It can be said, it slows down the degeneration process.

Tikta rasa has got Deepana , pachana and Rochana properties. So it helps in the improvement of the general condition of health and thus strengthen the whole body as well as joints. On the other hand Tikta rasa possess of the patients and helps in the management of osteoarthritis. Tikta rasa is also has got Jwaraghna and Dhaha Prashamana properties that it may act as Anti-Inflammatory agent and can reduce the pain and swelling of the joints.

Guggulu has Ushana property , it is one of the major vatashamak Dravya. Due to its Ruksha and Vishada Guna it act as a Medohara. According to Sushruta, Guggulu has got Lekhana property which helps in reducing body weight. Due to its Katu rasa it acts as a Deepana. Thus help in the improvement of general condition of the patient. Purana Guggulu also acts as a rasayana which may help to prevent the any degenerative change in the body. Pharmacologically Guggulu has got the properties of Anti-Inflammatory ,

immunomodulatory and Anti-Lipidaemic Action.

On the overall effect of the Sahacharadi kwath vati, it has been found that drug is predominant in Ushna virya which helps in pacification of aggravated Vata and subside the pain.

Snehana pacifies the vata, softens the Body and eliminates the accumulated Mala. Swedana relieves the stiffness, heaviness and coldness of the body and produce sweating. By the process of Snehana and Swedana the blood vessels of skin become dilated and local circulation of blood will be increased. The medicine applied locally is also absorbed by the skin and exerts its effect locally.

Conclusion

Sandhigata vata is one of the Vata Vikara & it is Yapya Vyadhi. The Data shows that Sahacharadi kwath vati along with local Abhyanga and Nadi swedana i.e. group A has provided better relief in the disease Sandhigata Vata vis-à-vis osteoarthritis in the present study. In group A 15.38% patients achieved complete remission, while 61.54% patient found in maximum improvement and 23.07% were having moderately improvement. No patient found unchanged and mild improved. In Group B, 07.14% patients obtained complete remission, while 64.28% patients were having moderate improvement whereas 14.28% patients having maximum improvement and mild improvement. No patient found unchanged . present study reveals that the selected management have potential

effect on Sandhigata vata with the added advantage of being free from side effects.

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