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RESEARCH ARTICLE

MANAGEMENT OF SANDHIGATA VATA (JANU SANDHI) WITH AYURVEDIC APPROACH: A CASE STUDY.

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Abstract

Being commonest form of articular disorders, *sandhigata vata* poses a huge hindrance in day to day activities of the sufferer like walking, dressing and bathing etc. It is a disease of old age. It mainly affects weight-bearing joints of the body specially knee, hip, lumbar spine. As per *Ayurveda*, *shula*, *Sotha*, *Vata poornadriti sparsha* and difficult in flexion and extension of the *Sandhi* are the symptoms. Here is a case of bilateral knee Osteoarthritis who was advised arthroplasty. After completion of the therapy, significant improvement was seen in pain, swelling, range of movement and walking distance after treatment. The patient was successfully managed with internal medication & *Patra Pinda Swedan* therapy. It is being seen that a large number of patients, after taking allopathic treatment for long durations, are coming to the Ayurveda hospitals and find very good relief. It can be concluded that severe osteoarthritis may be managed with *Ayurvedic* intervention.

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Introduction:-

Sandhivata term is formed from two distinct words: sandhi, means a joint; and Vata, means one of the three doshas. Ayurvedic literature describes the disease under various names, which are Sandhivata¹, Sandhigatavata, Khudavata and Jeernavata etc. Sandhigata vata has been described under Vatavyadhi. Acharya Charaka has made the first mention of the disease separately with the name Sandhigata anila. Vata vitiating ahaar and vihar like Ruksha aahara, Atimaitihuna, Ativyayama (excessive exercise/work), Sheeta bhojana (cold food/drinks), Dhatukshaya and Roga Atikarshan^{2,3} are considered to be main causative factors. The clinical features of Sandhigatavata, as described in various Ayurvedic ancient texts are shula (joint pain), shotha (swelling), prasaarana-aakunchanayopravruttischa vedana (painful joint movement) and Vata poornadriti sparsha (affected Sandhi resembles a bag filled with air). These features resemble with those of Osteoarthritis^{4,5}. Osteoarthritis (OA) is the most common form of arthritis. It is strongly associated with ageing and is a major cause of pain and disability in older people⁶. In OA affected persons, 80% are having some movement limitation and 20% are unable to perform major activities of daily living⁷. Osteoarthritis accounts for 0.6% of all Disability adjusted life years (DALYs) and 10 % of DALYs due to musculoskeletal conditions. This burden accounted for 2.2% of global years of life lost due to disability (YLD) and 10% of all YLD from musculoskeletal disorders^{8,9}.

Hip and knee osteoarthritis was ranked as the 11th highest contributor to global disability and 38th highest in Disability adjusted life years (DALYs)¹⁰. Janu Sandhigata Vata is an Asthi-Sandhigata Vyadhi, there is Kshaya of

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Asthi Dhatu due to insufficient supply of Poshaka Rasa¹¹. The line of treatment for sandhivata is mainly focused on the alleviation of vata dosha. Vitiated vata dosha can be best treated with the use of oil¹². Use of snehana with swedana over the affected part is also advised in the treatment of vatavyadhi which alleviates pain, stiffness and improves flexibility¹³.

Case report:-

A 58 year old female patient came in panchakarma opd of dayanand ayurvedic college, jalandhar, with the complaints of sandhi shoala i.e. Severe pain and swelling over both knee joints & difficulty in walking since 2 years. The patient was taking allopathic treatment, though not regularly, but did not get relief. She was advised to get knee replacement done by orthopaedic surgeons. Examination of the patient revealed sandhi shotha (swelling) around both knee joints, tenderness 2+, vatapurnadritisparsha (crepitus) in both knee joints. The range of movement was restricted for both extension and flexion, and the movements were limited to 110° for flexion and extension was limited to 30°. Patient had slight pallor, vitals: pulse rate 74/min, regular; blood pressure was 132/80 mm of hg. X-ray of the joints revealed joint space reduction in both the knee joint, more so in the medial compartment bilaterally, and mild osteopenia. The diagnosis of osteoarthritis was established on the basis of above findings. In consideration with the findings of clinical examination & investigations following treatment was given as table no. 1.

Table no.1:- management plan.

Sr. No.	Treatment	Dose	Duration
1	Cap ayucal p	250 mg bd with milk after meals	30 days
2	Cap shallaki	400 mg bd after meals	30 days
3	Panchtikta ghrita guggul	1 gm thrice a day after meals	30 days
4	Patrapinda swedan		15 days

Each capsule of ayucal p contains praval pishti 250 mg. Each capsule of shallaki contains extract of shallaki 400 mg. Panchtikta ghrita guggul was according the reference of bhaishajya ratnavali¹⁴.

Patra pinda swedan¹⁵:-

Pre-procedure:-

The fresh leaves of nirgundi (vitex negundo), 500gm in quantity were collected and chopped into small pieces. Required quantity of eranda oil was taken in pan and heated. Slices of 4 lemons were added into it. When the lemon slices became slightly fried the powder of shatahwa and methika 100 gm was added. When the mixture turned brownish saindhav was added and stirred well. Then the leaves were added. When the leaves were fried the mixture was taken out. The sliced leaves and the other ingredients which were fried and processed in the herbal oils were tied in a clean cloth. The upper free ends of the clothes were tied with strong thick threads so as to form a bolus of leaves i.e. Patra pinda. Four boluses were prepared.

Procedure the bolus was dipped in oil which is kept on heating apparatus at a constant temperature in pan. The patra pinda were gently rubbed with mild pressure in the manner similar to the abhyanga. The treatment procedure was carried out for 30 minutes.

Observation & result:-

Table no. 3 :- assessment on day 1, 15 & 30.

Sr no	Assessment parameter	Day 1	Day 15	Day 30
1.	Haemoglobin	10.2 gm/dl	10.1 gm/dl	10.3 gm/dl
2.	ESR (fall in 1 st hour)	28 mm	26	23
3.	Vatapurnadritisparsa	Audible crepitus	Palpable crepitus	Palpable crepitus
4.	Shotha	Moderate	Mild	Absent
5.	Sandhi shoala	Severe	Mild	Mild
6.	Prasaranakkunchana pravriti savedana	Prevent complete flexion	Pain with winching of face	Pain without winching of face
7.	Walking distance	50 meters	100 meters	2 km

After treatment with patra pinda swedan for 15 days and with medicines for 1 month, patient reported very good relief in all the symptoms.

Discussion:-

Tab ayucal p contains praval pishti, which is a natural source of calcium. Calcium is the most obvious and persistent of the micronutrients, the fifth most abundant element in the body. Calcium is an important mineral component of our diet. Calcium supplementation can play a valuable role in bone health throughout the lifecycle. An adequate calcium intake through proper selection of calcium salt is therefore only one of many measures to ensure a healthy skeleton¹⁶.

Shallaki possesses tikta (bitter), madhura (sweet) and kashaya (astringent) rasa (taste); guna (quality) of shallaki is ruksha (dry), laghu (light) and tikshna; vipaka (post-digestive effect) is katu (pungent); whereas virya (strength or effect) is ushna. The doshakarma is kapha-pitta shamaka. According to classics, shallaki has potent vata-kaphahara properties^{17,18}. The key constituents of shallaki are volatile oil (4-8%), acid resin (56-65%) and gum (20-36%). The triterpenoids are the active constituents and are collectively called boswellic acids. The gum resin of *B. Serrata* usually contains 43% boswellic acids, which contain a combination of six major constituents, mainly 3 acetyl, 11 keto, boswellic acids (akba), which help to preserve the structural integrity of joint cartilage and maintain a healthy immune mediator cascade at a cellular level¹⁹, which is active against pain and inflammation by inhibiting leukotriene synthesis. Specifically, it inhibits the activity of the enzyme 5 lipoxygenase through a non-redox reaction in OA²⁰.

Panchtikta ghrita guggul is a complex compound containing many herbs and guggul. Classical references and clinical suggest it is highly beneficial in the management of sandhivata²¹.

Patra pinda swedan is therapeutic technique where snehan and swedan are applied using herbs and oils. Leaves of medicinal plants having analgesic and anti-inflammatory properties are the important ingredient of the procedure. Patra pinda sweda relieves pain, stiffness and swelling associated with arthritis and other painful conditions, pacifies the morbidity of vata, pitta and kapha in the affected joints, muscles and soft tissues, causes sweating and brings about lightness and a feeling of health in the affected joints, muscles and soft tissues. Patra pinda sweda is highly effective in the management of pain. In pain related arthropathies, before shodhana like virechana, patra pinda sweda is effective. It is indicated in intervertebral disc protrusion or prolapsed (ivdp), sciatica (gridhrasi), osteoarthritis, chronic stages of RA (jeerna or pravruddha amavata), cervical spondylosis, ankylosing spondylitis, frozen shoulder, pakshavadha (hemiplegia) etc¹⁵.

Conclusion:-

Osteoarthritis is a very common condition. People who suffer from this disease are usually sufferers for their life. Management is usually difficult at later stages of the disease. Patient treated and presented as this case study got remarkable relief. Therefore it can be concluded that use of classical ayurvedic treatment in the background of accurate diagnosis can be helpful for the patients suffering from osteoarthritis. To avoid painful intervals, advancement of the disease and repeated use NSAIDS, ayurvedic management is the only option. Use of external therapies like patra pinda swedan offers additional advantage of reducing exposure to oral medications. This study will be helpful for further collaborative research with modern medicine in the cases of end stage osteoarthritis.

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