



RESEARCH ARTICLE

A CASE STUDY OF AYURVEDIC MANAGEMENT ON SANDHIGAT VATA (UPASTAMBHIT) WITH STHAULYA (OBESITY).

Dr. Archana S. Dachewar¹, Dr. Sneha P. Waghmare² and Dr. Manjusha R. Dapurkar².

1. Professor and HOD kayachikitsa dept.
2. PG Scholar, kayachikitsa dept.

Manuscript Info

Manuscript History

Received: 05 March 2017
Final Accepted: 06 April 2017
Published: May 2017

Key words:-

Sandhigat vata, sthaulya, janubasti, rasna guggul, triphala guggul, vishgarbha tail, aasana.

Abstract

Sandhigat vata is a disease of musculoskeletal system mainly affects the large joints. In modern medicine it is mainly correlated with inflammatory osteoarthritis. The main symptoms in this are pain in joints, difficulty in movements, swelling, tenderness and warmth over inflamed joints. Ayurveda included this disease under *upastambhit sandhigat vata*.

Sthaulya or obesity again contributes in symptoms and this again leads to increase the obesity. This vicious cycle hampers the patient's life dangerously. Here an effort was made to treat the patient with multiple ayurvedic treatment modalities. At the end of 30 days 90% improvement seen in patient.

Copy Right, IJAR, 2016,. All rights reserved.

Introduction:-

Sandhigat vata is of two types (*dhatukshayajanya*) and inflammatory (*upastambhit*). Here the patient is of *upastambhit* type. In this patient due to overeating or improper eating, *kaphprakopa* or *aamdushti* occur (inflammatory triggers) which hampers the normal functions of *vata* and this *saamvayu* get situate in *sandhipradesh* and produces the symptoms like *sandhigraha*, *sandhishotha*, *sandhivedana*, etc. (inflammation of joints).

Sthaulya is also seen from above causes and due to obesity movements of joints especially lower limb joints and get affected and vicious cycle starts. Therefore here we were not concentrating on both the disease but the same cause for both the diseases and give treatment accordingly.

Aims And Objectives:-

A case study of Ayurvedic management on *Sandhigat vata (upastambhit)* with *Sthaulya* (obesity).

Material and Methods:-

Basic information of patient:-

Name- XYZ
Age- 67 yrs
Sex- male
Occupation- retired (previously LIC agent)
Socio economic status- middle class.

Corresponding Author:-Dr. Archana S. Dachewar.
Address:-Professor and HOD kayachikitsa dept.

1. Chief complaints

Rt- knee joint pain
 Rt-knee joint swelling
 Rt- knee joint redness and difficulty in moving

3-4 months

2. History of present illness

Three months before patient is suffering from mild pain in right knee joint. Subsequently the pain increases and patient suffers from swelling over it and difficulty during walking.
 The stiffness increases to great extend since 15 Days .

3. History of past illness

No

4. Family History

No

5. Treatment History

No

6. Habitual History

History of over eating of rice , curd, sweet dishes, fermented food, milk maid dishes.
 History of long distance walking during job

7. Examination

General examination - G.C. Mod

AEBE , R.R. – 20 /min

S₁S₂-N, P-84/min

P/A – Soft, Non tender

Liver Spleen – Non palpable

Local Examination – (B/L knee joint examination)

Sign	Left knee	Right knee
1. Rubor	-	++
2. Calor	-	++
3. Dolor	-	++
4. Tumor	-	++
5. Girth		
• Above Knee Joint (5 cm)	160 cm	163 cm
• At knee joint	157 cm	158 cm
• Below Knee joint (5 cm)	160 cm	169 cm

8. Investigation

R.A factor.- Negative

ESR- 30 mm/hr

CPR-Negative

CBC-Under Normal limits

X-ray Rt knee joint – AP, Lat- Osteophytes present.

Differential Diagnosis.

<i>Nirupastambhit Sandhigat Vata</i>	<i>Aamvata</i>	<i>Vatarakta</i>	<i>Krostukshirsha</i>
--------------------------------------	----------------	------------------	-----------------------

Starts from big joint	Starts from big and small joint	Starts from small joint	Only in knee joint
Pain during movements	Pain relieves after movement	-	-
No Morning stiffness	Morning stiffness present for more than 30 min	No morning stiffness	No morning stiffness
Local inflammatory signs absent	Local inflammatory signs present	Local inflammatory signs present	Local inflammatory signs present
Fleeting movement absent	Fleeting movement present	Fleeting movement absent	Fleeting movement absent

9. Treatment protocol-

Total duration- 30 days

1. 1st 8 days- *valuka pottali sweda*
2. Next 8 days- *vishagarbha tail* for LA and *valuka pottali sweda*.
3. Next 14 days – *janubasti* with *vishagarbha tail* and *valuka pottali sweda*.

Internal medicine-(for 30 days)

1. *Sunthi erand siddha* lukewarm water to drink.
2. *Rasna guggul* 2 tab TDS.
3. *Triphala guggul* 2 tab BD.
4. *Chitrakadi vati* 2tab BD.
5. *Gandharva haritaki* 2 tab BD.
6. *Triphala churna kashaya* 50 ml+ *errand sneha* 10 ml HS.

Supportive medicine-

Aasana (yoga) - basic movements of limbs.

Hastapadasana.

10. Diet plan

- Avoid heavy food, sweet, milk made products, curd, rice, fermented food, stale food.
- Drink lukewarm water.
- Avoid heavy oil massage.

Observation:-

Assessment of patient for 30 days with *ayurvedic* treatment.

signs	Day 1	Day 15	Day 30
	Rt. Knee joint	Rt. Knee joint	Rt. Knee joint
1.Rubor	++	+	-
2.Calor	++	+	-
3.Dolar	++	++	+/-
4.Tumor	++	+	-
5.Girth			
• Above Knee Jont (5 cm)	163 cm	163cm	160 cm
• At knee joint	158cm	157cm	157 cm
• Below Knee joint (5 cm)	169cm	165cm	162 cm
BMI	34.63 kg/m ²	33.91kg/m ²	27.14kg/m ²

Discussion:-

The patient is observed for 30 days with above *ayurvedic* treatment, there is gradual decrease seen in inflammatory signs such as local redness (rubor) decreases after 30 days, local temperature decreases after 30 days swelling reduces gradually within 30 days. Patient can walk without pain after treatment and is now able to do his day to day activities without anyone's help. This all seen because above treatment relieves *vataprakopa* and localized *aam* due to with patient fees pain in rt. knee joint.

Conclusion:-

After clinical assessment for 30 days with internal medicine, *panchakarma* and supportive treatment patient get relief about 90 % and now patient is able to do his regular activities.

References:-

1. Acharya JT, editor. Reprint ed. Varanasi: Chaukhambha Prakashan; 2009. Charaka Samhita of Agnivesha, Sutra Sthana, Ch.25, Ver. 40; p. 132.
2. Golwalla AF, Golwalla SA. 21st ed. Mumbai: Asia Publishing House; 1970. Medicine for Students; p. 1032.
3. Ch. 321. 15th Edition 1987. Harrison's Principles of Internal Medicine.
4. Acharya Vaidya Jadavaji Trikamji., editor. Chaukhambha Sanskrita Sansthan. 37. Vol. 28. Varanasi: Chikitsasthan; Agnivesha, Charaka Samhita, with commentary Chakrapanidatta; p. 618.
5. Kumar & Clark Clinical Medicine. 6th Edition. p. 551. Ch. 10.
6. Rose & Wilson, Anatomy & Physiology in Health & Illness-Elsevier Churchill Livingstone. Ch. 11. :274.
7. Vagbhata. Astanga Hridayam (Vidyotinitika). Tripathi BN, editor, 1 st ed. Varanasi: Caukhamba Sanskrit Pratishthan; 2011. Nidansthana, 15/14-15. p. 539
8. Senani GS, Singhal BS, editors, Association of Physicians of India, API text book of medicine. 6 th ed. Mumbai: The Association of Physicians of India; 1999. Section 12, Chapter 28, Lumbar spondylosis. p.831.
9. Sushruta. Sushruta Samhita. Sastri AD, editor. 1 st ed. Varanasi: Caukhamba Sanskrit Pratishthna; 2010. Chikitsa sthana, 4/ 8. p.35
10. Acharya JT. SusruthaSamhita with Nibandhasangraha commentary of Dalhana. 1st ed. Chikitsa Sthana; Niruhakrama Chikitsa: Chapter 38, Verse 83. Varanasi (India): Chaukhambha Sanskrit Sansthan; 2013. p. 546. 5. Acharya JT. S