



CASE STUDIES ON SANDHIGATAVATA W.S.R. TO OSTEOARTHRITIS

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ABSTRACT

Osteoarthritis, also enormously known as degenerative joint disease is not a single disease. Rather it is the result of patterns of joint failure. It is always characterised by both degenerative of articular cartilage and simultaneous proliferation of new bone, cartilage and connective tissue.^[1] The proliferation response results in some degree of remodelling of the joint contour. According to Ayurveda it can be compared with sandhigataavata, which comes under vatavyadhi (degenerative disorders). Here about 12 patients have been selected within the age groups of 40 to 70 years irrespective of sex, occupation, religion. Patients are grouped into 2 (group A & B). Patients of Group A (6 patients) were treated only with oral medicine of YOGORAJ GUGGUL^[2] and ASWAGANDHARISTA^[3] and patients of Group B (rest 6 patients) were treated with BALA GUDUCHADI BASTI^[4] (type of enema) along with the oral medicine of group A. After completion of the schedule therapy for three months, reduction of pain and swelling along with improvement of the movement of the affected joints were found markedly in the group of B. In group A though there were reductions of pain and swelling to some extent but restriction of movement were still persisting. From this result the authors came to a conclusion that Basti applied here is much more significant in cases of osteoarthritis

KEYWORD: Osteoarthritis, sandhigatavat, basti karma.

INTRODUCTION

Osteoarthritis is the most common joint disorder of human, mostly among the elderly persons in knee joints leading to chronic disability. Radiological and autopsy surveys show a steady rise in degenerative changes in joints from the age of 30. By the age of 65, 80% of people mostly female have some radiographic evidence of osteoarthritis.^[5] Hip OA is more common in men, while OA of interphalangeal joints and thumb base is more common in women. According to Ayurveda it is comparable with Sandhigataavata, described under vatvyadhi. Sandhishla^[6] (pain in joints), Sandhisoth^[7] (swelling in joints), Stambha/hanti^[8] (immobility), atopa^[9] (crepitus in joints), pain during flexion & extension^[10] are the cardinal features of sandhivata, mentioned in the Ayurvedic classics.

AIM AND OBJECTIVES

To find out effective Ayurvedic remedy for osteoarthritis as because there is no effective remedy in Allopathic Medical Science in spite of some pain killer and replacement of affected joints and some costly medicine working on cartilaginous fibre.

MATERIAL AND METHODS

This study was carried out by dividing the patients in two groups -

Group A and group B. For this 12 patients had been selected from the OPD of J.B.Roy State Ayurvedic Medical College & Hospital, Kolkata during the time period of 2014, month of January to April as per inclusion criteria (discussed below). In group A oral medicine of Yogoraj guggul and Aswagandharista were administered while in group B oral medicine of group A and basti karma was administered with Bala guduchadi basti along with prior administration of Snehan (oilation) and Swedan (fomentation). Both the therapies were continued for 3 consecutive months with a 15 days interval in each schedule. After each schedule observations were noted as per clinical scoring, detailed later on.

Inclusion criteria

1. Ages of the patients were within 35 to 70 years.
2. Joint replacement not done.
3. Patients selected irrespective of sex, religion, working pattern, and socioeconomic status.
4. Patients satisfying the cardinal clinical features of osteoarthritis as well as osteoarthritis.

Exclusion criteria

1. Patients not satisfying most of the clinical features.
2. Age of the patient not within 35 to 70 years
3. Patient suffering from infective, traumatic or secondary osteoarthritis.
4. Patient suffering from diabetes, hypothyroidism, hypertension or other grave medico surgical diseases.

Study protocol**Clinical features along with score****Table 1: Scoring criteria of Sandhishula (pain in joint).**

Grade	Score
No pain	0
Mild pain	1
Moderate pain but no difficulty in joint movement	2
Severe pain disturbing sleep and daily life	3

Table 2: Scoring criteria of sandhisoth (swelling of joints).

Grade	Score
No swelling	0
Mild swelling (less than 10% increased circumference of affected joints)	1
Moderate swelling (more than 10% increased circumference of affected joint)	2
Severe swelling patient unable to fold his/her affected joint(more than 20% increase)	3

Table 3: Scoring criteria of stambha (immobility/stiffness of joints).

Grade	Score
No Immobility/stiffness of joints or only for 5 minutes	0
Stiffness lasting for 5 minutes to 2 hours	1
Stiffness lasting for 2 hours to 8 hours	2
Stiffness lasting for more than 8 hours	3

Table 4: Scoring criteria of Atopa (crepitus in joints).

Grade	Score
No Atopa	0
Palpable	1
Audible	2

Table 5: Scoring criteria of vedana during akunchan and prasaran(pain during movement).

Grade	Score
No pain	0
Pain with or without wincing of face	1
Patient prevent complete flexion	2
Pain does not allow passive movement	3

Criteria for the assessment of Total effect Therapy

Overall improvement in signs and symptoms of the disease Sandhigata Vata was taken into consideration to assess the total effect of the therapy. Total effect of the treatment was assessed with following gradation-t-Test: Two-Sample Assuming Equal Variances.

Improvement Magnitude**1. Sandhishula**

	Group A	Group B
Mean	0.83	1.67
Variance	0.17	0.27
Observation	6.00	6.00
t Value	2.23	
P Value	0.01	

2. Sandhisotha

	Group A	Group B
Mean	0.83	1.83
Variance	0.57	0.17
Observation	6.00	6.00
t Value	2.23	
P Value	0.02	

3. Sthabdhatta/Hanti

	Group A	Group B
Mean	0.50	1.17
Variance	0.30	0.17
Observation	6.00	6.00
t Value	2.23	
P Value	0.04	

4. Atopa

	Group A	Group B
Mean	0.67	1.33
Variance	0.27	0.27
Observation	6.00	6.00
t Value	2.23	
P Value	0.05	

5. Akunchana Prasarana

	Group A	Group B
Mean	0.67	1.33
Variance	0.27	0.27
Observation	6.00	6.00
t Value	2.23	
P Value	0.05	

DISCUSSION

In sandhishula though the variance is higher in group B but the mean difference shows marked improvement than group A. Significant p value within the confidence limit of 95% also support the above observation. In sandhisotha mean value is higher and the variance is lower along with significant p value. Likewise sandhisotha, significant results i.e. more clinical or

subjective improvements are found in group B than group A in sthabdhata, atopa and pain during akunchana prasarana. Bala-guduchyadi Basti is considered as the best basti as it mitigates all types of diseases, it is beneficial for healthy person, it increases vitality and it is nourishing.^[11] Not only that basti itself is the best way to mitigate vayu. Hence effect of group B is much more than group A.

CONCLUSION

So from the above observation it can be concluded that drug added in group B i.e. Basti karma along with oral medicine are more significant than only oral medicine in sandhigatavata vyadhi. Further study should be carried out in a large sample to establish the role of said therapy on Sandhigatavyadhi.

REFERENCES

1. Haslett Christopher et al., Davidson's Principles and Practice of Medicine, 18th edition, chapter no. 12, page no. 826.
2. Das Govinda, Bhaisajyaratnavali, edited by Brahma Shankarmishra, Ambika Dattashastri and Rajeswaridatta Shastri, chapter 29, sloka no. 156-160.
3. Das Govinda, Bhaisajyaratnavali, edited by Brahma Shankarmishra, Ambika Dattashastri and Rajeswaridatta Shastri, chapter 21, sloka no. 15-21.
4. Vagbhata, Asthanga Hridaya, kalpa sthana 4, sloka no. 3 Reprint edition, Chaukhamba Sanskrit Sansthan, Varanasi, 2014; 7.
5. Haslett Christopher et al., Davidson's Principles and Practice of Medicine, 18th edition, chapter no. 12, page no. 826.
6. Madhavakara, Madhava Nidana, edited by Yadunandan upadhyaya, chapter no. 22, sloka no. 21. Choukhambha prakashana, Varanasi.
7. Agnivesha, Charaka, Dridhabala, Charaka samhita, Chikitsa sthana, chapter no. 28 sloka no. 37, edited by Vaidya Jadavaji Trikamji Aacharya, Reprint edition, Chaukhamba Sanskrit Sansthan, Varanasi.
8. Madhavakara, Madhava Nidana, edited by Yadunandan upadhyaya, chapter no. 22, sloka no. 21, Commentery of Vijoy Rakshit, Choukhambha prakashana, Varanasi.
9. Madhavakara, Madhava Nidana, edited by Yadunandan upadhyaya, chapter no. 22, sloka no. 21. Choukhambha prakashana, Varanasi.
10. Agnivesha, Charaka, Dridhabala, Charaka samhita, Chikitsa sthana, chapter no. 28 sloka no. 37, edited by Vaidya Jadavaji Trikamji Aacharya, Reprint edition, Chaukhamba Sanskrit Sansthan, Varanasi.
11. Vagbhata, Asthanga Hridaya, kalpa sthana 4, sloka no. 3 Reprint edition, Chaukhamba Sanskrit Sansthan, Varanasi.