



A CASE STUDY ON JANU SANDHIGATA VATA (OSTEOARTHRITIS OF KNEE)

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ABSTRACT

Osteoarthritis is one of the most common disorder in joints diseases. It is chronic musculoskeletal disorder characterised by gradual loss of cartilage. Pain, swelling, stiffness and limited range of movement are symptoms of osteoarthritis which are very close to sandhigatavata. Sandhigatavata is one among the 80 types of vatavyadhi in ayurveda. Here a case of 65 year old lady who presented with complaints of pain, tenderness, crepitus, swelling, restricted movement of both knee joints along with low backache. Based on clinical sign and symptoms she was diagnosed as a case of sandhigata vata. Treatment planned was patrapind swedana, janubasti and oral medications. Assessment of condition of the patient before and after treatment was done based on pain, swelling and physical activity, to evaluate efficacy of the treatment. Based on the assessment parameters, moderate improvement was seen in the subjective sign and symptoms after the completion of a schedule 15 days of I.P.D. treatment and two month follow up. The pain and physical activity were improved significantly.

KEYWORDS : Osteoarthritis, Sandhigatavata, Janubasti

Introduction:

Sandhivata is first explained by Acharya Charaka as Sandhigata Anila with symptoms of Shotha (swelling) which on palpation feels like a bag filled with air and Shula (pain) on Prasarana and Akunchana (pain on flexion and extension of the joints). Acharya Sushruta also described Shula and Shotha in this disease cause to the restricted of the movement at joint involved. Madhavakara adds Atopa (crepitus in joint) as additional feature of it.

Nowadays persons have faulty diet habits, bad postures, change in lifestyle and ageing process which leads to vitiation of vata dosha and it causes Sandhivata (Osteoarthritis). Vata prakop occurs due to two reasons Dhatukshaya (degeneration) and Margavarana (obstruction). Kupita vata extended to other parts of the body become localized (sandhi) and it marks the beginning of sandhivata pertaining to those structures, while circulating in the body kupita vata gets settled where khavaigunaya takes place and leading to manifestation of diseases. Symptoms of sandhivata are like pain, swelling, tenderness and restricted Joint movements. The disease usually affects in the fourth decade of life due to dhatukhsaya, the occurrence increases with age. Hallmark symptoms of oestoarthritis are loss of articular cartilage, swelling, pain, synovial inflammation, joint stiffness, and loss of mobility and it is a degenerative disease. The osteoarthritis has a tendency to affect the weight-bearing joints such as the knee and hip most commonly and so causes strong disability. Sandhigata vata is a Kashtasadhya Vyadhi (difficult to cure) because it is Madhyamaroga marga and vriddhavasthajanya.

Detailed management of this condition is mentioned in Ayurveda texts which contain a combination of external therapies (Bahya Chikitsa) and internal medication (Abhyantara Chikitsa). The Bahya Chikitsa includes Janu Basti, patrapind swedana etc. Abhyantara Chikitsa includes in the form of Churna (powder of combination of herbs), Kashaya (decoction), Vati (pills), asavaaristha and many more process & medicine described.

Materials and Methods:

A 65 years old female patient brought to kayachikitsa OPD no.139275/ of Ch. Brahm Prakash Ayurved Charak Sansthan Khera Dabar New Delhi with the following complains was admitted in our hospital IPD no.15753, bed no. 114 on 28/11/18 for 14 days and discharged on 12/12/18.

- Gradual onset of pain in bilateral knee joint, Low back and

Bilateral shoulder joint.

- Swelling of bilateral knee joint.
- Restricted movements of bilateral knee joint last 8 years.
- Restricted movements of bilateral shoulder joints and pain last 4 years

While examination, bilateral knee and shoulder joints were showing restriction of movements and Bilateral knee joint showed swelling. X-ray finding shows osteoarthritis changes. She was diagnosed as a case of Sandhigata vata based on clinical sign & symptoms, X-ray finding and examinations. Treatments were started after history taking and examination.

The prakriti of the patient was pittakaphaj, had madhayam kosta, avarbal (poor physical strength) madhayama satva (psychological strength). Personal history revealed vegetarian diet and 6 hours sleep. She had no any habit. Systemic examination of respiratory, cardiovascular and G.I.T. were in normal limits.

Table A: Examination of Patient: Ashtvidhpariksha:

| | | |
|----|--------|----------------------|
| 1. | Nadi | 68/minute |
| 2. | Mutra | Samyak (pale yellow) |
| 3. | Mala | Samyak (niram) |
| 4. | Jivya | Clear (niram) |
| 5. | Shabd | Clear |
| 6. | Sparsh | Sheet |
| 7. | Druk | Cataract (operated) |
| 8. | Akruti | Madhyam |

Table B: Aturbalapramana Pariksha Systemic Examination:

| | | |
|-----|--------------|----------------|
| 1. | Prakriti | Pittakaphaj |
| 2. | Vikriti | Sandhigatavata |
| 3. | Sara | Madhayam |
| 4. | Sanghanam | Madhayam |
| 5. | Pramana | Madhayam |
| 6. | Satyamaha | Avar |
| 7. | Satva | Madhayam |
| 8. | Aharshakti | Avar |
| 9. | Vyayanshakti | Avar |
| 10. | Vaya | Vriddhavasta |

Assessment Criteria:

The overall improvement like reduction in pain, swelling and improvement in joint movements were graded based on the following scales

1. Swelling

- Grade 0 - No swelling
- Grade 1 - Slight swelling
- Grade 2 - Moderate swelling
- Grade 3 - Severe swelling

2. Tenderness

- Grade 0 - Normal - Absent or no tender
- Grade 1 - Mild - Tender
- Grade 2 - Moderate - Tenderness and wincing
- Grade 3 - Severe - Tenderness, wincing and withdrawal

3. Crepitus

- Grade 0 - Normal - No crepitus
- Grade 1 - Mild - Crepitus complained by patient but not felt on examination
- Grade 2 - Moderate - Crepitus felt on examination
- Grade 3 - Severe - Crepitus felt and heard on examination

4. Pain on joint movements

- Grade 0 - No pain
- Grade 1 - pain without wincing of face
- Grade 2 - pain wincing of face
- Grade 3 - prevent complete flexion
- Grade 4 - does not allow passive movement

Table: D

| Sl. No. | Joints | Swelling | | | Tenderness | | | Crepitus | | | Pain on joint movement | | |
|---------|-------------|----------|----|-----------|------------|----|-----------|----------|----|-----------|------------------------|----|-----------|
| | | BT | AT | Follow up | BT | AT | Follow up | BT | AT | Follow up | BT | AT | Follow up |
| 1. | Rt shoulder | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| 2. | Lt shoulder | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| 3. | Rt knee | 2 | 1 | 0 | 2 | 1 | 1 | 2 | 2 | 2 | 2 | 1 | 1 |
| 4. | Lt knee | 2 | 1 | 0 | 2 | 1 | 1 | 2 | 2 | 2 | 3 | 2 | 2 |
| | Total score | 4 | 2 | 0 | 6 | 2 | 2 | 4 | 4 | 4 | 7 | 3 | 3 |

• Score: BT = 21, AT = 11, Follow up = 9

As per above table the total score was 21 at the time of admission and it reduced to 11 at the end of the treatment (after treatment). It shows 50% relief to the patient. During follow up period, again it reduced to 9 which indicate more than 50% relief.

Discussion:

Sandhigata vata is a Nirupasthambhitha vata vyadhi caused by Dhatukshaya. Ruksh guna of vata is increases with age and dhatukshaya, so Snehana is given to reduces the pain and brings back the Mrudutva (softness) of joints. Patra pindswedana helps to remove the stiffness and provide flexibility of sandhi. Oral medicines are vatahara, shothahara, shoolhara, jadayatahara and rasayana. Since it is a degenerative disease that's why vatahara and rasayana therapy was given.

Summary & Conclusion:

Patient was getting relief after 5 days therapy of IPD. Continuous treatment of IPD and follow up patients got significant relief in swelling of bilateral knee joints. Tenderness reduced by 50%, no change in crepitus and got relief in pain on movement. The daily routine life and physical activities were found improved with the course of above therapy.

Case study showed that multi arm treatment should be used for better relief in the symptoms. Different treatment modules should be incorporated, according to stage of the disease and other assessment parameters. Case study shows that snehana, swedana and oral medicine have effective role in the management of sandhivata and significant improvement in the symptoms the treatment. A longer duration study with a large sample size must be done to get more accurate conclusions.

Treatment protocol:

patient was given saman and panchkarma. In saman chikitsa seven medicines was given and got significant relief. The details treatment of internal medicine is mention in the table.

Ayurvedic Management:

Table C:

| S.R. | Medicine | Dose | Frequency | All the medicine prepared from IMPCL |
|------|-------------------------------|-------|--------------------------|--------------------------------------|
| 1. | Rasana saptak kwath | 40ml | Twice a day | |
| 2. | Tyrayodashand gugglu | 2tab | Twice a day | |
| 3. | Vat vidhansak rasa | 2tab | Twice a day | |
| 4. | Ashwagandharist | 15ml | Twice a day (after meal) | |
| 5. | Ajamodadi chooran | 3gm | Twice a day | |
| 6. | Godanti basma | 500mg | Twice a day | |
| 7. | m.swadistha virechana chooran | 5gm | SOS | |

Panchkarma Treatment:

Patra pindswedana was done with the drug ksheerabala taila and bala ashwagandha lakshadi taila for 30 minute on daily bases for 14 days.

Immediate after patra pindswedana, janubasti was done with drug ksheerabala taila and bala ashwagandha lakshadi taila for 30 minute on daily bases for 14 days.

Result:

As per the objective assessment criteria, patient's signs & symptoms were analysed before treatment, after treatment and during followed period. The result shown in the table as under

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