



## Research Article

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### A CLINICAL STUDY ON EFFICACY OF SAMEER PANNADHI YOGA IN THE MANAGEMENT OF SANDHIGATA VATA (OSTEOARTHRITIS)

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**ABSTRACT**

In Ayurveda Sandhigata vata gets its entity in the chapter of vatavyadhi which obviously are co-related with osteoarthritis affecting mainly in the weight bearing joint. Which limits every activity such as walking, dressing, bathing etc. thus making patient disabled/handicapped. It being a vatavyadhi, located in Marmasthisandhi and its occurrence in old age makes it kashtasadhya. Vata dosha plays main role in the disease. Shula pradhana vedana is the cardinal feature of the disease. Osteoarthritis is wear and tear condition of the joints which causes bones to rub together, causing pain, swelling and loss of function of the joint. OA is the most common form of arthritis among the older people. Osteoarthritis is predominant in females as compared to the males. In radiographic survey it was observed that 2% of females who are less than 45 years old, 30% of 45 to 65 years are and 68% in older than 65 years are affected by this disease. It is a single case study. The aim of present study was to find out efficacy of Sameer pannadhi yoga in the management of sandhigata vata. A female patient was suffering from pain, stiffness tenderness and swelling etc. of both knee joints since 1 yr, patient was treated with oral administration of Sameer- pannadhi yoga (Sameer pannag ras. Abraka bhasma, Pravala bhasma, Rasasinddor, yogaraja guggulu, pippali churna as a bioavailability agent) for 6 months, this sameera pannadhi yoga shown maximum results, patient got 75% relief from her symptoms.

**Keywords:** Sandhigata vata, vatavyadhi, osteoarthritis, Sameer pannadhi yoga.**INTRODUCTION**

In vriddhavastha, all Dhatus undergo Kshaya, thus leading to vataprakopa and making individual prone to many diseases. Among them Sandhigata vata stands top in the list. The incidence of osteoarthritis in India is as high as 12%. It is estimated that approximately four out of 100 people are affected by it. Osteoarthritis is the most common articular disorder begins asymptotically in the 2<sup>nd</sup> & 3<sup>rd</sup> decades and is extremely common by age 70. Almost all persons by age 40 have some pathologic change in weight bearing joint<sup>1</sup>, 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 classic.<sup>2</sup>

Internal administration of Sameer pannadhi yoga (Sameer pannag ras. Abraka bhasma, Pravala bhasma, Rasasinddor, yogaraja guggulu, pippali churna as a bioavailability agent) for 6 months, given good results in Sandhigata Vata with their vatashamaka and rasayana property.

**SANDHIGATA VATA**

Sandhigata vata is as one of the eighty types of vata vyadhi described in various ayurvedic treatises. Foremost description of sandhigata vata is given in charaka samhita. Vatapurnadritisparsha (coarse crepitation), shotha (swelling) and Prasaranakkunchana pravriti savedana (pain during flexion and extension of the joint)

are the clinical features of sandhigata vata<sup>3</sup>. Sthansamshraya of vitiated vata dosha at janu sandhi (knee joint) results in the development of a disease termed as janu sandhigata vata.

This condition is closely simulating with knee osteoarthritis. The line of treatment for sandhivata is mainly focused on the alleviation of vata dosha. Acharya charaka explains that vitiated vata dosha can be best treated with the use of oil<sup>4</sup>. Use of snehana with swedana over the affected part is also advised in the treatment of vatavyadhi which alleviates pain, stiffness and improves flexibility<sup>5</sup>

**AIMS & OBJECTIVES**

To observe the effect of Sameer pannadhi yoga (Sameer pannag ras. Abraka bhasma, Pravala bhasma, Rasasinddor, yogaraja guggulu, pippali churna as a bioavailability agent) internally in Sandhigata Vata.

**MATERIALS & METHODS****Table 1: Used medications and their dose**

S.NO	Medication	Dose
1.	Sameer pannag ras.	60 Tab
2.	Abraka bhasma	10 gms
3.	Pravala bhasma,	10 gms
4.	Rasasinddor,	10 gms
5.	Yogaraja guggulu,	60 tab
6	Pippali churna	30 gms

**PROCEDURE**

Take all ingredients in kalva and make into fine powder and mix well and divide it into 60 equal part. Advised her to take 1 part of medicine morning 1 part of medicine evening on empty stomach with honey. Up to 3 months, review once in 10 days.

**Ethical clearance:** This study was carried out with patient consent. Study is carried out as per international conference of Harmonization – good clinical practices guidelines (ICH-GCP) or as per declaration of Helsinki guidelines.

**CASE PRESENTATION**

A 50-year-old female patient came to our SJGAMC KC OPD on 24/12/16 with Reg. no.11023 complaining of pain in left knee joint on movement, joint pain at rest, restricted movement of joints, crunching in the joints, swelling, stiffness, she cannot able to climb the upstairs, tenderness etc. Associated complaints are

lethargy, generalized weakness she previously took medications from modern hospital for the same problem. Her radiographic findings of left knee joint include osteophyte formation, joint space narrowing and degenerative changes. She was diagnosed with osteoarthritis of left knee joint. She is advised to take pain relieving and anti-inflammatory medicine regularly for some initial time period, followed by sos. she is also a known case of hypertension since 2.5 years and taking Ayurvedic medicine i.e. Tab. Abana (Himalaya Herbal Health care) twice daily under respective medical supervision. There is no other significant history of personal and family systemic illness. On examination of left knee joint, joint crepitation is palpable as well as audible on joint movement associated with pain. Skin over the knee joint is hot and slightly inflamed. There is a visible swelling over the joint which is confirmed by positive patellar tap test. Joint was tender over its medial side. After clinical examination and assessment, patient is advised to take Sameer pannadhi yoga with honey.

**Table 2: Subjective and objective parameters of the study**

S.NO	Subjective parameters for this study	Objective parameters for this study
1.	Vatapurnadritisarsa (joint crepitation)	X-Ray— AP & Lateral views
2.	Shotha (joint swelling)	
3.	Sandhi shoola (joint pain)	
4.	Prasaranakkunchanapravriti savedana (pain during flexion and extension of joint)	

**Table 3: Assessment parameters**

1.	Vatapurnadritisarsa (joint crepitation)
2.	Shotha (joint swelling)
3.	Sandhi shoola (joint pain)
4.	Prasaranakkunchanapravriti savedana (pain during flexion and extension of joint)

**GRADING OF PARAMETER**

**Table 4: Grading of Vatapurnadritisarsa (joint crepitation)**

Grade 0	No crepitus
Grade 1	Palpable crepitus
Grade 2	Audible crepitus
Grade 3	Always audible crepitus

**Table 5: Grading of Sandhi Shotha (joint swelling)**

Grade 0	No swelling
Grade 1	Mild swelling
Grade 2	Moderate swelling
Grade 3	Severe swelling

**Table 6: Grading of Sandhi Shoola (joint pain)**

Grade 0	No pain
Grade 1	Mild pain
Grade 2	Moderate pain
Grade 3	Severe pain

**Table 7: Grading of Prasaranakkunchanaana pravriti savedana (pain during flexion and extension of joint)**

Grade 0	No pain
Grade 1	Pain without winching of face
Grade 2	Pain with winching of face
Grade 3	Prevent complete flexion

**Table 8: Results of the present study**

S.NO	Subjective Parameters	Before Treatment	After Treatment
1.	Vatapurnadritisarsa (Joint Crepitation)	3	1
2.	Shotha (swelling)	3	0
3.	Sandhi shola (Joint pain)	3	1
4.	Prasaranakkunchana pravriti savedana (Pain during flexion and extension of joint)	3	1

**DISCUSSION**

Excessive intake of unctuous food items, excessive walking or physical activity, direct injury, suppression of natural urges is some of the common factors that aggravate vata dosha<sup>6</sup>. As vata gets vitiated, its guna (properties) like ruksha (dry), shita (cold), laghu (light), chala (movement) also increased from their normal levels in different combinations. Use of herbs and formulations

having opposite gunas like sneha (oily), ushna (hot), guru (heavy) and sthira (stable) are act as a vata shamaka<sup>7</sup>.

In the development of vata vyadhi, it is mentioned that aggravated vata occupies the empty space of the body channels/body parts. Acharya chakrapani elaborates that this empty space is nothing but the site of body where guna like sneha etc. are absent or deprived<sup>8</sup>. In Sandhigata vata, ruksha (dry) and shita (cold) guna are mainly aggravated which leads to dhatu kshya (joint

degeneration), so drugs chosen for this are having vata hara and rasayana property. Sameer pannag ras is katu rasa, ushna guna, usna virya, katu vipaka and kapha vatagna<sup>9</sup> so it acts against the shoola(pain) and sotha(oedema). Abraka bhasma having rasayana property act against the dathu kshaya. Pravala bhasma acts as a vata kapha shamaka. Rasasindoor fight against the degenerative changes with help of parada and gandhaka. Yogaraja guggulu is having anti-inflammatory and anti-arthritic property (Ref: Bhaishajyaratnavali), pippali churna as a bioavailability agent.

## CONCLUSION

Sandhigata vata (osteoarthritis) progresses with age and makes the person crippled and dependant. It clouds the possibilities of doing the easiest of daily activities and makes the person physically and mentally disturbed. But it doesn't come without the warning signs. Ayurveda has best remedies and treatments to offer towards effective management of sandhigata vata. From this case study concludes that the Sameer pannadhi yoga is very effective in the management of sandhigata vata(osteoarthritis). This study will be helpful for further collaborative research with modern medicine in the cases of end stage osteoarthritis.

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