



Research Article

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A RETROSPECTIVE ANALYSIS IN THE EFFICACY OF DIFFERENT PANCHAKARMA TREATMENT IN MANAGEMENT OF SANDHIVATA

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ABSTRACT

Sandhivata can be compared with osteoarthritis of contemporary medical science. There is no particular treatment protocol for treatment of Sandhivata. Here retrospective study is done to evaluate clinical efficacy of different treatment modalities of panchakarma in Sandhivata. Thirty patients diagnosed with clinical sign and symptoms of Sandhivata who visited OPD and IPD of KLE Ayurveda Hospital and Research Centre who underwent panchakarma treatment for Sandhivata where selected for this study and observation was done by a specially designed format. RESULTS: Two patients were observed with clinical efficacy 75%, 17 patients with clinical efficacy 50% and 11 patients with clinical efficacy 25%. It was observed that Kosta shodhana (Bowel cleansing) followed by both Antarpamarjana/Shodhana (Detoxification) and Bahirparimarjana chikitsa (External treatment) gives better results of Panchakarma and chronicity of illness is criteria to decide efficacy of treatment.

Keywords: Sandhivata (Osteoarthritis), Shodhana/Antarpamarjana (Internal Purification), Bahirparimarjana (External treatment)

INTRODUCTION

Sandhivata is one of the vata vyadhi, whose symptoms mimic those with osteoarthritis of modern science which are characterized by pain, swelling, stiffness and limited range of motion and are explained in our classics as vatapurnadhritisparsa (Air filled bag), shotha (Swelling), and vedana (Pain) during prasarna (Extension) and Akunchana (Flexion)¹.

The incidence of OA in total musculoskeletal disorder is 12%, the reported prevalence of osteoarthritis from a study in rural India is 5.78%². The treatment adopted for osteoarthritis is analgesics, anti-inflammatory (NSAIDs) and joint surgery which can repair or replace severely damaged joints³. But these analgesics and anti-inflammatory give just temporary relief and surgery is ultimate choice of treatment. They are various treatment modalities explained for Sandhivata which not only gives symptomatic relief but also aims at treating condition from its root cause. These treatment modalities can broadly be classified under two heading Antarpamarjana/Shodhana (Detoxification) and Bahirparimarjana chikitsa (External treatment). Bahirparimarjana chikitsa which are explained in Sandhivata are Sneha (Oleation), Sweda (Sudation), Upanaha (Poultice), Agni karma (Thermal cautery), Unmardana (Rubbing) and Antarpamarjana/Shodhana chikitsa explained are Basti (medicated enema), Nasya (Nasal instillation of drops) Sneha virechana (Purgation)^{4,5,6}.

These Antarpamarjana chikitsa aims at treating condition from its root cause where as Bahirparimarjana chikitsa gives symptomatic relief or acts as puvakarma for panchakarma. There is no particular treatment protocol for the treatment of Sandhivata and physicians adopt different modalities of treatment depending on the presentation of the patient.

Following is the data of 30 patients of Sandhivata and various treatment modalities adopted in treating them. Here is an attempt to analyse the treatments adopted with respect to patient conditions.

AIM AND OBJECTIVE

To evaluate clinical efficacy of different treatment modalities of panchakarma practiced in Sandhivata

MATERIALS AND METHODS

A total of 30 patients diagnosed with clinical sign and symptoms of Sandhivata irrespective of age, sex, religion, occupation, who visited OPD & IPD of KLE Ayurveda hospital and research centre who underwent panchakarma treatment for Sandhivata were selected for this study, the present study was carried out as per declaration of Helsinki guidelines and observation was done by a specially designed format.

Inclusion Criteria

- Patients with classical lakshana (Symptoms) of Sandhivata were selected irrespective of their religion, sex, occupation
- Patient admitted in KLE Ayurveda hospital for treatment of Sandhivata
- Patient who completed course of treatment

Exclusion Criteria

- Patient who were taking allied science medicine
- Patient with other joint disease such as Amavata, Vatarakta
- Patient who did not complete course of treatment

Study Design

An observational study

Assessment Criteria

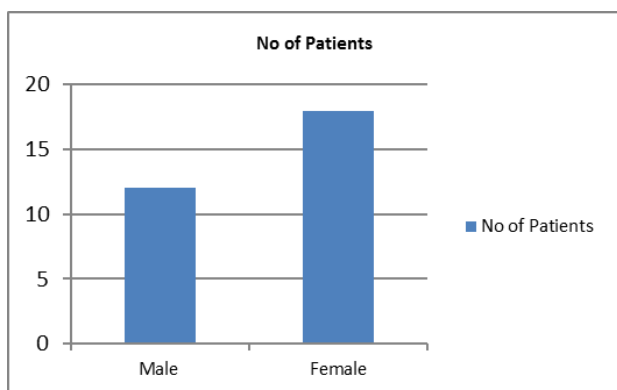
Patient were assessed before and after treatment based on VAS Grading

OBSERVATION AND RESULTS

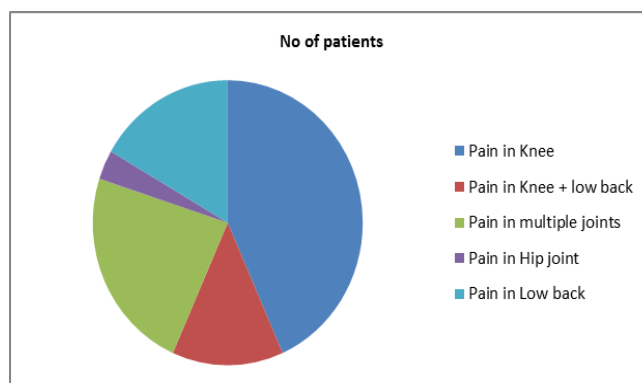
Pain before and after treatment was observed by unpaired “T” Test which gave significant results (Table 1)

Table 1

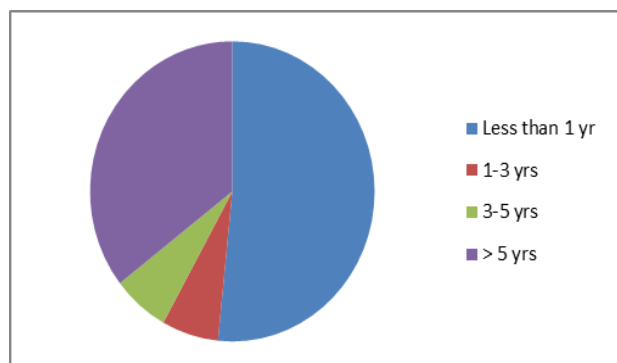
	Mean	Std deviation	Std Error deviation	95% Confidence interval of the difference		t	df	Sig (2tailed)
				Lower	Upper			
VAS BT-AT	2.9333	2.545	465	1.983	3.884	6.312	29	.000



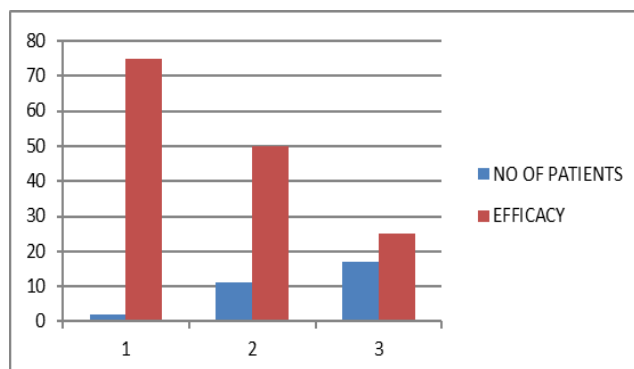
Graph 1



Graph 2



Graph 3



Graph 4

Out of total 30 patient 12 were male and 18 were female (Graph 1)

Among total 30 patient, 13 patient complain of knee joint pain, 4 patients presented with both knee joint and low back pain, 7 patients presented with multiple joint pain, 1 patient presented with hip joint pain and 5 patient presented with only low back pain (Graph 2).

Screening chronicity of illness 16 patient had history of Sandhivata less than one year, 2 patient had illness since one to two year, 2 patient had history of illness since three to five years and 11 had history of illness more than 5 years (Graph 3)

Screening efficacy– out of 30 patients, 2 patients were seen with clinical efficacy 75 %, 17 patients with 50% and 11 patients with 25% efficacy. (Graph 4)

Treatment modalities adopted for patient with clinical efficacy 75 % (Table 2)

Table 2

No of patient	Treatment modalities
1	KS,SABS,NB,AB,KB
1	KS, SABS ,NB,AB,KB

Treatment modalities adopted for patient with clinical efficacy 50 % (Table 3)

Table 3

No of patients	Treatment modalities
3	SABS,PPS,KB,JB,NB,AB
2	SA,PPS,NB,AB,KB
1	SA,PPS ,NB,AB,
4	SA,PPS,KB,JB,MB
1	SABS,KB,NB,AB
1	SABS,KB,KP,KL
3	SABS,PPS,NB,MB
2	PSK,PPS,KB,MB

Treatment modalities adopted for patient with clinical efficacy 25% (Table 4)

Table 4

No of Patient	Treatment Modalities
1	SABS,PPS,KB,JB
1	SA,PPS
1	SA,PPS,KB,JB
1	SABS,KB
1	SABS,KB,KP,KL
1	SA,PPS,KB
1	SABS,PPS,JB
1	SABS,PPS,KB,JB
1	SABS,PPS
1	SABS,KB.
1	PSK ,PPS,KB

ABBREVIATIONS

KS: Kosta shodhana (Cleansing therapy of GI),
 SABS: Sarvanga abyanga (Massage) followed by Baspa sweda (Sudation),
 NB: Niruha Basti (Decoction enema)
 PPS: Patra Pinda Sweda (Sudation with bolus of medicinal plants leaves),
 AB: Anuvasana Basti (Oleated enema)
 KB- Kati Basti (Oil pooling therapy at low back),
 JB : Janu Basti (Oil pooling therapy at knee joint),
 KL-Kati lepa (Application of medicated powder at low back),
 KP-Kati pichu (Placing cotton wool soaked in medicated oil at low back)

DISCUSSION

Sandhivata is condition which affects sandhi and it is dominated by pain. Vata is main dosha involved in this condition but even kapha may be involved in clinical presentation. On the whole when 30 patients were assessed, and unpaired t test was applied it showed significant result in pain.

As per sex distribution, maximum numbers of patient were female in this study, five female patients had attained menopause and thirteen were nearing menopausal age. In female estrogen hormone is one which strengthens the cartilage of bone⁷. But after menopause there is drop down of estrogen

hormone and thus there is destruction of cartilage, this must be reason that female are more prone for osteoarthritis than men .

Knee joint is weight bearing and largest joint, thus in this study it was observed that knee joint is most common site for presentation of Sandhivata. In this study two patients were observed with clinical efficacy with 75 %, both this patient where given kosta shodhana for first day with Gandharvahastyadi castor oil along with milk and from second day different panchakarma modalities Viz. SABS, NB, AB and KB were administered. There is a concept explained during Rasayana Vajikarana chikitsa (Geriatrics and Aphrodisiacs treatment) that initially one should undergo shareera shodhana (Body purification) and then the medicines should be started. Thus this concept was applied here which showed 75% of appreciable improvement.

50% efficacy was observed in seventeen patients, these patient had five years chronicity of illness, as chronicity was more probably this must be reason only 50% efficacy was seen in these patient.

Eleven patients were given only Bahirparimarjan chikitsa because the patients were anarha (unfit) for basti due to local or associated systemic pathology; therefore only 25 % efficacy was observed.

CONCLUSION

Main reason of Panchakarma chikitsa is to deplete the aggravated doshas and also to rejuvenate the body. It is well said that basti acts sarva shareera still when the koshta is stimulated by cleansing therapy priory the results are more significant. Kosta shodhana followed by other panchakarma modalities along with bahir parimarjana chikitsa gives better relief rather than only Bahirparimarjana or only Antarparimarjana chikitsa. Efficacy of treatment is also based on the chronicity of disease and the associated illness.

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