



Case Study

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AYURVEDIC MANAGEMENT OF SANDHIGATA VATA: A CASE STUDY

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ABSTRACT

The most typical disorder in the locomotor system is Osteoarthritis (OA). This disorder primarily affects large joints, especially in weight-bearing joints. Osteoarthritis symptoms are frequently observed in 15% of males and 25% of females. It can be compared with Sandhigata Vata in Ayurveda. Modern medicine has its limitations when it comes to treating this illness. Thus, Sandhigata Vata needs to find appropriate management. This study aimed to assess the effectiveness of Ayurvedic treatment in Sandhigata Vata, particularly shodhana (purification) and shamana chikitsa (palliative therapy). A 57-year-old female patient was diagnosed with Sandhigata Vata. The patient has pain in both knee joints, particularly in the right knee joint, and has experienced difficulty walking for the last five years. The X-ray of the right knee joint showed a considerable reduction in joint space due to osteophytes. She was advised for abhyanga, swedana and Basti chikitsa (Erandamooladi Niruha and Sahcharadi taila Anuvasan Basti) in the form of Karma Basti. After one month, the therapies produced a remarkable improvement in clinical signs of Osteoarthritis through the WOMAC osteoarthritis index.

Keywords: Sandhigata Vata, Osteoarthritis, Basti, Shodhana

INTRODUCTION

The most prevalent musculoskeletal problem that typically manifests in old age is Osteoarthritis (OA). This disorder primarily affects large joints, especially in weight-bearing joints. Practically everyone has some degenerative changes by the age of 40. Osteoarthritis symptoms are frequently observed in 15% of males and 25% of females. The Indian population has a higher incidence of Osteoarthritis in the knee than the Western population. It causes limits owing to pain when doing daily activities, including walking, dressing, and washing, which interferes with employment incapacity¹.

In Ayurveda, Osteoarthritis correlates with Sandhigata Vata. Acharya Charaka mentioned this disease under Vatavyadhi chikitsa adhyaya. The symptoms are swelling like an air-filled balloon and pain during flexion and extension of the joints².

Modern medicine has its limitations. While there are many therapy options available, they are not particularly effective and have several side effects. Ayurveda treatments shamana chikitsa (palliative therapy) and Panchakarma (Ayurvedic cleansing method) are more effective in treating this disease. This case study represents an attempt to shed light on the remarkable effectiveness of Ayurvedic treatment for the Sandhigata Vata. In this case study, shaman chikitsa and Panchakarma chikitsa showed remarkable improvement in clinical signs of Osteoarthritis.

MATERIALS AND METHODS

This single case study deals with a 57-year-old female patient diagnosed with Sandhigata Vata. The patient has pain in both knee joints, particularly in the right knee joint and experienced difficulty in walking for the last five years. The X-ray of the right knee joint showed a considerable reduction in joint space with osteophyte development. She was advised for abhyanga, swedana, and Basti chikitsa (Erandamooladi niruha and Sahcharadi taila Anuvasan Basti) in the form of Karma Basti.

History of present illness

A 57-year-old female patient came to OPD Panchakarma Outpatient Department, Rajakiya Ayurveda Anusandhana Kendra, Gulab Bagh, Udaipur, Rajasthan, India, with a complaint of pain in both knee joints, especially right knee joint. Associated symptoms are constipation and pain in both the elbow joint and lower back region for the last six years. After the intake of analgesic medicines, no relief was obtained from the symptoms. So, she approached us for Ayurvedic treatment. The patient's examination includes vitals, ashtavidha pariksha (eight systemic examinations), and dashvidha pariksha's specific locomotor system examination. After obtaining written informed consent, the treatment was started on the IPD level.

Past History

N/H/O- Trauma, Diabetes mellitus, Hypertension, Hypothyroidism.

Medication History

Patient had taken diclofenac 75 mg from last 5 years SOS.

Personal History

Appetite: Decreased
 Food habits: Vegetarian diet, excessive intake of spicy food and bakery products
 Sleep: disturbed sleep due to pain
 Bowel: Hard stool evacuation
 Bladder: Clear
 Addiction: Tea and coffee consumption thrice per day for the last 20 years.

Family History

No significant family history was reported.

Demographic Details

Age: 57 years
 Sex: female
 Address: Udaipur
 OPD: xxx4

Occupation: Housewife

Marital status: Married

Socioeconomic status: Middle class

Weight: 78 kg

Height: 5'2"

Vitals Examination

Blood pressure: 130/90 mm Hg

Pulse: 68/min

Respiratory rate: 18/min

Table 1: Ashtavidha Pariksha

Nadi (pulse)	68/min
Mala (stool)	Vibandha (hard stool evacuation)
Mutra (urine)	Samyak (normal)
Jivha (tongue)	Alpa Sama (slightly coated)
Shabda (speech)	Spashta (clear)
Sparsha (skin)	Samyak (Samshitoushna)
Druka (eyes)	Prakruta (Natural)
Aakruti (posture)	(Prakruta)

Table 2: Examination for Locomotor System (examination specific to diagnosis)

Inspection	Palpation	Range of movement (ROM)
Difficulty and pain in both knee joints while walking long distances and sitting longer. Slight valgus deformity is present on both sides. Knee flexion deformity on the right knee. Reflexes are intact. No any scar No varicosities are seen No any structural deformity in both knee joints	No tenderness present in both knee joint Crepitus present in both knee joints	Affected flexion and extension of right knee joint

Investigations

X-ray of the right knee (anteroposterior and lateral view) showed space reduction in the knee joint, joint overlapping of the lateral epicondyle of the right femur over the tibia, and gross osteoporotic changes with osteophytes.

Diagnosis: Sandhigata Vata (Osteoarthritis)

Treatment Advised

A treatment plan was prescribed by analyzing the pathogenesis of the disease in the patient. The treatment can be classified into Panchakarma therapy and shamana chikitsa.

Table 3: Panchakarma Chikitsa

Panchakarma Chikitsa	Drugs	Duration
Sarvanga Abhyanga	Sahacharadi Taila	30 days
Sarvanga Swedna	Plain Water	30 days
Niruha Basti	Erandmuladi Niruha Basti	12 (3 rd , 5 th , 7 th , 9 th , 11 th , 13 th , 15 th , 17 th , 19 th , 21 st , 23 rd , 25 th day)
Anuvasan Basti	Shatahvadi Anuvasan Basti	18(1 st , 2 nd , 4 th , 6 th , 8 th , 10 th , 12 th , 14 th , 16 th , 18 th , 20 th , 22 nd , 24 th , 26 th to 30 th day)

Table 4: Shamana Chikitsa

Drug	Dose	Duration
Simhanada Guggulu	3 Tab TID	30 days
Dasmoola Katutraya Kwatha	20 ml BD	30 days

OBSERVATIONS AND RESULTS

The patient's clinical characteristics and radiological results were assessed³. The WOMAC osteoarthritis index assessed clinical characteristics.⁴

2 = Moderate,
 3 = Very,
 4 = Extremely

The Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC)

Scale of difficulty

0 = None,
 1 = Slight,

The overall WOMAC scores go from 0 to 96, with 0 denoting the highest potential health status and 96 the worst. The function goes worse, proportional to a higher score.

WOMAC osteoarthritis index shows significant improvement (34.37%) in pain, stiffness and physical function parameters. The patient's walking-related knee joint pain, lower backache, and elbow joint pain significantly improved after therapy.

Symptoms		Before treatment	After treatment
Pain	1.Walking	2	1
	2.Stair Climbing	3	1
	3.Nocturnal	0	0
	4.Rest	0	0
	5.Weight-bearing	3	1
Stiffness	1.Morning stiffness	0	0
	2.Stiffness occurring later in the day	0	0
Physical Function	1.Descending stairs	3	1
	2.Ascending stairs	3	1
	3.Rising from sitting	3	1
	4.Standing	3	1
	5.Bending to floor	3	1
	6.Walking on a flat surface	2	1
	7.Getting in/out of car	3	1
	8.Going shopping	2	1
	9.Putting on socks	3	1
	10.Lying in bed	0	0
	11.Taking off socks	3	1
	12.Rising from bed	2	1
	13.Getting in/out of bath	2	1
	14.Sitting	3	1
	15.Getting on/off toilet	3	1
	16.Heavy domestic duties	4	2
	17.Light domestic duties	3	1
Total Score		53	20
Interpretation		53/96=.5520	20/96=.2083
Result from Interpretation in %		.5520*100=55.20	.2083*100=20.83
%Improvement		55.20 – 20.83 = 34.37%	

DISCUSSION

Vata vyadhi chikitsa was applied in this case contributed to the pathogenesis of Sandhigata Vata. Panchakarma therapy and shamana chikitsa are both modalities given to patients, focusing on Basti karma (medicated enema). After a month, the swelling was reduced, constipation was relieved, and joint pain was remarkably improved. The adopted treatment strategy was primarily based on Vata dosha shamana (pacifying Vata) and vedana shamana (a pain reliever)⁵ modes of action of therapy can be described as follows:

Abhyanga (Massage) with Sahacharadi Taila

Vata is the ultimate cause of dhatu degradation. Abhyanga before swedana karma increases the vasodilatation and absorption of the medication. In this case, there was an improvement in joint flexibility, muscle strength, and pain reduction due to local abhyanga (oleation). According to Acharya Charaka, Sahachara, Godugdha, Sharkara, and Tila taila are the contents of Sahchara taila⁶. Sahchara and Tila taila have ushna virya, so they balance the Vata and Kapha doshas⁷. Go-Dugdha is beneficial in jarajanya Vata prakopa because of its rasayana and jivaniya properties and sharkara having gurus, Snigadha guna and madhura rasa, which helps to alleviate the Vata dosha⁸. Thus, it may be inferred that the components of Sahachara taila aid in appeasing both avarana janit samprapti and shuddha vatika samprapti of Sandhigata Vata. These qualities primarily aid in the pacification of vitiated Kapha and Vata doshas. Because of the snigdha and guru, it can soothe the vitiated dosha and penetrate deeper dhatus like Majja and Asthi through minute channels.

Nadi Swedana

Nadi swedana is a variety of swedana karma (sudation therapy). It's a well-liked and straightforward form of conventional sudation therapy. A specific kind of Agni sweda called Nadi Swedana uses steam therapy, which is said to have Vata-Kapha shamaka properties and relieves pain.⁹

Erandmooladi Niruha Basti

Basti is an exclusive treatment used to treat either systemic or local abnormalities. It is also a highly efficient way to control Vata and treat Asthi, sandhi, and marma disorders. Erandamooladi Niruha Basti is specially indicated for the correction of vitiated Vata.¹⁰

Shatahvadi Taila Anuvasana Basti

The ingredients of Shatahvadi taila are Shatahva, Yava, Bilva, Kanji and Tila. Shatahva is having katu and tikta rasa, katu vipaka, and ushna veerya. Yava has kashaya, madhura rasa, katu vipaka, and sheeta veerya. Bilva has kashya and tikta rasa, katu vipaka, and ushna veerya. Kanji is having laghu and teekshna guna. Tila taila is having madhura and tikta rasa. So, the prepared Shatahvadi taila, because of its ingredients, possesses properties viz Vata shamaka, Kapha shamaka and possessing actions like vedana shamaka, and Vata shamaka plays a vital role in correcting the pathology¹¹.

Simhnad Guggulu: Simhanada Guggulu is useful as a Kapha-Vatahara, Pitta vardhaka, and Agnideepaka and provides anti-inflammatory and analgesic effects¹².

Dasmoola Katutray Kashaya: Dashamoola Katutraya Kashaya reference is in sahasrayoga. It is used because it balances the body's Vata and Kapha dosha due to its properties, like ushna virya. It's anti-inflammatory. It is also helpful in the management of pain¹³.

By disrupting the pathogenesis of the disease, the combined effect of the whole therapy helped to reduce pain. As a result, the best possible outcome was achieved.

CONCLUSION

The findings showed that Sandhigata Vata can be successfully treated by the collaborative effect of Panchakarma and shamana therapy that includes Abhyanga, Nadi Sweda, Karma Basti and conservative medicines. Since this study only includes one case report, the findings must be reevaluated using a larger sample size

and comparable research. (Stated differently, creating precise guidelines for managing Sandhigata Vata is anticipated upon validation of current findings.)

Patient Perspective: The patient thanked us for being happy with significant results.

Informed Consent: The patient had signed an informed consent form for the publication. That study is carried out as per the International Conference of Harmonization-Good Clinical Practices Guidelines (ICH-GCP) or as per ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants.

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