

Ayurvedic Intervention in Management of Sandhigat – Vata W.S.R to Osteoarthritis – A Case Report

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Abstract

Every disorder begins with lack of proper nutrient or insufficient supply of nutrient to particular tissue. Nutrient do not reach to the target site due to blockage of channels (strotoavarodha). So, it will be the cause of disease. Sandhigata vata is an Asthi-Sandhigata vyadhi, there is kshya of Asthi dhatu due to insufficient supply of poshaka rasa. Sandhigata vata being considered as a chronic disease needs a long lasting treatment with non-steroidal anti-inflammatory drugs, muscle relaxant and analgesics. The symptoms similarity and severe pain and oedema in both legs, difficulty in walking describe the correlation of osteoarthritis with sandhigata-vata. Here a case study was done on a patient with both legs osteoarthritis symptoms from 3 month treated with ayurvedic intervention for 2 month.

Keywords: Ayurvedic Intervention, Strotoavarodha, Sandhigata-Vata, Osteoarthritis.

Introduction

Sandhigata vata is a commonest form of joint disorders. Joint disorders are quite a significant global burden, particularly for general working population and create heavy socioeconomic burden over the families. In this era of modernization everybody is busy and living a stressful life. Changing lifestyle of modern human being has created several disturbances in his biological system like advancement of busy, social life, improper sitting posture in office, continues working in one posture and over exertion comparable with reference to Dincharya and Rutucharya, the norms of daily routine in present day situation are quite contradictory. Excess use of vehicles, disturbed eating habits, anniversary excessive travelling, improper time schedule of sleep and work dosha and this routine mainly causes sandhigata vata.

Various surveys have found the prevalence of orthritic pain in the adult population to be between 15% and 40% . This incidence is related to age, regular walking also found orthritic pain. In addition, occupations with greater physical labour such as carpenter, machine operators, office workers pain being a chronic ailment and needs long lasting treatment, which if taken from modern will definitely land the patient to some other complication .modern medicine largely has a disease oriented approach.

Case Report

A female patient, aged 36 years, presented with acute pain in both the knee joint since 6 month. Patient was thoroughly examined locally as well as systematically. Her back was examined for any tenderness around spine .MRI scan revealed a lumbar disc herniation at L3-L4 level patient gave a history that she has a habit of traveling long distance though bike every day. She had taken many treatment of allopathy for such a long time which could give her symptomatic relief and was advised to go for surgery being in very acute pain.

Present Complaints

- Severe pain in knee joint (Both legs)
- Difficulty walking
- Insomnia
- Decreased Appetite
- Stress
- Headache
- constipation

Present History

- Bowel– Irregular
- Appetite – Decreased
- Sleep – Disturbed being in acute pain
- Habit – Driving bike for long distance
- Family history – NAD
- Menus trial cycle – Regular

Physical Examination

- BP – 110/70mmHg - R.R- 22/ min
- Pulse -74/ min

Specific Examination

- SLR – Right leg
- SLR – left leg

Systemic Examination

- CNS - Conscious and oriented
- CVS – S1 S2 normal
- RS – NAD
- GIT – Recurrent constipation

Samanya Poriksha

- Nadi – Sarpagati
- Shabda – kshin
- Sparsha – Samshitoshna
- Jivha – Saam
- Drika – Samanya
- Aakruti – Aturvati
- Mutra – Prakrit (4-5 time per day)
- Mala – Asamadhankarak,Aniyamit,Rukshamala,Pravrutti

Strotas Parikshan

- Rasvaha strotas – Aruchi, Sharir, Gaurav, Ashradha,
- Asthivaha strots – Ubhay janusandhishoola, Katishoola
- Majjavaha strots – Ruk parvanam.

Differential Diagnosis : Sandhigata vata, Aamvata, Vatrakta, Ghradhrasi

Diagnosis: Sandhigata vata (Ubhay janu sandhi).

Prognosis: Sadhya

Treatment: Intrnal medicine:

Mahayograj Guggulu 250mg TDS with milk

Vatavidvanshak Rasa 125mg TDS

Gandharva Haritaki churna 5gm c Khoshnajala (HS).

Dashmularishta 20ml TDS after meal

Panchakarma Schedule

Total 30 days karma basti.

Janubasti – 14 days.

Takradhara – 7 days.

Purvakarma

Snehana – Sarvanga sneha – Jita taila

Swedana – Nadi swedana kati pradeshi nirgudi patra pindaswedaubhay janu sandhi, Sarvanga swedan.

Pradhankarma :- Karma basti as followed.

A	A	N	A	N	A	N	A	N	A
N	A	N	A	N	A	N	A	N	A
N	A	N	A	N	A	A	A	A	A

Key words:- A = Anuvasan – 120 ml tila taila

N = Niruha – 500 ml approx, Doshmula kwath

Niruha basti ingredient:-

Dashmula kwath - 400ml

Tila taila – 50 ml

Saindhav – 5mg

Dashmula kalka – 10mg

Observation

Characteristic of severe pain in knee joint (both legs) and insomnia started decreasing simultaneously with basti procedure followed on the patient and internal medication given .Takra dhara worked on the mental condition of the patient. the patient was completely cured and symptoms relieved within 2 month.

Conclusion

Sandhigata vata being a vata vyadhi needs a number of scheduled panchakarma which include basti as a major contributor, along with various samana drugs. A single case study highlighted the systematic effect of basti and saman treatment or internal medication very effective in treating sandhigata vata.

Result

A single case study highlighted the systematic effect of basti and saman treatment or internal medication very effective in treating sandhigata vata.

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