

# Ayurvedic Management of Sandhivata W.S.R . To Osteoarthritis

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## ABSTRACT

Sandhigata Vata is a disease seen commonly both in developing and developed countries. The disease causes mild, moderate or severe degree of morbidity and rarely mortality. The occurrence of problems is increasingly prevalent now a days due to change in lifestyle, food habits, social and cultural changes as well as travelling. It occurs when the protective cartilage that cushions the end of your bone wears down overtime. The common sign and symptoms of this disease is present in the form of Shoola, Shotha, Vatapoornadriti Sparsha and difficulty in flexion and extension of Sandhi. In Ayurveda osteoarthritis correlate to Sandhigata Vata. This paper deals with a case of Sandhigata Vata i.e., OA. After taking informed consent of the patient, he was given an Ayurvedic treatment for 30 days without any Allopathic medicine or any invasive technique. Patient was given *Trayodashang guggulu*, *Tab Zonasto*, *Cap Stresscom*, *Cap. Mandukparni* etc. There was a significant reduction noted in the symptoms. There were no clinically significant adverse reactions noted in the duration of treatment. The results of this study indicate the clinical efficacy of Ayurvedic treatment in the management of Sandhigata vata and patient gave highly satisfactory response after his treatment.

**KEYWORDS:** Sandhigata Vata, Osteoarthritis, Trayodashang guggulu

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## INTRODUCTION

Osteoarthritis is a degenerative joint disorder characterized by breakdown of joint cartilage. Osteoarthritis or Degenerative Joint Disease (DJD) may first appear without symptoms between 20 to 30 years of age. The symptoms, such as pain and inflammation will be noticed in the middle age. Till the age of 55 it occurs equally in both sexes; after 55 the incidence is higher in women. It is estimated that approximately 4 out of 100 people are affected by this disease. According to WHO, Osteoarthritis is the 2nd commonest problem in the world population i.e. 30%. The incidence of osteoarthritis in India is as high as 12%. This makes an important cause of disability. Osteoarthritis, the most common articular disorder begins asymptotically in the 2nd and 3rd decades and is extremely common by the age of 70. In the conventional system of medicine, administration of pain killers like NSAID's (non-steroidal, anti-inflammatory drugs), Narcotics, Corticosteroids, intra articular injections etc. which gives temporary relief and lastly surgery (Knee replacement), which are quite expensive, need hospitalization and also causes adverse effects constitute usual line of treatment. Whereas such type of conditions can be better treatable by the management mentioned in Ayurvedic classics. Acharya Charaka was the first person who described the disease separately as "SandhigataAnila"<sup>1</sup>. General line of treatment for Vata Vyadhis has been described by Acharya Charaka i.e. repeated use of Snehana and Swedana, Basti and Mrudu Virechana. Acharya Charaka has also been recommended drugs comprising of Tikta Dravya and Ghrita as treatment for AsthyashrithaVata<sup>2</sup> and Sandhigata Vata in Charaka Samhita. Asthi and Majja are chief components of Sandhi which are affected. However, Guggulu is a Sroto-Shodhaka and proved to have both anti-inflammatory and anti-arthritis properties by various research worker.

## CASE REPORT

A 58 years old male patient from Maner, visited the Outpatient Department (OPD) of Kayachikitsa Department, Government Ayurvedic College, and Hospital Patna-03 on 16th of May, 2023 presented with one year history of pain and stiffness in multiple joints upon awakening or after being inactive, tenderness on applying light pressure, loss of flexibility, grating sensation while using the joint, swelling

around the joints. Initially, pain was started from both the knee joints and progressively it involved bilateral shoulder joints, elbow joints and ankle joints. Pain was pricking and severe in nature. It was aggravating on cold exposure & by rest and relieved by physical activity, & on exposure to sunlight. Along with joint pain, he had stiffness in multiple joints which was more in morning hours and after inactivity and lasts for about less than 30 mins.

Also, he had complained of loss of appetite. He gave no history of fatigue, weight loss, diarrhoea. He had no history of Diabetes, Hypertension or any other major illness in the past. After history taking, we came to know he had severe pain in multiple large joints of the body, and in some small joints especially in the metacarpophalangeal, metatarsophalangeal, and proximal interphalangeal joints from March, 2022. So, he went to the allopathic hospital where he was treated but not got satisfactory relief. After knowing the adverse effects of these drugs, the patient became anxious and was not satisfied with the given medicines. Then he came for ayurvedic treatment because he wants to shift the treatment to other system of medicine after knowing the adverse effects of prolonged use of allopathic drugs.

## **EXAMINATION**

### **General Physical Examination**

Patient was fully conscious, cooperative and well oriented to time, place and person at the time of history taking. He had moderate built and appeared to be of his age. Systemic examination of respiratory, cardiovascular, CNS and G.I.T. system revealed no abnormality detected.

### **Local examination**

#### **❖ Joints involved:**

- Upper limbs: DIP, PIP, 1st carpo-metacarpal joint, elbow joints, shoulder joint.
- Lower limbs: Knee joints, 1st metatarsal-phalangeal joint.

#### **❖ Movement:**

- Upper limbs - bilateral restricted (elbow joints).
- Lower limbs - bilateral restricted (knee joints).

#### **❖ Symmetry:**

- Upper limbs - Asymmetrical.
- Lower limbs - Symmetrical

#### **❖ Swelling:**

- Upper limbs - present in elbow joint, DIP, PIP.
- Lower limbs - present in B/L knee joints.

#### **❖ Deformity:**

- Upper limbs - present.
- Lower limbs - present

#### **❖ Redness:**

- Upper limbs - not present.
- Lower limbs - not present

#### **❖ Temperature:**

- Upper limbs - not raised.
- Lower limbs - not raised

#### **❖ Joint crepitus:**

- Upper limbs - not present.
- Lower limbs - present in B/L knee joints

#### **❖ Nodules:**

- Upper limbs - present.
- Lower limbs - not present

### **Differential Diagnosis:**

Amavata (Rheumatoid Arthritis), Sandhivata (Osteoarthritis), Vatarakta (Gout).

## **TREATMENT PLAN**

When the patient first checked in the OPD of Kayachikitsa Department GACH PATNA BIHAR he was already on allopathic drugs which were NSAIDs, corticosteroid, TNF alpha blocker. A specific line of treatment described for Sandhigata Vata in ayurvedic texts was advised to patients. As the pain in joints

was the most important problem to be resolved and according to the pathophysiology of Sandhigata Vata, Vata is the main factor for causing osteoarthritis.

Following medication was advised **Trayodashang guggulu**, **Tab Zonasto**, **Cap Stresscom**, **Jrumax oil**, **Cap. Mandukparni**. Intake of very light food was advised to the patient. Yoga and meditation were also advised to the Patient to overcome the depression. But along with these drugs the allopathic drugs were discontinued for the treatment. Then on May,2023 during the regular follow up the patient's condition improved, and the pain subsided. He has advised the same ayurvedic drugs.

S. No.	MEDICINE GIVEN	DOSES	REMARK
1.	<b>Trayodashang guggulu</b>	500mg	Twice a Day
2.	<b>Tab Zonasto</b>	250 mg	Twice a Day
3.	<b>Cap Stresscom</b>	250 mg	Twice a Day
4.	<b>Cap Shilajit</b>	250 mg	Twice a Day
5.	<b>Jrumax oil</b>	Local Application	As Required.
6.	<b>Cap. Mandukparni</b>	250 mg	Twice a Day

## DISCUSSION:-

**Trayodashang guggulu** contains anti-inflammatory and antioxidant activities. In-vitro anti inflammatory activity of its aqueous extract (AqTG) (in different concentrations) was evaluated by assaying inhibition of albumin denaturation, membrane stabilization (hypotonicity-induced haemolysis), anti-lipoxygenase and anti-proteinase activities. The in-vitro antioxidant effect was evaluated by various in-vitro methods viz. DPPH (1, 1-diphenyl-2-picryl-hydrazyl) and hydroxyl radical scavenging and reducing power assay and total phenolic and flavonoids contents. It showed marked scavenging effect on DPPH and hydroxyl radicals and exhibited strong reducing potential. It also showed inhibition of membrane stabilizing, protein denaturation inhibitory, anti-lipoxygenase and anti-proteinase activities<sup>3</sup>.

**Tab Zonasto** contains asthisamhruta, aswagandha, methi, muktasukti Bhasma , jatiphal which helps in collagen formation, decreases bone re-absorption, strengthen bones<sup>4</sup>.

**Cap Shilajit** accelerates the differentiation of ASCs into the osteoblasts, without changing the physical properties of the Alg hydrogel, it reduces the bone defects<sup>5</sup>.

**Cap Stresscom** contains ashwagandh known to possess analgesic, anti-inflammatory and chondroprotective effects<sup>6</sup>. Ashwagandha reduce oxidative damage to joints<sup>7</sup>.

**Cap. Mandukparni** contains mandookparni(centella asiatica). It is anti-inflammatory in action. Aqueous Extract of mandookparni showed anti-inflammatory activity that is brought about by inhibition of NO synthesis.<sup>8</sup>

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