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To Evaluate the Efficacy of Jambira Pinda Sweda in Females Suffering From Sandhigata Vata (Osteoarthritis)

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Abstract: Sandhigata Vata is described under Vatavyadhi in Samhitas and Sangraha texts. Sushruta has included Vata vyadhi as one among the Ashta Mahagada, which is a Yapy vyadhi. In Vriddhivastha all the dhatus undergo Kshaya. Thus it leads to Vataprakopa and makes individuals prone to many diseases especially affecting the joints. Based on the symptoms, it can be compared with Osteoarthritis of Knee according to modern science. Osteoarthritis is also known as degenerative arthritis that results from the breakdown of joint cartilage. Its prevalence is more in female and among old age people. It mainly affected weight-bearing joints of the body specially knee, hip, lumbar spine associated with ageing, physical occupation, activity, and obesity. In Ayurveda School, Sotha and difficult in flexion and extension of the Sandhi (Prasarana Aankuchan Pravriti Vedana) are the symptoms. These groups of symptoms have been described as Sandhigata Vata by various acharyas. In the present study, the diagnosed cases of Sandhigata vata were treated with traditional Ayurvedic oral medicines along with local application of medicated oil and Jambira pinda i swedana as a special therapy. The result showed that Ayurvedic treatment procedures are significant in the Sandhigata vata without any ADR. The result of the present study revealed the therapeutic use of the natural product according to Ayurvedic principle and practice of Sandhigata vata. The improvement of the present Ayurvedic treatment procedure on pain 60.70%, stiffness 68.44%, restricted movement 62.30%, crepitations m 54.60% and tenderness 77.66%. The overall relief was observed 64.74%.

Keywords: Sandhigata Vata, Osteoarthritis, Jambira Pinda Sweda.

INTRODUCTION

In the term, "Sandhigathavata" sandhi - means joints and vata- one of three dosa of the body. Different nomenclatures are available in the Ayurvedic text which are, Sandhigatavata, Sandhivata¹ Khudavata and Jeernavata etc. Sandhigata vata is described under Vatavyadhi in Ayurvedic texts. Acharya Charaka has first described separately Sandhigata anila but it was not included under 80 types of Nanatmaja Vatavyadhis.

Main causative factors responsible for Sandhigata Vata are Ruksha aahara, Atimaithuna, Ativyayama (excessive exercise/work), Sheeta bhojana (cold food/drinks), Dhatukshaya and Roga Atikarshanat^{2,3}. These factors lead to the vitiation of Vata which in turn takes shelter in the sandhi (joint) and affected Sandhi resembles a bag filled with air (Vata poornadriti sparsha) along with symptoms like Sotha, Shoola and difficult and painful flexion and extension of the Sandhi (Prasarana Aankuchan Pravriti Vedana). awastha may cause to aggravated vata dosa⁴⁻⁶. When the vitiated vata affected the joints and leading to sandhivata. The clinical symptom of both sandhigata vata and osteoarthritis are similar.

Osteoarthritis (OA) is the most common form of arthritis. It is strongly associated with ageing and is a major cause of pain and disability in older people⁷. According to modern science loss of estrogen during menopause increase the woman risk of getting osteoarthritis⁸. Osteoarthritis is characterized by focal loss of articular cartilage, sub chondral osteosclerosis, osteophytes formation at the joints margin and reduced of joints space with enlargement of affected joints. Joint involvement in OA follows a characteristic distribution mainly in the hip, knee joints of hands, neck and lumbar spine. Sandhigathavatha may be defined as a condition of drying up of Sleshmaka kapha of Chalasandhis characterized by focal loss of Tarunasthi. The proliferation of new bone and remodeling of the joint contour may take place because of Sandhigathavatha.

In Ayurveda, various indigenous drugs and procedure used including snehapana, upnaha, agnikarma⁹, taila abhyanga¹⁰, virechana karma, basti karma, shamana yoga like Sihnad guggulu, Mahavatavidhwansan rasa, Ashwagandha churna, Shunthi churna etc. Efficacy of Ayurvedic treatment procedure observed the more significant effect in sandhgata vata.

MATERIAL AND METHODS

This is a retrospective study carried out at In - Patient Department of Bhagavan Mahaveer Jain Ayurveda Medical College, Gajendragad during the period from October 2015 to October 2016. The 30 females cases of Sandhigathavata, were from In-Patients Department of Panchakarma BMJAMC, Gajendragad, Karnataka was selected for 1-month treatment.

CRITERIA FOR SELECTION OF PATIENTS

The patients who have the following signs and symptoms were selected for the study. Signs & symptoms are mentioned Sandhisoola (pain), Sandhigraha (stiffness), Sparsha akshamatva (Tenderness), Sandhiatopa (Crepitations), Prasarana aakunchanayoho vedana in sandhi (Restricted movements of Joints). The patient age groups were 40-70 years females only.

Drugs Intervention

1. Tab Yogaraja Guggulu - 2 tab twice a day
- 250mg
2. MahavatavidhwansaRasa
Ashwagandha Churna - 2 gm
Shunthi churna - 1 mg - Twice daily with honey
3. Maharasnadi Kwatha - 15 ml BD with 60 ml luke warm water
4. Kottamchukkadi Taila for Local application - 20 ml /day
5. Jambira pinda Sweda for 7days

Tab Mahavatavidhwansa rasa supplied from Dabur Company, Tab Yogarajaguggulu, Maharasnadi Kwatha and Kottamchukkadi taila supply from Aryavaidya Sala, Kottakal, Kerala, Ashwagandha churna and Shunthi churna Prepared from the pharmacy in BMJAMC. Gajendragad..

Jambira Pinda Sweda

The word “Jambira Pinda” is derived from two words Jambira means Lemon and Pinda means bolus. Jambira Pinda Sweda refer to the Pinda sweda performed by the specially prepared bundles of Jambira and other drugs. ¹¹

Material required

1. Lemon - 700 gms
2. Methika - 35 gms
3. Satahva - 35 gms
4. Haridra - 35 gms
5. Lasuna - 2 bulbs
6. Saindhava - 8 gms
7. Oil- For preparation-100 ml
For reheating the potli - Q.S
For Abhyanga - 100 ml
8. Rasnadi choorna - 5 gms
9. Cotton cloth (45cms x 45 cms) - 4 pieces
10. Threads - 4 nos
11. Towel - 2 nos
12. Vessels for heating - 2 nos

Preparation of potali- Take 3-4 fully matured fruits of Jambira, chopped into small pieces. Add equal quantities of the scrapings of ripe coconut & then fried this in a pan in 100 ml of appropriate oil till coconut scraping attains a brown tinge. It is divided into four equal parts and made into potalis.

Preoperative measures- The patient are seated with leg extended over the droni facing the east direction. Abhyanga should be performed with prescribed medicated oil all over the body for about 10 minutes. Talam with suitable oil /churna should be applied.

Procedure – The prepared potali should be heated with suitable oil in a hot iron pan over the mild fire. It should be applied after checking the temperature (Should be applied on the back of palm), throughout the body with mild pressure in seven prescribed position by two attendants standing on both sides of the droni. Care should be taken to maintain the temperature by reheated again on the pan throughout the procedure.

Postoperative procedure - Wipe off the oil from the body using a clean dry towel. Remove talam & apply Rasanadi choorna on the vertex of the patient Advise the patient to take rest in a non-windy room with his body covered using a thick blanket for about one hour. After the resting patient should be advised to take hot water bath. Wash the head using water medicated with Amalaki.

Duration - 45 minutes to 1 hour

Diet- Food which is light and easily digestible.

Criteria for assessment – The improvement in the patients was assessed mainly on the signs and symptom of the disease.

Effect of therapy

- Good Response - Above 75% relief in the clinical symptom
- Fair response - 51-75% relief in the clinical symptom
- Poor response - 26-50% relief in the clinical symptom
- No response - 0-25% relief in the clinical symptom

RESULT AND DISCUSSION

The present retrospective study was mainly based on the clinical assessment of the above sign and symptom. In this study, 30 female patients were selected from the In- patient department of BMJAMC, Gajendragad, Karnataka having the common feature of Sandhigathavata. The result showed that 50% of patients were the age group of 61 years and above were suffering from Sandhigathavata which is Vata dosha dominant stage of life. (Table -1)

Table 1. Age wise distribution of the Sandhivata patients

Age group	No of patients
30-40 Yrs	02
41-50 Yrs	04
51-60 Yrs	9
61 Yrs & above	15
Total	30

Table 2. Effect of Ayurvedic drugs in Sandhivata

S.No	Symptom	BT	AT	Cured	%
1	Pain	66	26	39	60.70
2	Stiffness	38	12	26	68.44
3	Restricted movement	19	6	13	62.30
4	Crepitations	33	15	18	54.60
5	Tenderness	13	3	10	77.66

It is observed that effect of therapy in Sandhisoola (pain) were relieved 60.70% ,Sparsha akshamatva (tenderness) 77.66%, Sandhigraha (stiffness) 68.44%, Prasarana aakunchanayoho vedana in sandhi (restricted movement) 62.30%, and Sandhiatopa (crepitations) 54.60% relieved.

Patients response to the treatment was evaluated on all subjective criteria and fair response was found among 70% patients, good response in 06% of patients whereas 24% of the patients showed poor response and. (Fig-1)

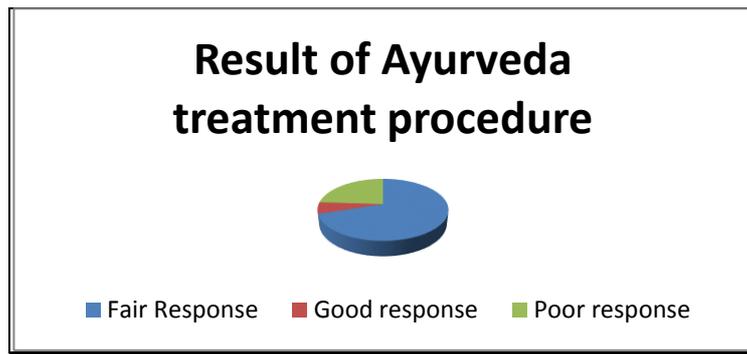


Fig .1 Result of Ayurvedic Treatment procedure

Sandhigathavata is Madhyama rogamarga Vata vikara in which vata gets accumulate in Sandhis. So in Sandhigathvata medicines acting on both Vata and Asthi should be selected. Maharasnadi kwatha Yogarajaguggulu and Mahavatavidhwansa rasa are used mainly in Vatavyadhi Chikitsa. In Ayurveda, Mandagani is responsible for all diseases¹², In Sandhigata vata, in the period of Jaraavastha (old age) Agnivaishmya and Agnivishmya are common and they lead to Vataprakopa. For Samana of the Sandhigathavata and to achieve the samavastha of Agni are very important. So Aswagandha churna and Shunthi churna (usna virya, katu rasa vatakaphahara) were used. Maharasnadi kwatha also used for Shoola and Shotha in Sandhigatha vatha.

The ingredients of Jambira pinda potli are Vata Kapha samana, Soola samana, and Shothahara. Before performing Jambira pinda potali swedna local abhyanga by Kottamchukkadi taila was done. Kottamchukkadi taila is a Vatahara taila, it is said to cure all diseases caused by Vata mentioned in Sahasrayogam Taila prakara¹³. Abhyangya karma was snehana, kledkaraka, vata samana, Jarahara. Sneha which reaches mamsa, medus, asthi and majja dhatu, provides nourishment to them. Abhyanga will strengthens the muscles and relief the stiffness of muscles. After Abhyanga Jambira pinda potali sweda was applied to affected part of the body which is vatakapha samaka and gives Srotha suddhi too. It decreases the Stambha and releases the pain.

CONCLUSION

It is concluded that excessive Vataprakopakara ahara vihara and Jaravastha may cause to aggravated Vata dosha are leading to Sandhigathavata. It has been observed that the Yogarajaguggulu, Mahavatavidhwansa rasa, Ashwagandha churna, Shunthi churna, Maharasnadi kwatha, Kottamchukkadi taila and Jambira pinda sweda are effective to reduce pain, stiffness, restricted movement, tenderness after one month of treatments. The X-ray finding of degenerative changes remained unchanged. The result would have been better if therapy had continued for a long duration.

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