EFFECT OF VRUDDHADARVADI UPANHA IN THE PAIN MANAGEMENT OF JANU SANDHIGATAVATA W.S.R OSTEOARTHRITIS OF KNEE JOINT (A CASE STUDY)

Dr Suresh N Hakkandi¹  Dr Manjunath Akki²  Dr Snigdha Rani patra³

¹Professor and HOD, ²Professor ³²nd year PG Scholar,Dept of Panchakarma Shree Jagdguru Gavisiddeshwara Ayurvedic Medical College, Koppal, Karnataka, India.

ABSTRACT:
Osteoarthritis is one of the most common degenerative joint disease presenting with the symptoms like pain, swelling, restricted movement and stiffness of the joint.¹ According to WHO, Osteoarthritis is an important cause of disability and the second most common musculoskeletal problem in the world population (30%).² In classic Janusandhigatavata is characterized by Sandhi Shoola, Shotha, Prasarana Akunchanayo vedana³ can be correlated with Osteoarthritis of knee joint. All most all the acharyas have described Upahan as a treatment for Sandhigatavata. A male patient diagnosed with OA, registered to SJGAMC Koppal, was advised for Vruddhadarvadi Upanaha⁴ for one hour daily over the affected knee joint for seven days. The study report showed significant relief in subjective and objective parameters like Sandhi shoola, Sandhi sotha, Prasarana akunchanyorvedana (pain during flexion and extension of joint) and Vatapurna drutisparsha (crepitation).

Key words: Vruddhadarvadi Upanaha, Janu Sandhigata vata

INTRODUCTION:
“SHIRYATE ANENA ITI SHAREERAM”
Metabolism is a continuous process for all the living organisms. Up to 4th decade of human life anabolism is more as compared to catabolism. But after that it reverses. So, after 40s every human experience some kind of degenerative disease in their life. Sandhigata vata is one among them. Sandhigata vata is not a life-threatening disease but it hampers the day to day activity of a person. Sandhigata vata is one among the Vata Nanatmaja Vyadhis. When aggravated vayu get sthana
samshraya is sandhi pradesha, it is known as Sandhigata vata. Almost all the Acharyas have described about Sandhigata vata but detailed description is not available in any texts. But now a days it’s a prime cause of disability. By the age of 40 years about 90% of the people show radiographic evidence of Osteoarthritis which may or may not cause symptoms. In present era, the changed life style and diet increases the prevalence of Sandhigatavata which is 5.8% in rural India, in cities even more. Osteoarthritis affects all most all the joints but the incidence of knee OA is more as it bears the whole-body weight. According to Classics the treatment principles of Sandhigatavata are Snehana, Swedana, Basti, Upanaha, Lepa, and Bandhana etc. Ushnopachara given with Snigdha dravya is one of the prior treatments in subsiding Vata. Upanahasweda mentioned by Bruhatrayees, Laghutrayees and others gives the classical reference of its application and effectiveness in the treatment of Janusandhigatavata.

As Janusandhigata vata is a degenerative joint disease, it can not be treated completely. But the chief complaint that disables the person i.e. Pain can be managed. And the management of pain is considered as the treatment for Osteoarthritis. Intake of NSAIDs increase the chances of Peptic ulcer and others. So, Upanaha sweda, which is a local application, can be a good treatment option for Pain management.

CASE STUDY:
A 40 years old male patient with chief complaints of pain and swelling over both the knee joints since 2 years, visited to the OPD of SJG Ayurvedic Medical College, Koppal(vide registration no. 71656 dated on 03/04/2018). Pain aggravated during standing, lifting weight and walking, but get relieved on rest. Patient is working as a priest. He has to stand for long time, sometimes he has to lift heavy weight. Due to hectic work the patient had no regular food, that’s he often skips the morning breakfast or had it very late and he use to take lunch after 3 o'clock and by that time the hunger gets subsided. For above said complaints he
consulted to a general physician and was diagnosed with Osteoarthritis of knee joints. His X-ray of left knee joint reported narrowed joint space with early degenerative changes, while right knee X-ray was normal. He was advised to take analgesic and anti-inflammatory drugs SOS.

On examination both the knees were symmetrical with no deformities. Left knee joint examination showed moderate swelling, moderate tenderness, hard crepitation sound audible and palpable on movement of the joint, mild rise in local temperature with no discolouration of skin and moderate restriction with ROM 90-degree flexion.

Right knee joint- mild swelling, mild tenderness, palpable crepitation, mild rise in local temperature, moderate restriction with flexion 100 degree. The patient had typical antalgic gait and the walking time 30 sec to cover 21 meters distance. After

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Sanskrit Name</th>
<th>Botanical Name</th>
<th>Proportion</th>
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<tbody>
<tr>
<td>1.</td>
<td>Vruddhadaru</td>
<td>Argyreia speciose</td>
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<td>Cedrus deodara</td>
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<td>Satahwa</td>
<td>Foeniculum vulgare</td>
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<td>Shalichocha</td>
<td>Coriandrum sativum</td>
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<tr>
<td>5.</td>
<td>Jatila</td>
<td>Nardostachys jatamansi</td>
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<td>6.</td>
<td>Aswagandhla</td>
<td>Withania somnifera</td>
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<td>Kushtha</td>
<td>Saussurea lappa</td>
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<tr>
<td>8.</td>
<td>Sarshapa</td>
<td>Brassica campestris</td>
<td>1 part</td>
</tr>
<tr>
<td>9.</td>
<td>Silalaka</td>
<td>EN: Rock Salt</td>
<td>1 part</td>
</tr>
<tr>
<td>10.</td>
<td>Methi</td>
<td>Trigonella foenum-graceum</td>
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<tr>
<td>11.</td>
<td>AmaHaridra</td>
<td>Curcuma amada</td>
<td>1 part</td>
</tr>
<tr>
<td>12.</td>
<td>Haridra</td>
<td>Curcuma longa</td>
<td>1 part</td>
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<tr>
<td>13.</td>
<td>Uma</td>
<td>Linum usitatissimum</td>
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<tr>
<td>14.</td>
<td>Yava</td>
<td>EN: Barley</td>
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<td>15.</td>
<td>Rajika</td>
<td>Brassica juncea</td>
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<tr>
<td>16.</td>
<td>Erubujata/ErandaMoola</td>
<td>Ricinus communis</td>
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<td>17.</td>
<td>Pura/Guggulu (shodhita)</td>
<td>Commiphora mukul</td>
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<tr>
<td>18.</td>
<td>Rasona</td>
<td>Allium sativum</td>
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<tr>
<td>19.</td>
<td>Erandataila</td>
<td>Ricinus communis</td>
<td>Q.S.</td>
</tr>
<tr>
<td>20.</td>
<td>Gomutra</td>
<td>EN: Cow’s urine</td>
<td>Q.S.</td>
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with no discolouration of skin and antalgic gait and the walking time 30 sec to cover 21 meters distance. After
clinical examination and assessment of the patient was advised to take *Upanaha sweda* with *Vruddha varadi lepa churna*.

**MATERIALS AND METHODS:**
For the present study, the following materials required:


**Composition of Vruddhadarvadi lepa:**

**Method of preparation of drug and its application procedure:**
All the drugs except *Rasona, Erandataila* and *Gomutra* was taken in equal quantity, dried completely and made into a fine powder in pulveriser. The powder form of the *Vruddhadarvadi lepa churna* was taken approximately 70gms (for one leg). In a clean vessel it was mixed with required amounts of *Eranda taila, Gomutra* and *Rasona kalka* to form a paste. Heated until proper *paka* attained. The prepared paste was applied over the affected knee joint in anti-clockwise manner till required thickness with the temperature tolerable to the patient after *sthanika abhyanga* with *murchita tila taila*. The *Vatahara patras* like *Arka / Eranda* were then put over the applied *upanaha*. Then the whole part is covered using cotton cloth in a proper way and tied with thread. And the patient was advised to keep the *upanaha* paste for one hour. After one hour bandage was removed and the part was cleaned with warm water. Patient was strictly instructed to follow the *snehavidhi* regimen and advised to avoid the *Aharas* and *Viharas* which make the *kopa* of *Vata dosha*

**Therapy schedule:**
*Vruddhadarvadi upanaha* one hour daily for seven days and Follow up 14 days (with placebo)

**Assessment parameters:**
- *Sandhi shoola*
- *Sandhi shotha*
- Joint crepitation
- Range of movement
- Walking time

**Gradings of parameters:**

1. **Sandhi shoola** (Joint Pain):
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2. **Sandhi shotha (Joint Swelling):**
   - Grade 0- no complaints- Normal
   - Grade 1- slightly obvious- Mild swelling
   - Grade 2- covers well over bony prominence- Moderate swelling
   - Grade 3- much elevated- Severe swelling

3. **Range of movement:**
   - Grade 0- Flexion 145°, Extension 180° - Normal
   - Grade 1- Flexion 110° -130° - Mild Restriction
   - Grade 2- Flexion 90° -110° - Moderate Restriction
   - Grade 3- Flexion below 90°- Severe Restriction

4. **Walking Time:**
   Time taken to cover 21meters
distance-
   - Grade 0- up to 20 secs- Normal
   - Grade 1- 21-30 secs - Mild
   - Grade 2- 31-40 secs - Moderate
   - Grade 3- 41-50 secs - Severe

**RESULTS:**

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<td></td>
<td>Lt</td>
<td>Rt</td>
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<tr>
<td>1</td>
<td>Sandhi shoola</td>
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<td>Sandhi shotha</td>
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<td>Range of movement</td>
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<tr>
<td>4</td>
<td>Walking time</td>
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**DISCUSSION:**
As Sandhigata vata is a vata nanatmaja vyadhi and in old age vata is the predominant dosha, Sandhigata vata is more frequent in old age. But prior to that also Ruksha, Sita, Katu ahara ati sevana and ati vyayama, ati chinta, aghata, vegavarodha aggravates the vata dosha. When this aggravated vata dosha get sthana samshraya in the sandhi pradesha causes Sandhigata vata. Aggravated ruksha, sita, laghu guna of vata leads to dhatu kshaya in Sandhi pradesha (joint degeneration).

So, use of drugs / formulations having opposite qualities to that of Vata like Snigdha, Ushna, Guru and Sthira, helps in treating Sandhigata vata. The drugs present in the formulation Vruddhadarvadi upanaha have mainly Snigdha guna, Ushna virya, and vatashamaka, sothahara properties.

In the present study, the patient was a temple priest; he had to stand for a long time, supresses his natural urges, skips meal this led to aggravation of vata dosha and early degeneration. Initially patient had severe pain with swelling over the joint, audible crepitus, restricted
movement and difficulty in walking. These symptoms were relieved significantly after the treatment. After 15 days of follow up symptoms like swelling, raised local temperature, tenderness and difficulty in walking was completely cured.

**CONCLUSION:**

*Sandhigata vata* / Osteoarthritis is a degenerative disease, the pathology behind cannot be reversed. So, the line of treatment should aim towards relieving the symptoms and giving an ambulatory life.

The chief complaint in OA is Pain, so treatment for pain relief is the prime necessity. Accd to *chakrapani* commentary on *charak chikitsa* "STHANAM JAYET HI PURVAM" local treatments should be done first.

*Abhyanga, Swedana, Upanaha* etc described by our acharyas are *Sadya shoolahara, shothahara,* does *brumhana* and give *snigdhata* to the affected joints.

This case study concludes that *Vruddhadarvadi Upanaha sweda* is very effective in the pain management of *Janu Sandhigata vata.*

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Chaukhamba Publications, 2012 edition, Pg No 34.


Corresponding author:
DR SURESH N HAKKANDI
Professor and HOD, Dept of Panchakarma Shree Jagdguru Gavisiddeshwara Ayurvedic Medical College, Koppal, Karnataka, India
Email: sureshhakkandi@gmail.com

Source of Support: NIL
Conflict of Interest : None declared