SANDHIGATAVATA WITH SPECIAL REFERENCE TO OSTEOARTHRITIS AND MANAGEMENT WITH RASNADI GUGGULU AND GUDUCHYADI KASHAYA" -A CLINICAL ANALYSIS

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ABSTRACT

Sandhigatavata is explained by Acharyas under gatavata and vatajananatmajavyadhi and also explains the laxanas like vatapurnashoth, shoola on prasarana and akunchana of the sandhi according to the contemporary signs, this can be correlated with ostioarthritis which is one of the degenerative joint diseases[1]. In the present day based on the food habit Sandhivata cases where observing commonly after the 40 years. In the present study total 60 patients with of Sandhivata were selected from our hospital and divided in two groups. GROUP A- Rasnadi Guggulu (control group). GROUP B- Guduchiyadi Kashaya along with Rasnadi Guggulu. Duration- 1 month. Follow up 1 month. After the clinical trial Group B shows 73% effect on the subjective and objective parameters, whereas Group A shows 60% effect.

KEY WORDS: Sandhivata, Ostioarthritis, Guduchyadi Kashaya, Rasnadi Guggulu.

INTRODUCTION:

The disease Sandhigatavata was described by the Charakaacharyas inVatavyadhichikitsaadhyaya as one of the Vatajnanatmaja and Gatavatajanyavyadhi. The signs and symptoms of Sandhivatas are the shotha which feels as like of Air Filled Bag (vatapurnashoth) and the pain while flexon and extension of the joint (shool on prasaran and Akunchan of the sandhi) [1] Ch.Chi.28/37 Sushrutacharya also explains Sandhivata and its laxanas are like sath ,shool leads to the restriction of the joint.[2].

Osteoartheritis is caused by aging, joint injuries and obesity (OA). Symptoms include joint pain and stiffness including the hand, wrist, neck, back, knee and

hip. Other symptoms may include joint swelling, decresed range of motion[3]

OA is most commonest form of arthritis with diseases of knee and hip affecting about 3.8% of the people as of the 2010. Among those over 60 yrs old about 10% male and 18% females are affected [4]. Glyn- Jones S. Talmer OA Lancet 386, OA is found to be more in weight bearing joints i.e knee joint. Acharyas have explained the common chikitsa for the Sandhigatavatas like Snehan, Swedan, Basti, Vatanuloman (mruduvirechana).

In the present study we restricted ourself to Guduchyadi[5]Kashaya[6] and Rasanadi Guggulu[7] were selected due the to properties like vatahara, shothhara, vednashamak and also medohara. Hence, we wanted to evaluate these properties in the management of OA.

AIMS AND OBJECTIVE:

1. To study in details about Sandhigatavata an Ayurvedic perspective and OA according to modern science.

2. To access the efficacy of Guduchyadi Kashaya and Rasnadi Guggulu in the management of OA.

MATERIALS AND METHODS:

The patients were selected from OPD and IPD of S.D.M Ayurved College Banglore

STATASTICS ANALYSIS:

The effect of therapy were analyzed statatistically by using mean, paired t test and p value.

INCLUSION CRITERIA

1. Patients aged between 50 to 60 yrs, both sexes will be selected

2. Sandhishula (pain in joints)

3. Sandhishotha (swelling in joints)

4. Akunchanaprasaranayoh vedana (pain during flexion and extension of joints)

5. Sparsha Asahyata (tenderness)

6. Sandhi sphutana (crepitus)

EXCLUSION CRITERIA:

1. Patients aged below 50 yrs and above 60 years will be excluded

2. Secondary to disorders like obesity etc will be excluded

3. Patients with other joint diseases such as rheumatoid arthritis, gouty arthritis, joint pain due to other systemic disorders will be excluded.

4. Patients of known case of hypertension, diabetes mellitus, cardiac diseases etc will be excluded from the study.

DIAGNOSTIC CRITERIA-

1. Patients having the signs and symptoms of Sandhigatavata as

described in Ayurvedic texts will be selected for clinical trials.

Treatment of all selected patients will be assessed on the basis of assessment criteria made for the study.

TREATMENT GROUPS-

In the present study 60 patients of Sandhigata vata will be selected randomly and divided into two groups as follows:

I. Control group A- Only Rasanadi Guggulu, matra – 4 vati, three times a day (2 tablets) approx. 250mg) after food.

II. Group B – Guduchyadi Kashaya (matra-20mg) along with Rasnadi Guggulu.. (2 times in a day)

ANUPANA- Luke warm water

Duration- 1 month

Follow up – 1 month

INGREDIENTS OF DRUGS_-

I. Rasnadi Guggulu-was prepared based on Yogratnakar (Vatavyadhinidanam-1) which are as follow:

 a) RASNA - 1 part
 b) DEVDARU -1 part
 c) ERANDA -1part
 d) SHUNTHI -1 part
 e) GUDUCHI - 1 part
 f) SHUDDHA GUGGULU - 5 parts

II. Guduchyadi Kashaya- was prepared based on Charak Samhita (Ch.Su.21/23) with some changes for obtaining better results in treatment of obese patients of sandhigata vata which are as follows:

 a) GUDUCHI - ½ part
 b) MUSTAKA -1 part
 c) VIDANGA -1 part
 d) HARITAKI -1 part
 e) BIBHITAKI -1 part
 f) AMALAKI -1 part

CRITERIA FOR TOTAL EFFECT THERAPY

a) Complete remission – 100% relief in all signs and symptoms along with normal range at joint movement.

b) Markedly improved – More than 75% average relief in signs and symptoms.

c) Improved – less than 75% average relief in signs and symptoms.

d) Unchanged- No change in signs and symptoms.

e) Deterioration – Increase in sign and symptoms or appearance of new symptoms during treatment.

OBSERVATIONS

In the present study, after the observation it was found that maximum patients were of age group between 50-60 yrs (65%). whereas 40 patients were female (66.66%). Most of the patients weight was between 50-60 kg(48.33%).

- Vishamashana was found in 22 patients.(36.66%)
- Ruksha shitahara in 17 patients.(28.33%)
- Katu rasa ahara sevanin 11 patients.(18.33%)
- Vega dharan in 10 patients. (16.66%)

It can be observed that maximum relief was found in the symptoms of pain. 80% in Group B and 70% in group A. In shoth 75% relief was found in Group B and 63% in Group A. It can be observed that good result was found in both groups.

TABLE: 1 AGE WISE DISTRIBUTATION OF 60 PATIENTS OF SANDHI VATA

S.N	AGE	GROUP A	GROUP B	TOTAL	PERCENTAGE
1	30-40	00	00	00	00%
2	40-50	04	05	09	15%
3	51-60	20	19	39	65%
4	Above 60	06	12	12	20%

TABLE: 2 SEX WISE DISTRIBUTATION OF 60 PATIENTS OF SANDHI VATA

S.N	AGE	GROUPA	GROUP B	TOTAL	PERCENTAGE
1	Male	12	8	20	33.33%
2	Female	18	22	40	66.66%

TABLE: 3 WEIGHT WISE DISTRIBUTATION OF 60 PATIENTS OF SANDHI VATA

S.N	WEIGHT	GROUPA	GROUP B	TOTAL	PERCENTAGE
1	40-50 kg	10	12	22	36.66%
2	50-60kg	15	14	29	48.33%
3	More than 50kg	05	04	09	25%

TABLE: 4 NIDANA WISE DISTRIBUTATION OF 60 PATIENTS OF SANDHI VATA

S.N	AHARA	GROUPA	GROUP B	TOTAL	PERCENTAGE
1	Vishamashana	12	10	22	36.66%
2	Ruksha and sheeta	08	09	17	28.33%
3	Katu rasaahara	06	05	11	18.33%
4	Vega dharana	04	06	10	16.66%

TABLE: 5 EFFECT OF THERAPY IN CARDINAL SIGNS AND SYMPTOMS OF SANDHIGATA VATA OF GROUP A

S.N	Cardinal signs and symptoms	MEAN SCORE			% relief	P
		Basal line mean (+/-S.D)	Postinterventional mean (+/-S.D)	Difference mean(+/-S.D)		
1	PAIN	1.16 +/- S.D	0.33	0.207	71.42	<0.01
2	SWELLING	1.08	0.41	0.158	61.53	<0.01
3	CREPITUS	1.50	0.58	0.228	61.11	<0.01
4	SAVEDANA AKUNCHANA PRASARANA	2.16	0.66	0.228	69.23	<0.001
5	TENDERNESS	1.08	0.50	0.228	53.84	<0.05
6	SHRAMA ASAHYTA	1.75	0.66	0.228	61.19	<0.05
7	SANDHIGATI HANI	0.75	0.25	0.194	66.66	<0.05

TABLE: 6 EFFECT OF THERAPY IN CARDINAL SIGNS AND SYMPTOMS OF SANDHIGATA VATA OF GROUP B

S.N	Cardial signs and symptoms	MEAN SCORE			% relief	T	P
		Basal line mean (+/-S.D)	Postinterventional mean (+/-S.D)	Difference mean(+/-S.D)			
1	PAIN	2.58	0.66	0.418	74.19	12.89	<0.001
2	M. STIFFNESS	1.66	0.41	0.278	75	4.48	<0.001
3	CREPITUS	1.75	0.41	0.256	76.19	5.20	<0.001
4	SAVEDANA AKUNCHANA PRASARANA	2.91	0.66	0.179	77.14	12.53	<0.001
5	TENDERNESS	1.00	0.41	0.192	58.33	3.02	<0.05
6	SHRAMA ASAHYTA	1.83	0.58	0.217	68.18	5.74	<0.001
7	SANDHIGATI HANI	1.00	0.33	2.256	66.66	2.80	<0.05

TABLE: 7 TOTAL EFFECT OF THERAPY IN 60 PATIENTS OF SANDHIVATA

RESULT	NO OF PATIENTS	% RELIEF	NO OF PATIENTS	% RELIEF	NO OF PATIENTS	% RELIEF
	G.R		B.R		R.	
COMPLETE REMISSION	00	00	00	00	00	00
MARKEDLY IMPROVED	06	50	05	41.67	01	8.33%
IMPROVEMENT	06	50	07	58.33	11	91.67%
UNCHANGED	00	00	00	00	00	00
DETERIORATION	00	00	00	00	00	00

RESULTS- Effect of therapy in both the groups is shown below:

1. Pain – In Group A we have observed significant result (P<0.01) and highly significant in Group A (P< 0.001)

2. SWELLING- Significant result were found in Group A (P<0.01) and highly significant result found in Group B (P<0.001).

3. CREPITUS- Highly significant result were observed in Group B (P< 0.001) and significant in Group A (P<0.01).

4. VEDANA ON AKUNCHAN AND PRASARAN- Both the group showed highly significant result.(P<0.001%)

5. TENDERNESS- Both the group showed improvement (P<0.05)

6. SHRAM ASAHYATA- Group A showed improvement relief (P<0.05) while in group B the result was highly significant. (P<0.001).

7. SANDHIGATHI HANI- Both group shows improvement relief. (P<0.05).While observing the total therapy we can find that Group B showed good results compared to group A.

DISCUSSION

Sandhigatavata is one of the vatajnanatmaja and gathvatavyadhi. Due to vata doshaprakopa dhatu Kshaya takes place. It is also mentioned in modern science that OA is one of the degenerative disease.

PROBABLE MODE OF ACTION-

RASANDI GUGGULU- In this preparation it mainly contains the drugs like-

Rasna – It is one of the best vatahara and vedenasthapana dravya(8), Erand- It acts as vatanulomana, mrduVirechana(9),the combination of katu tikta rasa , ushna virya and katu vipaka. Ushna virya helps to elevate vatadosha .Guggulu- Vedanahara, shothhara, kapha -vatahara.Shunti Guduchi and Devdaru- Ama and vatahara,vedanashamaka and also balya.

1. **GUDUCHYADI KASHAYA**- Combination of Guduchyadi Kashaya drugs contains Kashaya, tikta and katuras, which may helps to decrease vatakapha and meda that helps in sandhigatihani and in stiffness. Most of the drugs contain madhura vipaka and ushna virya which helps as vatashamak and also balya.

CONCLUSION-

1. Sandhivata is one of the vatajnanatmaj and gatavatavyadhi.

2. Most commonly observed after 40 years.

3. Most commonly affected joint is knee joint.

4. Due to obesity also causes defecting weight bearing joints like knee leads to OA.

5. The combination of Rasanadi Guggulu and Guduchyadi Kashaya showed highly significant result than that of only Rasnadi Guggulu.

6. Thus it can be concluded that Group B is is better than Group A

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