



**MANAGEMENT OF SANDHIVAAT (OSTEOARTHRITIS) THROUGH
PATRAPOTTALI SHWEDA & ASHWAGANDHADI YOGA: A CASE REPORT**

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Received on 08 /01/2017

Accepted on 2/02/2017

Reviewed on 03/03/2017

Published on 31/03/2017

ABSTRACT:

Sandhivaat (Osteoarthritis) is a very common health problem of old age group. It affects primarily the weight bearing joints, such as hip, knee & elbow joints. It's a purely *Vaataj Vyadhi* (disease). In Modern system of medicine it's a chronic inflammatory & degenerative disease, degenerating/damaging the cartilage & progressively affects the underlying bone. Recurrent joint injuries & infections, overweight, hormonal changes in postmenopausal stage of women life, no or low intake of calcium in diet, lack of physical exercise, faulty life style are the common causative factors for this chronic rheumatological disease along with hereditary & some metabolic disorders. Positive changes in life style are necessary for the much beneficial result. In this aspect regular joints exercise is required with correct method for strengthening the muscles & cartilage to check the further degenerative process. In the present case study after the confirmation of diagnosis, I have treated the patient with *Sansaman Chikitsa* (medicinal) in the form of *Ashwagandhadi yog*, *Lakshaadi Guggulu* as well as *Patrapottli Shweda* (*panchakarma procedure*). I had selected 06 symptoms for the evaluation of the patient before & after 01 month duration of treatment.

Key words: *Sandhivaat, Ashwagandhadi yoga, Lakshaadi Guggulu & Patrapottali Shweda.*

INTRODUCTION:

Osteoarthritis is a common chronic joint low grade inflammatory disease in which damage of cartilage & underlying bones get affected. **Incidences:** The ratio of Osteoarthritis in Male & female is 10% & 19% after the 6th decades of life. Approximately 3.6% of total population or more than 250 million populations are suffering from Osteoarthritis.

Causes:

1. Primary- Hereditary / Congenital may be, however single factor is not culprit for the disease.

2. Secondary- Overweight, Recurrent joint infection/injury, Mechanical Stress, Lack of physical exercise, Misligamentation & abnormal joint/limb development, Haemochromatosis, Wilson's disease & other faulty life style may be the causative factors for this disease. Osteoarthritis is a slow processing disease in which degeneration of cartilage & underlying bones get affected. Pain initially after exertion but later on may be constant. Joint swelling, stiffness, Crepitus, decreased range of joint movement, affect daily routine work, weakness/Numbness of legs when affected hip joint, but joint is not red/swollen as in Rheumatoid Arthritis. And unlike other types of arthritis only the joints are typically affected, In *Ayurvedic* text *Charak Samhita* description in *Vaat vyadhi* chapter 28. Sandhi shool /Pain & Aatop /swollen are the two important symptoms. appearance of joint is airy swollen like ballon, edematous & pain at the time of extension & flexion.

Case Report: In this present study the Female patient of 56 yrs old, Hindu, Married, Housewife, Vegetarian, Non Diabetic & Normotensive, in menopausal age, No history of any chronic disease, Joint diseases & injury & Surgery. Registered in OPD No.-K-II-2651, Dt.-24/01/13, and Contact no. 9411673405 .Attended OPD with the Complaint of B/L

Knee joints pain, Swelling (Pain increase after noon time), Unable to Standing up position, Joint instability, Cracking, Crepitus sound in Knee joints & Genu vargus deformity in Knee joints

Physical Examination

Height – 155 cm,
Weight- 80kg,
BP 140/84 mm Hg,
Temp-Normal,
PR- 78/ mt,
Respiration- 18/min,
Icterus- not present,
Pallor--present,
No clubbing,
cyanosis & pedal edema, JVP –Normal,
Lymph node – Not palpable,
Hair- normal,
Nail & Skin – slightly pale in color.

Systemic Examination-

GIT- Shape of abdomen – normal,
Temp- 98.5 f,
Skin – slightly moist
No organomegaly, distension, tenderness, ascitis, surgical marks.
Umbelical posn – normal (inverted).
Other systems examination
Respiratory- respiratory sound normal, chest movement equal on both the sides, no wheezing/crepts +nt, ,
Cardiovascular - S1 S2 normal, no added sound,
Genitourinary & Central Nervous showed -NAD (Not Any Deformity)

Ayurvedic Examination- (Dashvidha Pariksha)

- 1.Prakriti – Kapha Pitta,
- 2.Vikriti – Sandhivaha throats,
- 3.Sara- madhyam,
- 4.Sanghanana- avar,
- 5.Praman-madhyam,
- 6.Satmya-avar,
- 7.Satwa-pravar,
- 8.Aahar-avar,
9. Vyayam-avar,
- 10.Vaya-madhyam.

Ashtavidha pariksha –

Nadi- prakrit 78/min,
Mala- 1-2 times/day,

Mutra- 4-6 times/day,
Jviha – alpliata,
Shabd- Prakrit,
Sparsha- Alpruksha,
Drik – Prakrit,
Aakriti - Prakrit

Investigation:

1. Radiology of the Knee joints showing:
Joint space narrowing, Osteophytes,
Altered shape of the bone end.

2. Complete Haemogram: No Blood test
for the Diagnosis of Osteoarthritis.

(Test necessary for exclude
secondary Osteoarthritis & Other joints
diseases)

3. Blood Sugar R- 108 mg/dl , 4. Sr Uric
Acid- 4.5mg/dl, 5. Sr. RA Factor-
negative.

MANAGEMENT -

Aim of treatment :

1. Decrease the Joints Pain &
Inflammation.

2. Improve & maintenance the Joint
Function.

3. Decreased the joint stress by rest /
support.

4. Decrease the degeneration of cartilage.

Medicinal Treatment:

I. Lakshaadi Guggulu 250mg BD

II Ashawagandhadi yog : An Ayurvedic
Compound drug contents are

(Withania somnifera) -100gm,
Giloy(Tinospora Cardifolia) -
100gm, Shunthi (Zingiber
officinale) -100gm,
Prawal mula bhasma -30gm,
Shudha Kupilu (Struchnos
nuxvomica) -08gm,

Mix well all powders

Dose - 1 TSF with milk BD.

Patrapottali Shweda: contents were -

Erand patra,

Erand seeds majja,

Nirgundi patra,

Rasna patra ,

Dhatura patra,

Dhatura apakva phal,

Ajmoda churna,

Sarson yellow,

Bijora nimbu,

Madhu,

Saindha lavan,

Til taila. Patrapottali shweda both
the knees after snehan with *Mahanarayan
tail.*

2. Educate patient

3. Diet- Should be Calcium rich as milk,
banana, guava, date etc.

Avoid- Cold drinks, fast foods &
Alcohol, Incorrect posture, heavy wt.
lifting, Long time sitting in squatting
position. Indian styles comod.

4. Exercise for the Knee joints & related
muscles.

5. Promote about weight reduction

RESULT –

With the help of both Sansaman &
Panch karma procedures (pattarpottali
Shwedan), successful treatment of patient
was completed with the help of positive
life style modifications. This result based
upon 06 selected symptoms & 01 month
duration of therapy.

Table 1 – Showing Symptomatological analysis

S.N.	Symptoms	Before Treatment 24/01/2013	Duering Treatment (Total 01 month pd. of Treatment)			
			02/02/13	10/02/13	16/02/13	26/02/13
1.	Knee joints pain	++++	+++	+++	++	+
2.	Swelling	+++++	+++	++	+	+
3.	Pain in Standing up posn from squatting posn.	+++	++	+	+	+

4.	Cracking sound	++++	++	++	+	+
5.	Standing capacity in one step (in minutes)	0-15	30	30	40	50-60
6.	Deformity (genu varus)	++	+	+	+	+

DISCUSSION:

Five steps strategy necessary for the successful management of such types of chronic disease after proper diagnosis. Its a chronic disease of old age & female predominant. After making confirm diagnosis with the help of careful history, signs & symptoms & on the investigations – X-ray knee joints, Sr. uric acid, Blood sugar, RA factor. I had planned holistic approach & positive modification in the life style including exercise, diet regimen for the better management. I prepared Ashwagandhadi yog, Lakshaadi guggulu & include panchkarma procedure Patrapottali Shweda. There are 06 symptoms selected for the criteria of improvement. One thing is also important that patient was cooperative & mentally strong (pravar satwa), this was also helpful in the successful treatment.

CONCLUSION –

Finally I can conclude that such types of small study can provide more options & ideas for the further work in this field for the new scholars at different higher institutions, where number of such types of cases attend OPD every day. Limitation of this study Since it's a single case study hence we cannot reach on the final result on the statistically criteria. Advantage of this types of studies having both texts & personally experience based swaanubhut yoga provides more options for comparative study on this chronic disease. This study may be applicable for further studies on larger no. of patients for the Successful management of this chronic disease.

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Source of support: Nil
Conflict of interest: None Declared