



Case Report

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A clinical case study to evaluate treatment of Sandhivata using Vedanasamharikalpa

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ABSTRACT

Sandhi means joint. Most middle-aged and older adults experience degenerative joint disorders with symptoms such as swelling, pain on flexion, and extension. This disease, called sandhivata in Ayurveda, is one of the vatavyadhi. Symptoms of sandhigatavata exhibit apparent similarity with that of osteoarthritis, a degenerative disorder that occurs when articular cartilage wears down. According to epidemiological studies, the prevalence of osteoarthritis in India is observed in 22 -49% of the population. The present study checks the efficacy of the folklore medicine, Shigru as upanaha in Sandhigatavata. Vedanasamharikalpa in the paste form comprises the following ingredients: Shigru (*Moringa oleifera*), Saindhalavana (rock salt). A single-subject clinical case study was conducted to evaluate the effectiveness of vedhana samhara kalpa in sandhigatavata affecting janu sandhi. Vedanasamharikalpa lepa was freshly prepared and applied externally over the affected knee joints of the patient for 3 hrs daily, for 20 days. After the treatment, the patient experienced significant relief and observed visible reduction in predominant symptoms like janusandhishoola (pain), janusandhishotha (oedema), and janusandhistabdatha (stiffness). Vedanasamharikalpalepa is observed to provide relief from sandhigatavata and significantly reduce related symptoms like jaanusandhishoola (pain), jaanusandhishotha (oedema), and jaanusandhistabdatha (stiffness).

Keywords: Vedanasamharikalpa lepa, Sandhigatavata, Osteoarthritis.

INTRODUCTION

Sandhivata is the most commonly observed joint disorder labeled “sandhigataanila” by Acharya Charaka^[1]. He defined it as a disease with symptoms of swelling and pain on joint flexion & extension. The swelling is palpable as an air-filled bag (vatapoor nadritisparsha). In later stages, diminution of joint mobility is also an observable symptom^[2,3]. Allopathic science correlates it with osteoarthritis, a degenerative joint disorder that occurs when flexible tissue at the end of a bone wears down. Osteoarthritis is the second most common rheumatologic problem affecting all primary hand, spine, knee, and hip joints^[4-6]. Osteoarthritis primarily affects the elderly population. It is a significant cause of disability in older adults worldwide^[7]. According to World Health Organization (WHO), 9.6% of men and 18.0% of women aged over 60 years have symptomatic osteoarthritis worldwide. 80% of those with osteoarthritis have limitations in movement, and 25% cannot perform their daily activities. According to Epidemiology, the prevalence of osteoarthritis in India is 22-49%. Radiographic evidence of this disease is present in most people by 65 years of age & in about 80% of persons more than 75 years of age.

Presently, Sandhivata is generally managed with analgesics & non-steroidal anti-inflammatory drugs (NSAIDs). However, the prolonged use of these drugs results in adverse effects on the body. Recent research on NSAIDs indicates the increased risk of renal disease as an adverse effect of these drugs^[8]. It highlights the need to identify and develop a safer Herbo-mineral drug for treating arthritis^[9]. Vedanasamharikalpa is an herbal-mineral formulation comprising Shigru (*Moringa oleifera*) and Saindhalavana (Rock salt) applied to affected joints. The present study seeks to scientifically validate the efficiency of Vedanasamharikalpa lepa in the management of sandhivata.

CASE REPORT

A single-subject clinical study over 20 days evaluated the effectiveness of Vedanasamharikalpa lepa in treating sandhivata. A 68-year-old male patient suffering from bilateral knee joint pain and swelling for 4 years consulted our hospital. He was a retired panchayath officer, required to stand for long durations as per his profession. He is also observed to be overweight. The patient noticed symptoms like pain 4 years ago. Initially, he felt mild pain, which later increased when he rode his vehicle or stood for a significant amount of time. After 1 year, the pain increased, and he noticed swelling around the joints. He observed mild crepitation while walking for long. His daily activities like prolonged standing, agriculture aggravated.

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the symptoms. He consulted a doctor nearby his home and took the prescribed pain killers. It gave him only temporary relief. Over time, the pain and swelling increased. The doctor advised him to take an X-ray of both the knee joints in standing view. The X-ray scan showed degenerative osteoarthritis changes in both knees, in which the left knee is severe compared to the right knee. The patient was admitted to our hospital on 3rd June 2021 because of severe pain.

Examination of patient

Table 1: Ashtavidha pariksha

1	Nadi	72/mins, Vatpradhan Pitta-anubandhi
2	Mutra	Samyak (7-8 times / day , 1 times in night)
3	Mala	Baddhakoshthata (Yadakada) Niram
4	Jivha	Saam
5	Shabd	Spashta
6	Sparsh	Samsheetoshna, Janupradeshi Ushanasparsh
7	Durk	Netragolak
8	Akruti	Madhyam

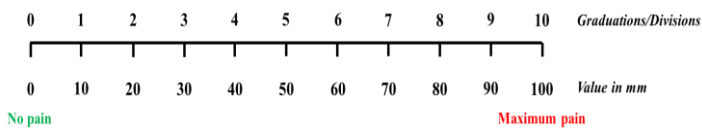
Table 2: Aturbalapramana Pariksha

1	Prakriti	Vatpradhan Pittanubandhi
2	Vikruti	Sandighatavata
3	Samhanan	Madhyam
4	Sara	Madhyam
5	Praman	Madhyam
6	Satmyatah	Avar

Assessment Criteria

The observed improvements in the patient, like pain reduction, decreased swelling and improved mobility was quantified. It is based on self-assessment of the parameters and grading on the 10cm Visual Analogue Scale (VAS).

Pain (Shoola)



Pidasasahatva (Tenderness)

Table 3: Pidasasahatva (Tenderness)

S. No.	Severity of Symptoms	Grade
1	No tenderness	0
2	Patient says tenderness	1
3	Wincing of face	2
4	Wincing of face & withdrawal of affecting part	3

Shotha (Swelling)

Table 4: Shotha (Swelling)

S. No.	Severity of Symptoms	Grade
1	No shotha	0
2	Slight shotha	1
3	Moderate shotha	2
4	Severe shotha	3

Creptus

Table 5: Creptus

S. No.	Severity of Symptoms	Grade
1	No Creptus	0
2	Complained by patient but not felt in examination	1
3	Felt on examination	2
4	Felt & heard on examination	3

Preparation of Vedanasamharikalpa Lepa

To prepare vedanasamharikalpa lepa, sufficient quantity (Q.S) of fresh shigru leaves and Q.S of saindhava lavana are collected, crushed and made into a paste.

Saindhava Lavana

Table 6: Saindhava Lavana

1	Rasa (Taste)	Lavana (Salty)
2	Virya (Potency)	Sheeta (Cooling nature)
3	Vipaka (Post digestive effect)	Mathura (Sweet)
4	Guna (Qualities)	Ushna (Heavy)
5	Dosha	Increases Pitta and Kapha, Balancing for Vata

Shigru

Table 7: Properties of Shigru

1	Rasa (Taste)	Katu (Pungent) & Tikta (Bitter) – also exert alkaline taste
2	Guna (Main Quality)	Laghu (Light), Ruksha (Dry), & Tikshna (Sharp)
3	Virya (Potency)	Ushna (Hot)
4	Vipaka (Resultant)	Katu (Pungent)
5	Prabhava (Therapeutic Effect)	Anti-inflammatory
6	Dosha Karma (Effect on Humors)	Pacifies Kapha & Vata
7	Dhatu (Tissue)	Rasa, Rakta & Asthi

Treatment Protocol

The patient was admitted to In-Patient Department (IPD), where he was treated and kept under observation for 20 days. The paste of saindhava lavana and shigru is applied over the knee joints for 3 hours over 20 days.

Table 8: Treatment given to the patient

Day	Treatment
1	Upanaha
2	Upanaha
3	Upanaha
4	Upanaha
5	Upanaha
6	Upanaha
7	Upanaha
8	Upanaha
9	Upanaha
10	Upanaha
11	Upanaha
12	Upanaha
13	Upanaha
14	Upanaha
15	Upanaha
16	Upanaha
17	Upanaha
18	Upanaha
19	Upanaha
20	Upanaha

DISCUSSION

As per objective assessment criteria, the patient's signs were analyzed before treatment & after treatment and during the followed period. The result is shown in Table 9.

Table 9: Patient symptom evaluation

S. No.		Pain		Tenderness		Swelling		Crepitus		Total Score	
		BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
1	Left Knee	40	20	2	1	2	1	2	1	46	23
2	Right Knee	30	16	1	0	1	0	1	0	33	16
										79	39

As observed in the above table, the patient score was 79 at the time of admission & was reduced to 39 at the time of discharge. It showed 50% relief in the patient.

Sandhigatavata is a Nirupstambhit Vatavyadhi caused by Dhatukshay. With age, rukshata of Vata dosha increases, and consequently, Dhatushaya increases. Therefore, upanaha is a given to the patient resulting in reduced pain, Joint rejuvenation by regaining Mardavata of

joints. Swedana helps to reduce stiffness and provides the flexibility of sandhi. Vedanasamharikalpa lepa reduces the shoola, shabda and shotha. It gives strength to the joint. In Janusandhigatavata, vata dosha is vitiated by Ruksha-laghu guna that is mitigated by Vedanasamharikalpa lepa.

CONCLUSION

Sandhigatavata is one of the most specific articular disorders, significantly hindering the affected person from doing even the primary day-to-day activities. Though commonly observed as a disease of old age, it can also affect the middle-aged population. It mainly affects the major weight-bearing joints of the body, like the knee. As per Ayurveda, it presents itself with symptoms of Shula, Sotha, Vatapoornadrutisparsha, and difficulty in flexion and extension of the sandhi. In the present study, the intervention as external Lepa was done to the knee joints. It showed significant improvement in symptoms of pain, swelling, range of movement, and walking distance after treatment. Many people with mild to chronic symptoms prefer the ayurvedic treatment to regain the flexibility and range of movements. The presently proposed ayurvedic treatment is conservative, non-invasive, easy to practice, and has no adverse effects. Thus it can be concluded that sandhigatavata can be managed well utilizing the combination vedanasamharikalpa lepa. It is cost-effective and uses readily available ingredients, emphasizing its broad outreach among the public.

Conflict of Interest

None declared.

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