



ISSN 2456-3110

Vol 6 · Issue 6

Nov-Dec 2021

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

Pain management (*Vedanasthapana*) with *Svadanstra Taila* in *Janu Sandhigata Vata* by two different *Ausadha Sevana Margas* - A Clinical Study

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ABSTRACT

Sandhigata Vata is a *Sula* and *Sotha Pradhana Vataja Nanatmaja Vyadhi* affecting loco-motor system leaving person disable and make him unable to do his daily routine works. *Acarya Vagbhata* and *Sushruta* have considered *Vata Vyadhi* as *Mahagada*. It is so called due to the fact that the treatment is time consuming and prognosis is uncertain. *Sandhigata Vata* is one of the *Vata Vyadhi*, situated in *Marma* and *Madhyama Rogamarga* makes it *Kastasadhya*. In Ayurvedic classics, there is mention of different formulations for the treatment of *Sandhigata Vata* one among them is *Svadanstra Taila*. A study was conducted where patients having symptoms of *Sandhigata Vata* were selected and divided into two Groups A and B. These two Groups containing 30 patients each were treated with *Svadanstra Taila* by two different *Ausadha Sevana Margas* i.e., *Bahya* and *Mukha* respectively. The data shows *Svadanstra Taila* given internally as *Snehana* has provided better relief.

Key words: *Janu Sandhigata Vata*, *Osteoarthritis*, *Svadanstra Taila*, *Ausadha Sevana Marga*.

INTRODUCTION

Sandhigata Vata is end result of routine faulty dietetic, irregular life style and responsible for early degenerative changes in bodily tissue and play a vital role in the manifestation of such degenerative disorder. Osteoarthritis is most common articular disorder begin asymptotically in 3rd decade and is extremely common by the age of 60. Almost all persons by the age of 40 have some pathological changes in

knee joint as it is the weight bearing joint. The ability to do various works depends upon the ability of using joints. As soon as the man learned to stand erect, he has used this special ability to overcome the obstacles of nature, which depends on the strength of the joints. The moment a person loses ambulation, he not only becomes a burden to respective family and society but also has to lead a miserable and pathetic life. In this way, this disease is now becoming a significant threat to the working population.

Among all the *Sandhi*, *Janu Sandhi* is the most involved. Number of patients suffering from *Janu Sandhigata Vata* is more than other joint disorders. Its incidence and prevalence is also surprisingly increasing. Globally approximately 250 million people have osteoarthritis of the knee (3.6% of the population) and in India it is as high as 12%.

Ageing is the foremost cause of *Sandhigata Vata* and Ayurveda says that in *Vridhāvasta* all *Dhatus* undergo *Kshaya* thus leading to *Vata Prakopa*. The trouble to *Sandhi* by *Prakupita Vata* is the main phenomenon in

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Submission Date: 16/11/2021 Accepted Date: 20/12/2021

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.6.6.5

Samprapti of Sandhigata Vata. Sandhis are one of the types of *Marma* and form a part of *Madhyama Roga Marga* and thus, involvement of *Madhyama Roga Marga, Vata Dosa and Dhatuksaya* figures disease *Kastasadhya*.

Allopathic treatment has its own limitations in managing the disease. It is either conservative or surgical and leading to many side effects. The same can be better managed with Ayurvedic treatment. So, considering all above points effort is made in this regard to evaluate the efficacy of *Svadanstra Taila* in *Sandhigata Vata* by two different *Ausadha Sevana Margas* as the subject work.

AIMS & OBJECTIVES

1. To observe the effect of *Svadanstra Taila* in different *Ausadha Sevana Margas* - *Mukha* (internal administration) and *Bahya* (external application).
2. To study the effect of different *Paka* - *Mridhu Paka* given internally, *Khara Paka* as external application.
3. To compare and observe the difference of results in the two treatment groups.

Grouping: 60 patients are selected and 30 patients are allocated into two groups randomly and each group was given *Svadanstra Taila* of two different *Paka*.

Table 1: Dose, Duration of Treatment and Follow up.

Grouping	Group - A	Group - B
Name of the medicine	<i>Svadanstra Taila</i> (<i>Khara Paka</i>)	<i>Svadanstra Taila</i> (<i>Mrdu Paka</i>).
Dosage	Depending on the area of Janu Sandhi, applied externally as <i>Abhyanga</i> .	10ml of <i>Taila</i> given orally with Warm Milk as <i>Anupana</i> twice a day before food.

- All the patients were followed up at interval of 15 days.
- Total duration of treatment was 3 months.

MATERIALS AND METHODS

Ausadhi Yoga : *Svadanstra Taila* (C.S.Ci 28/147).

Contents of *Svadanstra Taila*

1. *Gokshura* (*Tribulus terrestris* Linn) - 2 *Prastha*
2. *Sunthi* (*Zingiber officianale* Rosc) - 6 *Pala*
3. *Gokshira* - 2 *Prastha*
4. *Guda* - 8 *Pala*
5. *Tila Taila* - 1 *Prastha*

Table 2: Showing the ingredients of *Svadanstra Taila* and their properties

Name	Rasa	Gun a	Viry a	Vipa ka	Doshag hnata	Karmukat a
<i>Gokshura</i> (<i>Tribulus terrestris</i> Linn)	<i>Madhura</i>	<i>Guru, Snigdha</i>	<i>Sita</i>	<i>Madhura</i>	<i>Vatapita Hara</i>	<i>Brmhana, Vasti Sodhana, Vatahara.</i>
<i>Sunthi</i> (<i>Zingiber officianale</i> Rosc)	<i>Katu</i>	<i>Laghu, Snigdha</i>	<i>Usna</i>	<i>Madhura</i>	<i>Vatapha Samaka</i>	<i>Anulomana, Dīpana, Hrdya, Pacana.</i>
<i>Gokshira</i>	<i>Madhura</i>	<i>Guru, Snigdha</i>	<i>Sita</i>	<i>Madhura</i>	<i>Vatapita Hara</i>	<i>Ojovardhaka, Medhya, Balya.</i>
<i>Guda</i>	<i>Madhura</i>	<i>Snigdha</i>	<i>Natisita</i>	<i>Madhura</i>	<i>Vatahara</i>	<i>Kaphavrdhikara, Balya, Vrsya.</i>
<i>Tila Taila</i>	<i>Madhura, Tikta, Kasaya</i>	<i>Guru, Snigdha Vyaya</i>	<i>Usna</i>	<i>Madhura</i>	<i>Vataghna</i>	<i>Snehana, Snehopaga, Balya.</i>

Study Design

Selection of patients

- Patients were selected on the basis of Inclusive and Exclusive criteria.
- All the vital data along with the details of parameters studied and results are recorded in specifically made Case record form. Each of the patients also explained about the trial and their informed consent is taken in specific form.

Inclusion Criteria

- Patient's age group between 30- 80 years are selected.
- Patient's having classical signs and symptoms of *Sandhigata Vata* like *Sula*, *Sotha*, *Sparsa Asahisnuta*, *Sputana*, *Akuncana Prasarana Vedana*.
- Patient with Osteoporosis and Osteophyte changes.
- Obese patients.
- Patients with history of Trauma.
- Patients with Endocrine disorders mainly menopausal women.

Exclusive criteria

- Patients age below 30 and above 80 years
- Patients suffering from Carcinoma and Psoriatic arthritis.
- Patients suffering from *Vatarakta* and Ankylosing arthritis.
- Patients suffering from Polymyalgia and Rheumatoid arthritis.
- Patients suffering from Tuberculosis.

OBSERVATIONS AND RESULTS

The total study was done on demographic profile and on results of therapeutic tests. After the initial registration the subjects were advised for treatment as per the schedule for three months. Patients were

assessed from the Therapeutic response at an interval of 15 days.

Thus, to analyze and to compare the effect of two groups with the statistical study, all the values were calculated, the Mean and Variance (S.D) were calculated, by using these values paired t – test was done and 't' values and 'p' values were noted. For the assessment of Clinical efficacy of the drug subjects were called up for follow upon every 15th day. At each follow up the subjects were assessed for clinical symptoms of *Sandhigata Vata*.

Table 3: Effect of therapy on Subjective Parameters in subjects of *Sandhigata Vata* in Group A *Svadanstra Taila* (*Khara Paka*) for *Abhyanga*.

Parameter	B. T	A. T	Mean Difference	Relative %	S.D		S. E	't'	'p'	Inference
					B T	A T				
<i>Sula</i>	270	00	2.20	81.48	04	06	0.14	14.9659	<0.0001	ESS
<i>Sotha</i>	270	00	2.20	81.48	04	06	0.14	14.9659	<0.0001	ESS
<i>Akuncana Prasarana Vedana</i>	240	00	2.10	84.17	08	07	0.1262	12.2662	<0.0001	ESS
<i>Sparsh asahisnuta</i>	230	00	1.90	82.69	07	05	0.1190	11.0980	<0.0001	ESS
<i>Atopa</i>	237	00	1.77	74.68	06	07	0.1187	10.1869	<0.0001	ESS

N = 30, ESS - Extremely statistically significant

Assessment criteria of 30 Subjects in this study by applying student paired t test shows Extremely statistically significant results in the all the Subjective parameters like *SandhiSula*, *Sotha*, *Akuncana Prasarana Vedana*, *SparSasahisnuta*, *Atopa* in Group A.

Table 4: Effect of therapy on subjective Parameters in Subjects of Sandhigata Vata in Group B Svadanstra Taila (Mrdu Paka) internally.

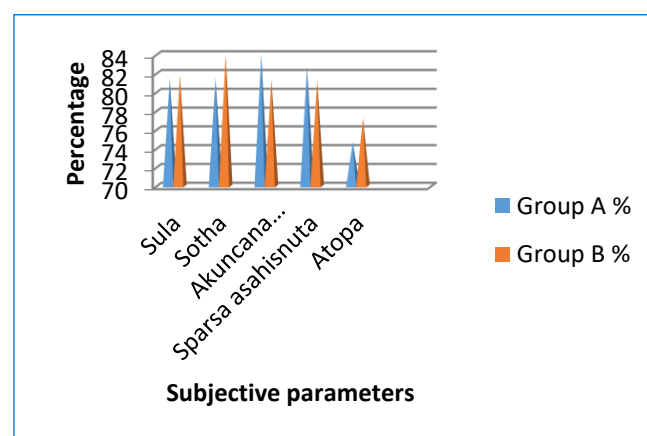
Parameter	B. T	A. T	Mean Difference	Relief %	S.D		S. E	't'	'p'	Inference
					B T	A T				
<i>Sula</i>	2.20	0.40	1.80	81.1	0.76	0.70	0.11	10.8374	<0.001	ESS
<i>Sotha</i>	2.50	0.40	2.10	84.4	0.668	0.60	0.11	15.1539	<0.001	ESS
<i>Akuncana Prasarana Vedana</i>	2.40	0.30	2.10	83.3	0.633	0.60	0.11	14.5690	<0.001	ESS
<i>Sparshasahisnuta</i>	2.13	0.40	1.73	81.2	0.752	0.70	0.11	10.2941	<0.001	ESS
<i>Atopa</i>	2.20	0.40	1.70	77.2	0.787	0.70	0.11	8.3254	<0.001	ESS

N = 30, ESS - Extremely statistically significant

Effect of therapy on assessment criteria of 30 Subjects in this study shows Extremely statistically significant results in the all the Subjective parameters like *Sandhi Sula*, *Sotha*, *Akuncana Prasarana Vedana*, *Sparshasahisnuta*, *Atopa* in Group B.

Table 5: Comparing overall assessment of the results in Group - A & B

SN	Subjective Parameters	Group A <i>Svadanstra Taila (Khara Paka) for Abhyanga</i>	Group B <i>Svadanstra Taila (Mrdu Paka) internally</i>
1.	<i>Sula</i>	81.48%	81.81%
2.	<i>Sotha</i>	81.48%	84%
3.	<i>Akuncana Prasarana Vedana</i>	84%	83.33%
4.	<i>Sparshasahisnuta</i>	82.69%	81.22%
5.	<i>Atopa</i>	74.68%	77.27%



- The above table represents the comparison between subjective parameters of Group A and Group B.
- It is observed that the percentage of Relief in *Sula* (81.81%), *Sotha* (84%), *Atopa* (77.27%) in Group-B has shown better improvement when compared to *Sula* (81.48%), *Sotha* (81.48%) and *Atopa* (74.68%) of Group- A.
- When it comes to *Akuncana Prasarana Vedana* (84%), *Sparshasahisnuta* (82.69%) of Group-A shows maximum percentage of relief when compared with percentage of *Akuncana Prasarana Vedana* (83.33%), *Sparshasahisnuta* (81.22%) of Group-B.

DISCUSSION

In this study 50% (30) patients were found between 41-50 years of age group which shows that *Sandhigata Vata* is predominant from the 4th decade. According to Gender, majority were female patients, which indicates it is common in female as many women are either in pre-menopausal state or about to attain Menopause. In menopausal condition deficiency of Estrogen lead to different joint problems. While 50% (30) of subjects were habituated to sedentary life style and did not have regular physical activity. Lack of activity lead to weight gain and patient ultimately end up with *Sandhigata Vata*. In case of chronicity, 60% (36) patients were found with gradual onset.

Probable mode of action

Dalhana has described the use of *Taila*, *Ghrta* and other *Snehas*. He opines that *Bahya* and *Abhyantara Snehapana* must be adopted in cases of *Sandhigata Vata*. In *Caraka Samhita*, *Siddhi Sthana*, while dealing with *Snehana*, *Caraka* vividly explains *Abhayantara Snehana* as “*Sneho Anila Hanti*” which directly refers to *Vata Samaka* property of *Sneha*. As *Sneha* is has exactly opposite *Guna* to *Vata*. *Svadanstra Taila* when given internally, it subsides the *Vata* and helps in the proper *Gati* of *Vayu*. In *Janu Sandhigata Vata*, Probably the *Asthi*, *Majja* and *Snayu* of the affected limb will get nourished and gain strength, the vital activities of body also strengthened and restored.

Bahya Sneha like *Abhyanga* is also mentioned by *Dalhana*. External application (dermal route) of *Svadanstra Taila* directly to the surface of the skin leads to absorption of the drug in the effected part and produces local effects. *Vagbhata* states, *Abhyanga* is “*Jara Srama Vata Ha*” which helps to overcome and corrects *Srama*, *Vata Roga* and nourishes dhatu.

Hence, Management of *Sandhigata Vata* by *Mukha Marga* - oral administration and *Bahya Marga* - External application is useful to improve the quality of life.

- The *Sandhigata Vata* is the disease of *Vata Vyadhi* due to the *Prakopa* of *Vata*. When there is vitiation

of *Vata*, it increases the *Ruksadi* gunas by the influence of *Ahara* and *Vihara*.

- The second important part of the disease *Sandhigatavata* is *Sandhi*. *Asthi* is the principle structure of sandhi.
- *Asthi* is the prime seat of *Vata* and is an important part of sandhi. *Acarya Vagbhata* has described the “*Ashraya-Ashrayi Bhava*” i.e. inter-relation between *Dosa* and *Dusya*, but in case of *Asthi Dhatu* and *Vata Dosa* are inversely proportional to each other i.e., *Vata Prakopa* leads to *Asthi Ksaya* and vice versa.
- The *Ksaya* of *Majja* increase *Akasha Mahabhuta* in the *Asthi* which aggravates *Vata* resulting in *Sandhi Sula*, *Sandhi Sputana* and osteoporosis. It is mentioned that *Majja Ksaya* makes the person afflicted by *Vata Roga*.
- On the other hand, the *Sthanika Dosa* in *Sandhi* is *Kapha* and the *Agantuja Dosa* is *Vayu*. Both contain *Sita Guna* in common. By taking all these things into consideration, drugs of *Usna*, *Snigdha*, *Rasayana*, *Brmhana* properties have to be administered.
- *Sunthi* – the *Madhura Vipaka*, *Usna Vīrya* of this drug alleviates *Vata* helps in combating *Sandhi Sula*.
- *Sunthi* being *Katu Rasa*, *Usna Vīrya* and *Laghu Guna* causes *Medohara* leading to loss of weight which indirectly reduces the pressure on knee joint and reduces pain.
- *Gokshura* – *Madhura Viapaka*, *Snigdha Guna* of the drug increases *Slesaka Kapha* which alleviates *Khavaigunya* thereby decreasing symptoms like *Akuncana Prasarana Vedana* and *Sandhi Sphutana*.
- *Gokshura* is best *Svayathu Hara Dravya*, *Sunthi* is best *Sula PraSamana Dravya* which helps to combat the major symptoms of *Sandhigata Vata* and makes it a best drug of choice in this condition.

- Simultaneously *Guru Guna, Madhura Rasa, Madhura Vipaka* of the *Gokshura* helps in *Uttarottara Dhatu Posana*.
- *Guda* - is *Madhura, Laghu, Anabhisyanthi, Balyam, Pusti Kara,* and *Vrsya*. These properties make it better *Vata Hara Dravya*.
- Milk - which has got properties similar to the *Ojas* makes it Best *Vata Hara Dravya, Ojoskara* Along with this it is best *Dhatu Posaka Dravya, Rasayana* (B.P.Ni. *Dugdha Varga*).
- All these four ingredients have *Rasayana Karma*, when given in combination in *Taila* form gave better results in *Sandhigata Vata*.

CONCLUSION

Osteoporotic changes are the one of the prime cause of disease *Sandhigata Vata, Ashraya Ashrayi Bhava* between *Vata* and *Asthi* is inversely proportional. So, *Svadanstra Taila* administered in different *Ausadha Sevana Marga* found beneficial due to virtue of its *Guna Karma* and *Rasayana* properties, brings down the vitiated *Vata* which is the ultimate aim of the therapy. The data shows that maximum improvement was observed in both the therapies. *Svadanstra Taila (Mrdu Paka)* when administered internally i.e., Group B has provided better relief in the present study and no patients were found unchanged. Current study reveals that the selected management has potential effect on

Sandhigata Vata with added advantage of being free from side effects.

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How to cite this article: Asif Mohammed, Dixit Renu, Reddy KV Vijaya Bhaskara. Pain management (Vedanasthapana) with Svadanstra Taila in Janu Sandhigata Vata by two different Ausadha Sevana Margas - A Clinical Study. *J Ayurveda Integr Med Sci* 2021;6:28-33.

<http://dx.doi.org/10.21760/jaims.6.6.5>

Source of Support: Nil, **Conflict of Interest:** None declared.
