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CASE REPORT

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Comprehensive Ayurvedic management of Sandhigata Vata: A Case Report

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ABSTRACT

Sandhigata Vata is a disease associated with aging. This particular form of Vatavyadhi is mostly found in Vriddhavastha as a result of Margavarodha, which restricts daily tasks like dressing, walking, taking a bath, and so on, leaving patients incapacitated or handicapped. Treatment options include NSAIDs, calcium supplements, and finally joint replacement. In this case, arthroplasty was advised due to bilateral osteoarthritis in the knees. Pain, edema, range of motion, and walking distance all improved significantly once the therapy was completed. Internal medicine, Janu Pizhichil, and Panchtikta Ksheer Basti therapy were used to successfully treat the patient. **Case:** A 65 years old male patient was clinically diagnosed as a case of Sandhivata presented with the following chief complaints from 1 month. It was associated with swelling in B/L knee joint with pain, tingling sensation in right unilateral knee joint. **Management:** Patient was treated with Janu Pizhichil (oil bath for knee joint), Panchtikta Ksheer Basti (medicated enema) and internal medication like Panchatikta Ghrit Guggulu. **Conclusion:** It can be concluded that use of Baahyaparimarjan Chikitsa (classical external Ayurvedic treatment) in the background of accurate diagnosis can cure the patients suffering from osteoarthritis also no osteoporotic changes were observed in 1 month. Being safe, devoid of adverse effects, ayurvedic management is the only option to avoid painful intervals, advancement of the disease and repeated use NSAIDs.

Key words: Sandhigatavata, Osteoarthritis, Pizhichil, Panchtikta Ksheera Basti, Panchtikta Ghrita Guggulu.

INTRODUCTION

The most prevalent musculoskeletal disorder, osteoarthritis (OA), usually manifests by the time an individual reaches the age of 70. It is a disorder that primarily affects large joints. Nearly everyone experiences some degenerative changes in a weight-

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bearing joint by the age of 40, and osteoarthritis symptoms are frequently observed in 16% of males and 25% of females. The Indian population has a higher incidence of osteoarthritis (OA) in the knee than the Western population.^[3]

In Ayurveda, OA and *Sandhigatavata* are connected. This illness was reported by Acharya Charaka under *Vataj Nanatmaj Vyadhi* (differing *Vata*-related disorders). He described this illness, describing symptoms such joint crepitus, inflammation, and pain and trouble walking.^[4]

Acharya Shusruta had further added specific symptoms, that is, degenerative changes in joints as the symptoms of *Sandhigatavata*.^[5]

Modern medicine has its own limitations when it comes to treating this illness. While there are a number of therapy options available in Western medicine for severe osteoarthritis, they are not particularly effective

and have a number of negative side effects. Thus, Sandhigatavata really needs to find appropriate management. Ayurvedic treatments such as Shaman Chikitsa (palliative therapy) and Panchakarma (purification procedure) are more effective in treating this kind of rheumatological illness. In this case report, a male patient with Sandhigatavata received palliative care in addition to various local and systemic potential therapies, which led to a remarkable improvement in his OA symptoms.

History of Present Illness

Demographic detail of the patient is mentioned in Table 1. A 65-year-old male patient gradually had symptoms such as pain in bilateral knee joint and difficulty while walking since1 month, stiffness in both knee joints since 20 days, and swelling in bilateral knee joint since 15 days, which are briefly mentioned in Table 2. He had associated symptoms of tingling sensation on right knee joint. After intake of analgesic also, no relief was obtained, and symptoms were getting worsened day by day. So, he approached Panchakarma OPD of Pt. Khushilal Sharma Ayurved Institute Bhopal, for Ayurvedic treatment. Examination of the patient including vitals examination, Ashtavidha Pariksha (eight systemic examination), and specific locomotor system examination is mentioned in Tables 3, 4, and 5, respectively, and after obtaining written inform consent, the treatment was started on inpatient department level.

Table 1: Demographic details

Name	XYZ
Age	65
Sex	Male
Address	Kolar Road Bhopal
OPD	20230052951
Occupation	Business
Marital status	Married
Socioeconomic status	Middle class

Weight	68 kg
Height	5′8″

Table 2: Chief complaints with its duration

SN	Chief complaints	Grade	Duration
1.	Pain in right knee joint	3+	Since 1 months
2.	Difficulty and pain while walking	2+	Since 1 months
3.	Stiffness in both knee joints	2+	Since 20 days
4.	Mild swelling over right knee joint	2+	Since 15 days

Table 3: Vitals examination

Blood pressure	130/90 mm of hg
Pulse	70/min
Respiratory rate	17/min

Past History - No history of trauma or fall was reported.

Medication History - Patient had taken tablet amlodipine 5mg once a day on regular basis, and tablet diclofenac 75mg when necessary for rheumatic complaints.

Personal History

- Food habits: mixed diet, excessive intake of spicy food and bakery products
- Sleep: Disturbed sleep due to pain
- Addiction: Alcohol consumption (weekly twice) and tobacco chewing daily (since 3 years)

Family History - No significant family history was reported.

Nidan Panchak - (The Procedure of Etiopathogenesis of *Sandhigatavata* as per Ayurveda)

Hetu (etiology or causative factors):

Ahara: Katu Rasa (spicy food items), Ruksha (dry or shrunken food items)

Table 4: Ashtavidha Parikshana

Nadi (pulse)	70/min
Mala (stool)	Saam Yukt
Mutra (urine)	Samyak
Jeehva (tongue)	Saam Yukt
Shabda (speech)	Spastha
Sparsh (skin)	Ruksha
Druka (eyes)	Prakruta
Aakruti (posture)	Madhyama

Table 5: Examination for locomotor system (examinations specific to diagnosis)

Inspection	•	Difficulty and pain in both knee joints while walking for distance and sitting for long duration	
	•	Swelling over right knee joint	
	-	Reflexes are intact	
	-	No varicosities are seen	
	•	No any structural deformity in knee joint	
Palpitation	•	Tenderness present over medial side of right knee joint	
	•	Crepitus present in both knee joint	
	•	Affected flexion and extension of right knee joint	

Vihara: Atijagarana (excessive awakening at night), Ativyayama (excessive body exertion), Chinta (worry), Vegdharana (suppression of natural urges)

Purvarupa (prodromal symptoms): Stiffness in both knee joints, mild discomfort during walking

Roopa (manifestation): Pain in bilateral knee joint and difficulty, crepitus present in both knee joints, and pain while walking from 1 month, stiffness in both knee

joints from 30 days, and mild swelling over right knee joint since 5 days

Samprapti (pathophysiology of the disease): Due to above causative factors lead to Rasadushti (improper formation of blood plasma) and Vataprokopa (Vitiation of Vata), which spreads Vatadosha in all body channels, which creates obstruction of various channels and invaded over joints. Owing to obstruction, degenerative changes occur joints, which produces Sandhigatavata.^[6]

Investigations: X-ray right knee Anteroposterior and lateral view had showed space reduction in knee joint, joint overlapping and gross osteoporotic changes.

Diagnosis: Sandhigatavata (osteoarthritis)

Treatment advised: By analysing the aforementioned pathogenesis of disease in this patient, treatment plan was prescribed. It can be classified under two categories, that is, *Shodhana* (purification) and *Shamana Chikitsa* [Tables 6 and 7].

Table 6: Shodhan Chikitsa

Procedure	Duration
Janu Pizhichil	15 days
Panchtikta Ksheer Basti	15 days

Table 7: Shaman Chikitsa

Medicine	Dose & Duration
Panchtikta Ghrita Guggulu	2 TDS

OBSERVATIONS AND RESULTS

Assessment of the patient was performed in terms of clinical features^[6] and radiological findings shown in Table 8. After completion of therapy, the patient got significant relief in pain while walking, stiffness, and swelling of knee joint., also it helped in maintaining joint space, now there was no overlapping of lateral epicondyle of femur and tibia and no osteoporotic changes as shown in Table 8 and Figure 2. No undue effect was found after this treatment.



Figure 1: Before treatment



Figure 2: After treatment

Table 8: Assessment on the basis of subjective and objective criteria (vas score).

Type of assessment	Before treatment	After treatment
Subjective criteria		

Pain in right knee joint	3+	0
Difficulty and pain while walking stiffness in both knee joint	2+	0
Stiffness in both knee joint	2+	0
Mild swelling over right knee joint	2+	0
Crepitus present in both knee joint	2+	0
Objective criteria		
Range of movement (Right leg)	Grade 1 (81°- 100°)	Grade 0 (101°- 120°)
X-ray (Right knee)	1. Joint space reducti on	 Maintai ning joint space
	2. Joint overlap ping of lateral epicond yle of right femur and tibia	2. There was no overlap ping of lateral epicond yle of femur and tibia

DISCUSSION

By taking into consideration all factors, which were involved in the pathogenesis of Sandhigatavata in this patient, treatment principles for Vatavyadhi Chikitsa (treatment of Vata diseases) was applied here. The treatment protocol for this patient can be divided into Shodhana Chikitsa, especially Basti Karma (medicated enema) and Pizhichil along with Shamana Chikitsa. After 1 month, the patient got significant relief clinically, and a significant improvement was observed in the radiological findings, especially in terms of maintenance of good joint space and absence of overlapping as shown in Table 8. Adopted treatment protocol mainly comprised Vedanasthapana (pain reliever), Shothahara (anti-inflammatory), and was

Vatadosha Shamana (pacification of Vata) in nature, which helped to strengthen various musculatures and various structures in knee region.^[11]

Probable mode of action

Pizhichil

In this treatment, precious warm *Kottamchukaddi* oil is squeezed on to the patient's body from a piece of cloth, periodically soaked in a vessel containing the oil, with soft massage in a rhythmic way. Improves the circulation and metabolism and thus restores health. It helps in rejuvenating the body. Beneficial in many ailments like arthritis, neurological and degenerative disorders as it induces diaphoresis (sweating). Increases the skin lustre and complexion of the skin. As it improves the circulation, it increases immunity and life span. Promotes relaxation to the body by relieving stress.

Panchtikta Ksheer Basti

When Vata gets exceedingly aggravated, there is no remedy other than Basti for its alleviation. Basti has been glorified as definitive therapy to treat the vitiated Vata and Vatapradhana Vyadhies (AS. Su. 28/12). Basti removes Mala, Pitta, and Kapha and does Vatanulomana to relieve the disorders situated in all over the body. Basti performs various actions such as Samshodhana, Samshamana, Samgrahana, Vajeekarana, Brumhana, Karshana, Chakshushya, and Vayahsthapana. Basti is "Param Vatahara," and as Vata is the causative factor of Katishoola; hence, here Basti Chikitsa was opted.

It being a Vata Vyadhi, located in Marmaasthisandhi. Ksheera Basti is described as the main line of treatment in Asthigata Vikaras by Acharya Charaka. The Basti, which have Ksheera or milk and Panchtikta drug (Nimba, Vasa, Ptaola, Guduchi, Kantkari) as the ingredient is known as Panchtikta Ksheera Basti. Ksheera is the ingredient which can be used in the Basti preparation as per the condition and Doshik involvement. Ksheera Basti serves dual function, i.e., Niruha and Anuvasana; hence, it acts as Shodhana as well as Snehana. Ksheera Basti relieves the Margavarodha and produces Brimhana effect. In this study, Ksheera Basti is used as Yapana Basti.

The rectum has rich blood and lymph supply, and drugs can cross the rectal mucosa such as other lipid membrane. Thus, unionized and lipid-soluble substances are readily absorbed from the rectal mucosa. In *Basti Karma*, a homogeneous emulsion of Honey, *Saindhava*, *Snehadravya*, *Kalka*, and decoction mixed in remarkable combination after proper churning may break the large and middle chain fatty acid to small chain fatty acids. The mixture given facilitates absorption better than a single drug per rectum.

Panchtikta Ghrita Guggulu

Sandhigata Vata is Madhyama Roga Margagata Vatika disorders in which vitiated Vata gets lodged in Sandhi. Hence to treat Sandhigata Vata drugs acting on both Vata and Asthi should be selected. According to Charaka, in Asthi Dhatu Dushti the treatment should be given by Tikta Dravya Ghrita and Kshira. In Panchatikta Ghrita Guagulu predominance of Tikta Rasa is there.

Tikta Rasa has Vayu and Akasha Mahabhuta in dominance. Hence it has got affinity towards the body elements like Asthi having Vayu and Akasha Mahabhuta in dominance. Though, Tikta Rasa aggravates Vayu which may enhance the pathogenic process of Sandhigata Vata but, the main principle of Ayurvedic treatment is "Sthanam Jayate Purvam". The main site of Sandhigata Vata is Sandhi which is the site of Shleshmaka Kapha. So, by decreasing the Kapha Dosha Tikta Rasa fulfils the principle.

Most of ingredients of *Panchatikta Ghrita Guggulu* have *Tikta Rasa, Ushna Virya* and *Madhura* and *Katu Vipaka*. The *Tikta Rasa* increase the *Dhatvagni* (metabolic stage). As *Dhatuagni* increase, nutrition of all the *Dhatus* will be increased. As a result, *Asthi Dhatu, Majja Dhatu* may get stable and *Asthi Dhatu* and *Majja Dhatu Kshaya* will be decreased. So degeneration in the *Asthi Dhatu* may not occur rapidly. It can be said, it slows down the degeneration processes.

On the overall effect of the *Panchatikta Ghrita Guggulu*, it has been found that drug is predominant in *Ushna Virya* which helps in pacification of aggravated *Vata* and subside the pain.

CONCLUSION

Sandhigatavata is one of the most specific articular illnesses, making it extremely difficult for the affected individual to do even basic daily tasks. Even though it's typically seen as an illness of the elderly, middle-aged people can also be affected. It mostly affects the knee and other major weight-bearing joints in the body. It manifests as Vatapoornadrutisparsha, Shula, Sotha, and trouble extending and flexing the Sandhi, according to Ayurveda. The findings showed that Sandhigatavata (OA) can be successfully treated by combining several Shodhana techniques, such as Shamana Chikitsa, Pizhichil, and Panchtikta Ksheer Basti. Because this study only includes one case report, the findings must be reexamined using a larger sample size and comparable research.

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