

A RANDOMISED CONTROLLED TRIAL TO EVALUATE THE EFFICACY OF INDRAVARUNYADI KALKA WITH GUDAPIPPALYDI KALKA IN MANAGEMENT OF JANUSANDHISHOTHA**Vd. Vijaymala Ramrao Bhosale^{1*} and Vd. S. S. Parchure²**¹M.D. Kayachikitsa, Tilak Ayurved Mahavidyalay, Pune.²M.D. Kayachikitsa, Ph.D. Scholar, Assi. Prof. Kayachikitsa Dept., Tilak Ayurved Mahavidyalay, Pune.Article Received on
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Pune.**ABSTRACT**

Ayurveda has given Ahar-Vihara niyam to be followed according to the seasonal changes. It is necessary that everyone should follow Rutucharya. Unfortunately Rutuviaparyay is the leading tragedy faced by everyone. Directly or indirectly by not following Acharrasayna, man is inviting such problems. Junk food habits, irregular timing of meal is against the Ahar-Vidhi Vishesh Ayatana mentioned by Charaka. Thus this changed habit has changed the balance of human life. The patients of Sandhishotha attending the opd are increasing in number. I observed that the patients of Sandhishotha are not only with crippling and incapacitating effect but most of these patients do have emotional, economic and social problems. Most of the patients neglect the slight oedema present at joints or else get it treated by some anti-inflammatory drugs like NSAIDs, steroids. The continuous use of

which leads to hyperacidity, for which many practitioners advice this drugs to be taken along with proton pump 1 inhibitors such as pantoprazole, omeprazole which blocks 100 % gastric acid secretion. Lack of this essential component which is necessary for digestion of ingested food favours undigested material formation, what we call it as "Ama". This Ama formed travels to joints and increases the oedema, thus the vicious cycle continues. Sandhi is the part of Madhyama Marga, and the diseases situated in this Marga are difficult to treat requiring long term as well as consistent treatment. Most of the major joints of our body are Marma is the site of "Prana" and hence any Nija or Agantuj affection to it causes trauma to the Prana.

INTRODUCTION

In the fundamental factors, some different components like age, chronicity, Hetubala (which is a significant generous factor in this period), blunder of Vatavyadhi in light of inappropriate ideas in the general public add to deteriorating of infection measure. Charaka said that when arranged by cause, torment, shading, site, structure and classification, the quantity of these sicknesses turns out to be truly incalculable. Harita has clarified that in Shotha, there is for the most part Rasa Dhatu dushti. The Rasa dhatu is available all around the body. Ama is the important factor involved in Rasa dusti. Treatment of Rasa dusti is Langhana, Deepana & Pachana. Gudpippalyadichurna explained by Chakradattaand, Indravarunyadi kalka explained by Harita has action on both Sarwang as well as Ekangashotha. Gud-pippalyadi kalka contains Shunthi, Pippali, puran Guda and Indravarunyadi kalka contains Indravarunyadi mula its effect on treating Ama and by this it helps to reduce Shotha produced at joints. When the morbid Vata, having reached the peripheral vessels, vitiates the Kapha, the blood, and the Pitta, then getting obstructed by them and trying to spread in the body causing Shotha with its pathognomic symptom of swelling. The use of above drugs will help in treating the main culprit in the disease process of Shotha that is Aam, by removing the obstruction in the movement of Dosha, Dhatu and Mala caused by Aam. Thus Vata will travel along its own way and the Shotha will be cured. Knee joint swelling is symptom found in many diseases mainly in osteo arthritis. Global prevalence of OA was 16.0% in individuals aged 15 and over and was 22.9% in individuals aged 40 and over. While prevalence of OA in India was ranging from 22% to 39%. In India, many studies have reported osteoarthritis as second most common rheumatologic problem and the most frequently occurring joint disease. Due to wide spectrum of disease, much prevalence in the society and lack of effective medicament, the disease is being chosen for the study. Due to complex nature of janusandhishotha, it's treatment is not so easy. According to modern medicine.

Treatment given to knee joint swelling include DMARDs (Disease Modifying Antirheumatic Drugs), NSAIDS, Steroids and symptomatic treatments. These drugs are not for cure and directed towards improving quality of life only. They have various side effects on immune system and body. As per Ayurveda, lots of herbal, herbo-mineral preparations along with specific Panchakarma modalities are advised to treat it.

OBJECTIVE: Study of a randomised controlled trial to evaluate the efficacy of indravarunyadikalka with gudapippalydi kalka in management of janusandhishotha.

METHODS: Allopathy and Ayurvedic Tests.

CASE PRESENTATION

A total number of 60(30 in Group A (Trial) and 30 in Group B (Control)) patients of Sandhishotha started to undergo the trial. Clinical trials were carried out methodically & a proper record of the observations.

While considering the age factor, the highest number of patients 21 i.e.(35%) were in the age group of 41-50 years, followed by 17(28.33%) in the age group Of 51-60 and the number of patients 12 i.e. (20%) were in the age group of 30-40 years. number of patients 10 i.e.(16.67%) were in the age group of 61 70years. Maximum patients belonged in the range of 41-50 years. This is the age of “Parihani” (i.e. gradual degeneration of Dhatu) as well as Vata-Prakopa. Also, people from this age group undergo multiple dietary etiological factors, which precipitate armformation and formation of Shotha.

In group A (trial), the mean score of Agnimandhya before treatment was 2.00 and after treatment, it was 0.53. There was a significant reduction in Agnimandhya in group-A (trial) i.e. 73.33% according to the Wilcoxon sign rank test. This shows significant relief of Agnimandhya in Group-A (Trial).

In group B (the control mean score of Agnimandhya before treatment was 2.00 and after treatment, it was 0.53. There was a significant reduction in Agnimandhya in group B (control) i.e. 73.33% according to the Wilcoxon sign rank test. This shows significant relief of Agnimandhya in Group-B (control).

However, the difference between the control and trial groups was non-significant means there is no difference in the effectiveness of indravavuni kalka and gudpippalyadi kalka in the management of janusandhi shotha.

In group A (trial), the mean score of Sparshasahatva before treatment was 2.13 and after treatment, it was 0.43. There was a significant reduction in Sparshasahatva in group-A (trial) i.e. 79.69% according to the Wilcoxon sign rank test. This shows significant relief of Sparshasahatva in Group-A (Trial).

In group B (control), the mean score of Sparshasahatva before treatment was 2.07 and after treatment, it was 0.40. There was a significant reduction in Sparshasahatva in group B (control)

i.e. 80.65% according to the Wilcoxon sign rank test. This shows significant relief of Sparshasahatva in Group-B (control).

In Janusandhigraha it is defined as two sides right and left. which are given below.

Right: In group A (trial), the mean score of Janusandhigraha before treatment was 2.10 and after treatment, it was 0.30. There was a significant reduction in Janusandhigraha in group-A (trial) i.e. 85.71% according to the Wilcoxon sign rank test. This shows significant relief of Janusandhigraha in Group-A (Trial). In group B (control), the mean score of Janusandhigraha before treatment was 1.40 and after treatment, it was 0.17. There was a significant reduction in Janusandhigraha in group B (control) i.e. 88.10% according to the Wilcoxon sign rank test. This shows significant relief of Janusandhigraha in Group-B (control).

Left: In group A (trial), the mean score of Janusandhigraha before treatment was 1.87 and after treatment, it was 0.17. There was a significant reduction in Janusandhigraha in group-A (trial) i.e. 91.07% according to the Wilcoxon sign rank test. This shows significant relief of Janusandhigraha in Group-A (Trial). In group B (control), the mean score of Janusandhigraha before treatment was 1.07 and after treatment, it was 0.30. There was a significant reduction in Janusandhigraha in group B (control) i.e. 71.88% according to the Wilcoxon sign rank test. This shows significant relief of Janusandhigraha in Group-B (control).

DISCUSSION

In the Conceptual study; a review of literature has been written with the help of Ayurvedic Samhita and related Ayurvedic books, relevant to the present study. A detailed theoretical study of Sandhi Sharir is done. The diseases in which Sandhishotha is the main symptom are described. Nidana-panchak of Shotha has been studied from different sources. Modern points of view of the anatomy of joints, oedema and joint disorders were too studied. In the drug review, indravarunyadi kalka with gudapippalyadi kalka are independently explained in detail. Thereafter, the method and materials, used in this clinical trial are put forth in an elaborative way. The study design is described later in the same chapter. It shows the different charts along with the VAS score, joint measurements and gradation chart. The clinical study is based on 60 patients, selected according to the inclusion criteria. The detailed history of selected patients was recorded on the case paper registered in the institute. The severity of symptoms were assessed and recorded. The details about the trials were explained to patients in vernacular language and written informed consent was taken and documented and the

treatment regime, Pathya-apathya and avoidance of etiological factors were explained to the patient. Patient was observed daily for relief and side effects if any. Written observations were documented on day 0,7,14,21 i.e. last day of the treatment and also on post treatment 21th day i.e. last day of the follow up. Observations include a collective study of the data obtained from 60 patients with respect to age, gender, education, occupation, Prakruti etc. The statistical observations regarding the symptoms such as SandhiShotha, SandhiShoola, Sparshashatva, Agnimandya and parameters like joint measurements and VAS score, goniometry were represented graphically and in tabular form.

The discussion reveals the explanation and justification of the cause and effect relationship of the observed facts during the present study. It is followed by the conclusion.

CONCLUSION

The reasonable conclusions drawn from the present study are presented. The janusandhishotha is now commonly found in the population, in the study of janusandhishotha, While considering the age factor, the highest number of patients 21 i.e.(35%) were in the age group of 41-50years. Efficacy of indravarunyadi kalka in janusandhi shotha is statistically significant on the 21th day in the symptoms as follows SandhiShotha, SandhiShoola, Sparshashatva, Agnimandya. Indravarunyadi kalka shows sustained relief on the follow up of the 25th day when treatment is stopped on the 21st day. The symptoms like– Siratnutwa and Vaivarnya. Statistically significant reduction in joint measurement in trial group on post treatment day 25th signifies that indravarunyadi kalka brings considerable overall relief in the presentation of this disease. Statistically significant reduction in joint measurement in the control group on day 25th Signifies that Guda-pippalyadi churna also brings considerable overall relief in the presentation of disease. Statistically non significant difference between overall relief in both groups signifies that there is no difference in the effectiveness of indravarunyadi kalka and guda-pippalyadi kalka in management of janusandhishotha. No any adverse drug reaction of indravarunyadi kalka was observed during the study. After observing and analyzing all the data, it can be concluded that Both Drugs provide good improvement in janusandhishotha.

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