

A CASE STUDY OF SANDHIVAAT (OSTEOARTHRITIS)***Dr. Arti Gond, Dr. Supriya Gautam and Dr. Preeti Sharma**

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ABSTRACT

In the present era sandhivata is the most common form of articular disorder. It is a type of Vatavyadhi which mainly occurs in Vriddhavastha due to Dhatukshaya, which limits everyday activities such as walking, dressing, bathing etc. thus making patient disabled / handicapped. Sandhivata term is derived from two word “sandhi” and “vata” It being a Vatavyadhi, located in Marmasthisandhi and its occurrence in old age makes it Kashtasadhya. Vata Dosha plays main role in the disease. Shula Pradhana Vedana is the cardinal feature of the disease associated with Sandhishotha with Vata Purna Druti Sparsha, lack of movements of the joints or painful movement of the joints.

KEYWORDS: Sanadhigatavata, Articular Disorder, Virdhyaavastha, Dhatukshaya, Kastsadhya.

INTRODUCTION

In Vriddhavastha, a 1 Dhatu undergo Kshaya, thus leading to Vataprakopa and making individual prone to many diseases. Among them Sandhigata Vata stands top in the list. The incidence of osteoarthritis in India is as high as 12%. It is estimated that approximately four out of 100 people are affected by it. Osteoarthritis is the most common articular disorder begins asymptotically in the 2nd & 3rd decades and is extremely common by age 70.

In Allopathy symptomatic treatment or surgical treatment is given. Whereas such type of conditions can be better treatable by the management and procedures mentioned in Ayurvedic classics.

Local Abhyanga and Uttadi Sweda were selected for the present study as it has shown best for the Vata Vyadhis. Here local Abhyanga was given with Bala Taila because Bala Taila and

ttadi Sweda are having Vatashamaka and Rasayanaproperties.

CASE REPORT

A single-subject clinical study over the treatment of sandhivata. A 55-year-old male patient suffering from bilateral knee joint pain and swelling for 3 years consulted our SIARAM hospital. He was a retired railway officer, required to stand for long durations as per his profession. He is also observed to be overweight. The patient noticed symptoms like pain 3 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, walking, and doing other work aggravated the symptoms. He consulted an allopathic doctor nearby his home and took prescribed medicine which gave him only temporary relief. Over the time swelling and pain increased. After that he consulted an orthopedic doctor he advised him to take an X-ray of both the knee joint in standing view. X-ray scan showed degenerative osteoarthritis changes in both knees, in which the right knee is severe compared to the left knee. Patient was admitted to our hospital because of severe pain.

DISCUSSION

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

Patient symptom evaluation

S.no		Pain		Tenderness		Swelling		Crepitus		Total Score	
		BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
1	Right knee	40	20	2	1	2	1	2	1	40	23
2	Left knee	30	10	1	0	1	0	1	0	30	10

As observed in the above table, the patient score was 70 at the time of admission & was reduced to 40 at the time of discharge. It showed 50% relief in the patient. Sandhigatavata is a *ttirupstambhit* Vata vyadhi caused by Dhatukshaya. With age, rukshata of Vata dosha increases, and consequently, Dhatushaya increases. Therefore, snehan and nadisweda is given to the patient resulting in reduced pain, Joint rejuvenation by regaining Mardavata of joints. Swedanahelps to reduce stiffness and provides the flexibility of sandhi. Vedanasamharikalpa lepa reduces the shoola, shabda and shotha. It gives strength to the joint.

CONCLUSION

Sandhigataavata 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, Vatapoornadrutisparsa, and difficulty in flexion and extension of the sandhi. In the present study, the intervention as external snehan and swedan 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 sandhigataavata can be managed well utilizing the combination of vathar aushadh, paan, and with snehan and swedan.

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