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A COMPARATIVE CLINICAL STUDY ON THE ROLE OF AHARA-VIHARA AND NAVAKAGUGGULU IN THE MANAGEMENT OF MEDOJANYA SANDHIGATA VATA

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ABSTRACT

In this modern era,sedentary life styles are the main root cause for the physical and psychological illness. *Charaka* has explained *sandhivata* as one among the *vatavyadhi*. Prevalence of obesity is rising at an alarming rate.WHO shows that world wide prevalence of obesity is around 400million with high rates among women than men.In India,prevalence ratio shows 5.5% of males and 12.6% of females and is more in urban population. Osteoarthritis is the second commonest problem in the world population. i.e, nearly about 30%. And *medoroga* is one of the cause for *sandhigatavata*,which is on the high prevalence especially in the elderwomen. In this present study, 30 subjects were randomly categorized into two groups of each 15 subjects. Group A is subjected with specially prepared *ahara-vihara* chart and *navakaguggulu* with *sukhoshna-jala* as *anupana* for three months. Group B is subjected only with *navakaguggulu* with *sukhoshnajala* as *anupana* for three months and follow up in the interval of one month. Study was observed under *dashavidha pareeksha* and *pratyatma lakshanas* of *medoroga* and *sandhigata-vata*. Analysis of the effects of therapy was based on "t test''. Effect of therapy has given more relief of *prasaaranakunchanayo vedana* (48.57%) and less on *kshuda* (8.75%).

Keywords: *Ahara,vihara, Navaka guggulu, Sandhigatavata, Medojanya sandhigatavata*

INTRODUCTION

Ayurveda,the science of life described in atharvaveda existing mythologically since time immemorial. *Ahara* as one among the *trayobasthambhas* supported the body and maintains *bala,varna* and *ayu*. *Ahara* has given its own importance as "*Annath*

purushaha[1]" i.e *purusha* itself is formed from *annam*. Health is dependant on food. Following strict and proper *ahara-vihara* in a diseased condition can do well to a patient. As the word "*pathya"* which is taken from "path" or "panth" itself denotes that it is a proper way which helps for the maintanence of good health. Even though on following proper *ahara*, diseases will manifests. This shows an equal importance of *vihara* in prevention of diseases.

Medoroga[2] is defined as a condition in which there is an accumulation of excessive amount of *medas* in *sphik,sthana* and *udarapradesha*. *Sandhigatavata*[3] is a condition in which vitiated *vata* localized in *sandhi* characterized by *vatapoornadrutisparsha, shotha,vedana* during *prasarana* and *akunchana*. *Navakaguggulu*[4] is having *medohara,sleshma-vatahara,vedanahara gunas*. A proper *ahara-vihara* in the present lifestyle will prevent occurence of many disorders.

Aim and Objective:

To assess the role of *ahara-vihara* and *navakaguggulu* in the management of *medojanya sandhigatavata*.

MATERIALS AND METHODS:

STUDY DESIGN: Literary-clinical study

METHOD: Study was undergone clinically by observing the *pratyatma lakshanas* of *medoraoga (kshuda, atisweda, gaatrasada*) and *sandhigatavata (vatapoornadritisparsha, shotha, prasaaranaakunchanayo vedana).*

SAMPLESIZE: A minimum of 30 subjects of *medojanyasandhigatavata* has selected and randomly categorized into two groups of 15 subjects each.

GROUP A: Subjected to follow the given *ahara-vihara* chart and *Navakaguggulu* (2-0-2); each tablet of 500mg.

Duration: 3Months

Anupana: Sukhoshnajala

Follow up: 3 Months at the interval of one month.

TABLE 1**:** SHOWING DIET-REGIMEN CHART

	Do's		Dont's
	DIET		**DIET**
1	Horse gram	1	White millet
2	Red lentil	2	Black gram
3	Shastika(red variety)of rice	3	Milk
4	Congo pea	4	Sugarcane and its products
5	Honey	5	Drinking water immediately after food
6	Buttermilk	6	Drinking river water
7	Small variety of prawn fish	7	Jamun
8	Gingelly oil	8	Ivy gourd
9	Mustard oil		

10	Drinking warm water before food		
11	Lemon juice		
12	Garlic		
13	Pomengranate		
14	Grapes		
	REGIMEN		**REGIMEN**
1	Exposure to sunlight	1	Overthinking
2	Fasting	2	Supression of natural urges(urine,faeces etc)
3	Sleeping over the ground(using a mat)	3	Exertion
4	Brisk walking	4	Awakening during night
5	Bathing	5	Excessive sexual intercouse
6	Performing asana	6	Daysleeping
		7	Continous comfortable posture for a long time
		8	Excessive activities in the water

GROUP B : Subjected to have *Navakaguggulu* (2-0-2); each tablet of 500mg.

Anupana:Sukhoshnajala

Duration: 3Months

Follow up: 3 Months at the interval of one month.

INCLUSION CRITERIA:

- Subjects of either sex with age group 40-60 years
- Subjects with *pratyatma lakshanas of medoroga* and *sandhigatavata*
- BMI≥30kg/m^2

EXCLUSION CRITERIA:

- Subjects not fulfilling the inclusion criteria
- HIV, HCV, HBSAg positive patients,TB joint disease
- Subjects with hypothyroidism and severe anaemia
- Subjects with other systemic diseases as diabetes mellitus, hypertension, rheumatoid arthritis, gouty arthritis, which intervens with the course of treatment

OBSERVATIONS AND RESULTS:

BASED ON ASSESSMENT CRITERIA:

TABLE 2: SHOWING KSHUDA WISE DISTRIBUTION:

KSHUDA	GROUP A	%	GROUP B	%	Total	%
Normal appetite(2-3 times daily)	01	6.66%	03	20%	04	13.33%
Excess appetite(4-5 times daily)	09	60%	05	33.33%	14	46.66%
More than 5 times daily	05	33.33%	07	46.6%	12	40%

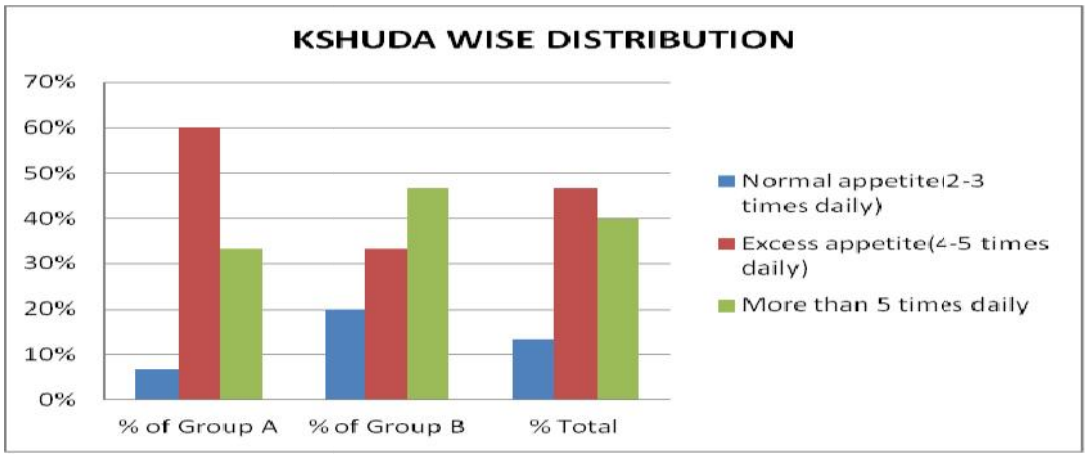


TABLE 3: SHOWING ATISWEDA WISE DISTRIBUTION:

ATISWEDA	GROUP A	%	GROUP B	%	Total	%
Sweating after heavy work/fast movements/or in hot season	02	13.33%	02	13.33%	04	13.33%
Profuse sweating after moderate work and movements	09	60%	10	66.66%	19	63.33%
Sweating after little work and movements	02	13.33%	03	20%	05	16.66%
Profuse sweating after little work and movements	02	13.33%	00	0%	02	6.66%
Sweating even at rest or in cold season	00	0%	00	0%	00	0%

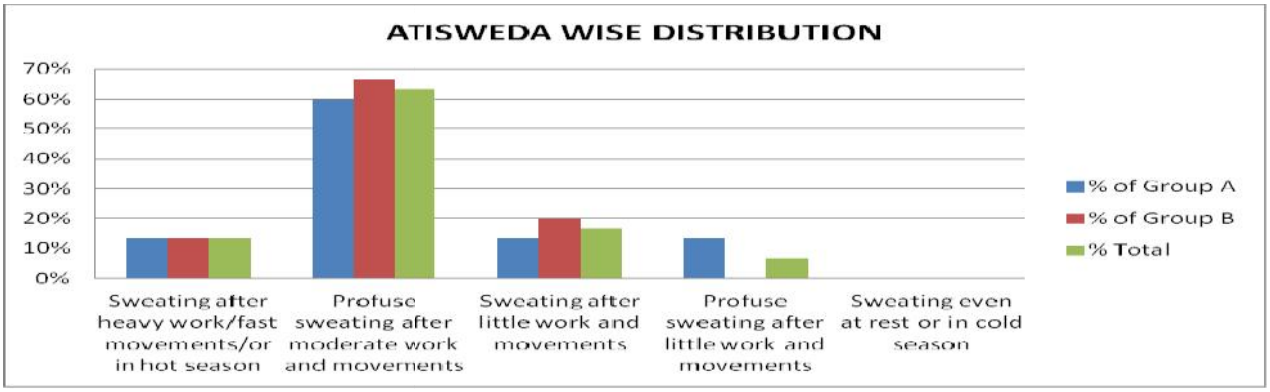
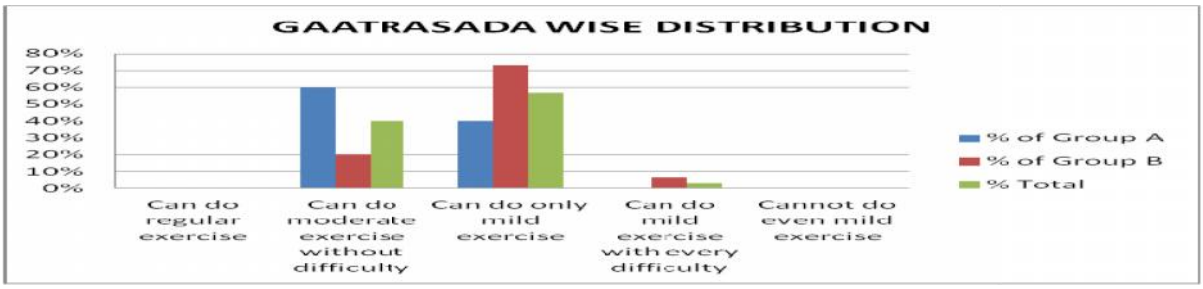


TABLE 4: SHOWING GAATRASADA WISE DISTRIBUTION:

GAATRASADA	GROUP A	%	GROUP B	%	TOTAL	%
Can do regular exercise	00	0%	00	0%	00	0%
Can do moderate exercise without difficulty	09	60%	03	20%	12	40%
Can do only mild exercise	06	40%	11	73.3%	17	56.66%

Can do mild exercise with every difficulty	00	0%	01	6.6%	01	3.33%
Cannot do even mild exercise	00	0%	00	0%	00	0%



SANDHIGATA VATA:

TABLE 5: SHOWING VATAPOORNADRUTI SPARSHA WISE DISTRIBUTION:

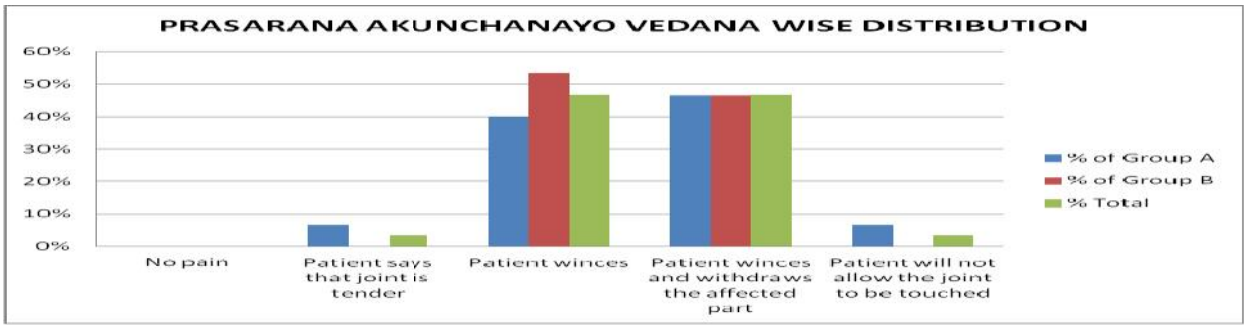
VATAPOORNA DRUTISPARSHA	GROUP A	%	GROUP B	%	TOTAL	%
Present	15	100%	15	100%	30	100%
Absent	00	0%	0	0%	00	0%

TABLE 6: SHOWING SHOTHA WISE DISTRIBUTION:

SHOTHA	GROUP A	%	GROUP B	%	TOTAL	%
Present	15	100%	15	100%	30	100%
Absent	00	0%	0	0%	0	0%

TABLE 7: SHOWING PRASARANA AKUNCHANAYO VEDANA WISE DISTRIBUTION:

PRASARANA AKUNCHANAYO VEDANA	GROUP A	%	GROUP B	%	TOTAL	%
No pain	00	0%	00	0%	00	0%
Patient says that joint is tender	01	6.6%	00	0%	01	3.33%
Patient winces	06	40%	08	53.3%	14	46.66%
Patient winces and withdraws the affected part	07	46.6%	07	46.6%	14	46.66%
Patient will not allow the joint to be touched	01	6.6%	00	0%	01	3.33%



RESULTS:

TABLE 8: SHOWINGEFFECT OF THERAPY ON KSHUDA:

Group	Parameters	BT Mean	AT Mean	Mean Diff	% Of Relief	SD	SE	t	p	Remarks
A	Kshuda	1.26	0.46	0.8	63.49%	0.64	0.16	4.67	<0.001	significant
B		1.26	0.53	0.73	57.93%	0.57	0.60	4.20	<0.001	significant

TABLE 9: SHOWINGEFFECT OF THERAPY ON ATISWEDA:

Group	Parameters	BT Mean	AT Mean	Mean Diff	% Of Relief	SD	SE	t	p	Remarks
A	Atisweda	1.06	0.26	0.8	75%	0.40	0.10	7.48	<0.001	Highly significant
B		1.33	0.66	0.67	50.37%	0.47	0.12	5.25	<0.001	Highly significant

TABLE 10: SHOWINGEFFECT OF THERAPY ON GAATRASADA:

Group	Parameters	BT Mean	AT Mean	Mean Diff	% Of Relief	SD	SE	t	p	Remarks
A	Gaatrasada	1.4	0.33	1.07	76.4%	0.45	0.11	8.89	<0.001	Highly significant
B		1.53	0.60	0.93	60.78%	0.77	1.16	4.51	<0.001	significant

TABLE 11: SHOWING EFFECT OF THERAPY ON VATAPOORNADRUTI SPARSHA

Group	Parameters	BT Mean	AT Mean	Mean Diff	% Of Relief	SD	SE	t	p	Remarks
A	Vatapoorna druti sparsha	04	2.33	1.67	41.75%	0.80	0.20	7.76	<0.001	Highly significant
B		04	2.8	1.2	30%	0.64	0.22	5.99	<0.0001	Highly significant

TABLE 12: SHOWING EFFECT OF THERAPY ON SHOTHA:

Group	Parameters	BT Mean	AT Mean	Mean Diff	% Of Relief	SD	SE	t	p	Remarks
A	Shotha	03	1.73	1.27	42.33%	0.69	0.10	7.48	<0.001	Highly significant
B		03	2.06	0.94	31.3%	0.58	0.12	5.25	<0.0001	Highly significant

TABLE 15: SHOWINGEFFECT OF THERAPY ON PRASAARANAAKUNCHANAYO VEDANA

Group	Parameters	BT Mean	AT Mean	Mean Diff	% Of Relief	SD	SE	t	p	Remarks
A	Prasaranaakunchanayo vedana	2.53	0.93	1.6	63.24 %	0.7	0.18	8.54	<0.001	Highly significant
B		2.46	1.66	0.8	32.52 %	0.4	0.10	7.48	<0.001	Highly significant

TABLE16: SHOWING OVERALL RESULTS OF STUDY IN TWO GROUPS:

PARAMETERS	GROUP A (in %)	GROUP B (in %)	DIFFERENCE	PERCENTAGE OF VARIATION	INTERPRETATION
Kshuda	63.49%	57.93%	5.56%	8.75%	Effect of therapy 0n kshuda is more effective in Group A
Gaatrasada	76.4%	60.78%	15.62%	20.44%	Effect of therapy 0n gaatrasada is more effective in Group A
Shotha	42.33%	31.33%	11%	25.98%	Effect of therapy on shotha is more effective in Group A
Vatapoornadruti Sparsha	41.75%	30%	11.75%	28.14%	Effect of therapy 0n vatapoornadruti sparsha is more effective in Group A
Atisweda	75%	50.37%	24.63%	32.84%	Effect of therapy 0n atisweda is more effective in Group A

After observing the table, its clear that therapy is more effective in Group A more than Group B.ie,following *ahara-vihara* along with *navaka guggulu* is more effective in *medojanyasandhigatavata*. Out of all these assessment parameters, effect of therapy is having less relief on *kshuda* (8.75%), *prasaranakunchanayo vedana* is having more relief (48.57%).

DISCUSSION

In this study, prime *nidana* for the *medojanyasandhigatavata* are *medorogas and sandhigatavata*.

1) Due to *adhyashana of ksheera,ikshu vigaras,masha* etc and *viharas* such as *avyayama, divaswapna, manasika karanas* such as *harsha nityatvat, achintana* and avoidance of other works leads to reserve of *medas* in the body which causes *medovridhi* and leads to *atyagni* which causes *vata prakopa* and leads to the excessive pressure over the *janu sandhis* (weight bearing joints)which causes *shoshana of sleshaka kapha in janu sandhis* and leads to *karmataha kshaya of vyana vata* and leads to *margaavarana*.It finally leads to *asthidhatu kshaya* which in turns leads to *sandhigatavata*.

i.e, *Atisevana of katurasa*, predominent of *vayu and agni mahabhuta, atikashayarasasevana*, predominent of *vayu and prithvi mahabhuta, sheeta aharas* leads

to *dhatu kshaya* and *srotorodha* which in turn leads to *medojanyasandhigatavata*. Individuals on thinking to reduce body weight, used to follow *alpabhojanam, abhojanam*. This causes *dhatukshaya*. In the absence of *ahara,rasa dhatu* will not get proper *poshana*, subsequently the other *dhatus* too. *Dhatukshaya* is one of the *karanas* for *vataprakopa* and it will leads to *sandhigatavata.Medorogis* are more prone to *sandhigatavata* i.e due to *margavarana* and *margavarana* itself is one of the cause for *vatavyadhi*.

2) *Nidanas* causes *poshya medodhatu* vriddhi leading to the *prakopa of medas* which leads to *margaavarana* to the flow of *poshaka medodhatu* which in turn leads to *khavaigunya in sandhi* and causes *asthidhatu kshaya in tarunasthis of janusandhi* which finally leads to *sandhigatavata.*

CONCLUSION

Medojanyasandhigatavata is caused due to *sevana of masha, ksheera vikaras, ikshuvikaras, bhojanottara jalapana, atisnana, divaswapna, avyayama, achintana* among elderly women of 40-60 years and is considered as santarpanajanyavyadhi. Effect of *aharas* such as *masura, kulatha, adhaki, madhu, tilataila, lashuna, pakwadadima, draksha, bhojanapoorvaushnajalapana and viharas such as atapasevana, bhushayya, chankramana, ushnajala snana* along with *oushada as navakaguggulu* is having statistically significant result in the management of Medojanyasandhigatavata. *Navakaguggulu* is one the best medicine which acts as *medohara, sleshma-vatahara,vedanahara*. It is observed that out of 30 subjects, 26.66% had marked relief, 53.33% had moderate relief, 20% had mild relief.

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