

## A CLINICAL STUDY ON SANDHIGATA VATA (OSTEOARTHRITIS) AND ITS MANAGEMENT BY SRABANI (*Sphaeranthus indicus* Linn) AND PANCHATIKTA GHRITA KSHEER BASTI

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### ABSTRACT

Osteoarthritis is most common degenerative joint disorder, affected specially knee joint and hip joint. Pain and stiffness of joints are main features of osteoarthritis. In *Ayurveda* it can be correlated with *Sandhigata Vata* where aggravated “*Vayu*” affects “*Sandhi*” and produces *Sandhishool*, *Sandhisotha*, *Sandhistabdhata* etc. In this clinical study 90 patients of *Sandhigata vata* are selected according to inclusion and exclusion criteria. Then total patients are divided into two groups. Group A has been treated by Powder *Shrabani* (3 gm twice after meal with lww) and Group B patients has been treated by *Pancha-Tikta Ghrita Ksheer Basti* followed by *Abhyanga* (by Teel Oil) and *Nadi Swedan* by *Dasamool Kwath*. After administration of drug and therapy it has been seen that sign and symptom of Gr-A patients (*Sandhishool*, *Sandhisotha*, *Sandhistabdhota*, *Sparsha-asahatwa*, *Akunchan-Prasaran Asaktha*) have been reduced respectively (42.57%, 58%, 56.2%, 56.2%, 51.28%) whereas in Gr-B, it has been reduced respectively (67.05%, 64.8%, 65.35%, 71.62% and 51.28%). So it has been revealed that *Sodhan* therapy is much better effective than *Saman* therapy. In case of *Sandhigatavata*, there is no change in objective criteria after completion of therapy.

**Keywords:** *Sandhigata Vata*, *Sandhishool*, *Sandhisotha*, *Sandhistabdhata*, *Pancha-Tikta Ghrita Ksheer Basti*

### INTRODUCTION

Osteoarthritis consists of two word — “Osteo” and “Arthritis”. “Osteo” means bone and “arthritis” means painful inflammation and stiffness of the joints. It is more common with age, both men and women have the disease, before age of 45, more men than women, after age of 45 it is more common in women.<sup>(1)</sup>

Osteoarthritis is the most common joint disorder in the United States. Among adults 60 years of age or older the prevalence of symptomatic Knee OA is approximately 10% in men & 13% in women.<sup>(2)</sup>

In *Ayurveda* “*Sandhigata vata*” has been co-related with osteoarthritis. When aggravated *vayu* affects “*Sandhi*” and produce “*Sandhinasa*”, “*Sandhishool*”,

“*Sopha*” named “*Sandhigatavata*”<sup>(3)</sup> with advancement of modern medical science a number of drugs, physical measures and surgical measures have been developed for patients. No specific disease modifying therapy is available. Moreover the drugs are not free from toxicity and surgical measures have limitation. But in *Ayurveda Samhita*, there are many drugs & therapy mentioned which having fruitful result on *sandhigata vata* – less complicated and cost effective. In present study on “*Sandhigatavata*” the role of *Srabani (Sphaeranthus indicus Linn)* itself and the role of *Pancha-Tikta-Ghrita-Ksheer. Basti* followed by *Abhyanga-Nadi Svedan* has been estimated through the clinical trial.

#### Aim & Objectives

- To disclose the efficacy of cheap, less complicated, easily available medicine and therapy for treatment of *sandhigata vata*
- To compare *sodhana chikitsa* with *samana chikitsa*.

#### Materials & Methods:

#### Diagnostic Criteria (Subjective) :

#### Table (1): SCORING SYSTEM :

Sr. No.	Parameter	Observation	Scale
1.	<i>Sandhishula</i>	i) No pain ii) Mild pain with difficulty in flexion and extension iii) Tolerate pain with slight difficulty in flexion and extension iv) Moderate pain with much difficulty in flexion & extension v) Severe pain with restricted movement	0 1 2 3 4
2.	<i>Sandhisotha</i>	i) Absent ii) Swelling but not apparent iii) Swelling obvious on lesser than 2 joints iv) Swelling obvious greater than 2 & less than 4 joints v) Swelling obvious more than 4 joints	0 1 2 3 4
3	<i>Sandhi Stabdhatva</i>	i) No stiffness ii) Stiffness sometimes iii) Stiffness quiet often iv) Stiffness continuous in daytime v) Stiffness continuous in day & night	0 1 2 3 4
4.	<i>Sparsha asahatwa</i>	i) No <i>sparshasahatwa</i>	0

The main materials & methods of clinical study are patients, drug and therapy.

#### Patients:

90 patients are selected according to inclusion and exclusion criteria.

#### Inclusion criteria:

- Age group : 45-70 years
- Sex : Both male and female
- Patient not having other complication associated with arthritis.

#### Exclusion Criteria:

- Rheumatoid Arthritis
- Psoriatic Arthritis
- Diabetes mellitus
- Hypothyroidism

#### Grouping of patients as per schedule medicines and therapies.

**Group A:** Sixty (60) numbers of patients have been treated with powder of *Srabani* in the dose of 3gm BDPC with LWV.

**Group-B:** Thirty (30) numbers of patients have been treated by *Abhyanga* by Teel oil followed by *Nadi Svedan* with *Dasamool Kwath* followed by *Panchatikta ghrita – Ksheer basti*.

		ii) Mild touch causes little <i>sparsha asahatwa</i>	1
		iii) Little touch causes moderate <i>sparsha asahatwa</i>	3
		iv) Little touch causes severe <i>sparsha asahattwa</i>	4
5.	<i>Akunchan Prasaran Ashaktha</i>	i) Absent	0
		ii) Mild	1
		iii) Moderate	2
		iv) Severe	3

### Diagnostic Criteria (Objective) :

- i. Blood for Hb%, TC, DC, ESR
- ii. Blood for Sugar [F. & P.P.]
- iii. Blood for RA for Uric acid & ASO titer
- iv. X-ray of Joint.

### Observation & Results

In this present study on “*Sandhigata Vata*” it is observed that Osteoarthritis is common to the elderly

patients (75%), female patients (72%), housewives (35%), HIG (50%), Tobacco addicted (65%) are more affected.

The mean scoring of standard deviation, standard error, percentage of relief, ‘t’ value, ‘p’ value of different symptoms of two groups are given below :

Group – A  
(Total Patient = 60)

**Table 2**

Features	Mean Scoring		% of Relief	SD	SE	‘t’ value	‘p’ value
	BT	AT					
<i>Sandhishula</i>	3.5	2.01	42.57%	1.578	1	0.489	<0.01
<i>Sandhisotha</i>	2.93	1.03	58%	1.532	0.199	7.286	<0.09
<i>Sandhistabdhata</i>	3.05	2.01	42.5%	1.57	1	0.489	<0.01
<i>Sparsha asahata</i>	2.67	1.58	40.82%	1.47	0.42	2.56	<0.02
<i>Akunchan Prasaran Ashakha</i>	2.89	1.67	42.21%	1.25	0.43	2.9	<0.01

**Table 3:** Group – B (Total Patient = 30)

Symptoms	Mean Scoring		SD	SE	% of Relief	‘t’ value	‘p’ value
	BT	AT					
<i>Sandhishool</i>	3.43	1.13	2.38	0.434	67.05%	5.29	<0.001
<i>Sandhisotha</i>	2.93	1.03	1.97	0.359	64.8%	5.47	<0.001
<i>Sandhistabdhata</i>	3.06	1.06	2.13	0.395	65.35%	5.47	<0.001
<i>Sparsha asahata</i>	3.63	1.03	2.393	0.4369	71.62%	5.95	<0.001
<i>Akunchan Prasaran Ashakha</i>	1.73	1.33	1.48	0.2705	51.28%	4.91	<0.01

Diagnostic Criteria (Objective) has no such change after completion of Drug and Therapy in this study.

## DISCUSSION

It has been discussed earlier that “*Sandhivata*” *vatavyadhi* where aggravated *vayu* affects *sandhi* causes *sandhinasa*, *sandhishool*, sofa named “*Sandhivata*”. *Sandhivata* is less or more similar to the sign and symptom of Osteoarthritis of modern medicine. So in this present study “Osteoarthritis” has been taken into consideration as the modern correlation of the *Ayurvedic* ailment of “*Sandhivata*”, “*Vayu*” is prime factor for causing degeneration of all *dhatu*s as “*asthi*” and *sandhi* is consult with the activities. So, in natural way there are more action of *vayu* persists.

Though literally review of the drug “*Srabani*”, vivid references have been revealed that it consists of *Tikta-Katu* rasa, *Laghu-Ruksha* guna, *Usna birjya*, *Katu bipak*. (4) But it’s action over *dosa* has been found that it is a potent *vata-nasak* and definitely it’s *usna birja* property is the root cause of pacifying *vata*.

Though the *saman* therapy is usually introduced to the vatic patients yet we know that *sodhan* karma followed by *saman* therapy should be the ideal therapy for all sorts of *vata-vyadhi* as well as “*Sandhivata*”. In present study it has been tried to evaluate the efficacy of *saman* therapy as well as *sodhan* therapy and the comparison of their action. In *sodhan* therapy *abhyanga* with Teel Oil, followed by *Nadi swedan* with *Dasamool* decoction then *Kala basti* (5) where ten (10) *anuvasan bastis* with *Panchatikta Ghrita* and six (6) *Niruha Bastis* by *Panchatikta ksheera* have been administered.

In literature review almost all the ingredients which are used in *Basti* karma are *Panchatikta Barga* (6) (*Potal*, *Vasak*, *Kantikari*, *Guruchi*, *Neem*) along with *Ksheera* potent *vatanasak* and *snehana-swedana karma* are also the therapy which are established as *vata-prashamok*<sup>(5)</sup> therapy.

In clinical study 100 established case of “*Sandhigata vata*” within age group of 45-50 years, irrespective of sex, religion, income status, education, habitat, economical status etc have been selected from the

OPD of the J. B. Roy State Ayurvedic Medical College & Hospital and I.P.G.A.E.&R. at Shyamadas Vaidya Shastra Pith, Kolkata. Some exclusion criteria like – Diabetes Mellitus, Hypertension, Cancer etc. have been followed during selection of the patient. In demographical point of view it has been revealed that female patient, age group 56-75 years, Housewives, Patients belonging high income group and more literate people have been affected by *Sandhigata vata*.

The total patients have been randomly categorized into two groups as per their treatment schedule where as Group-A patients (60) have been treated by *Pow Srabani* (*Spharanthus indicus*) in the dose of 3 gm twice daily after meal with lukewarm water. Group-B patients have been treated by *Abhyanga* by Teel oil followed by *Nadi Swedan* by *Dasamool Kwath* and *Basti karma* (by *Panchatikta Ghrita* as *Anuvasana Basti* for 10 day and *Panchatikta ghrita ksheer* as *Niruha Basti* for 6 days) for 16 days.

The sign & symptom have been scored accordingly has been recorded. Scoring system has been followed to assess the severity index. Datas of both groups of Patients before treatment and after treatment have been calculated mathematically and later statistically to evaluate the significance of the therapy. It has been revealed that the sign & symptom (*Sandhishool*, *Sandhisotha*, *Sandhistabdhata*, *Sparsha-asahattwa*, *Akunchan-Prasaran Asakhtha*) of Group-A patient have been reduced (42.57%, 58%, 56.2%, 56.2%, 51.28%) and statistically P value found respectively – <0.01, <0.001, <0.01, <0.02, <0.01.

Likewise sign and symptoms (*sandhishool*, *sandhisotha*, *sandhistabdhata*, *sparsha-asahattwa*, *akunchan prasaran asaktha*) of Group B patients are reduced respectively (67.05%, 64.8%, 65.35%, 71.62% and 51.28%). And statistically P value found respectively – <0.001, <0.001, <0.001, <0.001, <0.01.

During the course of the therapy of both the Group nothing significant adverse affects has been ob-

served. *Saman* therapy (Gr. A) treated with Powder *Srabani* in dose of 3 gm BDPC with luke warm water also showed the significant relieving effect. Yet in *sodhan* therapy (Gr. B) patients got much better relieving effects which are mathematically & statistically established.

The results and incidence clearly suggests that biopurification of *sodhan* therapy is very much needed to the *vatic* patients or in other hand it could be stated that the demand or claim of our classics that “*Basti Karma*” is half of treatment is true and sustainable.

## CONCLUSION

So the following point to be concluded –

- *Saman* therapy with *Srabani* powder is effective & statistically significant towards the relieving of signs are 0.1 P value.
- The effect of *Shodhan* therapy (*Abhyanga* by teel oil followed by *Nadi swedan* with *dasmool kwath* followed by *panchatikta ghrita ksheer Basti Karma*) is much better effective toward P value which is better than Gr. A or *saman* therapy.
- Both the therapies are safe and effective & future worker of this field could intervene in illustrated way for the safe of the suffering humanity of this field.

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