CLINICAL EVALUATION OF THE EFFECT OF VIDANGADI UPANAHĀ IN THE MANAGEMENT OF SANDHIVATA (OSTEOARTHRITIS)

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ABSTRACT

Sandhivata (Osteoarthritis) is the most common vata vikara in present time. Due to effect of aging, there is structural and physiological deformity in the bones and joints occur. The people of modern era are more prone to this disease because there is lack of physical work, balance nutritional elements in diet and more mental stress and sedentary lifestyle. Due to these reasons, this disease affects people in early age and becomes more severe in old age. Abhyang, Pariseka, Lepa, Upanaha, in the form of external application, have special importance in the treatment of Sandhivata. In present study a drug Sandhivata (Osteoarthritis) is the most common vata vikara in present time. In present study a drug combination was selected from the drugs indicated in ayurvedic texts and hypothetical vidangaadi yoga was prepared. This yoga was applied on the 15 patients of osteoarthritis of knee joint in the form of upanaha. Encouraging results were obtained in the symptoms of Sandhivata (Osteoarthritis) i.e. Sandhishool, Sandhishopha, Sandhigraha, Sandhisphutan, Prasrana akunchana cha vedana and a significant improvement in daily routine life of these patients.

Keywords: Osteoarthritis, Upanaha.

INTRODUCTION

Today’s modernization has led to faulty diet habits, bad postures, change in lifestyle which leads to vitiation of vata dosha and Sandhivata (Osteoarthritis) is the most common vata vikara in present time. It causes pain, swelling and reduced motion in joints\(^6\). It can occur in any joint but usually it affects knees and hips. Due to effect of aging, there is structural and physiological deformity in the bones and joints occur. The people of modern era are more prone to this disease because there is lack of physical work, balance nutritional elements in diet and more mental stress and sedentary lifestyle\(^8\). Due to these reasons, this disease affects people in early age and becomes more severe in old age. There are several natural strategies that may be employed by various pathies in the management of Osteoarthritis. But still it is a burning problem in our society for human kind. In Ayurveda, there are many curative and preventive measures for the management of sandhivata. Upanaha is the one of these Ayurvedic measures\(^3,7,11\).

Aim and Objective- The aim of study was to assess the efficacy of Vidangadi Upanaha in management of Osteoarthritis of knee joint.

Material and Method- After a detailed preliminary screening 15 patients of osteoarthritis of knee joint were selected from O.P.D. and I.P.D. of Rishikul Govt. Ayurvedic Hospital, Haridwar. The patients were administered Vidangadi upanaha on
the affected knee joints. The treatment was given for 21 days continuously.

**Ingredients of Upanaha**- Vidangadi Upanaha is a hypothetical compound made by the selection of drugs used in lepa and upanaha in sandhivata and vatavyadhi \(^\text{1,3,7}\) i.e.

\textbf{Vidanga, Vacha, Erand, Rasna, Bilwa, Saunf, Daruharidra, Yava, Nirgundi, Shuntthi.}

**Probable mode of action**- The drugs taken in Vidangadi Upanaha have Shoolprashmana, Sheetaapanayan, Vatashamak, Vedanaasthapana, Vatakaphprashamana, Vatanulomana properties \(^\text{4,10}\). So the combination applied as Upanaha may be helpful to remove sign and symptoms of sandhivata. The Guru, Ushna, Snigdha, Teekshna and Sukshma guna of the drugs may increase blood circulation and sweating, in turn it removes toxins and helpful in suppressing the stiffness of the joints \(^\text{9,2}\).

**Method of preparation and Application of Upanaha** - For the present study the Vidangadi upanaha was made by a combination of 10 drugs as stated above taken in equal quantity and powdered. To make Upanaha 100gms powder was mixed with sufficient water to make kalka and 25ml oil (Til tail) \(^7\) added and the kalka was heated till it became paste like material \(^6\).

This prepared Upanaha was applied in a lukewarm state over the knee joint after doing light massage on the knee joint with Mahanarayana tail \(^7\). After that joint was covered with Erand patra and tied by a cotton bandage. Mostly patients were directed to apply Upanaha for the period of overnight \(^6,2\).

**Inclusion Criteria**: Knee joint pain with restriction of movement and Clinical features suggesting Osteoarthritis.

**Exclusion Criteria**: Rheumatoid arthritis, Gout, recent trauma likely to be associated with considerable tissue damage, acute swollen joints were excluded.

**Assessment Criteria**- Following symptoms of Osteoarthritis were assessed in patients before and after the clinical trial by grade score method:

- Sandhishool (Pain)
- Sandhishopha (Swelling)
- Sandhigraha (Stiffness)
- Sandhisphutan (Crepitus)
- Prasarana akunchana cha vedana (Pain in movement) \(^6,2\)

**Observation**

**Table-1 Improvement in sign and symptoms of Sandhivata according to grading score** \(^5\)

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Symptoms</th>
<th>Mean Score</th>
<th>Diff.</th>
<th>% of relief</th>
<th>SD +_</th>
<th>SE +_</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT</td>
<td>AT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Sandhishool</td>
<td>43</td>
<td>13</td>
<td>30</td>
<td>69.77</td>
<td>0.65</td>
<td>0.16</td>
<td>11.83</td>
</tr>
<tr>
<td>2</td>
<td>Sandhishopha</td>
<td>24</td>
<td>9</td>
<td>15</td>
<td>62.50</td>
<td>0.53</td>
<td>0.13</td>
<td>7.24</td>
</tr>
<tr>
<td>3</td>
<td>Sandhigraha</td>
<td>23</td>
<td>7</td>
<td>16</td>
<td>69.57</td>
<td>0.70</td>
<td>0.18</td>
<td>5.87</td>
</tr>
<tr>
<td>4</td>
<td>Sandhisphutan</td>
<td>24</td>
<td>8</td>
<td>16</td>
<td>66.67</td>
<td>0.51</td>
<td>0.11</td>
<td>9.02</td>
</tr>
<tr>
<td>5</td>
<td>Prasaran akunchana vedana</td>
<td>30</td>
<td>13</td>
<td>17</td>
<td>56.67</td>
<td>0.51</td>
<td>0.13</td>
<td>8.5</td>
</tr>
</tbody>
</table>

**Graph-1**
Result- Total 15 patients were registered for trial. Among them there were 11 female and 4 male. According to age the maximum numbers of patients were of age 30-39yrs. It proves that the incidence of Sandhivata is increasing in middle age probably due to faulty diet habits and sedentary lifestyle, which is becoming more common in modern era. The response of Upanaha administration found as 69.7% relief in Sandhishool, 62.50% in Sandhishopha, 69.7% in Sandhigraha, 66.6% in Sandhisphutan and 56.6% in Prasaran-akunchan vedana. These results of study prove that the patients got relief in most of the symptoms by this treatment. The daily routine life and physical activities were found improved with the course of this application.

CONCLUSION

- Upanaha is very effective local and external measure for the treatment of Sandhivata.
- Vidangaadi upanaha provides immediate relief in pain and relieves other symptoms with regular application for a period of 2-3 weeks.
- No patient reported any adverse effect of this treatment.

REFERENCES

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