



Ayurvedic management of Sandhivat - A Case Study

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Knee arthritis is the analogy of Vatavyadhi termed as Sandhivata in Ayurveda possessing similar symptoms like pain, limited range of motion, crepitus with bony enlargement. Vata is vitiated by Rooksha Aahar (Dry food material) and Ativyaama (Excessive exercise). It mostly affects the body's weight-bearing joints, particularly the knee, hip, and lumbar spine Sandhigata Vata is the most frequent type of articular condition, and it makes daily activities like walking, dressing, and bathing difficult for the person. Shula, Sotha, Vata Poornadriti Sparsha and difficulties flexion and extension of the Sandhi are the most common symptoms of the condition. The allopathic treatment provides the symptomatic relief but the underlined pathology remains untreated due to absence of effective therapy and also giving rise to many side effects, toxic effects and adverse reactions.

Keywords: Osteoarthritis, Sandhivat, Joint Degeneration, Cartilage Wear, Synovial Fluid Reduction, Inflammation, Joint Pain, Stiffness, Ayurvedic Treatment

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Introduction

In India, 15% of the population has arthritis. Even though better nutrition and cleanliness have extended life expectancy, the prevalence of arthritis has grown.[1] In India, the prevalence of osteoarthritis, one of the most prevalent Osteoarthritic conditions, ranges from 22% to 39%. Women are more likely than men to have OA.[2] The age range that this condition primarily affects is 40. By the age of 40, almost everyone has some kind of pathologic alteration in their weight-bearing joints.[3] *Sandhivata* is a *Vatavyadhi* affecting people in the *Vridhavastha*. [4] Because vitiated *Vata* is reflected in *Dhatu Kshaya* and *Lakshanas*, which are characteristics of the ailment, *Dravyas*, which have the qualities of *Brimhana*, *Shoolahara*, *Stambhahara*, and *Balya*, are part of the diet and treatment. The Vedic literature does not specifically describe *Sandhivata* as a sickness. A mention of *Ashwinikumaras'* expertise in treating joint disorders may be found in the *Rigveda*. [5] With the exception of *Sharangadhara Samhita*, *Samhita Granthas* have detailed illness of the *Sandhivata* with *Lakshana* and *Chikitsa* under *Vatavyadhi*. Current science has conducted a great deal of study and provides a thorough description of the condition, but as of yet, medicine has not found a cure for OA, which has led to an increase in the use of alternative remedies.

Case Report

History of present illnesses

A 55-year-old female patient was asymptomatic nine months prior, but over time, she developed symptoms like minor swelling in the right knee joint since three months, stiffness in both knee joints since five months, and pain in both knee joints and trouble walking since 7-8 months. Which are briefly mentioned in Table 2. She experienced recurring constipation problems, which are type 1 in consistency [Table 3]. Even after taking an analgesic, there was no improvement in the symptoms, which were only growing worse over time. The patient did not have a history of diabetes mellitus or hypertension. In order to receive Ayurvedic treatment, she went to the outpatient department of the Pt. Khushilal Sharma Government Ayurvedic College and Hospital in Bhopal, Madhya Pradesh, India, specifically the OPD of the Arthritis Clinic (*Aamvat*).

Examination of patient including vitals examination, *Ashtavidha Pariksha* (eight systemic examination) & specific locomotor system examination is mentioned in Tables 4, 5 & 6, respectively, & after obtaining written inform consent, treatment was started on inpatient department level.

Table 1: Demographic detail

Age	55
Sex	Female
Address	Kolar
Occupation	House wife
OPD no. / IPD no.	20240044351
Marital status	Married
Socioeconomic status	Middle class

Table 2: Chief Complaints

SN	Chief complain	Duration
1.	Pain in both knee joint (right > left)	6 Month
2.	Difficulty while walking	6 Month
3.	Stiffness in both knee joints for less than 20 min	5 Month
4.	Mild swelling in right knee joints	3 Month
5	Lower back pain	4 Month

Pain assessment by SOCRATES

- Site - Both knee joint, lower back
- Onset - Chronic
- Character - Dull pain
- Radiation - Absent
- Associated Symptoms - Constipation
- Time - 6 month
- Exacerbation - Pain increased with physical activity
- Severity - Moderate

Table 3: Associated Complain

SN	Associated Complain	Duration
1.	Constipation	On/Off

Past History - No history of trauma or fall was reported.

Medication History - Patient had not taken any previous treatment.

Personal History

Food Habits: Excessive intake of spicy food

Sleep: Disturbed due to pain

Addiction: No any addiction of alcohol and tobacco.

Family History: No significant family history was reported.

Table 4: Ashtavidha Pariksha

Nadi	Vata, Pitta
Mala	Sama Mala
Mutra	Samyak
Jivha	Nirama
Shabda	Prakrut
Sparsha	Sheetushana
Druka	Prakruta
Aakruti	Madhyam

General Examination

Table 5: Vital Examination

Blood pressure	130/90 mmHg
Respiratory Rate	17/Min
Pulse	75/Min
Temp.	98.4°F
Pain	Knee joint, lower back

Table 6: Other general examinations

SN	Other	Findings
1.	Pallor	Absent
2.	Icterus	Absent
3.	Clubbing	Absent
4.	Cyanosis	Absent
5.	Oedema	Absent
6.	Lymph node	Absent

Examination for Locomotor System (systemic examination)

Inspections

- Difficulty and pain in both knee joints while walking for long duration
- Mild Swelling over right knee joint
- Knee flexion deformity on right knee (genu varum deformity)
- Heberden node absent
- Reflexes are intact
- No any scar
- No varicosities are seen
- No any structural deformity in left knee joint

Palpation

- Crepitus present in both knee joints
- Affected flexion and extension of right knee joint

Range of movement (ROM)

Right knee joint

Flexion at right knee joint, 60° Extension of right knee joint 0°

Left knee joint

Flexion at Left knee joint, 70° Extension of right knee joint 0°

Tenderness

Right knee - Present

Left knee - Absent

Warmness - absent on both knee joint

Anterior drawer - Absent

Posterior drawer - Absent

Investigation (X - Ray B/L knee joint AP view)



Finding of knee joint x-ray

- Medially tibiofemoral epicondylar space reduced
- Sub chondral sclerosis seen in both knee joints

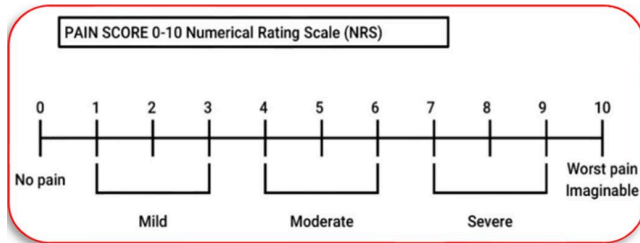
Treatment: The following oral medicines were given

Table 7: Sanshamana Aushadha

SN	Medicine	Dose	Duration	Anupana
1.	Ashwagandha Churna Godanti Bhasma Pippali Churna	3 gm bd 500 mg 500 mg } 1×2 Matra 1 hour after meal	2 months	Maharasnadi Kwatha
2.	Maharasnadi Kwatha	20 ml 1 hour after meal	2 months	
3.	Nucart OA	2 bd 1 hour after meal	2 months	Maharasnadi Kwatha
4.	Rasnadi Guggulu	250 mg bd 1 hour after meal	2 month	Luke warm water
5.	Physiotherapy		6 days	

Table 8: Numerical rating scale (grading system of pain)

SN	Symptoms	BT	AT
1	Both knee joint pain	7	2
2.	Lower back pain	6	0
3.	Difficulty in while walking	9	3
4.	Stiffness	8	1



Discussion

Ashwagandha Churna - *Ashwagandha*, known scientifically as *Withania somnifera*, is a traditional herb used in Ayurvedic medicine. In the context of *Sandhivata*, which is the Ayurvedic term for joint disorders or arthritis, *Ashwagandha* is often used for its anti-inflammatory and pain-relieving properties.

Godanti Bhasma - Given that it is a good source of calcium, it should be utilized in cases of malnutrition and osteoporosis linked to *Sandhivata*.

Rasnadi Guggulu - *Rasana* has painkiller property. [6]

Tablet Nucart OA - This tablet is a nutritional supplement which is used to provide nutrition to the cartilages in conditions such as osteoarthritis. Its content extract of *Boswellia serrata*, and *Chingali Satva* acts as active ingredients which improves joint mobility and prevents cartilage deterioration. [7]

Conclusion

Early diagnosis and treatment using *Shaman* medicines and physiotherapy can effectively cure *Sandhivata*.

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