AYURVEDIC MANAGEMENT OF UPSTAMBHITAND SANDHIGATVATA

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ABSTRACT
Langhana, Sthanik Churnpottalisweda, Bruhatasindhavadi Tail Matrabasti in the management of Upstambhit Sandhigat Vata: According to modern science, upstambhitandsandhigatvata is correlated with Osteoarthritis. It is one of the most devastating chronic condition that affect people around the world. Although the usual population associated with condition is elderly, who are mostly inactive athletes and younger individual and also susceptible. Depending on the population the etiology may differ; injuries, occupational activities and obesity appear to be the most common cause of O.A. in young and athletic population. Diagnosing O.A. in athletes and young individuals is sometimes challenging, because of their increased pain tolerance. Increased and frequent use of NSAIDs is worrying problem as it has so many ADRs on the body. In ayurveda, there are three major vital bioenergies in the human body, among them Vatadosha is important dosha in the body function. Balance of this dosha is responsible for health and imbalance of them results to disease Vatsandhigatavatvyadhi is of two types: Upastambhit and Nirupstambhit. In upstambhitandsandhigatvata, way of vatadosha is obstructed by aama at sandhi. It produces symptoms such as - temperature, swelling, tenderness, restricted movement of affected sandhi. A patient of upstambhitandsandhigatvata was selected for case study. T/t given - Langhana for three days, sthanikchurnpottali swed and bruhatasindhavadi tail matrabasti for eight days. Patient got symptomatic relief.

KEYWORDS: Langhan, sthanikchurnpottalisweda, bruhatsaindhvadi tail T/t, matrabasti, upstambhitandsandhigatvata, nirupstambhitandsandhigatvata, sandhi, aama, O.A.

INTRODUCTION
Vatavyadhi is divided into two type upstambhitand nirupstambhit. The major etiological factors of upstambhitandsandhigatvata arevegsandhataran, divaswapn, aama, abhighatataetc.[1] This vyadhi iscomparable with O.A. It is degenerative joint disease due to the, joint, articular cartilagesand subchondral bone. It is caused by mechanical stress to joints produces symptoms like joint pain, swelling, stiffness.

The incidence of O.A. in India is as high as 12%, it is estimated approximately four out of 100 people are affected by it. O.A. is most common articular disorder begins asymptomatically in the 2rd and 3rd decades and is extremely common by age 70.Almost all persons by age 40 have some pathological changes in weight bearing joint.[2] 25%female and 16% males have symptoms of O.A.[3]

Allopathic T/t has its own limitation in managing this disease. Itcan provide either conservative or surgical treatment and is highly symptomatic and with troublesome side effects, where as such typeof condition can be better treatable by the management and procedure mentioned in ayurvedic text.

Charakacharya described Apatrapanachikitsain Amapradoshajavyadhi.[4] He also described sthanicswedan and basti in vatsoshopkram.[5]

Here, A single case study of upstambhitandsandhigatvata is reported in which Langhan for 3 days. Sthanichurnpottalisweda, bruhatasindhavadi tail matrabasti for 8 days was given. Thenafter patient had gotten symptomatic relief.

CASE REPORT
A 35yr old male patient came to the kayachikitsa OPD of govt. ayurved college nanded, Maharashtra with c/o, angaguruta, kshudhamanda (loss of appetite), bilateral knee joint pain, restricted movement, swellingand difficulty to walk since 1month. Patient did not receive any treatment until he came to ourhospital. Patient was thoroughly examined and detailed history was taken. Patient was farmer by occupation, Patient did not have history of any major illness. Patient had h/o fall off 1 to 1.5 month back. In examination patient was afebrile, PR

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was 80/min, regular, no pallor, icterus was present. On local examination of knee joint patient was having swelling, tenderness, crepitation, painfull extension, flexion. His routine investigation such as CBC, RBS, urine routine, microscopic was within normal range. RA test, Uric acid was done to rule out rheumatoid arthritis and gout respectively. But these investigation was negative. X-ray of bilateral knee joint AP and lateral view was done, x-ray showed the impression such as intra-articular space reduction of bilateral Knee joint, patient was diagnosed as upstambhitsandhidhatvatavata, patient was treated with above mentioned T/t.

### Treatment given

As upstambhitsandhidhatvatavadyadhis comes under the heading of vatavyadhi so line of The T/t is swedanand bastichikitsa. T/t for aam-dosha is langhan. The T/t was planned in two part.

<table>
<thead>
<tr>
<th>1st part</th>
<th>2nd part</th>
</tr>
</thead>
<tbody>
<tr>
<td>Langhan for 3 days</td>
<td>-Sthanikchurnpotalswedan for 8 days</td>
</tr>
<tr>
<td>Exclusively on madguyasha</td>
<td>-Bruhatsaindhvadi tail matrabasti for 8 days</td>
</tr>
</tbody>
</table>

**Contents of churnpotalswedan**

<table>
<thead>
<tr>
<th>Contents</th>
<th>20 gm</th>
<th>20 gm</th>
<th>20 gm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triphala churna</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methichurna -</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>20 gm</td>
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<tr>
<td>Musta churna -</td>
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<td>20 gm</td>
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<td></td>
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</tr>
<tr>
<td>Erand tail -</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>40 ml</td>
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</tbody>
</table>

Matrabasti was given with brahatsaindhvadi tail 80 ml after meal, adding with 1 pinch saindhav, 5gm honey. Bastipratayagaman period was 5-6hrs. After completion of 11 days course of this therapy, the relief of symptoms was as follows.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Before T/t</th>
<th>After T/t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appetite</td>
<td>poor</td>
<td>improved</td>
</tr>
<tr>
<td>Local bilateral knee joint Swelling</td>
<td>present</td>
<td>absent</td>
</tr>
<tr>
<td>Movement of knee joint</td>
<td>restricted</td>
<td>improved</td>
</tr>
<tr>
<td>Distance crossed by Patient within 15 min</td>
<td>30 feet</td>
<td>90 feet</td>
</tr>
</tbody>
</table>

**RESULT**

Patient got symptomatic relief within 11 days.

**DISCUSSION**

**Probable samprampti**

In Ayurveda the upstambhitsandhidhatvatavadyadhis is the avarodhjanyavyadhi. In which vatadoshagati is obstructed aamadosha. As the vitiated doshas circulate in the body and where they find the “kha-vaigunya” i.e.sandhi, they lodged there to produce the disease. This results into symptom-vatpurndrutisparsh, shotha, prarasansankochanyapravrutti savedana. It seems to be similar with O.A.

**Clinical sidhant and mode of action**

The factors influencing the disease were mandagni,vitiatedvadadosha and amadosha, so line of T/t was aampachan to correct agni to maintain prakritstage of dosha-

“Aampradoshajanampunarvikaranamapatarpanaivopam bhavti”

Langhan comes under the T/t of apataranaupkrama. Methi, triphala, musta, churna are usha, ruksha, and their action is of ampachan, vatashamak. Erand tail properties are sukshma, ushna, tikshna, stotovishodhak. Erand is also included in vatashamakgana.

Bruhatsaindhvadi tail is sandhisulagahana and mainly used vatavyadhinashak.

**CONCLUSION**

Thus by the above case study it is concluded that O.A. can be correlated with upstambhitsandhidhatvatavadyadhi. The line of T/t is Aampachan and Vitiated vatadosha shaman. When this chikitsas was given to patient, he got symptomatic relief in every aspect of disease. Itwas an attempt to provide a safe and effective management of patient.

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