

AYURVEDIC MANAGEMENT OF UPSTAMBHITSANDHIGATVATA

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ABSTRACT

Langhana, Sthanik Churnpottalisweda, Bruhatsaindhavadi Tail Matrabasti in the management of Upastambhit Sandhigat Vata: According to modern science, upstambhitsuandhigatvata 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 worring problem as it has so many ADRs on the body. In ayurveda, there are three major vital bioenergies in the human body, among them Vatadoshais important doshain the body function. Balance of this doshais responsible for health and imbalance of them results to disease Sandhigatvatavyadhi is of two types: Upastambhit and Nirupstambhit. In upastambhitsuandhigatvata, 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 upastambhitsuandhigatvata was selected for case study. T/t given- Langhana for three days, sthanikchurnpottaliswed and bruhsaindhavadi tail matrabasti for eight days. Patient got symptomatic relief.

KEYWORDS: Langhan, sthanikchurnpottalisweda, bruhsaindhvadi tail T/t, matrabasti, upastambhitsuandhigatvata, nirupstambhitsuandhigatvata, sandhi, aama, O.A.

INTRODUCTION

Vatavyadhi is divided into two type *upstambhit* and *nirupstambhit*. The major etiological factors of *upstambhitsuandhigatavata* are *vegsandharan*, *divaswapn*, *aama*, *abhighata* etc.^[1] This *vyadhi* is comparable with O.A. It is degenerative joint disease due to the. of joint, articular cartilages and 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 asymptotically in the 2nd 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. It can provide either conservative or surgical treatment and is highly symptom and with troublesome side effects, where as such type of 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 *vatdoshopkram*.^[5]

Here, A single case study of *upstambhitsuandhigatvata* is reported in which *Langhan* for 3 days. *Sthanichurnpottalisweda*, *bruhsaindhvadi 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, swelling and difficulty to walk since 1 month. Patient did not receive any treatment until he came to our hospital. 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

was 80/min, regular, no pallor, icterus was present. On local examination of knee joint patient was having swelling, tenderness, crepitation, painful 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 *upstambhitsuandhigatavata*, patient was treated with above mentioned T/t.

Treatment given

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

1 st part	2 nd part
<i>Langhan</i> for 3 days	- <i>Sthanikchurnpottaliswedan</i> for 8 days
Exclusively on <i>mudgayusha</i>	- <i>Bruhatsaindhvadi tail matrabasti</i> for 8 days

Contents of *churnpottaliswedan*

Triphala churna-20 gm
Methichurna -20 gm
Musta churna-20 gm
Erand tail -40 ml

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

All above contents are mixed, heated for 10 to 15 mins and *pottali* was made for *swedan*.

Symptoms	Before T/t	After T/t
Appetite	poor	improved
Local bilateral knee joint Swelling	present	absent
Movement of knee joint	restricted	improved
Distance crossed by Patient within 15 min	30 feet	90 feet

RESULT

Patient got symptomatic relief within 11 days.

DISCUSSION

Probable *samprampti*

In Ayurveda the *upstambhitsuandhigatavadyadhi* is the *avarodhjanavyadhi*. In which *vatadoshagati* is obstructed *aamdosha*. As the vitiated *doshajas* circulate in the body and where they find the “*kha-vaigunya*” i.e. *sandhi*, they lodged there to produce the disease.^[6] This results into symptom-*vatpurndrutisparsh*, *shotha*, *prasaransankochanyapravrutti* *savedana*.^[7] It seems to be similar with O.A.

Clinical *sidhant* and mode of action

The factors influencing the disease were *mandagni*, vitiated *vatadosha* and *amadasha*, so line of T/t was *aampachan* to correct *agni* to maintain *prakritistage* of *dosha*-

“*Aampradoshajanampunarvikaranamapatarpanaivopaambhavi*”^[8]

Langhan comes under the T/t of *apataranaupkrama*. *Methi*, *triphala*, *musta*, *churna* are *ushna*, *ruksha*, and their action is of *ampachan*, *vatashamak*. *Erand tail* properties are *sukshma*, *ushna*, *tikshna*, *stotovishodhak*.^[9] *Erand* is also included in *vatashamakgana*.^[10]

Bruhatsaindhvadi tail is *sandhishulaghana* and mainly used *vatavyadhinashak*.^[11]

CONCLUSION

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

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