



“TO STUDY THE ROLE OF DASHMULADI GHANA VATI IN THE MANAGEMENT OF JANU SANDHIGATA VATA WITH SPECIAL REFERENCE TO DEGENERATIVE OSTEOARTHRITIS”

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Abstract: Sandhigatavata is a Shoola and shothapradhanavatajananatmajavyadhi affecting loco motor system and leaving the person disable and make him unable to do his daily routine activity also. In the samprapti of SandhigatavataSandhi afflicted by prakupitavata. Ayurvedic measures seem to be more satisfactory because of their simplicity in applicability, easy availability and cost effectively. Sandhigatavata is a serious burning problem of society. It is our contractual obligation to provide proper management to the patients who are suffering from it and to make them get through the problem.

So, the present work has been undertaken “To study the efficacy of Dashmuladighanvati and RasnadiGuggulu as Shamanaoushadhi in Sandhigatavata. In this study Group A - Trial Group 30 patients were treated with DashmuladiGhanavati with dose of 500 mg twice a day with Koshnajala. In this group Group B - Controlled Group 30 patients were treated with RasnadiGuggulu, with dose of 500 mg twice a day with Koshnajala.

From this study can be concluded both the groups Dashmuladighanvatai and RasnadiGuggulu are equally effective in the management of Sandhigatavata.

Key words: Dashmulaghanavati, Sandhigatavata, Osteo arthritis.

I. INTRODUCTION:

According to Ayurveda, all dhatu being undergo kshaya, in 4th decade of life. This lead to vataprakopa and individual is prone to many diseases. Among them sandhigatavata is having a higher incidence. It cripples the person progressively without killing.

The quest of man to live happily lies in being healthy. So health is the elemental factor for happiness. The task of medicine is to preserve and to restore the health by relieving the suffering. Understanding medicine is essential to achieve both those goals, because pain is universally understood as a sign of disease. It is a most common symptom that brings a patient to a physician attention.

Sandhigatavata is a Shoola and shothapradhanavatajananatmajavyadhi affecting loco motor system and leaving the person disable and make him unable to do his daily routine activity also. In the samprapti of SandhigatavataSandhi afflicted by prakupitavata. Sandhis are one of the types of Marma and form a part of madhyamarogamarga. Thus involvement madhyamarogamarga, marmavataadosha and dhatukshaya make the disease kastasadhya or krucchrasadhya.

Acharya Charaka has been recommended drugs comprising of Tiktadravya and ghrita as treatment for Asthyashrivatavata and Sandhigatavata in Charaka Samhita.¹Asthi and majja are chief components of Sandhi which are affected. Although, the knowledge of the disease condition to the modern medical science is known ever since the time of Hippocrates. But modern line of treatment provides a range of analgesics, physiotherapy and lastly surgery which is not the final answer and there is a chance of re-occurrence. An Ayurvedic approach is helpful to improve quality of life in the patient of Sandhigatavata and to certain extent by administering the Ayurvedic treatment, surgical intervention can be avoided or postponed. So, the present work has been undertaken “To study the efficacy of Dashmuladighanvati and RasnadiGuggulu as Shamanaoushadhi in Sandhigatavata.

Aims and Objectives:

To study the role of Dashmuladi Ghana vati in janusandhigatavata with special reference to degenerative osteoarthritis

II. REVIEW OF LITRATURE:

Therapy for O.A (Osteoarthritis) today is palliative .No pharmacologic agent has been shown to prevent, delay the progression of, or reverse the pathologic changes of O.A in humans. Relief of symptoms is the main goal of the therapy. O.A has a mild component of synovial inflammation.

Drug Review: (Trial Group):-Dashmuladi Ghana vati²

Ingradients of **Dashmuladi Ghana vati**:

Dashmool, Rasana, Guggul, Erand, Nirgundi, Rasona, Deodaru, Ashwagandha, Bala, Punarnava, Shalyaki, Aragvadha, Vacha, Gandhprasarni, ParsikYavani, Ajmoda, Chandrashur, Tagar, Guduchi, Shunthi, Marich, Pimpli, Amalaki, Bibhitak, Haritaki, Laksha, Asthishrunkala, Shatavari.

(Control Group):-RasnadiGuggulu: ³

Rasana, ErandMula, Guggulu, Devdaru, Shunthi, Guduchi.

Material and Methods:

All the 100patients of age above 18-60yrs were selected from OPD and IPD of our hospital randomly.

Sample size: 100

Sampling: Simple Random sampling.

Sampling method: Computer generated Random number method.

Inclusion criteria :-

Patients have fulfilling criteria for diagnosis of SandhigataVata in the age group of 40to 60 yrs., irrespective of religion, sex and socio-economic status.

Exclusion Criteria:-

K/C/O Gout (Vatarakt), AmVata (Rhemutic arthritis)

K/C/O Malignancy, Trauma, Cardiac disease, Neurological disorders etc. Associated with SandhigataVata.Pregnant and lactating women's.

III. RESEARCH METHODOLOGY:

Group A - Trial Group:-

In this group 30 patients were treated with DashmuladiGhanavatiWith dose of 500 mg twice a day with Koshnajala.

Group B - Controlled Group:-

In this group 30 patients were treated with RasnadiGugguluWith dose of 500 mg twice a day with Koshnajala.

All the patients were followed up on day 7, 14, 21, 28.

S. N.	Symptom	Group	Diff.	Wilcoxon sign rank w	P Value	Remark	Comparison
1	Pain	Group A	2.00	406	<0.001	significant	Both gp A &gp. B equally effective.
		Group B	1.00	465	<0.001	significant	
2	Tenderne ss	Group A	1.00	120	<0.001	significant	Both gp A &gp. B equally effective.
		Group B	1.00	171	<0.001	significant	
3	Swelling	Group A	2.00	465	<0.001	significant	Both gp A &gp. B equally effective.
		Group B	2.00	435	<0.001	significant	
4	Crepitus	Group A	1.00	378	<0.001	significant	Both gp A &gp.B equally effective.
		Group B	1.00	406	<0.001	significant	
5	Physical function	Group A	1.00	190	<0.001	significant	Both gp A &gp.B equally effective.
		Group B	1.00	253	<0.001	significant	
6	Angle of	Group A	1.00	190	<0.001	significant	Both gp A

	flexion	Group B	1.00	253	<0.001	significant	&gp.B equally effective.
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Table no. 2.% relief of 60 patients after treatment:

Parameter	Group A	Group B
Pain	54.44%	53.33%
Tenderness	65.79%	68.18%
Swelling	61.11%	58.89%
Crepitus	45.00%	48.33%
Physical function	60.00%	70.00%
Angle of flexion	60.00%	70.00%
Average percent improvement	57.72%	61.46%

Table no. 3.Overall results of 30 patients after treatment:

Distribution of patients according to relief:

Overall Effect (patient wise)	No. of patients			
	Group A		Group B	
	Count	%	Count	%
Excellent	05	16.67%	05	16.67%
Moderate	13	43.33%	21	70.00%
Marginal	12	40.00%	04	13.33%
Negligible	00	00.00%	00	00.00%
Total	30	100.00%	30	100.00%

IV. DISCUSSION:

1. AGE: - Sandhigatavata common in old age which the study also shows on observation.

2. Prakruti: - As Sandhigatavata is vata dosh dominant vyadhi, incidence of occurrence of this disease in vata prakruti is more.

4. Occupation: - In the sample of 100 patients farmers and workers are more prominent than other for Sandhigatavata.

5. Socio Economic Status: - This study shows that people from upper class are not as prominent to Sandhigatavata as poor and middle class are.

Probable mode of action -

1. DashmuladiGhanaVati is the drug of choice in case of Dhatukshayjanyasandhigatava. The main contents of the drug in DashmuladiGhanavati are Dashmoola, Guggulu, Rasna, Erand, Shalyaki, Bala, Rasona, Nirgundi, Punarnava, Asthishrunkhala, Ajmoda. Etc all having key role to play in the action of drug.

2. DashmuladiGhanaVati is having Tridoshaghna, Balya, Vedanasthapana, Shulaghna, Shoth-Har, Bruhaniya, Rasayan.
3. All the properties do the action on Dhatukshayjanyasandhigatava which relieves the vayudushti (Vyanvayu) and minimizes the Joint degeneration and maintains the normal and pain free movement of joint.
4. Vedanasthapandravyas Like Dashmoola, Nirgundi, Rasona, Shalyaki, Ajmoda, Punarnava, Rasna, Erand possess shulaghna quality and act as Vedanasthapank and helps in the controlling the pain.
5. The properties like Tridoshaghna, Balya, Shulaghna, Shoth-har, Bruhaniya, Rasayan. etc helps in minimizing the symptoms caused due to degeneration in joint.
6. Rasayandravyas like Guggul, Triphala, Guduchi, Trikatu, Ashwagandha, Bala, Shatawari etc. used in general debility to increase the pain threshold. And gives support to the degenerative bones and weekend muscles involved in the joint.
7. The drugs like Triphala, Shatawari, Asthishrunkhala, Gokshur, Bala etc. contains Madhur rasa which acts as a vatashaman due to its guru, snigdha, picchilguna. Likewise madhurasa is also saptadhatuwardhak. In DashmuladiGhanavatiKaturasadrya like Nirgundi, Guggulu, Rasna, Erandetc are present and it acts as vataghna due to its Ushnaguna properties.
8. Most of the drugs in DashmuladiGhanavati have Katu and Madhurvipak with UshnaVirya and Bruhaniya properties which acts as a Vednasthpak, Shulaghna and Dhatuwardhak.
9. Almost all of the drugs included in DashmuladiGhanavati possess UshnaVirya which in turns acts as a vata and kaphashamak due to its ushnaguna.
10. As Degenerative Osteoarthritis is characterized by painful movement, Inflammation, Restricted movements, Crepitus the drugs like Dashmoola, Guggulu, Rasna, Erand, Shalyaki, Bala, Rasona, Nirgundi, Punarnava, Asthishrunkhala, Ajmoda.etc possesses the vedanasthapak property, hence reduces the symptoms.
11. According to pharmacological action, the drugs like Shalyaki, Ajmoda, Nirgundi, Erand. Etc contains Anti-inflammatory and Analgesic effects in it.
12. In keeping all theories it can be concluded that DashmuladiGhanavati has capability to act at all levels of Samprapti.

V. CONCLUSION:

From present study it can be concluded that treatment by DashmuladiGhanavati&RasnadiGuggulu equally effective in SandhigataVata.

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