

## EFFICACY OF VIRECHAN AND YOGA VASTI IN A CASE OF SANDHIGATA VATA: A CASE STUDY

Arpita Sarkar<sup>1</sup>, Debnarayan Maity<sup>2</sup>

<sup>1</sup>Assistant Professor, Department of Maulik Siddhant, Shree Dhanwantri Ayurvedic Medical College and Research Centre, Mathura, Uttar Pradesh, India

<sup>2</sup>Assistant Professor, Department of Dravyaguna Vijnana, Raghunath Ayurved Mahavidyalaya & Hospital, Contai, West Bengal, India

Email: [arpitamaityjbr@gmail.com](mailto:arpitamaityjbr@gmail.com)

### ABSTRACT

In recent decades *Sandhigata vata* has become a very common problem of women after the age of 50. It is a disease in which *Vata* affects the joints, causing pain, swelling and pain on flexion or extension of the joints. It may occur due to *Vata vriddhi* caused by *Vata prakopak ahar vihar*, *Adharaniya vega dharan*, *Abhighata* or even in case of chronic *ajeerna* or simply due to excessive *kshaya* of other *dosa* or *dhatu*s. The modern allopathic treatment for this condition includes analgesic, calcium supplements and knee replacement surgery in advanced condition of the disease. But it proves to be of little effect and very much expensive. In a developing country like India, where 21.9% population live below the national poverty line (according to 2011 census) and 45% of women after the age of 65 yrs have symptoms and 70% among them show radiological evidence of OA (according to National health portal). This disease has come to our doorstep as a big social problem. Driven by this thinking we tried to find out the solution and by the detailed explanation regarding the management of *sandhigata vata* specially from *Charak Samhita*, we found a very effective treatment. In this treatment not only the symptoms diminished but radiological test shown positive significant changes also.

**Keywords:** *Sandhigata vata*, *Vataprakopa*, *Vegadharana*, *Ajeerna*.

### INTRODUCTION

Our body is composed of seven *dhatu*s. Sequentially the fifth *dhatu* is *Asthi Dhatu*. The whole body is apprehended by *Asthi Dhatu*<sup>(1)</sup>. *Vata dosa* has general site in *Asthi Dhatu* and both are related with *Ashraya-Ashrayee Bhava*<sup>(2)</sup>. Vitiating of *Vata dosa* in joints when produces features like *Vatapurnadritisparsha shotha*, *prasaranakunchanayopravritti cha vedana* i.e. painful swelling in joints and pain on flexion or extension of joints is called *Sandhigata vata*<sup>(3)</sup>.

It is an abnormal stage that occurs in the fourth or fifth decade of life due to *Dhatukshaya* (the progressive decaying in the body structures resulting in various degenerative disorders)<sup>(4)</sup>. This phenomenon limits everyday activities such as walking, sitting etc. and thus making patients disabled or handicapped. The occurrence of this disease in old age and being a *Marmasthisandhigataroga* it becomes *Yapya*<sup>(5)</sup>. *Sandhigata vata* can be correlated to OA in modern medi-

cal science. In this case we report a 59 yrs old female patient complaining of pain, swelling and restricted movements of knee. She was diagnosed as a case of osteoarthritis and was screened on the basis of Kellgrens radiological scale 10 yrs ago and was taking allopathic medicines continuously and was suggested for knee replacement surgery. We selected the patient and diagnosed her as a case of *Sandhigata vata*.

The objective of the treatment is to decrease pain while attempting to maintain or increase the range of movements and to minimise disabilities in daily living activities. Apart from this the prolonged conventional allopathic management of OA which included the administration of analgesic and non steroidal anti inflammatory drugs, but their use neither provided adequate pain neither relief nor deceleration in disease precession. In addition NSAIDs are associated with serious adverse effects.

*Snehan, mridu virechan* and *vasti* which are the prime line of treatment of *vata vyadhi* was given respectively in this case and the result was very encouraging.

#### Materials and Methods

A 59 years old female patient with the below mentioned presenting complaints was 1<sup>st</sup> admitted in our hospital “L. N. Maity International Ayurvedic Medical Research Foundation” at 54, Srinagar Main Road, P.O. – Panchasayar, Kolkata – 700094 on 15<sup>th</sup> June 2018 and discharged on 22<sup>nd</sup> June 2018.

- Gradual onset of pain in bilateral knee joints.
- Swelling of both the knee joints.
- Restricted movements of both the knee joints since last 9-10 years.

Based on the above complaints and previous reports, patient was diagnosed as *Sandhigatavata*. Before taking Ayurvedic treatment, patient had a history of taking NSAIDs and prolonged other conventional treatments. On examination the range of movements of both the knee joints were reduced due to pain. Swelling was present in both the knee joints. X-ray of both the knee joints was taken for radiological assessment and blood investigation like RA factor, ASO titre, ESR, Serum uric acid was done as a part of screening to rule out other diseases.

#### Treatment Protocol

Treatment protocol was planned as 5 days *Snehapana* of *Mahatikta Ghrita*<sup>(6)</sup> then 4 days *Vahya abhyanga* with *Saindhavadi taila*<sup>(7)</sup> and *Nadi swedan* with *Nirgundi*<sup>(8)</sup>, *Eranda*<sup>(9)</sup>, *Kadamba kwath*<sup>(10)</sup>. On the 4<sup>th</sup> day *Virechan karma* done with *Trivilleham*<sup>(11)</sup> and *Samsarjan Krama*<sup>(12)</sup> done on the next 7 days.

After one month she was given *Yogavasti Kalpana*<sup>(13)</sup> with *Saindhavadi taila*<sup>(14)</sup> as *Anuvasana* and *Dashamula Niruhavasti*<sup>(15)</sup>. The *Yogavasti Kalpana* was given bimonthly for 3 times.

**Table-1:** Schedule of Administration of Treatment

Time In Days	Treatment	Drug	Dose	Duration or time of administration
1 <sup>st</sup> -5 <sup>th</sup> day	<i>Snehapana</i>	<i>Mahatikta ghrita</i>	1 <sup>st</sup> - 30ml Last-170ml (Dose increased to achieve <i>madhyama matra</i> of <i>snehan</i> )	At 6 a.m.
6 <sup>th</sup> -9 <sup>th</sup> day	<i>Abhyanga</i> and <i>swedan</i>	<i>Saindhavadi taila</i> and <i>Nishinda Eranda Kadamba kwath</i>	100 ml and 2lit	1hr and 20 mins at around 8 am
9 <sup>th</sup> day	<i>Virechan karma</i>	<i>Trivilleham</i>	40 gm	10 am
10 <sup>th</sup> -16 <sup>th</sup> day	<i>Samsarjan karma</i>	<i>Peya, Vilepi, Yush, Mamsa rasa</i>	According to capacity	Twice a day
30 <sup>th</sup> day	<i>Anuvasan vasti</i>	<i>Saindhavadi taila</i>	100 ml	After lunch

31 <sup>st</sup> day	Niruha vasti	Dashamula niruha vasti	400 ml	Around 8 am
32 <sup>nd</sup> day	Anuvasan vasti	Saindhavaditaila	100 ml	After lunch
33 <sup>rd</sup> day	Niruhavasti	Dashamula niruha vasti	400 ml	Around 8 am
34 <sup>th</sup> day	Anuvasan vasti	Saindhavadi taila	100 ml	After lunch
35 <sup>th</sup> day	Niruha vasti	Dashamula niruha vasti	400 ml	Around 8 am
36 <sup>th</sup> day	Anuvasan vasti	Saindhavadi taila	100 ml	After lunch
37 <sup>th</sup> day	Anuvasan vasti	Saindhavadi taila	100 ml	After lunch
90 <sup>th</sup> day	Yoga vasti started	Saindhavadi taila and Dashamula niruha vasti	Anuvasana - 100 ml Niruha - 400 ml	Anuvasana -After lunch Niruha-around 8 am (in consecutive 8 days)
150 <sup>th</sup> day	Yoga vasti started	Do	Do	Do

### Ingredients of Mahatiktaghrita:

Saptarni (*Alstonia scholaris*), Ativisha (*Aconitum heterophyllum* Wall), Aragwadah (*Cassia fistula*), Tiktarihini (*Picrorrhiza kurroa*), Patha (*Cissampelos pariera*), Mustak (*Cyperus rotundus*), Ushir (*Vetiveria zizanioides*), Haritaki (*Terminalia chebula*), Vibhitaki (*Terminalia bellirica*), Amlaki (*Phyllanthus emblica*), Patol (*Trichosanthes dioica*), Neem (*Azadirachta indica*), Parpatak (*Fumeria officinalis*), Dhanwayavas (*Alhagi camelorum*), Chandan (*Santalum album*), Upokulya (*Abrus precatorius*), Padmak (*Prunus cerasoids*), Haridra (*Curcuma longa*), Daruharidra (*Berberis aristata*), Vacha (*Acorus calamus*), Vishala (*Andrographis paniculata*), Shatavari (*Asparagus racemosus*), Sariva (*Hemidesmus indicus*), Indrayav (*Holarrhena antidysantherica*), Vasa (*Adhatoda vasica*), Murva (*Marsdenia tenacissima*), Yashtimadhu (*Glycyrrhiza glabra*), Trayamana (*Gentian kurroo*), Amrita (*Tinospora cordifolia*), Kirattiktak (*Swertia chirayita*), Ghrita

### Ingredients of Trivrilleham:

Sita (*Saccharum officinarum*), Madhu (Honey), Trivrit (*Operculina turpethum*), Ela (*Elettaria cardamomum*), Twak (*Cinnamomum verum*), Patra (*Cinnamomum tamala*).

### Ingredients of Saindhavadi Taila:

Saindhav (Rock salt), Madanphal (*Randia dumetorum*), Kustha (*Saussuria lappa*), Shatpushpa (*Pimpinella anisum*), Nichul (*Barringtonia acutangula*), Vacha

(*Acorus calamus*), Hriber (*Althaca officinalis*), Yashtimadhu (*Glycyrrhiza glabra*), Bhargi (*Rotheca ser-rata*), Devdaru (*Cedrus deodara*), Katphal (*Myrica esculenta*), Sunthi (*Zingiber officinale*), Pushkarmula (*Inula racemosa*), Meda (*Litsea monepetala*), Chavya (*Piper chaba*), Chitrak (*Plumbago zeylanica*), Shathi (*Curcuma zedoaria*), Vidanga (*Embelia ribes*), Ativisha (*Aconitum heterophyllum*), Trivrit (*Operculina turpenthum*), Harenu (*Vitex nigundo*), Nilini (*Indigofera tinctoria*), Salparni (*Desmodium gangeticum*), Bilva (*Aegle marmalos*), Ajamoda (*Trachyspermum ammi*), Pippali (*Piper longum*), Danti (*Baliospermum montamum*), Rasna (*Pluchea lanceolata*), Eranda Taila (Castor oil).

### Ingredients of Dashamula niruhavasti:

Shalparni (*Desmodium gangeticum*), Prishniparni (*Uraria picta*), Brihati (*Solanum indicum*), Kantikari (*Solanum xanthocarpum*), Gokshur (*Tribulus terrestris*), bilva (*Aegle marmelos*), Agnimantha (*Clerodendrum phlomides*), Shyonyak (*Oroxylum indicum*), Patla (*Stereospermum suaveolens*), Gambhari (*Gmelina arborea*), Cchagmansarasa, Amla kanji, Madhu, Saindhav.

The improvement like reduction in pain, swelling and improvements in joint movements were graded based on the following scale explained in tables 6 and figure and x-ray image of both the knee joints before and after treatment are given in fig 2a, 2b and 3a, 3b respectively.

**Table 2:** Assessment parameters adopted as subjective

**A. Pain (Vedana)**

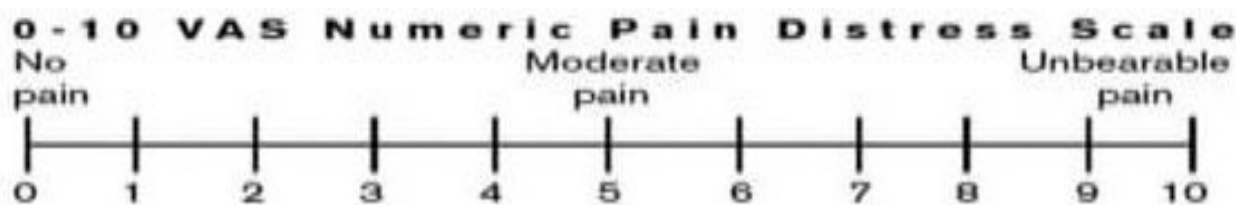
Degree	Symptoms
0	No pain
1	Mild pain bearable in nature, comes occasionally.
2	Moderate pain but no difficulty in walking
3	Moderate pain but slight difficulty in walking due to pain.
4	Severe difficulty in walking, disturbed sleep.

**B. Swelling (Sotha)**

Degree	Signs
0	No swelling
1	Less than 10% circumference of affected joints
2	More than 10% circumference of affected joints.
3	More than 20% circumference of affected joints

**C. Pain during flexion and extension (Akunchanprasaranevedana)**

Degree	Symptoms
0	No pain
1	Pain without winching of face
2	Pain with winching of face
3	Prevent complete flexion
4	Does not allow passive.



**Figure 1:** Assessment parameters adopted- Objective Visual Analogue Scale

**Results**

During the *snehapan* the pain increased but after *virechan* and *sansarjan krama* patient experienced gradual relief of symptoms. After giving 1<sup>st</sup> *yoga vasti* pain in left knee joint was completely gone but no improvement in x-ray image was seen. After 3<sup>rd</sup> *yoga vasti* pain and swelling of the right knee joint was also reduced and X-ray image shown that the diminished femero-tibial space of the left knee joint is significantly changed towards improvement.

**Table 3:** Assessment of subjective parameters

S. No	Parameters	Grading B/T	Grading A/T	Grading in follow up
1	Pain	3	2	1
2	Swelling	1	1	0
3	Pain on joint movements	2	1	0

**Table 4:** Assessment of objective parameters

S.No	Scale	Grading B/T	Grading A/T	Grading during follow up
1	VAS(pain scale)	7	5	3
	Rt kn joint	5	2	2
	Left kn joint	2	1	1
	Rt ankle joint	3	1	0
	Rt shoulder joint	5	2	1
	Low backache	4	4	0
2	WOMAC Scale	Sum=26 Average=2.6	Sum=15 Average=1.5	Sum=7 Average

**X-Ray reports of the patient in the year 2010 at the time of initial diagnosis**

**Fig:1A**



**Fig:1B**



**X-Ray reports of the patient in the year 2012.**

**Fig:2A**



**Fig:2B**



**X-Ray reports of the patient in the year 2019 after treatment.**

Fig:3A



Fig:3B



Figure 2: VAS Scale

## DISCUSSION

In to treat the patient we focussed on *vatashaman*, as the origin of pain in this disease is due to *vayu* and the pain gets reduced simultaneously on *vata* pacification. The initial *vata prakopa* in the body may be due to *vegadharan*, *ajeerna* etc. So we decided to administer *virechan karma* first. *Snehapana*, *Abhyanga* and *Swedan* were done before *mridu virechan*, reduced *vata* and loosen the *deha mala* within the body. Simultaneously it reduced the *ruksha guna* of *vata*. During the *abhantar snehana*, we used the *mahatikta ghrta* which is *maha vikarajit*. In *swedan* we used *eranda*, *nirgundi* and *kadamba* which has *swedopaga*, *anilartihara* and *vedanasthapak* properties respectively. Then for *virechan* we used *Trivrilleham* of which the main ingredient *Trivrit* is *mridu virechak* and it is in *abaleha* form, *sneha guna* is also added to it. So the chances of *vata prokapa* after *virechan* was reduced and *deha malas* were expelled out from the body by *mridu sneha virechan*. Again for the treatment of *vayu*, *vasti karma* is the best. So we selected its small duration *kalpana* i.e. *Yoga vasti*. Before giv-

ing each *anuvastana* or *niruha vasti* we administered *bahya snehana* by *saindhabadi taila* and *swedan* by *eranda*, *nirgundi* and *kadamba kwath*. This also reduced *vayu*. Through *anuvastana vasti* by *saindhabadi taila*, *ruksha guna* of *vayu* reduced and replaced by *snigdha guna* of *slesmak kapha* which in turn helped to increase the joint space between *femoro-tibial junctions*. On the other hand the *ushna snigdha gunas* of *nadi swedan* by *Eranda*, *Nirgundi* and *Kadamba Kwath* reduced the *seeta*, *ruksha guna* of *vayu* and did not hampered the increment of *slesmak kapha* with the help of *ushna snigdha guna*. Lastly in case of *niruha vasti* the used *dasamool* itself has a *sothahara* as well as *vatahara* property.

## CONCLUSION

*Vasti* is considered to be the main line of treatment for *Vatavyadhi*. *Sandhigata vata* is *vatavyadhi* which can be closely correlated to Osteoarthritis in modern medicine. As it is a *kshayaja vikara* caused by *vataprakopa* both *abhantar* and *vahya snehan* helped to reduce *rukshaguna* which is one of main qualities

of *Vata dosa*. Thus reduces *Vata dosa*. Again *vasti* reduces *prakupita vata*. As the case showed significant improvement in pain, swelling, range of joint movement and also radiological images showed increment of space in diminished femoro-tibial space, it can be concluded that *snehan*, *mridu virechan* and *vasti* are the treatment of choice in case of *Sandhigata vata*. But it can't be end here. A large clinical study has to be conducted for more accurate conclusion.

## REFERENCES

1. Acharya Vagbhat, Astanga Hridayam edited by B. Tripathi, Chaukhamba Sanskrit Pratisthan, edition reprint 2007, Sutra Sthan 11/4, Pg. 160.
2. Acharya Vagbhat, Astanga Hridayam edited by B. Tripathi, Chaukhamba Sanskrit Pratisthan, edition reprint 2007, Sutra Sthan 11/28, Pg. 160.
3. Agnivesha, Charak Samhita with Ayurveda Deepika Commentary of Chakrapani Datta, revised by Charak and Dridabala, edited by Vaidya Yadavji Trikamji acharya, Chaukhamba Publishers, edition reprint – 2013, Chikitsa Sthana – 28/37, Pg. 618.
4. Agnivesha, Charak Samhita with Ayurveda Deepika Commentary of Chakrapani Datta, revised by Charak and Dridabala, edited by Vaidya Yadavji Trikamji acharya, Chaukhamba Publishers, edition reprint – 2013, Chikitsa Sthana – 28/16, Pg. 617.
5. Agnivesha, Charak Samhita with Ayurveda Deepika Commentary of Chakrapani Datta, revised by Charak and Dridabala, edited by Vaidya Yadavji Trikamji acharya, Chaukhamba Publishers, edition reprint – 2013, Sutra Sthana – 11/18, Pg. 67.
6. Agnivesha, Charak Samhita with Ayurveda Deepika Commentary of Chakrapani Datta, revised by Charak and Dridabala, edited by Vaidya Yadavji Trikamji acharya, Chaukhamba Publishers, edition reprint – 2013, Chikitsa Sthana – 7/144-150, Pg. 457.
7. Agnivesha, Charak Samhita with Ayurveda Deepika Commentary of Chakrapani Datta, revised by Charak and Dridabala, edited by Vaidya Yadavji Trikamji acharya, Chaukhamba Publishers, edition reprint – 2013, Siddhi Sthana – 4/13-17, Pg. 699.
8. Agnivesha, Charak Samhita with Ayurveda Deepika Commentary of Chakrapani Datta, revised by Charak and Dridabala, edited by Vaidya Yadavji Trikamji acharya, Chaukhamba Publishers, edition reprint – 2013, Chikitsa Sthana – 28/134-135, Pg. 622.
9. Agnivesha, Charak Samhita with Ayurveda Deepika Commentary of Chakrapani Datta, revised by Charak and Dridabala, edited by Vaidya Yadavji Trikamji acharya, Chaukhamba Publishers, edition reprint – 2013, Sutra Sthana – 4/22, Pg. 33.
10. Agnivesha, Charak Samhita with Ayurveda Deepika Commentary of Chakrapani Datta, revised by Charak and Dridabala, edited by Vaidya Yadavji Trikamji acharya, Chaukhamba Publishers, edition reprint – 2013, Sutra Sthana – 4/47, Pg. 34.
11. Vagbhat. Astanga Hridaya with Sarbanga Sundara Commentary of Arun Dutta and Ayurveda Rasayan Commentary of Himadri, edited by Pt. Harisadashiva Shastri Paradakara Bhisagacharya, Chaukhamba Sanskrit Samsthana, edition reprint V.S.-2075, Kalpasthana – 2/9, Pg. 742.
12. Agnivesha, Charak Samhita with Ayurveda Deepika Commentary of Chakrapani Datta, revised by Charak and Dridabala, edited by Vaidya Yadavji Trikamji acharya, Chaukhamba Publishers, edition reprint – 2013, Siddhi Sthana – 1/11-12, Pg. 639.
13. Acharya Vagbhat, Astanga Hridayam edited by B. Tripathi, Chaukhamba Sanskrit Pratisthan, edition reprint 2007, Sutra Sthan 19/64-65, Pg. 239.
14. Agnivesha, Charak Samhita with Ayurveda Deepika Commentary of Chakrapani Datta, revised by Charak and Dridabala, edited by Vaidya Yadavji Trikamji acharya, Chaukhamba Publishers, edition reprint – 2013, Siddhi Sthana – 4/13-17, Pg. 699.
15. Agnivesha, Charak Samhita with Ayurveda Deepika Commentary of Chakrapani Datta, revised by Charak and Dridabala, edited by Vaidya Yadavji Trikamji acharya, Chaukhamba Publishers, edition reprint – 2013, Siddhi Sthana – 6/35-36, Pg. 695.

**Source of Support: Nil**

**Conflict Of Interest: None Declared**

How to cite this URL: Arpita Sarkar & Debnarayan Maity: Efficacy Of Virechan And Yoga Vasti In A Case Of Sandhigata Vata: A Case Study. International Ayurvedic Medical Journal {online} 2019 {cited October, 2019} Available from: [http://www.iamj.in/posts/images/upload/1959\\_1965.pdf](http://www.iamj.in/posts/images/upload/1959_1965.pdf)