

## EFFECT OF ABHADI CHURNA AND MULAKA TAILA ON SANDHIGATA VATA WITH DIFFERENT METHODS

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### ABSTRACT

*Sandhigata Vata* is a most common disability disorder in all over the world, It is the disorder of bone and joints. *Sandhigata Vata* is a chronic degenerative disorder especially in old age groups. It causes pain in joints especially weight bearing joints. It makes life too difficult. Even, in everyday works, peoples feel disability due to pain. In modern science *Sandhigata vata* correlates with Osteoarthritis. It is a disorder, in which all joints becomes affected especially weight bearing joints. *Sandhigata vata* is a purely vatic vyadhi. The aim of this study is to evaluate the efficacy of *Aabhadi Churna & Mulaka Taila* in *Sandhigata Vata* in two groups. Patients attending to the O.P.D. & I.P.D. of *Kayachikitsa* from Pt. N. P. A. Govt. Ayurved collage and hospital, Raipur (C.G.) were randomly selected based on the clinical features. Group A (30 patients) were treated with internal use of *Aabhadi Churna* and *Mulaka Taila* and *Abhyanga & Swadana* with *Mulaka Taila* for two month. Group B (30 patients) were treated with only internal use of *Aabhadi Churna* and *Abhyanga & Swedana* with *Mulaka Taila* for two months. Though, the trial drug of Group A proves to be an effective remedy for *Sandhigata Vata*, because according to *acharya Charak*, *Taila* is best to shaman of *vata dosha*. It shows better efficacy than “Internal use of *Aabhadi Churna* and *Abhyanga* and *Swedana* with *Mulaka Taila*”.

**Keywords:** *Sandhigata Vata, Aabhadi Churna, Mulaka Taila, Abhyanga, Swedana*

### INTRODUCTION

In *Ayurveda*, *Vata* is explained as life and vitality, supporter of the all embodied beings and sustains long life free of disorders. In *Tri-doshas*, *Vata* and *Kapha* plays an important role in *Sandhigata Vata*. *Sandhigata Vata* is the im-

balance or vitiation of *Vata* and this vitiated *Vata* disturbs the normal state of the *Kapha* in all the joints.

*Vayu* regulates all the functions of the body and keeps all the *dhatu*s in their physiological limits

and also promotes that, they works properly. In *Sandhigata Vata*, *vata* becomes vitiated when different *Vata prakopaka nidana* are taken and this vitiated *Vata*, desiccates *Shleshka Kapha* in the *Sandhi* and it results in difficulty in movement of the joints and causes their degeneration. *Sandhigata Vata* is the most common joint disorder of older age group in all countries. *Vata* controls all the activities of the body in every stage of life, but in old age *vata* becomes more aggravated and causes *Dhatushoshana*, which results all *Dhadus* of the body undergoes *kshya*. *Sandhigata Vata* is a *vyadhi* of *Vriddhavastha* but today's lifestyle is responsible for its increased incidence in young age groups. This disease affects the patients for prolonged period causing loss of function as well as deformity of the joint especially weight bearing joints like knee joints. The abnormalities in *Sandhis* by *Prakupita Vata* are the main cause in *samprapti* of *Sandhigata Vata*. *Sandhis* come under the *madhyama roga marga* and thus, involvement of *Madhyama Roga Marga*, *vata dosha* and *dhatukshaya*, makes the disease *kashta sadhya*. *Sandhigata Vata* is described under *vata vyadhi* in all ancient literatures. There is no any separate reference of *Sandhigata Vata*. The shortest description of this disease is available in *Charak Samhita*, *Sushruta Samhita* and *Ashtangahridaya* etc. The later authors explained the clinical aspect of this disease in the wordings of *Charaka* and *Sushruta*. *Acharya Charaka* was the first person who described the disease separately naming it "*Sandhigata Anila*", but has not been included under the 80 types of *Nanatmaja Vyadhi* **Cha.Chi.(28/37)** as described by him. *Acharya Vagabhatta* has also considered *Vata Vyadhi* as a *Maharoga*. "India is likely to notice an endemic of osteoarthritis with about 80% of the 65+ popula-

tion in the country suffering with wear and tear of joints. 40% of these people are likely to suffer from severe Osteoarthritis, which will disable them from daily activities, say the experts quoting the World Health Organisation." **(WHO)**

In all *Samhitas*, treatment of *Sandhigata Vata* is almost same. A common treatment for *Vata Vyadhi* has been described by *Acharya Charaka* i.e. repeated use of *Snehana*, *Swedana*, *Basti* and *Mriudu Virechana*. *Acharya Sushruta* has mentioned the treatment for *Sandhigata Vata* clearly i.e. *Snehana*, *Upanaha*, *Agnikarma*, *Bandhana* and *Unmardana*.

Taking reference from ancient classics, *Vatahara Churna*, local *Abhyanga* and *swedana* are selected for this study.

During this study, in Group A - *Aabhadi churna* and *Mulaka Taila* was used internally along with *Abhyanga* and *Swedana* of *Mulaka Taila*. In Group B - *Aabhadi churna* was given internally along with *Abhyanga* and *Swedana* of *Mulaka Taila*.

## AIMS AND OBJECTIVES

To evaluate the efficacy of internal use of *Aabhadi Churna* & *Mulaka Taila* with *Abhyanga* and *nadi swedana* and only internal use of *Aabhadi Churna* with *Abhyanga* and *nadi swedana* in *Sandhigata Vata*.

## MATERIALS AND METHODS

Patients attending to the O.P.D. & I.P.D. of *Kayachikitsa* from Pt. N. P. A. Govt. Ayurved collage and hospital, Raipur (C.G.) were randomly selected based on the clinical features and a detailed research Proforma was made to observe the clinical features and disease pathology. The study was exclusively based on clinical trials.

**STUDY DESIGN****Group A:**

- Patients were treated by internal use of Aabhadi Churna and *mulaka Taila*.
- Local *Abyanga* with *Mulaka Taila* + *Nadi swedana*

**Group B:**

- Patients were treated by internal use of *Aabhadi Churna*.

- Local *Abyanga* with *Mulaka Taila* + *Nadi swedana*

**Posology:**

- *Aabhadi Churna* – 5 gm / BD, With – *Ushnodaka* (after meal)
- *Mulaka Taila* – 10 ml / OD , – With Milk (morning)
- *Abhyanga* + *Swedana* – QS

**Study duration:** 60 days (2 month)

**COMPOSITION OF AABHADI CHURNA**

**Ingredients, botanical name, quantity use in *Aabhadi Churna*:**

**(Yog.Rat. Vatavyadhi Chi. 1-5)**

1. <i>Aabha</i>	<i>Acasica arabica</i>	1 part
2. <i>Rasna</i>	<i>Plucha lansiolata</i>	1 part
3. <i>Guduchi</i>	<i>Tinospora cardifolia</i>	1 part
4. <i>Shatavari</i>	<i>Asparagus recemosa</i>	1 part
5. <i>Shunthi</i>	<i>Ginger officinalis</i>	1 part
6. <i>Shoufa</i>	<i>Anethum sowa</i>	1 part
7. <i>Aswagandha</i>	<i>Withenia sominifera</i>	1 part
8. <i>Hriversa</i>	<i>juniperous communies</i>	1 part
9. <i>Vidhara</i>	<i>Argyrea speciosa sweet</i>	1 part
10. <i>Yavani</i>	<i>Roxburghiamum ammi</i>	1 part
11. <i>Ajmoda</i>	<i>Apium graveolens</i>	1 part

**COMPOSITION OF MULAKA TAILA –**

**Cha.Chi. (28/136,137)**

**Ingredients, quantity:**

1. Juice of radish	}	3 Prastha
2. Milk		
3. Curd		
4. <i>Tila Taila</i>		1 prastha

**Kalka dravya:**

1. <i>Madhuyasti</i>	1 pala
2. <i>Sharkara</i>	1 pala
3. <i>Rasna</i>	1 pala
4. <i>Lavana</i>	1 pala
5. <i>Ardraka</i>	1 pala
6. <i>Shunthi</i>	1 pala

**SELECTION OF PATIENT**

**Patients having following symptoms in any joint:**

- *Sandhishoola* (Pain)
- *Sandhishotha* (Swelling)
- *Prasarana Akunchanajanya vedana* (Pain during flexion and extention)
- *Sparsha Asahyata* (Tenderness)
- *Sandhi Sphutana* (Crepitus)
- *Sandhi Graha* (Stiffness)

**Criteria for Inclusion:**

- Patient between 40 years to 60 years of age.
- Patients presenting with classical sign and symptoms of *Sandhigata Vata*.

**Criteria for Exclusion:**

- Patients below 40 year and above 60 year of age.
- Pregnant women and lactating mother.
- Associated with simple or compound fractures.
- Associated with trauma.
- Associated with other systemic or metabolic disorder.
- Patients of *Aamvata*, *Vatarakta* and diabetes are excluded.
- Patients on steroid therapy.
- Patients who have undergone surgery.

**CRITERIA FOR ASSESSMENT**

To assess the effect of therapy, all the signs and symptoms were given scoring depending upon their severity which is as follows:

**1. Sandhishula (Pain):**

- "No pain - No pain in the joints" – 0
- "Mild pain - Pain complained but tolerable" – 1
- "Moderate pain - Pain complained and disturbs routine work" – 2
- "Severe difficulty in working and completely interrupting routine work" – 3

**2. Sandhishotha (Swelling):**

- "No swelling" – 0
- "Mild swelling - Feeling of swelling with heaviness of joints" – 1
- "Moderate apparent swelling" – 2

**Chief complaints wise distribution of 60 patients of *Sandhigata Vata***

S. No.	Chief Complaints	Number of patients	Total
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- "Severe - Huge swelling" – 3

**3. Akunchana Prasaranjanya Vedana**

- "No pain - Absence of movement restriction" – 0
- "Pain without winching of face" – 1
- "Pain with winching of face" – 2
- "Does not allow passive movements" – 3

**4. Sandhi Sphutana (Crepitus)**

- "NO - Absence of crepitus" – 0
- "Mild - Perception on touch" – 1
- "Moderate - Audible on attention" – 2
- "Severe - Clearly audible" – 3

**5. Sparsha Asahyata (Tenderness)**

- "Nil - No tenderness" – 0
- "Mild - patient says tenderness" – 1
- "Moderate - Winching of face on touch" – 2
- "Does not allow to touch the joint" – 3

**6. Sandhigraha (Stiffness)**

- "No Stiffness - No morning stiffness" – 0
- "Mild - Morning stiffness of 5-10 minutes duration" – 1
- "Moderate - Morning stiffness of 10-15 minutes duration" – 2
- "Severe morning stiffness of 15-30 minutes duration" – 3

**TOTAL EFFECT OF THERAPY**

Complete Remission:	100%
Maximum Improvement:	>75 to <100%
Moderate improvement:	>50 to 75%
Mild improvement:	>25 to 50%
No improvement:	0 – 25%

		Group A	Group B	
1.	<i>Sandhishoola</i>	30 100%	30 100%	60 100%
2.	<i>Sandhishotha</i>	30 100%	30 100%	60 100%
3.	<i>Akunchan Prasara Janya Vedna</i>	28 93.3%	30 100%	58 96.7%
4.	<i>Sandhi Sphutan</i>	25 83.3%	26 86.7%	51 85.0%
5.	<i>Sparsha-Asahyata</i>	24 80.0%	23 76.7%	47 78.3%
6.	<i>Sandhigraha</i>	30 100%	30 100%	60 100%

In this study, all the patients (100%) were having *Sandhi Shoola*, *Sandhishotha* and *Sandhi Graha*. *Akunchana Prasarana Janya Vedana*

was present in 96.7% patients, *Sandhi Sphutan* was present in 85.0% patients and *Sparsha-Asahyata* was present in 78.3% patients.

### EFFECT OF THERAPY (GROUP – A)

**Table 33:** Effect of Chief complaints in the patients of *Sandhigata Vata*:

S. No.	Chief complaints	Mean		Mean Difference	% of Relief	S. D.	S. E.	t-value	p-value	Remarks
		BT	AT							
1.	<i>Sandhishoola</i>	1.90	0.43	1.47	77.38	0.507	0.093	15.832	0.000	H.S.
2.	<i>Sandhishotha</i>	1.93	0.40	1.53	79.27	0.507	0.093	16.551	0.000	H.S.
3.	<i>Akunchan Prasarana Vedana</i>	1.70	0.60	1.10	64.71	0.728	0.130	8.462	0.000	H.S.
4.	<i>Sandhi Sphutan</i>	1.70	0.57	1.13	66.47	0.730	0.133	8.500	0.000	H.S.
5.	<i>Sparsha Asahyata</i>	1.57	0.43	1.13	71.97	0.937	0.171	6.624	0.000	H.S.
6.	<i>Sandhigraha</i>	1.83	0.53	1.30	71.04	0.702	0.128	10.14	0.000	H.S.

### EFFECT OF THERAPY (GROUP – B)

**Table 37:** Effect of Chief complaints in the patients of *Sandhigata Vata*

S. No.	Chief complaints	Mean		Mean Difference	% of Relief	S. D.	S. E.	t-value	p-value	Remarks
		BT	AT							
1.	<i>Sandhishoola</i>	1.90	0.43	1.47	77.37	0.819	0.150	9.805	0.000	H.S.
2.	<i>Sandhishotha</i>	1.90	0.47	1.43	75.26	0.728	0.133	10.785	0.000	H.S.
3.	<i>Akunchan Prasarana Vedana</i>	1.97	0.57	1.40	71.07	0.724	0.132	10.592	0.000	H.S.
4.	<i>Sandhi Sphutan</i>	1.60	.53	1.07	68.88	0.583	0.106	10.016	0.000	H.S.
5.	<i>Sparsha Asahyata</i>	1.47	0.43	1.04	70.75	0.890	0.162	6.360	0.000	H.S.
6.	<i>Sandhigraha</i>	1.97	0.53	1.44	73.10	0.679	0.124	11.564	0.000	H.S.

## TOTAL EFFECT OF THERAPY (GROUP A)

Gradation	No. of Patients	%
Complete Remission (100%)	1	3.33
Maximum Improvement (>75 to <100%)	9	30.0
Moderate Improvement (>50 to 75%)	17	56.66
Mild Improvement (>25 to 50%)	3	10.0
No Improvement (0 to 25%)	0	0.0

In group A, out of 30 patients, 3.33% patients achieved complete remission, while 30.0% patients found in maximum improvement and

56.66% were having moderately improvement and 10.0% patients found mild improvement.

## (GROUP B)

Gradation	No. of Patients	%
Complete Remission (100%)	1	3.33
Maximum Improvement (>75 to <100%)	5	16.66
Moderate Improvement (>50 to 75%)	23	76.66
Mild Improvement (>25 to 50%)	1	3.33
No Improvement (0 to 25%)	0	0.0

In group B, out of 30 patients, 3.33% patients achieved complete remission, while 16.66% patients found in maximum improvement and 76.66% were having moderately improvement and 3.33% patients found mild improvement.

## DISCUSSION

*Sandhigata Vata* is a most common disease in old age groups in all over the world. *Sandhigata Vata* is described in all *Samhita* and *Sangraha Grantha* as a separate clinical entity under the heading of *Vata vyadhi*. It is not included in 80 types of *Nanatmaja Vatika Vikara* by *Acharya Charaka*. But, *Vata Khudata* is one of the *Nanatmaja Vata Vikara* mentioned by *Acharya Charaka*. Further in the list of *Kashta Sadhya Vata Vyadhi* the name of *Khuda Vata* has been stated. While commenting onward “*Khudavata*”, *Chakarapani* explains the meaning of *Khudavata* as a “*Gulpha Vata*” or *Sandhigata Vata*. Hence, it can be said that according to

*Chakarapani*, *Sandhigata Vata* is the *Nanatmaja Vata Vikara*. It is characterized by *Sandhishoola*, *Sandhishotha*, *Sandhigraha* etc.

In the present clinical study 60 patients with the complaints of *Sandhishoola*, *Sandhishotha*, *Prasarana Akunchanajanya vedana*, *Sparsha Ashyata*, *Sandhi Sphutana* and *Sandhi Graha* etc. attending OPD and IPD Patients of Pt. N. P. A. Govt. Ayurvedic collage and hospital, Raipur (C.G.) were randomly selected into two groups. 30 patients were treated with internal use of *Aabhadi Churna* and *Mulaka Taila* and *Abhyanga & Swadana* with *Mulaka Taila* for two month. 30 patients were treated by Internal use of *Aabhadi Churna* and *Abhyanga & Swedana* with *Mulaka Taila* for two months.

*Sandhishoola*, *sandhishotha* and *Sandhigraha* was found in 100% of cases. In *Sandhigata Vata* there will be aggravation of *Vata Dosha* which is responsible for any kind of *Shoola Pradhana*



*Vedana*. *Akunchana Prasaranajanya Vedana* was found 96.7% of patients which also occurs aggravation of *Vata Dosha* and *Kaphakshaya*. *Sandhi sphutana* was found in 85.0% of patients. *Sparsha Asahyata* was found in 78.3% patients that also due to aggravation of *Vata*.

In group A, 3.33% patients achieved Complete remission, while 30.0% patients obtained Maximum improvement, whereas 56.66% Moderate improvement and 10.0% gets mild improvement was also reported.

In group B, 3.33% patients achieved complete remission whereas 16.66% patients had maximum improvement, while moderate improvement was found in 76.66% patients and 3.33% patients got mild improvement.

In this clinical research work, no patient observed in unchanged condition, every patient gets relief either less or more.

The above mentioned data shows that Internal use of *Aabhadi Churna* and *Mulaka Taila* along with local *Abhyanga* and *Swedana* of *Mulaka Taila* i.e. group A has provided better relief in the disease *Sandhigata Vata* (Osteoarthritis) in the present study. Though, the results of both groups proved to be highly effective and also statistically highly significant in different parameters. The result of Group A was better may be due to the following causes-

Group A patients were treated both drugs internally. In this group *pana* of *Mulaka Taila* is works best because at the condition of *taila pana*, *taila* reaches into *dhatu* much faster than external application. *Abhyanga* and *swedana* of *Mulaka Taila* leads to vasodilatation of local area which facilitates increased blood supply. As a result joints get more nourishment and its primary and accessory structure become strengthen and helps in early recovery. At the same time increased circulation provides dis-

carding of the local tissue metabolic waste product, helps in tissue rejuvenation and thus promote early recovery.

### PROBABLE MODE OF ACTION OF AAB-HADI CHURNA

In *Yogaratanakar Acharya* mentioned *Aabhadi Churna* in *Vatavyadhi chikitsa* and indicates for all types of *Vatavyadhi* so it is also treated *Sandhigata Vata*. Drugs of *Aabhadi Churna* Works in *Sandhigata Vata* in different facts which is mentioned below:

#### a. In Dosha –

All the drugs of *Aabhadi Churna* is having mainly *Ushna virya* and *Kapha-Vata shamaka* property. This *Ushna virya* vitiates the *Sheeta guna* of *Vayu* and breaks *samprapti* of *Sandhigata Vata* so further process of disease diminishes.

*Vata-kaphaja aahara – vihara* is main cause of *Sandhigata Vata* and *doshakarma* of trial drugs is mainly *Kapha-vata shaman*, so there is also found *Samprapti vighatana* in *dosha level*.

#### b. In Dhatvagni –

Some drugs have *Laghu*, *Tikshna guna* and *Ushna Virya*, will act as *deepana* and *pachana* in action, which help in *samprapti vighatana* of *sandhigata Vata*, and does *srotoshodhana*. Make a good quality of *Rasa dhatu* and further *dhatu* also make in proper way which helps to cure the disease.

#### c. In Vayu and Dhatukshya –

*Sandhigata Vata* is a disease of *Vridhnavastha* and in this stage of life more *dhatukshya* occurs. Some ingredients such as *Ashwagandha*, *Shatavari*, *Guduchi* are acts as *Rasayana*. This is very helpful in the management of *Sandhigata Vata* in which the *dhatu kshaya* is the main symptom and also acts as *Vayah sthapana*.

Some drugs are *Vedana sthapana* and *Shoola prashmana* like *Ashvagandha*, *Guduchi*, *Hriversa*, *Ajamoda*, *Yavani* and cures the main symptom of *Sandhigata Vata* which is *San-dhishoola*.

### PROBABLE MODE OF ACTION OF MULAKA TAILA

Drugs used in *Mulaka Taila* are *Tila taila*, *Dudgha*, *Dadhi*, *Mulethi*, *Sharkara*, *Rasna*, *Saindhva lavana*, *Aardraka* and *Shunthi*.

Main drug of *Mulaka Taila* is *Mulaka*, which is *Ushna virya*, *Tridosahara* and works as *deepana-pachana*. *Dudgha* and *Dadhi* are *snigdha guna*, which mitigate the *Rooksha guna* of *Vayu*. *Aardraka* and *Shunthi* are *Tikshna* and works as *deepana-pachana*, *shoolahara*, *shrotoshodhaka* and *shothahara*. This *tikshna guna* of drugs breaks the *Samprapti* and cures *aavarana janya Sandhigata Vata*.

In *Pana* and *Abhyanga* of *Mulaka Taila* both condition *Saindhva lavana* acts as mediator which dissolves the drug and reaches the *taila* in *sukshma srotasa*. (Acts as *Yogavahi*)

### CONCLUSION

- *Sandhigata Vata* is a disease of *Vridhdhavaस्था*.
- According to the literary profile, this disease is *Asadhya* or incurable in nature, this is also supported by the recurrence of same type of complaint in the patient included in the present clinical study. The medication can give only symptomatic relief for certain period.
- In age of 40, some patients have very good response after treatment and in these patients found less recurrence.
- Though the trial drug of the present clinical study that is “Internal use of *Aabhadi*

*Churna* and *Mulaka Taila*, *Abhyanga* and *Swedana* with *Mulaka Taila*” proves to be an effective remedy for *Sandhigata Vata*. It shows better efficacy than “Internal use of *Aabhadi Churna* and *Abhyanga & Swedana* with *Mulaka Taila*”.

- The present study, the size of sample was small and period of study was limited. Hence it is difficult to draw a definite conclusion regarding this study. In this context, it is suggested that the study should be continued with large sample and treatment for longer duration.
- It is expected that the present study will disclose some definite clues to the future researchers.

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