

A COMPARATIVE CLINICAL STUDY ON THE EFFICACY OF AGNIKARMA AND MUSTADI UPNAHA IN THE MANAGEMENT OF SANDHIGATA VATA W.S.R. TO OSTEOARTHRITIS

Shivraj Rathod¹, Prasadshakti G Gannur², Aneesur Rehman M Madani³, Rakeshkumar Gujar⁴

¹Post Graduate Scholar, Department of Shalyatantra

²Professor and HOD, Department of Shalyatantra

³Associate Professor, Department of Shalyatantra,

⁴Assistant Professor, Department of Shalyatantra.

BLDEA's AVS Ayurveda Mahavidyalaya, Vijayapur, Karnataka, India

Corresponding Author: shivrajrathod2279@gmail.com

<https://doi.org/10.46607/iamj0810032022>

(Published Online: March 2022)

Open Access

© International Ayurvedic Medical Journal, India

Article Received: 25/02//2022 - Peer Reviewed: 07/03/2022 - Accepted for Publication: 08/03/2022



ABSTRACT

Vata vyadhi is one among *Ashta Mahagada*. *Sandhigata vata* is *vata vyadhi* which occurs in joints, characterized by *Sandhishool*, *Sandhishopha* and *Sandhigata Lakshana*. A commonly affected joint is the '*Janusandhi*' (knee joint). *Acharya Sushrut* says that *snayu*, *sandhi* and *Asthigata vikara* should be treated by *Sneha*, *Upnaha*, *Agnikarma*, *Bandhana* and *marana karma*. In modern science according to symptoms, we can correlate *Janu Sandhigata Vata* to Osteoarthritis of knee joint.

Materials and Methods: A total of 40 patients were selected from OPD They were randomly divided into two groups of 20 each, Group A (Agni karma with *Loha Shalaka*) and Group B (*Mustadi Upanaha Sweda*). **Results:** 60% in group A had complete cure 30% had marked improvement and 10% of patients had poor improvement In Group B 70% of patients were completely cured. 20% of patients had marked improvement and 10% patient of patient Poor improvement There were no patients without improvement in both the groups. **Conclusion:** Both

Agnikarma with Loha Shalaka and Mustadi Upanaha sweda are effective in alleviating the symptoms of Janu Sandhigata Vata. However, Agnikarma with Loha Shalaka was found to be superior among them.

Keywords: Sandhi Vata, Agnikarma, Upanaha Sweda

INTRODUCTION

Osteoarthritis is the most common form of arthritis affecting millions of people worldwide. It occurs when the protective cartilage that cushions the ends of the bones wears down over time. Osteoarthritis commonly affects the knee joint. Females have been affected more often than their male counterparts and more than 3% of women aged over 75 years are affected¹.

In Ayurveda, Sandhigata Vata is correlated with Osteoarthritis. Sandhigata Vata is one of such crippling disorders affecting the locomotor system by disturbing the major joints of the body presenting with Sandhi Shoola, Sandhi Shotha, Prasarana Akunchana Vedana and Sandhi Atopa². In modern parlance, it simulates Osteoarthritis, which is characterized by Pain, Stiffness, Swelling in joints, Difficulty in movement and Crepitus. Obvious age changes in the joint have a major role in the prevalence of Janu Sandhigata Vata in the elderly, and a sedentary urban lifestyle has brought about a steep increase in the prevalence of the disease amongst the younger generation as well. Bahya Snehana and Swedana are two important treatment modalities of choice in diseases about Vata.

Swedana is said to be the therapy that removes the stiffness, heaviness, coldness of the body by producing perspiration. Although this process is mainly counted under Purva karma, the same can be successfully employed as Pradhana karma in treating many disorders, especially about Vata. All Acharyas mentioned Upanaha as well Agnikarma for the specific line of treatment in the context of Sandhigata vata Chikitsa³. Hence, the Mustadi Upanaha and Agnikarma with loha Shalaka are employed in the present study. Upanaha is a form of Sweda performed using Musta, Kiva, Tila, Kusta, Devdaru, Saidhav lavan, Tagara, Curd, Milk and Four fats⁴. Agnikarma is performed for Bindu pramana which is mentioned to be beneficial in Vata vyadhi. Therefore, to pacify

the vitiated vata and kapha dosha, Agnikarma and Upanaha were done which helped to reduce the Shotha and shoola by virtue of its opposite qualities such as ushna (hot), tikshna (sharp), sukshma (finest), and Ashukari (quick acting) The treatment with Upanaha chikitsa will ultimately help to relieve the pathogenesis of Marga avarana/ Sama vata and thus facilitating for further treatment.

Hence in the present study, the efficacy of Mustadi Upanaha and Agnikarma with loha Shalaka is compared in the management of Sandhigata vata w.s.r to Osteoarthritis.

MATERIALS AND METHODS.

1. Source of Data:

Patients attending the OPD and IPD of the B.L.D.E.A's AVS Ayurveda Mahavidyalaya Hospital Vijayapura were selected for the study.

2. Method of collection of data:

40 Patients who fulfilled the inclusive criteria were selected.

A) Diagnostic criteria:

- 1) Radiological evidence of Osteoarthritis of knee joint.
- 2) Pain, Restricted movement and swelling of knee joint.
- 3) Presence of Crepitus
- 4) Tenderness on the knee.

B) Inclusion criteria:

- 1) Patients in the age group of 35-65 years.
- 2) Patients with Pain, Restricted movement and Swelling of the knee joint.
- 3) Patients with the Presence of crepitus
- 4) Patients with Tenderness

C) Exclusion criteria:

1. Patients suffering from Rheumatoid arthritis, Rheumatic heart disease, septic arthritis
2. Patients having Osteoarthritis of the knee along with Diabetes Mellitus, Coronary heart disease.

3. The patient has Carcinoma of bone and Tuberculosis of bone.

D) Plan of treatment:

Patients who fulfil the inclusion criteria in the duration of the study period were randomly divided into two groups Group A & Group B consisting of an equal number of patients.

Study design:

Group-A

Patients of this Group A were treated with *Agnikarma* with *Loha Shalaka* over the painful area of the affected knee joint along with Tab Shallaki 600mg BD Four sittings of *Agnikarma* were performed on 1st, the 7th 14th and 21st day.

Group-B

In Group B patients were treated with *Mustadi Upanaha* on the affected knee joint once daily for 21 days along with Tab *Shallaki* 600mg BD

PROCEDURE OF AGNIKARMA

Poorva karma:

Sthanika Abhyang was done with *Narayana taila* for 15 minutes and *naadi Swedan* for 5 minutes Patient was made to sit in a comfortable position on a chair. The affected Knee where *Agnikarma* has to be performed was placed in a suitable position. The maximum tender areas were elicited and marked with the help of a marker pen. The part was washed with *triphalakashaya* and mopped with a sterile towel.

Pradhana karma:

After that mopped area was dried, *Louha Shalaka* was heated to red hot over the burning gas stove. Later *Agnikarma* was performed with red hot *Shalaka* in *Bindu Akruthi* at marked points in such a way that *Samyak twak dagdha lakshanas* were observed. The number of *Bindu made* were 3-4.

Paschat karma:

Immediately after *Agnikarma*, *Madhu ghritha lepa* was applied over the site of *Agnikarma*. The patient was advised to rest in a sitting position for 15mins and was sent Home. The patient was advised to keep the area clean and dry.

PROCEDURE OF MUSTADI UPANAHA

Poorva karma:

140g of *Mustadi churna* and 60gm of *Godhuma churna* is taken and made into a paste by adding 20ml of *Chatur snehan*, *Dadhi* or *ksheera*. Thus, semi-solid paste is warmed and kept ready

Pradhana karma:

The patient is asked to lie down in a supine position to explore knee joint *sthanika abhyanga* with *Narayana taila* was done for 15 minutes and *Nadi Sweda* for 5 minutes than the warmed paste of thickness of 0.5cm was applied over the *Janu sandhi* then it was covered with *Eranda patra* and it was firmly bandaged with *Khora cloth*.

Paschat karma:

After the *upanaha* patient was advised to rest in a sitting position for 15 minutes and was sent home in case of OPD or to the ward in case of IPD. The patient was advised to remove the bandage after 12 hours.

OBSERVATION AND RESULTS

Effect on Pain in Group A: An assessment of Pain in patients of *Janu Sandhigata Vata* before and after the treatment in Group-A statistical analysis showed that the mean score which was 2.75 before the treatment was reduced to 0.20 after the treatment with a 93% improvement. Analysis of this data shows statistically significant improvement (P<0.001).and F=94.198

Effect on Pain in Group B

An assessment of Pain in patients of *Janu Sandhigata Vata* before and after the treatment in Group-B statistical analysis showed that the mean score which was 2.40 before the treatment was reduced to 0.25 after the treatment with 90% improvement. Analysis of this data shows statistically highly significant improvement (P<0.001).and F=91.407

Effect on Restricted movement in Group A

An assessment of Restricted movement in patients of *Janu Sandhigata Vata* before and after the treatment in Group-A statistical analysis showed that the mean score which was 2.75 before the treatment was reduced to 0.25 after the treatment with 90% improvement. Analysis of this data shows statistically significant improvement (P<0.001).and F=91.330 t

Effect on Restricted movement in Group B

An assessment of Restricted movement in patients of *Janu Sandhigata Vata* before and after the treatment in Group-B statistical analysis showed that the mean score which was 2.10 before the treatment was reduced to 0.20 after the treatment with 90.5% improvement. Analysis of this data shows statistically significant improvement ($P<0.001$).and $F=88.574$

Effect on Tenderness in Group A

An assessment of Tenderness in patients of *Janu Sandhigata Vata* before and after the treatment in Group-A statistical analysis showed that the mean score which was 2.25 before the treatment was reduced to 0.15 after the treatment with 93.3% improvement. Analysis of this data shows statistically significant improvement ($P<0.001$).and $F=87.42$.

Effect on Tenderness in Group B

An assessment of tenderness in patients of *Janu Sandhigata Vata* before and after the treatment in Group-B statistical analysis showed that the mean score which was 1.95 before the treatment was reduced to 0.25 after the treatment with 87.2% improvement. Analysis of this data shows statistically significant improvement ($P<0.001$).and $F=88.37$

Effect on swelling in Group A

An assessment of Swelling in patients of *Janu Sandhigata Vata* before and after the treatment in Group-A statistical analysis showed that the mean score which was 2.10 before the treatment was reduced to 0.10 after the treatment with 95% improvement. Analysis of this data shows statistically significant improvement ($P<0.001$).and $F=89.470$

Effect on Swelling in Group B

An assessment of Swelling in patients of *Janu Sandhigata Vata* before and after the treatment in Group-B statistical analysis showed that the mean score which was 1.95 before the treatment was reduced to 0.10 after the treatment with 90% improvement. Analysis of this data shows statistically highly significant improvement ($P<0.001$).and $F=95\%$.

Effect on Movement of Joint Group A

An assessment of Movement of Joint in patients of *Janu Sandhigata Vata* before and after the treatment

in Group-A statistical analysis showed that the mean score which was 2.25 before the treatment was reduced to 0.35 after the treatment with 84.4% improvement. Analysis of this data shows statistically significant improvement ($P<0.001$).and $F=87.836$

Effect on Movement of Joint Group B.

Effect on Movement of Joint in Group B An assessment of Pain in patients of *Janu Sandhigata Vata* before and after the treatment in Group-B statistical analysis showed that the mean score which was 2.40 before the treatment was reduced to 0.25 after the treatment with 90% improvement. Analysis of this data shows statistically significant improvement ($P<0.001$). and $F=91.407$.

DISCUSSION

Mode of Action of Agnikarma

Sandhigata vata occurs due to aggravation of *vata dosha* with *anubandha* of *kapha*. *Agnikarma* is considered the best therapy for *vata* and *kapha dosha* because *Agni* possesses *ushna*, *sukshma*, *tikshna guna* *Ashukari guna* which are opposite to *vata* and *kapha*. It removes *Srotoavrodha* and increases the *rasa rakta samvahana* to the affected site. Therapeutic heat transferred by *Agnikarma* increase the *dhatwagni*, so metabolism at *dhatu* level increases which helps to digest the *Aama dosha* of metabolism

Mode of Action of Upanaha

Svedakarma has four major actions over the body:

- *Stambhaghata*
- *Gouravaghata*
- *Sheetaghata*
- *Swedakaragata*.

1. *Stambhaghata*: *Stambha* means stiffness which is produced as a result of excess *Sheeta Guna*. According to *Chakrapani* *Stambha* also means obstruction or block. Therefore, *Swedana* not only relieves stiffness but also clears the blocking of passages (*Srotorodha*). Generally, *Srotas* as a structural entity is *Kapha Pradhana* and its important function is *Ayana* or transport which is under the control of *Vata*. Thereby it is evident that there is a predominant influence of *Vata* and *Kapha* over the *Srotas*. Similarly, *Swedana*

has the opposite qualities to that of *Vata & Kapha*, thereby producing a palliative effect on them and thus clearing the *Srotodushiti* or *Sanga*. In other words, the application of heat increases the local circulation which renders the contracted lumina of the body to become smoother and wider. Thus, relieving a variety of obstructions.

2. *Gauravaghnata*: Heaviness of the body is relieved by *Swedana*. Using *Swedana*, the fluids in the body are excreted through the *Sweda* (sweat) and hence the feeling of lightness in the body. *Swedana* stimulates nerve endings and promotes muscle strength.

3. *Seethaghnata*: *Sheetaghnata* has to be understood as the patient is relieved of the coldness by the *Ushna Guna Pradhana Sweda Karma*.

4. *Swedakarakata*: *Swedana* produces perspiration. This is a mala (excretory product) Where the wastes of all the layers of skin, muscles, nerves, *Rasa, Rakta, Meda* etc are mixed. Therefore, it is a mechanism of excreting the metabolic wastes in the body tissues. In this study drugs used for *upanaha sweda* are mostly of *vata kapha hara* property. Most of them have *ushna veerya* and *guru guna* which plays antagonistic to *vata*. This might be the possible reason for the good results obtained. Ingredients of *Mustadi Upanaha* are *ushna veerya* drugs and are *vatakaphahara*. *Upanahasweda* itself is a *vatakaphahara* modality thus in this study *upanaha* with the drugs are observed to decrease conditions of *shodha, shoola* and *stambha*.

CONCLUSION

Finally, the following conclusions are drawn, Both the procedures (*Agnikarma* and *upanaha sweda*) are effective in treating, *Janu Sandhigata Vata*. *Agnikarma* with *loha Shalaka* are effective in treating Pain, Restricted Movement and Movement of the Joint .and *Mustadi Upanaha Sweda* is effective in Tenderness and Swelling in *Janu Sandhigata Vata*. In case of *Janu Sandhigata Vata*, overall result of *Agnikarma* is 91.06% and of *upanaha sweda* is 86.14%. *Agnikarma* gives quick results in symptoms, while *Mustadi upanaha sweda* gives gradual effect. Both the materials used were cost-wise affordable and so cost-effective, easy to handle the procedure as

claimed. As this study is limited to 42 days, clear result about relapse is difficult to say. This study should be done on large samples so that definite conclusions can be drawn as the present study is limited to a small sample of 40 patients.

REFERENCES

1. ISE Baliye and Love's SHORT PRACTICE of SURGERY Edited by NORMAN S.WILIAMS CHRISTOPHER J.K BULSTRODE and P.RONAN O'CONNELL. 26th ed. Great Britain: CRC Press; 2013
2. *Madhavanidhanam* of Sri Madhavakara Sankrit and Madhukosa Commentary with an English translation and glossary purvardha by Dr P.Himasagara Chandra Murthy. 1st ed. Varanasi: Chowkhamba Krishnadas Academy; 2006.
4. *Sushruta Samhita* of Maharshi Sushrut edit. With Chatrasubodhini Hindi commentary BY Shastri Shambhunath Pandey foreword by Pt. Shiva Sharma Vaidya. 2nd ed. Varanasi: Krishnadas Academy; 1985. Slo.no-8.pg.332
5. *Charaka Samhita* Agnes's treatise was refined and annotated by *Charaka* and redacted by Drdhabala with an English translation edit- Prof. PRIYAVRAT SHARMA. 7th ed. WARANASI: Chaukhambha Orientalia; 2005.Slo no-113.pg no-473

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Shivraj Rathod et al: A Comparative Clinical Study On The Efficacy Of Agnikarma And Mustadi Upnaha In The Management Of Sandhigata Vata W.S.R. To Osteoarthritis. International Ayurvedic Medical Journal {online} 2022 {cited March 2022} Available from: http://www.iamj.in/posts/images/upload/620_624.pdf