

## MANAGEMENT OF SANDHIGATA VATA BY ERANDA TAILA: A CASE SERIES

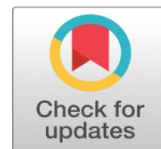


Dr. Savan Kumar <sup>1</sup>✉, Dr. Dipti <sup>2</sup>✉, Dr. Nishi Arora <sup>3</sup>✉

<sup>1</sup> PG Scholar, Department of Kayachikitsa, Ayurvedic and Unani Tibbia College and Hospital, Government of NCT Delhi, India

<sup>2</sup> Ph. D., Department of Dravyaguna, National Institute of Ayurveda, Jaipur, Government of Rajasthan, India

<sup>3</sup> Associate Professor, Maulik Sidhant and Samhita Vibhag, A and U Tibbia College and Hospital, New Delhi, India



### ABSTRACT

Homeostasis of *Vata*, *pitta* and *Kapha* dose maintain the normal physiology of body. Any internal and external factor which disturb the normalcy of *tri-doshas* will lead to generation of diseases. The prevalence of *Vatavyadhis* such as *Gridhrasi*, *Amavata* is continuously increasing day by day. *Sandhivata* is the disease described under *vatavyadhi*. Knee joint and small joints are more prone to be affected by this disease because they are the most commonly used joints in daily works. Aim of this study is evaluate the effect of *Eranda tail* in pure *vata* originated *sandhivata* at time of its accumulation. The study was a consecutive case series done on an OPD basis to study the pre- and post-effect of the treatment regime mentioned earlier on patients suffering from *sandhivata*. This study was conducted on five patients of *sandhivata*, in whom *eranda tail* was given as *Shamana* medicines for the 90 days at time of accumulation of *vata dosha* in *grishma ritu*. Use of *eranda tail* at time of accumulation of *vata dosha* showed significant improvement in symptoms of *sandhivata* on first year and showed complete remission of the disease if we give it for consecutive 2 years. It was concluded that the use of any *shaman* type *shodhan aushadhi* at time of accumulation of *dosha* will subside that *dosha* and not allow it to convert into an ailment.

Received 7 November 2021

Accepted 17 December 2021

Published 31 January 2022

#### Corresponding Author

Dr. Savan Kumar,  
[drsavankumar@gmail.com](mailto:drsavankumar@gmail.com)

#### DOI

[10.29121/granthaalayah.v10.i1.2022.4466](https://doi.org/10.29121/granthaalayah.v10.i1.2022.4466)

**Funding:** This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

**Copyright:** © 2022 The Author(s). This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

**Keywords:** *Sandhivata*, *Eranda Tail*, Knee Joint, *Dosha Sanchaya*

### 1. INTRODUCTION

Homeostasis of *Vata*, *pitta* and *Kapha* dose maintain the normal physiology of body. Any internal and external factor which disturb the normalcy of *tri-doshas* will lead to generation of diseases. Any identifiable or unidentifiable consistent changes in diet and lifestyle will leads to accumulation of particular *dosha*, finally convert into that *dosha* specific disease.

Union of two or more bones in body forms a *sandhi*. In study context *sandhi* specifically used for movable joints which are used to perform any movement. *Gata vata* is the concept of *Acharya charaka* in *charaka samhita*. [Kashinath et al. \(2012\)](#) *Sandhigata vata* is explained by *Acharya charaka* with two specific symptoms one *shotha* (inflammation) and second is *prasaran akunchano pravritti cha savaidna* (pain or stiffness during movement) [Kashinath et al. \(2012\)](#). Alleviated *vata dosha* is the main causative factor with various reasons for the development of *sandhivata*. That aggravated *vata* starts affecting the *sandhi* especially by reduction in *kapha* causes pain while movements. That change leads to friction in the movement which will produce inflammation in and



around the accessible parts of the affected joints.

Modern pharmacological management for such ailment includes the prescription of analgesics and Non-Steroid Anti Inflammatory Drugs (NSAIDs), but their use provides temporary relief to patient, but progression of the disease is still on its pace associated with adverse reactions. From here use of alternative therapies is on recommendation.

Plan of the treatment is based out of incidental finding in patients during OPD. Need for the study, so much research had been conducted but none of them talked about *ritu* specific ailment. Pain along with stiffness and swelling were only symptoms observed in patients during summers and it will go away once the winter arrives. No typical findings of Arthritis observed in patients, like loss of space and other degenerative changes in routine X-rays. Ayurveda recommend so many treatment protocols for arthritis but for this type of typical *Vataj Sandhivata* use of *sneha* should be recommended [Kashinath et al. \(2017\)](#). *Eranda taila* is explained in Ayurveda classic specifically for *vata dosha* originated diseases [Kashinath et al. \(2017\)](#). Active principles described in text indicate it as a good drug to pacify *vata* originated diseases. [Kashinath et al. \(2017\)](#)

## 2. MATERIALS AND METHODS

Patients suffering from *Sandhivata* were selected from OPD and IPD of the Department of Kayachikitsa irrespective of their sex, religion, occupation, etc. Patients were diagnosed on the bt

asis of signs and symptoms based on Ayurvedic texts. Written informed consent was taken from each patient at the time of registration. After observing all signs and symptoms of *sandhivata* we advised *Erand tail* (Castor Oil) in a dose of 10-15 ml per day for 90 days in the months of April, May, and June in summers.

## 3. CASE REPORT

The case series included the participants who visited Kayachikitsa OPD of A & Tibbia College and Hospital, Karol Bagh, New Delhi. With primary complaint of Pain, Stiffness and swelling around joints started in summers and resides till the end of rainy season, all the symptoms will automatically subside during winters. Patients had similar complaint of pain, stiffness and swelling at least from three consecutive years.

All demographic data including age, gender, site, occupation, and socioeconomic status are described in [Table 1](#).

## 4. CASE PRESENTATION

### Case 1

A 53-year-old male came with complaints of pain, inflammation, and difficulty in moving right knee joint. Which started 3 years ago in summers. Symptoms appeared 1 week before visited to Tibbia Hospital OPD. The first symptom appeared after he woke up from bed with feeling of pain in his right knee joints.

### Case 2

A 57-year-old Female came with complaints of pain and difficulty in moving small joints and bilateral knee joints. Symptoms appeared 10 days before visited to Tibbia Hospital OPD. Patient continuously using Analgesics and steroids for

symptomatic relief. The first symptom noticed by the patient is stiffness in small joints (hands).

**Case 3**

A 60-year-old female came with pain, stiffness, and inflammation in bilateral knee joints. She visited Tibbia Hospital OPD after 3 days of onset of stiffness and pain. The first symptom appeared after she woke up from bed with stiffness in her bilateral knee joints.

**Case 4**

A 49-year-old Female came with complaints of pain, inflammation, and difficulty in moving bilateral knee joints more in Left knee. Symptoms appeared approximately 10 days before visited to Tibbia Hospital OPD. Patient is on Analgesics and steroids as prescription to get symptomatic relief. The first symptom appeared after she woke up from bed with pain along with stiffness in her bilateral knee joints.

**Case 5**

A 63-year-old male came with complaints of pain, inflammation, and difficulty in moving small joints along with bilateral knee joints. Symptoms appeared 15 days before visited to Tibbia Hospital OPD. Patients received medical management, which include NSAIDs and steroids at the time of onset of symptoms. First symptom noticed by the patient is stiffness in small joints (hands and feet).

Symptoms like pain, stiffness and inflammation are noticed in rainy season especially in the month of July and august.

**5. CLINICAL EXAMINATION WITH HISTORY**

Symptoms like pain, stiffness and inflammation are noticed in all patients. Complaints starts appearing with milder form of stiffness and pain in the months of summers i.e., May and June. No other signs of Arthritis noticed in x-ray and other radiological investigations. Patients received medical management, which include Analgesic, NSAIDs and steroids at the time of onset of symptoms. Symptoms aggravate in rainy season especially in the month of July, august and September. All patients have similar history with at least 3 or more years.

**Table 1 Demographic data of patients**

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Age	53	57	60	49	62
Gender	Male	Female	Female	Female	Male
Socioeconomic status	Middle	Upper Middle	Middle	Lower Middle	Middle
Site	Knee	Hands, Knee	Knee	Knee	Hands,Feet, Knee
Duration	3 years	>3 years	3 years	>3 years	>3 years

**6. ASSESSMENT**

By Clinical symptoms of Sandhivata explained in Charaka Samhita.

## 7. OBSERVATION AND RESULTS

The current case series assessed after administration of Castor Oil for 90 days in summers. Significant relief in pain and stiffness was observed. A significant improvement was noticed in inflammation. Add on to that no signs of pain, inflammation and stiffness were noticed during rainy season. The same medication was used for continuous 2 years in same patten to all the patients. Results showed that significant improvement for first year and no signs & symptoms of *sandhivata* were noticed after use of castor oil for 2 consecutive years. Some of the research articles were shown the anti-inflammatory [SrivastavaP et al. \(2013\)](#) and analgesic [Manpreet et al. \(2012\)](#) effect of *eranda tail*. Results also suggest that prognosis is better if duration of the disease is significantly lower in years. In the current study patient 2 and 5 showed significant improvement in stiffness in small joints. Smaller joints showed fast result as compared to large joints.

## 8. ANALYSIS AND DISCUSSION

Arthritis can be correlated with *Sandhivata* in Ayurveda with signs and symptoms. Arthritis needs proper administration of therapy and medications to prevent from irreversible degenerative changes. In conventional therapy administration of Analgesic, NSAIDs and steroids along with physiotherapy were used as early as possible. Here without any conventional therapy or steroids, we used *Eranda tail* (Castor Oil) which alleviate the main *dosha* responsible for *Sandhivata*.

To reduce the *prokopita vata*, *sneha* is the one of the options given by *Acharya charaka*. Out of 4 types of *sneha tail* (Oil) is the best choice. *Eranda taila* is having *madhura rasa*, *teekshna*, *pichila guna*, and is having *rukhara* and *sopha hara* property [Vagbhata and Astanga \(2007\)](#). *Eranda tail* has *Madhura rasa* with *Ushna guna* which are against the normal properties of *Vata*. Adding to that it has *srotovishodhan* property (Clearing the channels) which allows the *vata* to flow unobstructively. *Acharya sushruta* clearly mentioned it as *Vatakaphahara* and *Adhobhaga dhoshahar* means it's good for the alleviation of *vata* also it has purgative action. [Shashtry and Sthana \(2021\)](#) Purgation is one out of five *shodhan* (purification therapy) methods given in Ayurveda classics. Purgation has *madhyam vata shamaka* property. Cumulatively *eranda tail* not only pacify *vata* by its active principles but also by its *prabhava karma*.

Relationship of *doshas* with seasons is well explained by *Acharya charaka*. Clearly mentioned that the *vata dosha sanchaya* (natural accumulation of *vata*) is done in *grishma ritu* (summers). And its natural *prakopa* (aggravation) is held in *varsha ritu* (rainy season) [Kashinath et al. \(2017\)](#). Due to faulty lifestyle and eating habits aggravation of *vata* go beyond the natural level and leads into the formation of diseases like *sandhivata*. Similar situation is noticed in all patients. As per Ayurveda principle given by *Acharya Sushruta* if we alleviate the *dosha* at time of accumulation, no further aggravation will be noticed [Shashtry and Sthana \(2021\)](#).

## 9. CONCLUSION

The current case is based on the management of patients on an OPD basis who are diagnosed with *Sandhivata*. Treatment is advised purely on *sidhantik* (Principle) way which was easy to use and cost-effective. Medications possessing *Vatahara* property were found to be very useful in the management of *sandhivata* at time of accumulation of *dosha*. No other conventional medicines were given during the

course of treatment. The current study provides a way for more clinical trials to evaluate the effect of *Eranda tail* (Castor Oil) in the management of pure *Vataj Sandhivata* especially at the time accumulation of *vata*.

## REFERENCES

- Kashinath SP, Gorakhnath C, editors. Chikitsa Sthana (2012) ; Chapter 28 In : CharakSamhita of Agnivesha with Vidyotini Hindi Commentry. Varanasi, India : ChaukhambaSurabharatiPrakashana ;
- Kashinath SP, Gorakhnath C, editors. Chikitsa Sthana (2012) ; Chapter 28 : verse No 37 : In CharakSamhita of Agnivesha with Vidyotini Hindi Commentry. Varanasi, India : ChaukhambaSurabharatiPrakashana ;
- Kashinath SP, Gorakhnath C, editors. Sutra Sthana (2017) ; Chapter 06 : In CharakSamhita of Agnivesha with Vidyotini Hindi Commentry. Varanasi, India : ChaukhambaSurabharatiPrakashana ;
- Kashinath SP, Gorakhnath C, editors. Sutra Sthana (2017) ; Chapter 11 : verse No 11 : In CharakSamhita of Agnivesha with Vidyotini Hindi Commentry. Varanasi, India : ChaukhambaSurabharatiPrakashana ;
- Kashinath SP, Gorakhnath C, editors. Sutra Sthana (2017) ; Chapter 11 : verse No 12 : In CharakSamhita of Agnivesha with Vidyotini Hindi Commentry. Varanasi, India : ChaukhambaSurabharatiPrakashana ;
- Kashinath SP, Gorakhnath C, editors. Sutra Sthana (2017) ; Chapter 11 : verse No 12 : In CharakSamhita of Agnivesha with Vidyotini Hindi Commentry. Varanasi, India : ChaukhambaSurabharatiPrakashana ;
- Manpreet Rana, Hitesh Dhamija<sup>1</sup>, Bharat Prashar, Shivani Sharma (2012). Ricinus communis L.- A Review, International Journal of Pharm Tech Research, ; 4(4) : 1706 -1711
- Sashtry A editor. Sutra Sthana (2021) ; Chapter 21 : verse No 37 : In Sushruta Samhita. Varanasi, India : ChaukhambaSurabharatiPrakashana ;
- Sashtry A editor. Sutra Sthana (2021) ; Chapter 45 : verse No 115 : In Sushruta Samhita. Varanasi, India : ChaukhambaSurabharatiPrakashana ;
- SrivastavaP, Jyotshna, GuptaN, MauryaAK, ShankerK (2013). New anti inflammatory triterpene from the root of Ricinus communis. Natural Product Research, ;28(5) : 306-311 Retrieved from <https://doi.org/10.1080/14786419.2013.861834>
- Vagbhata Acharya. Astanga Hrdaya Samhita (2007). Sasilekha Commentary of Indu, Chowkhamba Krishnadas Academy, Varanasi, 32