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A CLINICAL STUDY ON PARADIGUNA (ABHYAS) AND ITS APPLIED ASPECT ON SANDHIGATA VATA

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ABSTRACT

Sandhigata Vata have been observed in the modern era as a result of unhealthy lifestyle choices, inadequate nutrition, and age-related changes in weight-bearing joints (such as the knee joint).Bahya (external) and Abhyantar (internal) Snehan has been described as the best treatment for Sandhigata Vata and Asthigata Vata[1] in Charak Samhita. For the Vata Dosha to be balanced, Taila Snehan is highly important[2]. Sneha, Upnaha, Agnikarma, Bandhan and Mardan[3] have been described as treatment for Snayu, Sandhi and AshtigataVata in Sushruta Samhita.

Masha and Saindhav Sadhit taila's abhyanga is beneficial for treating Vata Vyadhi, according to a passage in AstangHridya attributed to "Tailam Sankuchite Abhyange Mash Saindhav Sadhitam"[4]. Rasna Churna is mentioned in Agraya Dravya.here we studied about Abhyasa Guna so we divided patient in two groups, GroupA &B(15 patient in each group).In group A 15 patients were doing Satata Abhyasa of Abhyanga of Masha Saindhav Taila and intake of Rasna Churna and in Group B 15 Patients were doing Asatata Abhyasa of Abhyanga of Masha Saindhav Taila and intake of Rasna Churna. Asatata Abhyasa was carried out in 3 days gap. This Study duration is 30 days.

INTRODUCTION

Abhyasa is a *guna* that generally used in *chikitsa* of any diseases. Without *Abhyasa* of medication we cannot treat patient as well as disease properly. On the other hand, some *Acharyas* describe the illness *Sandhigata Vata* in the *Vatavyadhi*. It is more common after middle age and affects the patients' *Sandhis*, particularly weight-bearing joints (primarily repetitive, functional, and *Sthula Sandhis*). Because of their physical limitations and restricted mobility, which leads patients to live unproductive lives. In Ayurvedic texts various internal medications and external application of *Taila (Abhyanga*) are mentioned. As *Taila* has its properties like *Guru*, *Ushna*, *Snigdha* all are opposite to *Vata Dosha* and *Vata Samaka Dravya Rasna* has also opposite properties of *Vata Dosha*. On the basis of *Satata Abhyasa* of *Dravya* of opposite characters subside *vata dosha* accordingly. Therefore, to prove the *Siddhant* "तैलं स्नेहौष्ण्यगौरवोपपन्नत्वाद्वातं जयति सततमभ्यस्यमानं[5]", *Abhyas* of *Masha Saindhava taila Abhyanga* along with *Rasna Churna* to be taken internally for this research trials.

AIM AND OBJECTIVE

- To study the concept of *Paradi Guna* in Ayurvedic Literature.
- To explain the role of *Abhyasa* with the help of *Abhyanga*.
- To study the effect of *Masha Saindhav Taila Abhyanga* & *Rasna Churna* by *Satata Abhyasa* in *Sandhigata Vata* (knee joint).

MATERIALS AND METHODS

CTRI Number- CTRI/2023/07/054968
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Selection of Patients

30 number of *Sandhigata vata* patients were selected from OPD, IPD of Govt. Ayurvedic College & Hospital, Balangir and Saradeswari Govt. Ayurvedic Hospital, Balangir (Which comes under Govt. Ayurvedic College & Hospital, Balangir) and the health camps organised by Govt. Ayurvedic College & Hospital, Balangir.

INCLUSION CRITERIA

Patients having *Sandhigata Vata* as per following diagnostic criteria: -

- *Sandhi Shoola* in Knee joint
- *Sandhi Stambha* (Lack of movement with stiffness
- *Sandhi Sputana* (Cracking Sound)
- *Sandhi Akunchanprasaranvedana*
- *Sandhi Shotha* (Swelling)
- Patients of both sexes.

Patients between age group of 30-60 years.
Patients without any anatomical deformity

EXCLUSION CRITERIA

- Patients having age below 30 years and above 60 years.
- Patient suffering from Carcinogenic disease and pregnancy are excluded.

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DRUGS SELECTION CRITERIA

The trial drugs are having *Vatahar* properties.The drugs were identified by the experts of Dept. of *Dravyaguna* which were approved by DRC and IEC of college and Sambalpur University.Medicine were prepared in the GMP certified Mini Pharmacy of College under the supervision of expert of *Rasashastra* and *Bhaisajya Kalpana*. The Sample of research trial were sent to Sambalpur University for their analytical study before the clinical trail.

Trial Drug-1: *Masha Saindhav Taila*
Reference: *Ashtang Hridya, Chikitsa Sthana*,21st chapter
Ingredients: *Masha, Saindhav, Taila*

Schedule of treatment
Massage of *Taila* twice in a day
Day-30 day
Trial Drug-ii: *Rasna Churna*
Reference: Charak Samhita, Sutra Sthan, 25th Chapter
Ingredients: *Rasna*

Schedule of treatment
Dose -5gm of Rasna churna twice daily
Anupan- *Koshnodak*
Day- 30 days

In group B Treatment is carried out in 3 days gap.

PATHOLOGICAL INVESTIGATION CRITERIA

➢ Assessment made before and after treatment. The intensity of sign and symptoms of *Sandhigatavata* (Knee joint) have been graded as follows on the basis of four grading scales i.e. 0(Normal), 1(mild), 2(moderate), 3(severe).

Subjective Criteria

-*Sandhi Shoola* in Knee joint
- *Sandhi Stambha* (Lack of movement with stiffness)
- *Sandhi Sputana* (Cracking Sound)
- *Sandhi Akunchan Prasaran Vedana*
-*Sandhi Shotha* (Swelling)

Objective Criteria (55)

- Walking Distance
- Range of Movement of affected *Sandh*is
- Standing Time

Investigations - RA factor, CRP, DC and TLC.

OBSERVATION AND RESULT

The clinical study of 30 days is carried out.Out of 30 patients, no patient were left the study.

Table No 01: Showing the Demographic data of all patients

Criteria	Category	Maximum %
Age	51-60 Years	40%
Sex	Female	56.67%
Religion	Hindu	100%
Educational Status	Literate	73.33%
Socio-Economic Status	Middle Class	63.33%
Occupation	Housewife	43.33%
Desha	Jangal	100%
Mode of Onset	Gradual	100%
Diet	Mixed	60%
Appetite	Poor	63.33%
Dominant Rasa in Diet	Katu	73.34%
Agni	Vishamangi	63.33%
Exercise	Routine Work	76.67%
Sleep	Normal	76.67%
Addiction	No	70%
Sharira Prakriti	Vata-Kaphaja	63.33%

Sandhi Stambh

In the Group A, the relief in Stambh was 87.50% and in Group B, the relief was 18.18% (Table no. 28). Thus better relief was obtained in stambh in the Group A, (Satata Abhyasa). So, the results of Group-A are found highly significant in SandhiVata. As Stiffness is due to Sheet guna vriddhi of the vata guna, According to Samanya Vishesh Siddhanta, Satata Abhyasa of abhyanga of Masha Saindhav taila is effective because regular abhyanga of Usna virya dravya provides warmth in joint and hence, reduces the joint stiffness and Rasna also helps in Stiffness due to its Vata balancing properties.

Sandhi Sphutan

In the Group A, the relief in Sphutan was 66.67% and in Group B, the relief was 0% (Table no. 29) Thus relief was obtained in sphutan in the Group A (Satata Abhyas), and in group B, no result obtained. So, the results of Group-A are found significant in SandhiVata. Satata Abhyasa of Taila has maximum effect in Sphutan. According to Samanya Vishesh Siddhanta As Sphutan is due to Vata prakopa. and due to **Satata Abhyasa** of Taila its Snigdha guna subside khartva guna in vata roga.

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Sandhi Akunchan Prasaran Vedana
In the Group A, the relief in Akunchan Prasaran Vedana was 35.71% and in Group B, the relief was 10.53% (Table no. 30). Thus, relief was obtained in Akunchan Prasaran Vedana in the Group A, (Satata Abhyas). So, the results of Group-A are found significant in SandhiVata.As Rasna has analgesics and anti inflammatory property. So **Abhyasa** of these drug has given good result in Group A.

Sandhi Shotha
In the Group A, the relief in Shotha was 80.00% and in Group B, the relief was 0.00%(Table no. 31). Thus, good relief was obtained in Shotha in the Group A, (Satata Abhyasa). So, the results of Group-A are found significant in SandhiVata. As Rasna possess Anti inflammatory properties. So **Abhyasa** of these drug has given good result in Group A.

Range of Movement in Knee Joint
In the Group A, the relief in Range of Movement was 72.73% and in Group B, the relief was 6.25% (Table no. 32). Thus good relief was obtained in Range of Movement in the Group A, (Satata Abhyas). So, the results of Group-A are found significant in SandhiVata. As **Satata Abhyasa** of abhyanga of Usna virya dravya provides warmth in joint and reduces joint stiffness and Rasna also possess Anti inflammatory properties So range of movement was improved.

Walking Distance
In the Group A, the relief in Walking Distance was 66.67% and in Group B, the relief was 6.67% (Table no. 33). Thus relief was obtained in Walking Distance in the Group A, (Satata Abhyas). So, the results of Group-A are found significant in SandhiVata. As Rasna has vedna-hara property So **Abhyasa** of these drug has given good result in Group A.

Standing Time
Since there was no patient falling in this criteria, impact assessment of the drug on this parameter could not be established.

EFFECT OF ABHYASA IN THE TREATMENT ON DC, TLC, CRP& RA FACTOR
DC – It was observed that there was no significant change in the Neutrophil, Eosinophil, Monocyte, Basophil, Lymphocyte values of all the patients in Group A and Group B.

TLC- In the Group A, change in TLC was 2.25% and in Group B, change was 11.45%. Thus, no significant change observed in Group A and Group B.

CRP- It was observed that there was no change in the CRP of the all the patients in Group A & B.

RA FACTOR- It was observed that there was no change in the RA factor of the all patients in Group A & B.

Table No 02: Showing the effect of Satata & Asatata Abhyasa in the treatment on Objective and Subjective parameters (Comparison between Group A and Group B)

Variable	Group	N	Mean Rank	Sum of Ranks	Mann-Whitney U	P-Value
SANDHISHOOL	Group A	15	20.93	314.00	31.000	0.00025
	Group B	15	10.07	151.00		
	Total	30				
STAMBH	Group A	15	18.00	270.00	75.000	0.03802
	Group B	15	13.00	195.00		
	Total	30				
SPHUTAN	Group A	15	17.50	262.50	82.500	0.03467
	Group B	15	13.50	202.50		
	Total	30				
AKUNCHAN PRASARAN VEDANA	Group A	15	17.00	255.00	90.000	0.04203
	Group B	15	14.00	210.00		
	Total	30				
SHOTH	Group A	15	17.50	262.50	82.500	0.03467
	Group B	15	13.50	202.50		
	Total	30				
RANGE OF MOVEMENT	Group A	15	19.00	285.00	60.000	0.00611
	Group B	15	12.00	180.00		
	Total	30				
WALKING DISTANCE	Group A	15	21.00	315.00	30.000	0.00007
	Group B	15	10.00	150.00		
	Total	30				

Mann Whitney U Test is carried out for comparison between Group A and Group B. From above table, we can observe that, P-Value for almost parameters is less than 0.05. Hence, we can conclude that, there is significant difference between Group A and Group B.

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Further, we can observe that mean rank for Group A is greater than Group B. Hence, we can conclude that, effect observed in Group A is better than Group B

Table No 03 : Showing the effect of Satata & Asatata Abhyasa in treatment on DC & TLC (Comparison between Group A and Group B)

Variable	Group	N	Mean	SD	SE	t-Value	P-Value
TLC	Group A	15	1670.00	1044.00	269.56	0.683	0.500
	Group B	15	1413.33	1013.21	261.61		
NEUTROFIL	Group A	15	5.00	4.16	1.07	-0.327	0.746
	Group B	15	5.47	3.64	0.94		
EOSINOPHIL	Group A	15	1.40	0.99	0.25	-0.503	0.619
	Group B	15	1.60	1.18	0.31		
BASOPHIL	Group A	15	0.00	0.00	0.00	0.000	1.000
	Group B	15	0.00	0.00	0.00		
LYMPHOCYTE	Group A	15	4.27	3.53	0.91	-0.871	0.391
	Group B	15	5.60	4.76	1.23		
MONOCYTE	Group A	15	0.67	0.62	0.16	0.963	0.344
	Group B	15	0.47	0.52	0.13		

Unpaired t-test is carried out for comparison between Group A and Group B. From above table, we can observe that, P-Value for almost parameters is greater than 0.05. Hence, we can conclude that, there is no significant difference between Group A and Group B.and there is no chane in treatment in CRP and Ra factor after treatment.

DISCUSSION

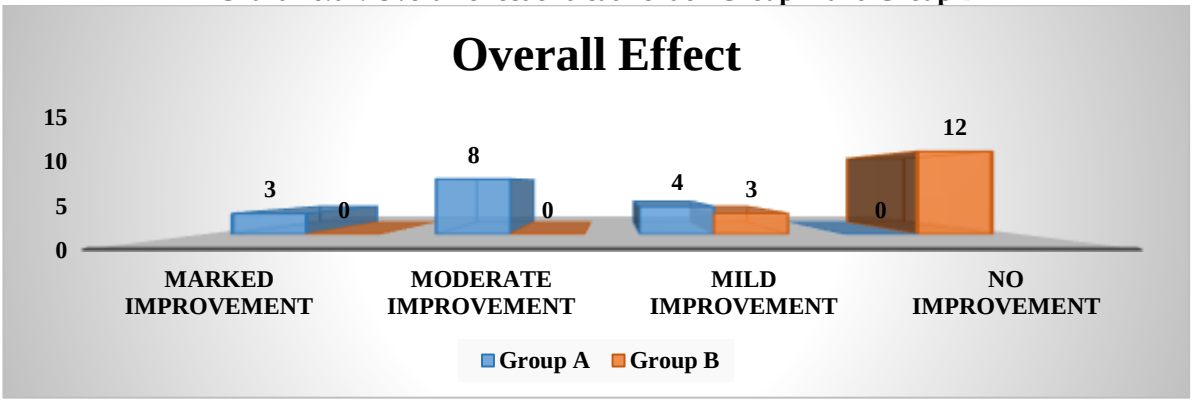
It has been revealed on demography incidence(Table no.01) that mostly Old age,female,Hindu,Person having Vishmagni, middle class family,residing in jangla Pradesh and housewives were more prone to Sandhivata.It was observed that number of patients with clinical features in before treatment and after treatment of trial drugs(group A) were reduced and reveled that mean percentage of improvement is 66.67%, 87.50%, 66.67%, 35.71%, 80%, 72.73%,66.67%,0% in Sandhishoola, *Sandhi Stambha,Sandhi Sputana* ,*SandhiAkunchanPrasaranVedana, Sandhi Shotha* ,Range of movement,Walking distance,Standing time. Where as in group B, there was no such improvement in subjective and objective parameter.

It was obsedved that there was no such difference in RA Factor, CRP, DC, TLC after treatment.(Table no. 03).It has been reveled that Sunjective parameter and Objective parameter of Group A the trial drug Abhyanga of Masha Saindhav Taila and intake of Rasna churna showed statistically significant result with p-value < 0.05 and the Group B,showed Statistically not significant result with p value> 0.05.

Table No 04: Showing the Overall effect of treatment on Group A and Group B

Overall Effect	Group A		Group B	
	N	%	N	%
Marked Improvement	3	20.00%	0	0.00%
Moderate Improvement	8	53.33%	0	0.00%
Mild Improvement	4	26.67%	3	20.00%
No Improvement	0	0.00%	12	80.00%
TOTAL	15	100.00%	15	100.00%

Chart No.01: Overall effect of treatment on Group A and Group B



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It has been revealed that in Group A, 3 (20%) patients have shown marked improvement, and 8(53.33%) patients have shown moderate improvement, and 4 (26.67%) patients have shown mild improvement. In Group B, 3 (20%) patients have shown mild improvement, and rest 12(80%) patients have shown no improvement.

CONCLUSION

According to Charaka Samhita, Paradigunas are more useful in diagnosis and treatment of the diseases.According to Charaka Samhita, Abhyasa (Paradiguna) is useful in treatment. Repeated and Continuous administration of a particular Dravya give better relief in Vyadhi**.**Here We applied Abhyasa Guna in the Treatment of Sandhivata to study the effect on Parameters.Abhyasa is Guna which is use by Bhishak to treat a Vyadhi. According to Samanya Vishesh Siddhanta,here we applied Vishesh chikitsa which is to subside the Vata dosha we use the drugs which has opposite characters of vata dosha. To Balance the Vata Dosha, we used Masha Saindhav Tail due to its Guru, Snigadh, Madhur,Ushnavirya and Bruhan guna properties, and Rasna churna which is mentioned in Agrya Dravya as "Rasna Vataharanam".A systematic 30 days clinical trial was conducted on 30 patients who were divided in to two groups i.e. Group-A and Group-B (15 patients each).In Group-A Satata Abhyasa of Abhyanga of Masha Saindhav Taila and internal use of Rasna Churna were given to the 15 patients suffering from Sandhivata, whereas to in Group-B Asatata Abhyasa of Abhyanga of Masha Saindhav Taila and internal use of Rasna Churna were given.The better result was obtained when Satata Abhyasa of Abhyanga of Masha Saindhav Taila and internal use of Rasna Churna was given as it is said that for better relief and remission of the Vyadhi, Abhyasa of Pathya and Aushadha is necessary.

REFERENCES

1. *CharakaSamhita with Elaborated Vidyantini Hindi Commentary (Part-II) by Pt. KasinathSastri& Dr. Gorakhnath Chaturvedi, Chaukhambha Bharati Academy, Gokulbhawan, Varanasi.Ch.Chi. 28/93*
2. *CharakSamhita with Elaborated Vidyantini Hindi Commentary (Part-II) by Pt. Kasinath Sastri & Dr. Gorakhnath Chaturvedi, Chaukhambha Bharati Academy, Gokulbhawan, Varanasi.Ch. Chi. 28/179-180*
3. *Sushruta Samhita of Maharshi Sushruta, Edited with Ayurveda-Tattva-Sandipika Hindi commentary, By Kaviraja Ambikadutta Shastri, Published by Chaukhambha Sanskrit Sansthan, Varanasi. Su.Chi. 4/8*
4. *Dr. Brahmanand Tripathi Ashtang Hridaya with Nirmala Hindi Commentary, reprint edition 2015. Delhi Chaukhamba Sanskrit Pratisthan. A.H.Chi. (21/22)*
5. *CharakaSamhita with Elaborated Vidyantini Hindi Commentary (Part-I)by Pt. Kasinath Sastri & Dr. Gorakhnath Chaturvedi,Chaukhambha Bharati Academy, Gokulbhawan, Varanasi.Ch.Vi 1/14.*