



EFFECT OF KUKKUDANDA PINDA SWEDA IN JANUSANDHIGATA VATA: CASE REPORT

¹Thulasi TV

²Smitha Manoj

¹PG Scholar , Department of Panchakarma ,MVR Ayurveda Medical College, Parassinikadavu, Kannur

²HOD, Department of Panchakarma ,MVR Ayurveda Medical College, Parassinikadavu, Kannur

ABSTRACT

Osteoarthritis is the most common chronic disorder that affects the joints. Among Osteoarthritis, Knee Osteoarthritis is highly prevalent and are commonly attributed to aged and obese people. Symptoms of Knee Osteoarthritis is similar to *Janu Sandhigata Vata*, hence treatment modalities choosed is *Vatavyadhi Chikitsa*. Ayurveda explains *Snehana* and *Swedana* as the prime modalities of *Vatavyadhi Chikitsa*. *Pindasweda* is a widely practised method for *Swedana*, and the choice of content is purely the logic of physician. *Kukkudanda pinda sweda* is one such a kind being used by Vaidyas. *Kukkudanda pinda sweda* which is commonly known as *Muttakizhi* is used for *swedana* of portion of body or a single joint and is not usually preferred for whole body. For the purpose of study here a case of *Janu sandhigata Vata* is taken and *kukkudanda pinda sweda* is done for consecutive 7 days. This study aims to evaluate the effect of *Kukkudanda pinda sweda* in the management of *Janu Sandhigata Vata*. The basis for the assessment of the results was the response shown by the patient on signs and symptoms of *Janu sandhigata vata* and effect of procedure in subjective and objective parameters before and after treatment. There were significant results in the signs and symptoms of *Janu Sandhigata Vata*.

Keywords: *Kukkudanda pinda sweda, Muttakizhi, Janu Sandhigata Vata, WOMAC index.*

INTRODUCTION: Osteoarthritis is the most common form of arthritis, accounts for more than 55% of arthritic¹ cases characterised mainly by pain, swelling and functional restriction of the joint. Osteoarthritis of knee joint is a most common joint disorder seen in elderly people. Due to similarities in signs and symptoms, it can be very much correlated to *Janu Sandhigata Vata*. According to Ayurveda *Snehana, Swedana, Dahana, Upanaha* are the prime modalities of treatment in the management of *Janu Sandhigata Vata*². These are mainly aimed as *Bruhmana*. In Ayurveda multiple modalities are mentioned for *Swedana*. Among them *Pinda Sweda* is widely practised. *Pinda Sweda* which is also called *Sankara Sweda* is done by

means of bolus containing prescribed drugs with or without being wrapped by cloths¹. *Patra pinda sweda, Jambeera pinda sweda, Choorna pinda sweda* are the commonly practised *Sweda* in arthritic condition, and the choice purely depends upon the logic of physician. *Muttakizhi* or *Kukkudanda Pinda Sweda* is one such a kind being used by Vaidyas. The literary reference of *Muttakizhi* is available in *Bhavaprakasa, Manyastambha chikitsa*³. *Muttakizhi* is performed as an unique procedure for applying heat to a portion of body and is not usually preferred if the whole body has to be subjected to *Svedana*. Preparation of *pottali*, and its contents also differs according to the *yukti* of vaidyas.

Here in this study a case of *Janu Sandhigata Vata* is taken. *Acharya Charaka* has given common principles of *Vatavyadhi chikitsa* as repeated use of *Snehana* and *Swedana*. Thus taking these principles into consideration *Abhyanga* and *Kukkudanda pinda sweda* were selected for the present study.

AIMS AND OBJECTIVES:

1. To observe the effect of *Kukkudanda Pinda Sweda* in *Janu Sandhigata Vata*.

MATERIALS AND METHOD:

Case report: A 63yr old female patient came to our OPD with complaints of left knee joint pain since 2 months. She also complaints of morning stiffness of both knee, which last for almost 15 minutes and disappears when she began activities. Associated with knee joint pain she is also

having crepitus and loss of sleep. She noted that her left knee was mildly swollen in comparison to her right knee, but could not recall when it started. Pain aggravates on long standing, sitting or walking, it relieves on rest and hot application. There was no locking, or giving way of knee. There was no history of fever, loss of weight or loss of appetite, or any knee surgery. She is known case of diabetes mellitus since 8yrs and Dyslipidaemia since 5yrs, which is under control with medication. She has no history of gout or Rheumatoid Arthritis, and doesn't have any thyroid complaints. 5yrs back she had a fall by hitting knee while climbing down stairs, but no major injury occurred and she had treatment for symptomatic relief.

General examination:

- Nutrition : moderate
- Built : well built
- Pulse : 72/min
- RR : 16/min
- BP : 150/100mmhg
- Weight : 65kg
- Height : 165cm
- BMI : 23.87

Ashtastana pareeksha:

Table 1: Ashtastana pareeksha

1	<i>Nadi</i>	<i>Drutam</i>	2	<i>Mootram</i>	<i>Anaavilam</i>
3	<i>Malam</i>	<i>Abadham</i>	4	<i>Jihva</i>	<i>Anupaliptam</i>
5	<i>Sabdha</i>	<i>Prakruta</i>	6	<i>Sparsa</i>	<i>Anushnaseeta</i>
7	<i>Druk</i>	<i>Prakruta</i>	8	<i>Akriti</i>	<i>madhyamam</i>

Table .2 Dasavidha pareeksha:

<i>Prakruti</i>	<i>Vatakaphaja</i>	<i>Sathmya</i>	<i>Sarvarasa, Madhura-priya</i>
<i>Vikriti</i>	<i>Vatadosha, Asthi, Majja</i>	<i>Abhyavaharanasakti</i> <i>Jaranasakti</i>	<i>Madhyama</i>
<i>Sara</i>	<i>Madhya</i>	<i>Vyaayamasakti</i>	<i>Avara</i>
<i>Samhanana</i>	<i>Madhyama</i>	<i>Pramana</i>	<i>Madhyama</i>
<i>Satwa</i>	<i>Madhyama</i>	<i>Vaya</i>	<i>Vrudha</i>

Systemic examination: Systemic examination of CVS, CNS and RS didn't reveal any abnormality.

Knee joint examination:
Table 3: Knee joint examination

		Right	Left
Inspection	Swelling	G2	G0
	Scars,redness,rashes	Absent	absent
	Deformity	Absent	Absent
	Bone alignment	Normal	Normal
	Gait	affected	
	Muscular spasm	Present	present
	Muscle wasting	Absent	Absent
Palpation	Local temperature	Normal	Raised
	Tenderness	G1	G2
	Crepitus	Present	present

Follow up: Patient was asked came for follow up after 14days.

Intervention:

Local *Muttakizhi* on *Janusandhi* for consecutive 7 days.

I. Method of preparation:



fig 1: contents of *Kukkudanda pinda sweda*

1. Butter: 100gm
2. Egg: 4
3. Powdered drugs: 20gm each of *Shashtika, Jeeraka, Haridra, Bala, Devadaru, Sahachara*

A pan was heated and 100gm of butter was melted in it. To the melted butter 4 eggs were added and scrambled well. To this, powdered drugs were added and carefully mixed without forming any lumps. This mixture was divided into two equal parts, added into the cloth piece and tied in the form of a *Pottali*.

II. Method of administration:

Taila was added in a pan and heated. The *pottalis* are placed in the pan and are

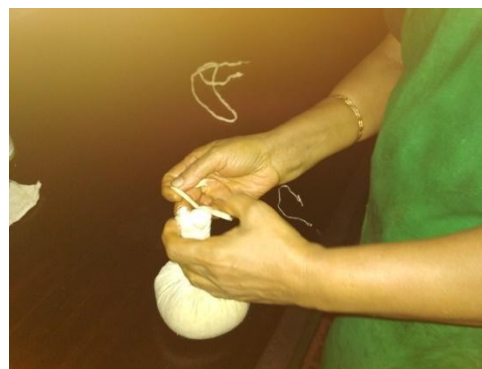


fig 2: Tying of *pottail*

heated over mild flame.By this time local *Abhyanga* was given to knee joint with *Dhanwantaram taila*. When *pottalis* are properly heated it is taken out, any oil flowing out from the *pottali* is mopped to the edge of the vessel. After ensuring the heat therapist apply heat to patient's body. For this purpose, *pottalis* are momentarily touched on this joint or may be moved. The packs are heated again when they lose heat.

Assessment criteria:

Sandhi soola: no pain :0,slight pain:1; Moderate pain:2; Very:3; Severe:4.

Sandhi sotha: No complaint: 0; Slightly obvious:1; Covers well over bony prominent:2; Much elevated:3.

Sandhigataasamarthya: Full range of motion:0; more than 70% of full range of motion:1; 50%-75% range of joint motion:2; Upto 50% joint motion:3; No motion:4.

Tenderness: No tenderness: 0; Patient says tenderness:1; Wincing of face on touch:2; Wincing of face and withdraws the affected joint:3

Walking time: (to cover 20m was recorded and distributed into following grade)

Up to 20sec: 0; 21 to 30 sec: 1; 31 to 40 sec:2; 41 to 50sec: 3; 51 to 60 sec:4.

OBSERVATION AND RESULTS:

The basis for the assessment of the results was the response shown by the patient on signs and symptoms of *Janu sandhigata vata* and effect of procedure in subjective and objective parameters before and after treatment.

Table 4: Assessment of subjective and objective parameters

Parameters		BT	AT	FU	
subjective	<i>Sandhi soola</i>	Right	1	0	0
		Left	4	2	1
objective	<i>Sandhi sotha</i>	Right	1	0	0
		Left	2	0	0
	<i>Sandhigataasamarthya</i>	Right	1	0	0
		Left	2	0	0
	Tenderness	Right	1	0	0
		left	2	0	0
Walking time		2(35 secs)	0	0	

Assessment of sweda: Table 5: Assessment of sweda

<i>Samyak swedana lakshana</i>	Day1	Day2	Day3	Day4	Day5	Day6	Day7
<i>Soolakshaya</i>			✓	✓	✓	✓	✓
<i>Sthambhakshaya</i>			✓	✓	✓	✓	✓
<i>Mardava</i>				✓	✓	✓	✓
<i>Twakprasada</i>				✓	✓	✓	✓
<i>sandhichesta</i>					✓	✓	✓

WOMAC assessment form:

Table 6: WOMAC

		BT	AT	FU
Pain	Walking	4	2	1
	Stair climbing	3	2	1
	Nocturnal	3	0	0
	Rest	2	0	0
	Weight bearing	3	0	0
stiffness	Morning stiffness	2	0	0
	Later in day	3	0	0
Physical function	Descending stairs	3	2	0
	Ascending stairs	3	2	1
	Rising from sit-	4	1	1

	ting			
	Standing	4	1	0
	Bending to floor	3	1	0
	Walking on flat surface	3	0	0
	Lying in bed	3	0	0
	Sitting	3	0	0
	Heavy domestic duties	3	2	1
	Light domestic duties	3	1	0
	Rising from bed	3	1	0
	Getting in/out of car	4	1	1
	Getting in/out of bath	3	0	0

DISCUSSION: The external *Snehana* and *Swedana* therapies are extensively practised in *Sandhigata Vata*. The present clinical study has been conducted to evaluate the effect of *Kukkudanda Pinda Sweda/ Muttakizhi* on *Janu Sandhigata Vata*. There were significant results in the signs and symptoms of *Janu Sandhigata Vata*. After 7 days treatment *Sandhi soola* reduced from grade 4 to grade 2, and after 2 weeks on follow up it came to grade 1. *Sandhi sotha* reduced to grade 0, Tenderness were absent after treatment. Initially, before treatment patient took 35 seconds to cover 20m and after treatment it became 19 seconds.

WOMAC Assessment scale was based on Pain, Stiffness, and physical function. Out of 5 criteria in pain, 3 of them came to grade 0. Stiffness was absent after treatment. [BT:G2,AT:G0]. There was 13 criteria to assess physical function, Among them 4 criteria were came to grade 0 from grade 3. Criteria of ascending and descending stairs were came to grade 2 after treatment, grade 0 and grade 1 respectively after follow up. Other criteria's came to grade 1 after treatment and grade 0 after follow up. Drugs used in the *Pottalis* add on the results.

Properties of drugs used: Table 7: Contents of *Muttakizhi* and their properties^{4,5,6}

Drug	Scientific name	Family	Kulam	Properties
Devadaru	<i>Cedrus deodara</i>	Pinaceae	<i>Devadaru</i>	G: <i>Laghu, Snigdha</i> V: <i>Ushna</i> K: <i>KV hara, Vibandha-Adhmana Sothajit</i>
Jeeraka	<i>Cuminum cyminum</i>	Apiaceae	<i>Satapushpa</i>	G: <i>Ruksha, Deepana, Laghu</i> V: <i>Ushna</i> K: <i>K Hara, Pavana-adhmaana-gulmahrut</i>
Haridra	<i>Curcuma longa</i>	Zingiberaceae	<i>Ardraka</i>	G: <i>Ruksha</i> V: <i>Ushna</i> K: <i>KP</i>

				<i>hara, varnya, tvakdoshanut, sophahara</i>
Bala	<i>Sidarhombifolia</i>	Malvaceae	<i>Karpasa</i>	<i>G: Snigdha, Grahi V: sita K: KV hara, balapushtiprada, Kshatanaasanam, grahi</i>
Sahachara	<i>Nilgiranthus ciliates</i>	Acanthaceae	<i>Vasa</i>	<i>G: Snigdha V: Ushna K: KV hara, Kanduvishapaha</i>
Shashtika	<i>Oryzasativa</i>	Gramiaceae	<i>Dhanya</i>	<i>G: Laghu V: Sita K: VP hara, balada</i>

G: Guna; V: Virya; K: Karma

CONCLUSION:

On the basis of above mentioned effects of *Kukkudanda Pinda sweda*, it can be concluded that *Kukkudanda Pinda Sweda* given for 7 days can give significant results in the signs and symptoms of *Janu Sandhigata Vata*. It can be adopted as a cost effective simple procedure as OPD basis too with no adverse reactions and better results.

Acknowledgement: I express my sincere gratitude to all faculty members of department of PG studies in Panchakarma [Dr. Smitha, Dr. Shaiju, Dr. Joshi, Dr. Rahul] at MVRAMC, Parassinikadavu, Kannur. I am very grateful to Dr. Smitha for her guidance and continuous support to execute this objective. My sincere thanks to department of *Dravya Guna Vinjana* and all staff of MVRAMC. I remember and thank all our colleagues at this moment for their valuable discussion and comments.

REFERENCES:

1. Narasimha BC et al. A study on Knee joint Osteoarthritis among women aged above 40 years, residing in the urban field practice area at tertiary care centre, Bangalore, Karnataka, India. *Al. Int J community Med Public health* 2016 Jun; 3(6):1554-1558
2. Vaidya Jadavji Trikamji Acharya (Editor), *Susruta Samhita*, Nibandhasan-

graha commentary of Dalhana Acharya. *Vatavyadhichikitsitam*. Varanasi; Chowkhamba Krishnadas Academy; Reprint 2004. p.420.

3. Bhavamisra. Bhavaprakasa, English translation by prof. K. R. Srikantha Murthy. Vol 2. Varanasi. Krishnadas Academy: Reprint-2002. 24/78. P.324
4. PK. Warriar, VPK Nambiar, CR Amankutty (Editor). *Indian Medicinal Plants*. vol 1-5. Chennai; Orient Longman Private Limited. Reprint 2007.
5. Prof. PV Sharma. *Dravyaguna Vijnana*. Vol 2. Varanasi; Chaukambharati Academy. Reprint 2012.
6. Dr. JLNSastry, *Dravya Guna, Vijnana*. Vol 2. 3rd Edition 2008. Varanasi; Chaukhambha Orientalia. Reprint 2008.

Corresponding Author:

Dr. Thulasi TV, PG scholar, Department of Panchakarma, MVR Ayurveda Medical College, Parassinikadavu, Kannur;
Email: thulasishh@gmail.com

Source of support: Nil Conflict of interest:
None Declared

Cite this Article as: [Thulasi Tvet al : Effect of Kukkudanda Pinda Sweda in Janusandhigata Vata:Case Report] www.ijaar.in : IJAAR VOL.UME III ISSUE XI NOV -DEC 2018 Page No:1663-1668