

ORIGINAL PAPER

Tila taila as sneha abhyanga in sandhigatavata for swelling to prove the theory "Snehat Vatam Smayati"

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Received on December 12, 2015; editorial approval (revised) on December 30, 2017

ABSTRACT

Introduction: Ayurveda is the science of life as well as the longevity. It's aim is to preserve the positive health of a healthy person and to cure the disease of the diseased one. whole treatment is based on two siddantas only- samanya siddhanta and vishesh siddhanta . Out of these, guna vishesh siddhanta which is related to opposite guna, was taken to see the role of tila taila as sneha abhyanga (external massage) in Sandhigatavat in relation to swelling and to prove the theory "Snehat Vatam Smayati". **Methods:** 30 patients of Sandhigatavata, age 40 – 70 years were selected randomly from OPD and IPD of Govt. Ayurvedic College & Hospital.

Results: In the series of trial for 21 days , swelling was relieved faster than other sign and symptoms. Swelling before treatment mean $\pm SD$ was $1.10 \pm .662$ and after 21 days of treatment declined to $.40 \pm .498$ ($p<.001$). Statistically it showed a high significant result corresponding to indication of a highly effective intervention for decrease in swelling

Discussion: This study was found to be in consistent with other studies carried out in different parts of the world.

Conclusion: Statistically significant results indicates effective intervention of Til Taila for decrease in the symptom of swelling in Sandhigatavat (OA). This study may be used as a baseline study for more advanced studies.

Keywords: Abhyanga, Sotha, Tila taila, Snehana, Guna, Vata-Dosh

INTRODUCTION

“Ayu” means life and “veda” means knowledge. So Ayurveda is the science of life as well as the longevity.^{1,2} Health and disease are two opposite diversion of life. The present work has been undergone as a clinical and demographic study to establish the effectiveness of sneha abhyanga in a group of 30 patients for management of sandhigatavata in relation to sotha(swelling) in terms of gunavishesh siddhanta. The aggravation, alleviation of dosha, dhatu, mala and the entire

treatment is based on this principle only. Charaka (1000 B.C.), Susruta (500 B.C.) and Bhagbhata 400 B.C) are the pioneers in the field of Indian medicine. They have enumerated the principles of diseases of joints. According to ayurveda, combination of two bones is called Sandhi(joint) and it is the root of Majjabaha srota.³ It is composed of Prithivi, Akash and Jala mahabhuta. According to Kashyap Samhita, it is the site of kapha and common site of vata.^{4,5} The indulging dietary habits vitiate vayu and obstruct the “sleshak kapha” within the sandhi. As a result it produces pain, swelling, stiffness, tenderness, muscular wasting of the joints leading to sandhigatavata.⁶ While in modern medicine the bony joint commonly a synovial joint(sandhi) consists of mainly these elements- bone, muscle, cartilage, blood vessel, ligaments, tendon , synovial fluid, synovial membrane, synovial cavity etc.^{7,8} In Ayurveda all these structures are known as dhatu/upadhatu.^{9,10} When the dosha gets vitiated, the respective gunas also get affected and ultimately it will affect the dosha of the specific dhatu. So Charaka has given the clinical presentation of sandhigatavata like ‘Vatapurnadritisparsha sotha’ (if vayu gets located in joint swelling occurs like air filled bag in touch) & ‘Akunchanaprasarana sabedana’(pain during contraction and extension).

Among the various herbal drugs for Sandhigatavata , a short clinical screening of Til taila has been made to evaluate its

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Cited this article as: Kalita Upen, Deka Himamoni, Barman Niten. Tila taila as sneha abhyanga in sandhigatavata for swelling to prove the theory "Snehat Vatam Smayati". *Int J Health Res Medico Leg Prae* 2018 July;4(2):27-30.63-65. DOI 10.31741/ijhrmlp.v4.i2.2018.15

efficacy in the form of tail abhyanga in relation to guna vishesh siddhanta, as Charaka said that among the tailas Til taila is the best sneha in pacification of vata dosha.⁸

The objective is to see the effect of Snehana (Til taila) as Abhyanga karma in patients of sandhigatavata in relation to swelling as symptomatic relief.

MATERIAL AND METHODS

The present work was a hospital based observational study in the period from 2012 – 2013. A total number of 30 diagnosed patients both clinically and radiologically were selected in the age group of 40-70 years in a ratio of 1:1 from O.P.D. and I.P.D. of GAC&H, Jalukbari, Guwahati-14, and Assam. Random sample technique was used. Informed consent was taken from patients. Unwilling and seriously ill patients were excluded from the study. Outcomes were evaluated after application of trial drug weekly for 3 weeks. Data analysis were done and graphically represented using bar diagram and mosaic plot.^{11,12}

Assessment of severity of the disease (swelling) was done by following:

Table 1 Grading of severity

Sign and Symptoms (Severity)	Grade (gr)
Absent	0
Mild	1
Moderate	2
Severe	3

Table 2 Gunas of provoked vata dosha in terms of clinical features

Guna of vata	Symptoms	Before Treatment Severity Grades	After Treatment Severity Grades
Ruksha	Atopa (Cracking Sound)		FU-1 FU-2 FU-3
Khara			
Sheeta	Sula (Pain)		
	Stambha (Stiffness)		
	Sotha (Swelling)		
Laghu	Laghuta (Wasting)		
Chala	Prasarana-kunchanasa vedana (Restricted Movement)		

In the present work during examination the classical description found in Brihatrayee and Madhav Nidan is applied. The signs and symptoms described in samhitas which get provoked by the respective gunas of kuptita vata in sandhi according to Ayurvedic literacy concept were used.

Preparation and selection of the trial drug:

Preparation of trial drug from crude drugs was done using standard protocols in the state Ayurvedic pharmacy (Rasasala dept.) Govt. Ayurvedic College, Jalukbari, Guwahati-14.

Time of Abhyanga:

- Morning after sunrise, in a circular motion on the affected joint for 15 minutes (with his/her right hand).
- At night before bed, in a circular motion on the affected joint for 15 minutes (with his/her right hand).

RESULTS

The results and observations of the present study are presented as follows :

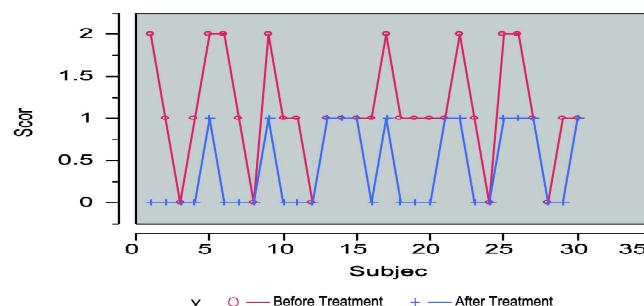


Figure 1 Effect of Til Taila on diagnosed patients of sandhigatavata (OA) before and after treatment representing In a Pareto Plot

Figure 1 depicts that before treatment 5 patients were in grade 0, 17 patients were in grade 1 and 8 patients were in grade 2. Whereas after treatment the number of patients were found to be 18 in grade 0 and 12 in grade 1

Table 3 Effect of trial drug on swelling (n=30)

	Before Treatment	After Treatment	Correlation	P Value	Paired Differences		t	P Value
					Mean	SD		
Mean	1.10	.40	.50**	.005	.70	.60	6.43**	<.001
±SD	±.662	.498						

Significant at P(<.05) ** significant at P(<.01)

Table 3 depicts that swelling before treatment mean±SD was $1.10 \pm .662$ which after 21 days of treatment declined to $.40 \pm .498$ ($p < .001$). Statistically it showed a high significant result corresponding to indication of a highly effective intervention for decrease in the symptom swelling.

DISCUSSION

Study on gunavishesh siddhanta which is based on opposite guna was done by many researcher earlier .The observation

of this present study suggests that the trial drug til taila has a significant effect in vatic disorders like sandhigatavata related to swelling as sneha dravya. Acharya Caraka mentioned that vata is the chief among all the doshas and sneha is the best drug to pacify it for which he also mentioned Snehadhyaya after Vatakalakaliy adhyaya in Sutrasthan. Vagbhat mentioned the properties of taila in penetrating in to the deep tissues and spreading fast throughout the body after abhyanga karma.^{13,14,15} In swelling before treatment the mean was 1.10 and SD was $\pm .662$ which is declined to mean 0.40 and SD 0.498 and the p value is < 0.001 which shows a highly statistically significant result. So our intervention is highly effective for decrease the symptom swelling. M. B. Shamloo, Morteza Nasiri, Aazam Dabirian, Ali Bakhtiyari, Faraz Mojtab and Hamid Alvai Maid did the experiment of sesame oil as topical use on pain severity of upper and lower extremities trauma with NSAID and found satisfactory result in 2015.¹⁶ Again Mayuri Shah also found the significant result in his study of matra vasti and some indigenous compoubnd including Sesame oil in management of Sandhigatavata in 2006.¹⁷ Correlation between the before treatment and after treatment of swelling shows the significance value of 0.50. So it suggests that there is a relationship between pre and post test which reject H_0 : Reject H_0 if $P < t_a$ when $t_a = t_{0.05}$ setting the level of confidence at 95% probability signifying that if the difference is significant at the level of $P < 0.05$, the hypothesis will be rejected establishing the term "snehat vatam samayati." Further studies are needed to follow up patients exposed to the trial drug for better result and achievement.

CONCLUSION

The present study is based on a literary and conceptual study. Guna afflicts in our body in terms of clinical features. To study the disease in terms of symptomatology is very easy process, but to study the gunas on some diseases is very difficult. The medical history and clinical examination indicate the affect of gunas. To assess the severity of the disease all signs and symptoms i.e. the qualitative data are converted to quantitative data and are graded into four grades as 0, 1, 2, 3 in terms of getting difficulty as absence, mild, moderate and severe. when a drug is administered to a patient, it acts mainly on the Doshas first and Dhatus next according to the Gunavishesh Siddhanta. Emphasis is also given on the applied aspect of guna for preventing and curing disease. Finally it is also pertinent to mention that State Govt. as well as the Central Govt. has a major role in making development as well as availability of the Ayurvedic herbal quality products to get quality results.

Acknowledgements: We sincerely acknowledge the patients participated in the work.

Ethical clearance: Taken

Source of Funding: Nil

Conflict of Interest: Non declared.

Contribution of Author: We declare that this work was done by authors named in this article and all liabilities pertaining to claims relating to content of this article will be done by the authors.

REFERENCES

1. Agnivesha, Charak, Dridhabala. Charaka Samhita, Sutrasthana. 2nd ed. Varanasi: Chaukhamba Sanskrit Pratisthan; 2004. p. 2-12. Vol 2.
2. Select Research Papers on Ayurveda and Siddha Geriatrics, Publisher- Central Council for Research in Ayurveda and Siddha, Dept. of AYUSH, Ministry of Health and Family Welfare Govt. of India, 1998. p. 57
3. Siva K G. Ayurvediya Sharira Kriya Vijnanam. 18th ed. Haridwar: Sri Prakashan; 2001. p. 109. Vol 2.
4. Sharma Pandit H, Kasyapa. Kasyapa Samhita. 3rd ed. Varanasi: Choukhamba Sanskrit Samsthana; 2006. p. 457.
5. Sushruta. Sushruta Samhita Nidan Sthan. 8th ed. Varanasi: Chaukhamba Surbharati Prakashan; 2004. 1(28): p. 458.
6. Madhavakara. Madhav Nidanam. 32nd ed. Varanasi: Chaukhamba Prakashan; 2002. p. 463. Vol 1.
7. Choudhury S.K. Concise Medical Physiology. 2nd ed. Calcutta: New Central Book Agency; 1993. p. 505
8. Das P. C. Text Book of Medicine. 4th ed. Calcutta & Mumbai: Current Book International; 2001. p. 582-583.
9. Sushruta, shastri A D. Susruta Samhita. 6th ed. Varanasi: Choukhamba Sanskrit Series; 2007. p. 989. Vol 1.
10. Vagbhatta, Arundatta, Hemadri. Astanga Hridaya Sutrasthan with the commentary Sarvagasundara and Ayurveda Rasayana. 9th ed. Varanasi: Choukhamba Orientalia; 2002. p. 446-462.
11. Mahajan B K. Methods in Biostatistics for Medical Students and Research Workers. 7th ed. New Delhi: Jaypee Brothers and Medical Publishers; 2009. p. 127-140.
12. <http://wwwjmp.com> SAS Institute INC, Cary, NC, USA. 2012. p. 56-58.
13. Vagbhatta Briddha, Guptha K A. Astanga Sangraha. 8th ed. Varanasi: Krishnadas Academy. 1993. p. 1001-1003.
14. Reddy K. R C. Bhaisajya Kalpana Vijnanam. 6th ed. Varanasi: Chaukhamba Sanskrit Bhawan; 2001. p. 144-145.
15. Dwarakanatha C. Introduction to Kayachikitsa. 8th ed. Varanasi: Chaukhamba Oriental Publisher; 2000. p. 200.
16. Shamloo M. B, Morteza Nasiri, Aazam Dabirian, Ali Bakhtiyari, Faraz Mojtab, Hamid Alvai Maid. The effect of Topical Sessame(Semmmamum indicum) oil on pain severity and amount of received Non-Steroid Anti-Inflammatory Drugs in Patients with upper or lower extremities trauma. Anesth Pain Med 2015;5(3): p. 1-8.
17. Shah Mayuri. A Comparative study of Matra Basti And Some Indigenous Compound Drug in the management of Sandhigatavata. 2006. p. 25-28.