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RESEARCH ARTICLE

CASE STUDY ON (AZHAL KEEL VAYU) TREATMENT WITH SIDDHA MEDICINE

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ABSTRACT

Siddha is the ancient Indian science of life, health and living. Discover the science of lifelong health with our beautiful traditional knowledge. Discover our amazing range of traditional knowledge and dive into all aspects of this eternal wisdom of health and longevity. We have classical texts such as thirumoolar, theraiyar and the greatest siddhar Agasthiyar. Discover siddha cover diet, herbs, minerals ,metals, varma and many lost branches of siddha healing wisdom.

INTRODUCTION

Osteoarthritis (OA): Osteoarthritis (OA) is a type of joint disease that results from breakdown of joint cartilage and underlying bone. The most common symptoms are joint pain and stiffness. Initially, symptoms may occur only following exercise, but over time may become constant. Other symptoms may include joint swelling, decreased range of motion, and, when the back is affected, weakness or numbness of the arms and legs. The most commonly involved joints are those near the ends of the fingers, at the base of the thumb, neck, lower back, knee, and hips. Joints on one side of the body are often more affected than those on the other. Usually the symptoms come on over years. It can affect work and normal daily activities. Unlike other types of arthritis, only the joints are typically affected. Causes include previous joint injury, abnormal joint or limb development, and inherited factors. Risk is greater in those who are overweight, have one leg of a different length, and have jobs that result in high levels of joint stress. Osteoarthritis is believed to be caused by mechanical stress on the joint and low grade inflammatory processes. It develops as cartilage is lost and the underlying bone becomes affected. As pain may make it difficult to exercise, muscle loss may occur. Diagnosis is typically based on signs and symptoms, with medical imaging and other tests occasionally used to either support or rule out other problems. In contrast to rheumatoid arthritis, which is primarily an inflammatory condition, in osteoarthritis, the joints do not become hot or red.

Signs and symptoms: The main symptom is pain, causing loss of ability and often stiffness. The pain is typically made worse by prolonged activity and relieved by rest. Stiffness is most common in the morning, and typically lasts less than thirty minutes after beginning daily activities, but may return after periods of inactivity. Osteoarthritis can cause a crackling noise (called "crepitus") when the affected joint is moved, especially

shoulder and knee joint. A person may also complaint of joint locking and joint instability. These symptoms would affect their daily activities due to pain and stiffness. Some people report increased pain associated with cold temperature, high humidity, or a drop in barometric pressure, but studies have had mixed results. Osteoarthritis commonly affects the hands, feet, spine, and the large weight-bearing joints, such as the hips and knees, although in theory, any joint in the body can be affected. As osteoarthritis progresses, movement patterns (such as gait), are typically affected. Osteoarthritis is the most common cause of a joint effusion of the knee.

Causes and risk factors of osteoarthritis: Researchers suspect that osteoarthritis is caused by a combination of factors in the body and the environment. The chance of developing osteoarthritis increases with age. Putting too much stress on a joint that has been previously injured, improper alignment of joints, and excess weight all may contribute to the development of osteoarthritis.

Case presentation: A 41 year old female came to our clinic with the complaints of swelling, pain tenderness, heat. The patient had known history of obese after her second delivery. The patient have three children's known History of caesarean section

Not a known History of Hypertension,

Not a known History of DM,

Not a known History of Lipid dysfunction,

Not a known History of thyroid dysfunction known case of obesity.

EXAMINATION AND DIAGNOSIS

Sitharaa Siddha clinic: A Single case study of azhal keel vayu by the treatment of arkashara thylum external application

Table 1.

Name of the treatment	Medicine name	Dosage	Times of the patient	Anupanam
Purgation	Sanjeevi Pills	1	1	Ginger Juice
Oleation Therapy (Oil Bath) I	Gingelly Oil	qs	Twice a week	0
Internal medicine	Nilavembu kasayam	30ml	Once a day	
Internal Medicine	Amukkura chooranam	1gm	Thrice a day	Honey
Internal Medicine	Vilvam Tablet	1	Twice a day	Hot water
Internal Medicine	Kungliya parpam	100mg	thrice a day	Honey
External theraphy	Massage and varmam therapy	1	Once a day	
Oil application	Arkashara thylum	qs	Twice a day	
External application	Kottanchukkadhi chooranam	qs	Twice a day	Hot water

Name: Mrs Parameshwari
 Date of birth: 10 /04/1978

3. Age: 41 years

General Examination

Height: 170 cms.
 Weight: 75Kg.

3. BMI: 26 (Weight Kg/Height m2)

Temperature: 98.6 (°F)
 Pulse rate: 78/min.
 Respiratory rate: 22/min.
 Blood pressure: 120/90 mmHg

Heart rate: 80/min.
 Pallor: Absent
 Jaundice: Absent
 Cyanosis: Absent
 Clubbing: Absent

13. Jugular vein pulsation: Absent

14. Pedal oedema: Absent15. Lymphadenopathy: Absent

It was observed that the knee joint of the patient found heat, redness, swelling and tenderness on examination. crepitating sound present and chronic pain persisted at the site. As per Siddha diagnosis, Oon and Kozhuppu enbu were affected and Naadi was found as "Pitha Vatham".

Diagnosis: Based on above observations, it was concluded that the patient suffering from azhal keel vayu" (osteoarthritis)

Siddha management and outcomes:

Line of Treatment: Purgation Therapy:

As per Siddha Basic principles, Root cause for Joint disorder is changes in Vali (Vatha)). We have to reduce the Vatha, We have to give Bedhi (Purgation Therapy) based on "Viresanathal Vatham thazhum" concept. Oleation Therapy (Oil Bath):

As per Siddha Basic Principles, in "Veekam" the Azhal (Pitham) is the secondary Thathu affected. To neutralize the elevated Azhal (Pitham), patient was advised to take oil bath twice in a week. Anti - Inflammatory Treatment: Anti - Inflammatory treatment was also provided with Siddha medicines along with supportive Patru Therapy Dietary Management: Advised to avoid non- veg foods, Potato, Brinjal, Tamarind and millets. Patient was advised to take Green vegetables and leafy vegetable,.

Discussion of Treatment: All medicines were prescribed for 1 week. The Patient was asked to come for weekly once for

followup. After the treatment of 2 months, he got relieved from symptoms of pain and swelling.

First day Purgation Therapy (Bedhi Therapy)

Second Day: Oleation Therapy (Oil Bath)

Third Day: Onwards Internal Medicines & vaeli poochu

Weekly once Check up and continue of medicines

After 1 week Treatment: Pain reduced 20% swelling reduced 10%

After 2 week Treatment: Pain reduced 40%swelling reduced 20%

After 40 Days Treatment: Pain reduced 75% swelling reduced 50%

Effective Management of Azhal keel vayu (effective management of azhal keel vayu osteoarthritis)

Conclusion

Siddha medicine is the effective for arthritis cases, especially oils are very effective for pain. A single case study useful to standardize the theory of siddha medicine especially the external application of patru, it reduce swelling and external oil application along with massage therapy, varma points activation helpful to reduce pain and internal medicine is given for altering the changes in three kutrams.

REFERENCES

Singh S, Singh S, Mishra RM, Shrivastava MP. 2014. Preliminary phytochemical screening of Calotropis gigantea leaf. *International Journal of Scientific and Research Publication*, 4(2): 1-2.

Murugesa Mudaliar CS. 1988. Gunapadam Mooligai Vaguppu IVth ed, (Tamil Nadu Siddha Medical Council, Chennai), 1-680.

Uttamarayan CS. and Kuppuswamy Mudaliar KN, Siddha Vaithiya Thirattu, (Directorate Indian Medicine and Homeopathy, Chennai), 1998, 292.

Sambasivam Pillai TV, Dictionary of Medicine, Chemistry, Botany & Allied Sciences, Vol 3, Revised ed, (The Research Institute of Siddhar's Science, Chennai), 1992, 1770.

Yoogimamunivar, Yoogi Vaithya Chinthamani, Revised ed, (Directorate Indian Medicine and Homeopathy, Chennai), 1998, 76 – 108.

Shanmugavelu M, Noi Naadal, Noi Mudal Naadal Thirattu, Part II, (Tamil Nadu Siddha Medical Council, Chennai), 1987, 347-392.

Kuppuswamy Mudaliar KN, Siddha Maruthuvam, IInd ed, (Tamil Nadu Siddha Medical Council, Chennai), 1987, 545-592 & 595-615.

Thiyagarajan R, Gunapadam Thathu-Jeeva Vaguppu, IV th ed: (Directorate Indian Medicine and Homeopathy, Chennai), 1992, 43-63

https://www.researchgate.net/.../320395284_Research_Paper_The_Ef fect of Knee Oste...

https://pmj.bmj.com/content/79/933/377