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ORIGINAL ARTICLE

EFFECT OF MANJISTADI LEPA IN TRAUMATIC JOINT DISORDERS

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Abstract

Among commonly occurring traumatic skeletal disorders, sprains and strains of ankle joint and inter-phalangeal joints are more prone. In all such conditions initial complaint of patients will be pain associated with swelling with or without deformity. These clinical conditions hamper the routine activities and also financial status of the individuals. Acharya Sushruta has advocated the application of Manjistadi lepa in traumatic joint injuries in chikitsa sthana which made me to undertake this work. The management of such traumatic disorders varies in allied sciences so, an attempt is made to assess the efficacy of non-invasive and OPD based management by Manjistadi lepa. Aims and Objectives: To evaluate the efficacy of Manjishtadi Lepa in traumatic joint disorders. Methods: In this observational study 25 patients selected from S D M College of Ayurveda & Hospital. Results: Among 25 patients of traumatized joint disorders, ankle joint was involved in 44 %, knee joint 12 %, interphalangeal 24 %, costochondral joints 12 % and wrist joint 08 % of patients. Conclusion: Manjistadi Lepa was found to be very beneficial in traumatic joint disorders due to strain and sprain was observed.

Keywords: Manjistadi Lepa, joint disorders, traumatic, soft tissue injuries, medicated paste application

INTRODUCTION

The commonly occurring traumatic joint disorders are fractures, dislocations, synovitis, sprains and strains.[1] The ankle joint and inter-phalangeal joints are more prone to this and characterized by a painful tear of ligament at joints. In all such conditions initial complaint of patients will be pain associated with swelling with or without deformity. These traumatic joint injuries appear to be simple, but are more painful and troublesome to the patient. These clinical conditions hamper the routine activities of the individuals along with disturbance in the financial status.

Acharya Sushruta has advocated the application of Manjistadi lepa in traumatic joint injuries in chikitsa sthana which made me to undertake this work. Previously one study conducted by me in Radial Bone fracture as it was found that, a very good analgesic and anti-inflammatory action. The management of such traumatic disorders varies in allied sciences like analgesics, brace, crepe, below knee cast for 2-6weeks followed by immobilization and so on.[2] At first, treatment of both sprains and strains usually involves resting the injured area, icing it, wearing a bandage or device that compresses the area and medicines. Later treatment might include exercise and physical therapy.[3]

Injuries to the soft tissues of joint require more skill in diagnosis than fracture because the lesion is not evident on the radiographs, but the risk of stiffness is even greater. The key to manage these injuries is a careful clinical assessment based upon an understanding of the anatomy and physiology of the joint involved. Injuries to the soft tissues alone may be grouped under following headings.

1. Contusions and cuts
2. Sprains / strains
3. Traumatic synovitis

4. Complete tear of soft tissues on one aspect of joint
5. Dislocations

In these conditions some invasive techniques have their own disadvantages like infection of the joints, post-operative problems etc. so to overcome these and to avoid such invasive and painful procedures a clinical trial was conducted at Sri Dharmasthala Manjuanatheshwara College of Ayurveda & Hospital, Hassan using Manjistadi Lepa.[3] (medicated paste application)

Aims and Objectives:

To evaluate the efficacy of Manjishtadi Lepa in traumatic joint disorders

Material and Methods:

Source of Data:

It is an observational study with a pre-test and post-test design conducted on 25 patients to assess the efficacy of Manjistadi Lepa on traumatic joint disorders. Patients were selected from OPD and IPD of S D M College of Ayurveda & Hospital, Hassan, Karnataka, who were fulfilling the inclusion and exclusion criteria.

Lepa Drugs[4] :

Manjishta (*Rubia cordfolia*-root), Yashtimadhu (*Glycyrhzia glabra* – wood), Raktachandana (*Santalum rubrum* – heartwood), Shali Pishti (*Oryza sativa* –grain) and Shatadhauta Ghrita (hundred times processed Ghee).

Preparation of Manjistadi Lepa:

The above said drugs are grinded separately and then mixed one by one. The required quantity of powder was taken and paste was made by adding Shatadhouta ghrita and used for application over the injured area. For each application fresh paste was prepared.

Diagnostic Criteria:

Patients with history of Traumatic joint injury presenting with

- Swelling
- Tenderness
- Color change
- Difficulty in movements

Inclusion Criteria:

1. Patients with history of Sprains and Strains were randomly selected irrespective of age and sex.
2. Patients with subluxation were also selected.

Exclusion Criteria:

1. Patients with dislocation of joint
2. Patients with open and displaced fracture.

Procedure of Application:

Selected patients were subjected to application of Manjistadi Lepa mixed with luke warm water. The thickness of Lepa was 1cm and removed after complete drying up of Lepa. This lepa was applied twice daily for a period of 3-5 days.

Assessment criteria:

- Pain
- Swelling
- Range of movements

Observation and Results:

Table 1
Sex wise distribution of Patients of Traumatized Joint Disorder

Sl.	Sex	No. of Patients
1	Male	16
2	Female	09

Among 25 patients reported for the study 16 were males and 09 were females.

Table 2
Involvement of different joint with Traumatized Joint Disorder

Sl.	Joints Affected	Patients	Percentage
1	Ankle joint	11	44%
2	Knee joint	03	12%
3	Inter phalengeal joint	06	24%
4	Costochondral joints	03	12%
5	Wrist joints	02	08%

Among 25 patients of traumatized joint disorder, ankle joint was involved in 44 %, knee joint 12 %, interphalangeal 24 %, costochondral joints 12 % and wrist joint 08 % of patients.

Total Effect of Therapy

The following table illustrates the percentage of improvement seen in patients.

Table 3
Showing overall effect of treatment

Sl.	Improvement	No. of patients	Percentage
1	Complete Relief	15	60%
2	Moderate Relief	6	24%
3	Mild relief	3	12%
4	No Relief	01	4%

Out of 25 patients, complete relief was observed in 60%, moderate relief in 24%, mild relief in 12 % and no relief in 4 % of patients.

Discussion:

Rakta Prasadana Karma and hot potency (Ushna Veerya) of Manjista Lepa helps to penetrate into the local tissue that will dilate the peripheral vessels. Thus resulting in venous dilation followed by increased peripheral arterial blood flow. This may be the reason for the reduction of the swelling at the affected area.

The pain being the resultant of swelling which exert pressure over the peripheral sensory nerve, the Ushma Guna and Madhura Rasa of the Lepa dravya probably act as Vata Shamaka. This results in reliving the pain.

Yastimadhu along with Shatadouta Ghrita does Vranaropana and Pitta Shamana. The Madhura and Snigdha property of this act as anti-inflammatory. Shatadhouta Ghrita enhances tissue permeability aiding in tissue repair.

The Lepa itself during the process of drying may cause local pressure and stiffness and the rest given may help in faster recovery.

Conclusion:

Manjistadi Lepa was found to be very beneficial in traumatic joint disorders due to strain and sprain. Among the various joints involved patients suffering from ankle joints responded well when compared to other joints.

The drugs of Manjistadi Lepa are easily available, cost effective and can be practiced in OPD level. The duration of treatment is also short, owing to the fast action of the drugs.

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