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## “ REVIEW STUDY ON DISEASE SANDHIGATVATA ”

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### ABSTRACT-

Sandhigata Vata' vis-à-vis osteoarthritis is a degenerative joint disorder. It is grouped under the nanatmaja vatavikara by Acharyas. It has been explained under the name of Sandhigata Anila, Sandhivata, Gulphavata or Khuddavata by different Acharyas. In Ayurvedic science, more emphasis is laid on the upakarmas mentioned in Sandhigatavata chikitsa. But present-day life style encourages us in probing a new treatment modality that could restore equilibrium of tridoshas, restores the normal flow of Vata, and that which provides strength to sandhi and other dhatus which are helpful in formation of Sandhi.<sup>1</sup>All along with the above, there is also need of Rasayana. Guggulu kalpa is one such measure, which mitigates Vata, provides strength to sandhi with rasayanic properties. Moreover, Acharya Sushruta has stated that it cures the Sandhigatavata vyadhi within a masa (Month) just like a thunder bolt destroys the tree

Various aharaja, viharaj, manasa and other vata prakopaka nidana are mentioned in detail as aetiological factors of vatavyadhi. Sandhigatavata specially occurs in vriddhavastha which is parihanikala in which dhatukshya takes place which in turn leads to vataprakopa. Vata and asthi have ashraya-ashrayi sambandha, which means vata is situated in asthi, according to Aacharya vagbhatta<sup>2</sup> asthi is prime sight of vata. Vriddha or increased vata diminishes sneha from asthidhatu by its opposite qualities to sneha, by which khavaigunya (Rikta Srotas) occurs in asthi which is responsible for the pathogenesis of Sandhigatavata.

**INTRODUCTION-**

Nidana panchaka is the combination of parameters, which are used in the diagnosis of a disease. They are viz. (1) Nidana (2) Poorvaroop (3) Rook (4) Upashaya- Anupashaya and (5) Samprapti .

**NIDANA**<sup>3,4,5</sup>

- In Ayurvedic classics, much more importance has been given to Nidana, which is used in a wide sense. The Kalaja factors, Shishira and Grishma (Summer) ritu are the major seasons where the patients get affected with the disease.
- Other factors like weakness during diseased state (Rogatikarshana) and injury to the marma sthanas (Marmaghata) , emaciation (Dhatu Kshaya) etc are also considered as the causative factors for osteoarthritis, whereas Margavorodha comes under Vishesh Nidana. Common Hetus (etiological factors) of Vatavyadhi, which are mentioned by Acharya Charaka .
- The premonitory symptoms, which appear before the full fledged clinical picture of disease are called poorvaroop.
- Acharya charaka has mentioned that Avyakta lakshana's are the poorvaroop of the vatavyadhi. That means to say the disease can be identified only in its manifested state.
- In this context, Acharya chakrapani has interpreted the word 'Avyaktham' as presenting of few symptoms of disease.
- According to Vijaya-rakshita, Avyaktham means 'Na Ati Abhivyaktham' and those symptoms which are not exhibited clearly are known as Poorvaroop. Hence, mild or very less symptoms prior to the manifestation of disease Sandhigatavata may be taken as Poorvaroop.

**SAMPRAPTI GHATAKAS**<sup>6</sup>

◇ **Dosha** -Vata (Vyana vata vrudhi) Kapha (shleshaka kapha kshaya)

◇ **Dushya** – Rasa, Mamsa, Asthi, Majja, Snayu, Kandara

◇ **Srotas** - Rasavaha, Mamsavaha, Asthivaha, Majjavaha, Vatavaha

◇ **Srothodusti** – Sanga

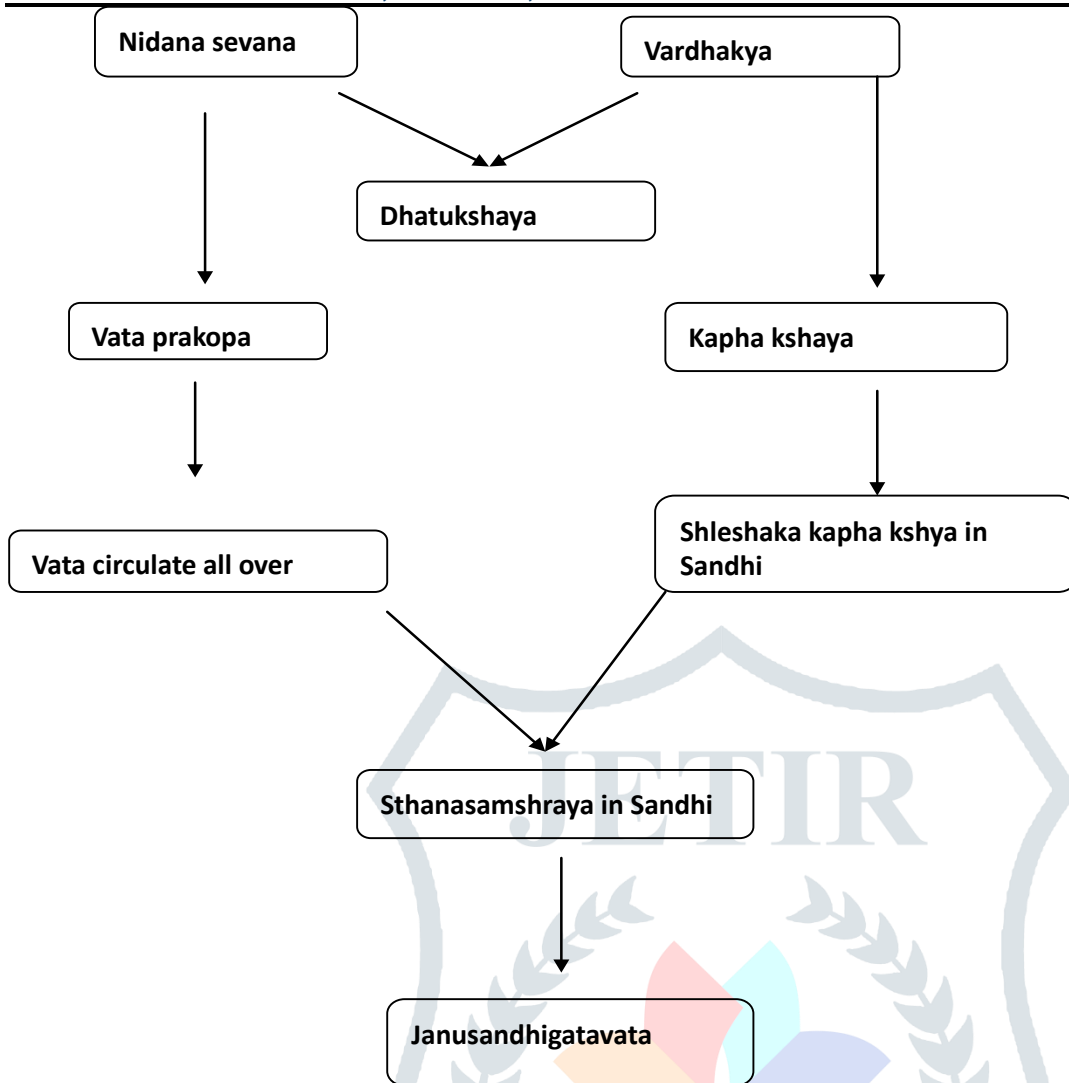
◇ **Rogamarga** -Madhyam roga

◇ **Agni**- Jataragni, respective dhatvagni

◇ **Udbhavasthana**-Pakvashaya

◇ **Adhithana** -Shareera

◇ **Vyakta sthana**- Sandhi



### CHIKISTA<sup>8</sup>-

“यद् द्रव्यं स्निग्धं शोषणम् खरत्वं उत्पादयति तदस्थनो वर्धनम् ॥”<sup>7</sup>

Arunadatta has said that *Kharatva* is the nature of bone, and *Snigdha* is necessary for *Vridhdhi* of any *Dhatu*, particularly for *Asthi* the all *Brimhan Dravyas* with the help of *Shoshana Guna* of *Vata*, *Kharatva* and *Shaushiratva* produce *Asthi Dhatu* and thus *Asthisandhana* through *Asthivardhana* promoted.

Ayurvedic approach towards managing the disease is of three kinds- Shodhana, shamana and rasayana. Acharya Charaka considered samanya vatavyadhi chikitsa to follow in the management of janusandhigatavata. Sushrutacharya mentioned specific line of treatment in sandhigatavata. Later other acharyas also gave importance on the chikitsa.

**Table No1: showing the line of treatment of janusandhigatavata:<sup>9</sup>**

Chikitsa	Su.S	A.S	A.H	Bh.P	Y.R	V.S	Bh.R
Snehana	+	+	+	+	+	+	+
Upanaha	+	+	+	+	+	+	+
Agnikarma	+	+	+	+	-	+	+
Bandhana	+	+	-	-	-	-	+
Unmardana	+	+	-	+	+	-	-

**Upashaya and Anupashaya<sup>9</sup> -**

► Upashaya means that which relieves symptoms and anupashaya is one which increases them.

**► Upashaya:****Pathya-Apathya:**

All the pathya and apathyas mentioned in the context of vatavayadhi to be followed in janusandhigatavata also.

**Pathya:** <sup>10,11</sup>

**Table No: 2. showing the pathyas of janusandhigatavata**

Sl.No	Nature of Ahara	Name of the Ahara
1	Jalavarga	Ushnodaka, Shritasheetodaka, Narikelodaka
2	Ksheeravarga	Goksheera, Ajaksheera, Dadhi, Ghrita, Kilata, dadhi koorchika
3	Madyavarga	Sura, Kanji, Dhanyamla
4	Mamsavarga	Gramya-Go, Ashwa, Kukkuta, Ushtra, Oudaka-Hamsa, Chakramada, Kadamba, Anoop-Gaja, Mahisha Bhileshaya-Godha, Nakula, Bheka
5	Mootrvarga	Gomootra
6	Shakavarga	Lashuna, Shigru, Patola, Vartaka
7	Shimbivarga	Masha, Kulatha, tila
8	Shookadhanya	Naveena shali, Shashtikashali, Raktashali, Nava Godhuma
9	Rasa	Madhura, Lavana, Amla
10	Snehavarga	Sarpi, Taila, Vasa, Majja
11	Vihara	Abhyanga, Mardana, Snana, Avagaha, Anulepana, Basti etc

► Sandhigatavata being a vatavyadhi, the general upashaya and anupashaya of vatavyadhi are applicable.

► Following Ahara-Vihara are upashaya for vatavyadhi.

► Ahara: Madhura, Amla and Lavana rasa; Ushna veerya; Guru, Snigdha gunas; Ghrita, Taila, Vasa, Majja, Dudgha, Dadhi, Mamsa, Mamsarasa, Madira, Vrishya, Balya-ahara i.e., Godhuma, Masha, Purana shali, Rasona etc.

► Vihara: Atapa sevana, Nirvata sthana, Ushnapravarana etc.

➤ □ **Anupashaya:** The factors which are mentioned in nidana of particular disease are anupashaya of the particular disease.

▶ Ahara: Kashaya, Katu, Tiktha rasa in Atimatra; Mudga, Chanaka, Kalaya, etc. Materials and Methods

▶ Vihara: Vegavidharana, Atichankramana, Anashana, Chinta, Shoka, Ativyayama etc.

**Sadhya-Asadyata:**<sup>12,13</sup>

➤ □ **Saadya-Asaadyatha:**

▶ Though Sandhigatavata is included under Vatavyadhi, which is a complicated disease, considered as 'Mahagada' by acharya charaka and sushruta. It is incurable, Treatment is time consuming and prognosis is uncertain, if not properly treated in appropriate time.

▶ The ailments of aged person are Kasha-saadya and Sandhigatavata is the affliction of elderly persons. The disease situated in Marma-Asthi-Sandhi is kashtasaadya.

Sandhigatavata is the disease of sandhi which forms Madhyamaroga marga, further Vatavyadhi occurring due to vitiation of Asthi and Majja are most difficult to cure. This requires continuous treatment for longer time. this shows Yapya of disease.

▶ According to yogaratnakara<sup>14</sup>, Vatavyadhi are generally kastasadhya but devasamayoga only can sometimes make them saadya. Acharya Sushruta said that, if the patient of vatavyadhi develops complication, then he doesn't survive

➤ On the other way sandhigatavata occurs by marga avarana also. Due to kapha and meda vriddhi as well as ama production further resulting sthaulya at medovaha srotasa and parvaruka at majjavaha srotasa. Sthaulya can do parvaruka by burden on weight bearing joint. Finally resulting into sandhigatavata.

**Symptoms of Sandhigatavata** - sandhishula, sandhishotha, akunchana prasarana janya vedana, hanti sandhi gati, stambha and atopa described by various Acharya in ayurvedic texts. The swelling described by Acharya charaka is of special type, which is felt like a bag filled with air. Here, sandhishula, sandhishotha are due to vata prakopa or ama and special type of shotha i.e. vatapurna driti sparsha or atopa indicate vata dominancy. Akunchana prasaranjanya vedana and hanti sandhi gati occur due to kaphakshaya and vata prakopa.

**Symptoms** of Sandhigatavata are similar to that of osteoarthritis i.e. joint pain, swelling, stiffness, disability and crepitation over joint. Acharya Sushruta and Acharya Vagbhatta has described specific treatment for the Sandhigatavata first time i.e. Snehana, Upanaha, Agnikarma, Bandhana and Unmardana. Acharya Charaka has mentioned repeated use of Snehana, Svedana, Basti and Mridu Virechana for the treatment of Vatavyadhi in general. He has not mentioned specific treatment for Sandhigatavata. Mandagni is responsible for the production of all most all diseases. Sandhigatavata being degenerative nature is mainly associated with old age (Vridhnavastha), in which vataprakopa is inevitable naturally. Vataprakopa in turn causes agnivaishamya vice versa.

Diminution of sneha guna in asthi-sandhi occurs which provides place to vata to get situated there, consequently Sandhigatavata produces. By treatment, rikta srotas is filled by sneha. Thus, khavaigunya is corrected and accordingly vatashamana results. Sandhigatavata specially occurs in vriddhavastha due to dhatukshaya. Rasayana drugs nourish dhatu and overcome dhatukshaya. Therefore, rasayana drugs play a major role in the treatment of sandhigatavata.

Osteoarthritis, the counterpart of sandhigatavata falls in rheumatic disorders. Rheumatic disorders account for all over the world maximum loss of human working power besides entailing an enormous amount of economic loss to the nation. Osteoarthritis is the most common form of arthritis, which mainly occurs in old age. Degeneration takes place in the joint which makes the individual disabled. It is a chronic degenerative disorder of multi-factorial aetiology characterized by loss of articular cartilage and peri-articular bone remodelling. It involves the entire joint including the nearby muscles, underlying bone, ligament, synovium and capsule. The risk factors for osteoarthritis are old age, obesity, female sex, major joint trauma, repetitive stress, genetic factors, prior inflammatory joint diseases and metabolic or endocrine disorders. It is believed that, once osteoarthritis has taken place, then it is very difficult to reverse or block the disease process. Till date, no treatment is available that can reverse or slow or block the disease process. Allopath science has only palliative treatment for osteoarthritis. In the same way, Ayurveda has mentioned that sandhigatavata is a Kashtasadhya vyadhi because all the vatavyadhi are difficult to cure and they are said as Mahagada. Being a vatavyadhi, sandhigatavata is kashtasadhya in prognosis, situated in Madhyama Rogamarga, Asthi and Majja are its dushya. Being a jarajanya vyadhi, agnimandhya, Dhatukshaya, Vriddhavastha also make the disease kashtasadhya. In the treatment point of view, modern medical science treat osteoarthritis with analgesics (relief in pain), anti-inflammatory drugs (relief in swelling) and anti-oxidants e.g. vitamin A, B, C, E (prevent the joint from oxidative damage). Antioxidants are the substances that prevent free radical induce damage in the body.

Usually the onset of symptoms of sandhigatavata starts at about fourth decade of life which according to Acharya sushruta is hani stage of madhyama vaya. The most commonly affected parts in osteoarthritis are, knee, hip, sacroiliac joints, ankle joints, distal interphalangeal joints, metatarsophalangeal joints, which are weight bearing parts of the body. Therefore, body weight reduction and avoiding from weight lifting is important in prevention of further worsening the disease. Obesity is a risk factor for osteoarthritis. Excess weight gives burden to the joint and that leads joint damage.

Sandhigatava is twice as prevalent in obese persons. According to Ayurveda, sthauilya (obesity) mainly occurs due to medagni-mandya which leads ama and medavriddhi. Due to vriddha meda, medasavitavata occurs, which is a cause for vata prakopa. On the other hand, due to medo-agni mandya proper formation of medas dhatu does not take place. As meda is the poshya dhatu of asthi and majja, depletion of medas agni leads to asthi and majjadhatukshaya. Khavaigunya takes place in asthi and majjavaha srotas, where prakupita vata gets situated and the disease sandhigata vata produces. Therefore, according to Ayurveda, correction of sthauilya or medavriddhi is essential in the treatment of sandhigatavata.

Muscles, ligaments and tendons are responsible for the joint stability. So surrounding tissue of the joint must be strong to prevent or cure the osteoarthritis. If they are weak, joint damage will occur soon even with the minimal stressor on the joints. Treatment of osteoarthritis should be in such a way that, which makes tissue strong.

In *Ayurveda*, *sandhishula* is one of the symptoms of *Mamsakshaya* and *Sandhisphutana* is a symptom of *Majjkshaya*. Weak bone can't bear even normal load and it immediately gets damaged.

### SAPEKSHA NIDANA<sup>15,16</sup>

► There are some particular diseases having almost nearer to same coordinial symptoms like sandhigatavata which are under differential diagnosis viz.

► Amavata, Vataraktha, Krosthruka shirsha, Vatarakta. Materials and Methods

### Sandhigatavata can be correlated to osteo-arthritis?

► Sandhigatavata may be co-related to osteo-arthritis. But when we critically analyze the disease of Sandhigatavat with respect to O.A in modern point of view, the symptomatology will maximally co- relate with description available for Articular. Chronic, non-inflammatory, Primary Osteo-arthritis.

**Articular:** Articular disorder may be characterized by

Deep or diffuse joint pain.

Limited range of motion on active and passive movement. Swelling caused by synovial proliferation or bony enlargement. Crepitation.

Deformity in the form of instability or locking of joint.

**Chronic:** It is based on the duration of on- set, if the complaint duration is more than six weeks, then it is considered as chronic.

**Non inflammatory :** Non-inflammatory disorders may be identified by

Absence of sign's of inflammation namely Erythematic, Warmth, Pain and Swelling.

Absence of systemic symptoms viz. prolonged morning stiffness, Fatigue, Fever, Weight loss etc.

Little or No Morning Stiffness.

Absence of laboratory evidences of inflammation i.e. no Elevation in E.S.R, or C-reactive protein. Materials and Methods

**Primary:** If the aetiology is unknown or if the degenerative joint changes had not local or systemic factor.

The above said same symptomatology is available in different Ayurvedic classics for Sandhigatavata.

Vata poorna druti sparsha-Edema or Swelling of Non inflammatory origin. Prasarna Akunchanayoho savedana- Pain during both active and passive movement of joint.

Atopa-crepitation.

Hanti Sandhi – Deformity of joint or Instability or Locking of joint.

The chronological order of symptoms which are mentioned above indicate the chronicity of the disease.

## DISCUSSION<sup>17,18</sup>-

- On using radio-graphic criteria it has been estimated that the prevalence of joint findings steadily increases from less than 2%, women younger than 45 years, to 30% in those aged 45 to 64 years and to 68% in those older than 65 years. The prevalence of men is slightly higher in the younger age groups i.e. < 45 years where as women as affected more commonly at ages older than 55.
- Even though with the possible measures for the management of SGV, the incidence of the disease is markedly increasing and there is a marked decrease in the quality of life. The patient will be crippled without being killed and become dependent on other human beings even for activities of daily living and may lose mobility and means of livelihood. So, SGV should be treated with best possible measures.
- The *Dravyas* which produce *Snigdhatva*, *Shoshana* and *Kharatva gunas* should be used for *Asthivardhana*.

## CONCLUSION-

The Aharaj ,viharaj nidanas are main factors which are contributing for the manifestation of Sandhigatvata. Sandhigatvata is a disease which manifest due to predominance of vata , pitta and rakta . In comparison with aetiology and symptomatology, Sandhigatvata can be co-related with osteoarthritis. The clinical assessment of the subjects of study showed that Sandhi-Shoola, Sandhi- Shotha and Atopa are the parthyatma lakshana of Sandhigatvata .

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