



“A Survey study Sandhigatvata in Parvasandhi with special Reference to Vatarakta”

¹Dr Kedar Vishwanath Todkar , ²Dr Archana Suresh Shukla.,

¹Assistant Professor, ²Associate Professor,

¹Rasshastra and Bhaishajya Klapana, ²Department of Sanskrit Samhita and Siddhant.

¹Dr Deepak Patil Ayurvedic Medical College, Borpadale, ² Dr N A Magadam Ayurvedic Medical College Hospital and Research centre, Ankali., Tal-Chikodi Dist-Belgavi

Corresponding author :- Dr Archana Suresh Shukla., Associate Professor, Department of Sanskrit Samhita and Siddhant. Dr N A Magadam Ayurvedic Medical College Hospital and Research centre, Ankali. Tal-Chikodi Dist-Belgavi Karnataka -591213

Abstract : Musculoskeletal disorders are having major contribution among the various diseases. In modern science musculoskeletal disorders affect more than 1/3" of all adult population over the globe. WHO realized that reduction in mortality must be matched with improved quality of life. Now a days due to Greenhouse effect and Global Warming the Rakta and Pitta vitiated diseases are increasing. Changing life style, altered food habit, increased Stress, Travelling and use of sprouts vitiate Vata. Thus the etiological factors vitiating Vata and Raktaleads to Vatarakta a disease of joints which is having high prevalence in Sukumar leading to vatrakt and restriction of Stability, Mobility of the joints. The persons which are not accustomed to physical strain, if suddenly exposed to heavy physical exercise it may generate pathological process of Vatarakta

The disorders of musculoskeletal disorders are as ancient as human civilization. Vata-Shonita, Sandhigatvata, Vatavyadhi and Amavata are described as painful and swollen forms of arthritis with differences in clinical profiles. According to Ayurvedic text prevalence of Vatarakta is common in HastaPadaMoola. Hence we selected to study deformities in HastaPadaMoolaSandhi due to Vatarakta. Vatarakta can be grossly correlated with the Gout. However the proper understanding of Vatarakta Goutibed in Ayurvedic text would reveal that Gout is just one of the conditions which may come under this It umbrella of Vatarakta, and the scope of Vatarakta is much wider than it is popularly understood. Hence Acharya Charaka had written Vatarakta and Vaatvyadhi as the separate Adhyay in Chikitsasthan. in India Rheumatoid Arthritis, Osteoarthritis, Osteoporosis, Spine disorders and Trauma are at its pick level So the present scenario was undertaken, to study affected structures in Parvasandhi due to Vatarakta and to study the range of deformities in the Parvasandhi due to Vatarakta

We found the patients having Vata-Pitta dominant Prakruti were more affected than any other Dosha while Kapha prominent Prakrutis were less affected.. There were evidence of family history of Vataraktain more than 50% patients with Vatarakta found so there must be some hereditary factor factor causing Vatarakta,

IndexTerms – vatrakt ,gouty arthritis parvasandhi .

I. INTRODUCTION

Vatarakta is a very painful condition. The p historical study shows that, in Vedic Literature, there is clear cut description of several disorders having symptoms of pain, inflammation and burning sensation in the joints. In Atharva Veda there is a d shloka: "Whatever pain is there is my eyes, ankles m and in feet, the water, the best heal ex among healers, may remove all that." (Ath.6/24.2)

The symptoms described are somewhat similar to the vatarakta.

Review of Ayurvedic literature shows that, g in Samhitas there is wide description of vatarakta than other articular disease. It shows that vatarakta was main articular disease even in that era. In present f era also the number of vatarakta patient is increasing day by day. Sedentary life style is one of the etiological s factor of vatarakta. Many people, due to their non- manual work practices, are having sedentary life b style. The number of such people is increasing and the incidence of vatarakta is also increasing. When aggravated vata is obstructed by aggravated rakta, this obstructed vata again vitiated the rakta. This pathological state is known as vatoshonitama) vatarakta (charak samhita / chikitsa sthanam 29/11).

Acharya Sushruta has described vatarakta along with other vata vyadhies, but due to its specific nidana, samprampti and chikitsa, Acharya Charak has described it separately. Small joints of feet and hands are mainly affected in vatarakta.

Although there is a detailed description of vatarakta in ayurvedic texts still modern ayurvedic writers have enriched it with modern literature by correlating vatarakta with disease Gout. In 1848 Dr.A.V.Garod from London, first of all recognized that

there is increase in serum uric acid level in e patient of Gout. The etiology and symptomatology e of Gout is very much similar to that of vatarakta.

Gout (also called metabolic arthritis, g Greek name: podagra, from pod foot and agra trap) a describes a number of disorders in which crystal of s monosodium urate monohydrate derived from s, hyperuricaemic body fluids give rise to inflammatory arthritits tenosynovitis, bursitis or at cellulitis, tophaceous deposits, urolithiasis and renal disease. The fundamental biochemical hall mark of , gout is hyperuricaemio. Hyperuricemia can result from increased a production or decreased excretion of uric acid or from a combination of the two processes. Uric acid is the end product of metabolism of purines.

Aims

To study the deformities in the Parvasandhi due to Vatarakta and to study prakruti, age and sexwise deformity in parvasandhi due to vatarakta.

Objectives

1. To compile the data about deformities due to Vatarakta and SandhiSharir specifically Parvasandhi of Hasta and Pada.
2. To study the deformities due to Vatarakta in Sandhi Sharir with special reference to Parvasandhi in accordance with age, sex, economic status, chronicity, doshaj types.

Materials And Methods:-

1. **Literary study:** The references related to SandhiSharir, Parvsandhi, and Vatarakta collected from various Samhitas.The reference from modern science also collected.
 2. **Survey study :** detailed history of each patient was taken, which was followed by a thorough clinical examination, including the examination of deformities. The findings are recorded in a case record form. The history was concerned with the history of Vatarakta and involvement in (motor system) development of deformities as well as family history of Vatarakta and history of any major part or concomitant illness. Also, special attention is given to the occupation and economic status. Also ger general and systematic examinations of the patient were done. Lab investigations were carried out for confirmation. X-Ray of affected hand or feet AP view was examined to assess the changes.
- . **Inclusion Criteria:** Patients having signs and symptoms of Vatarakta.

1. No of patients: 30
2. Age: 21 to 70 yrs
3. Sex: Both Male and Female

Exclusion Criteria

1. Fracture of Parv-Sandhi.
2. Patients with Congenital Deformity.
3. Patients of Aamvata, Sandhigatvata
4. Age below 21 and above 70 years.

Criteria for assessment:

The specified scoring system was applied according to the severity of the signs and symptoms for making the statistical analysis possible.

Discussion and Conclusion

In the present study we have tried to evaluate structural deformities in parvasandhi due to Vatarakta. For this study the age group selected is between 21-70 years. The lower limit of this trial group is selected to avoid the bias due to incomplete ossification. While the upper limit is to avoid the bias due to degenerative changes in bones and joints. Patients with fractures, congenital disorders, Aamvata and Sandhigatvata are excluded from the study.

1. Sex wise distribution of 30 patients
Out of 30 patients 23 patients are female (76.77%) while 7 patients are male (23.33%) in the present population. This can lead to the conclusion that female are prone to Vatarakta due to Sukumar nature and oxidative stress caused due to heavy household work.
2. Age wise distribution:- The maximum patients are in the age group of 41-50 yrs. This clearly indicates that prevalence of deformities in middle age group is more than the other age groups. The onset is during third decade of life but the deformities occur more in 40-60 years age group.

3. economic status and deformity score This observation helps to correlate with the synonym of Vatarakta as Aadhyavata i.e. it affects mostly patients of higher socio economic group. This particular group has to assess mental stress as well as physical strain due to demanding nature of their lifestyle.
4. Prakrutiwise distribution of patients:- The table shows categorization of the patients according to their DehaPrakruti. The maximum patients suffering from Vatarakta in the present population are of Vatapitta Prakruti (60%). The prevalence of vatarakta is almost similar in other two Dwandwaj Prakruti. The most affected Prakruti clearly indicates the predominance of Vata and Pitta (Raktadue Ashrayashryi nature) in the pathogenesis of Vatarakta
5. : Deformity score and types of Vatarakta:- It may be observed from the table that 18 patients (60%) are of Uttanatyp of Vatarakatawhile 12 patients (40%) are with Gambhir type. From this it can be concluded that in VataraktaTvak and Mansa are deformed in most of the patients with less score of deformity in the present population. While deep structures like Majja, Asthi, Synovial membrane are deformed in less no. of patients but with more deformity score. The Dhatugatstva of Vatarata is more in Rakta and Mamsadhatu followed by Asthi and Majjadhatu in chronic stages.
6. Deformity score and Doshaja type of Vatarakta:- In this table maximum no. of patients are of Raktajaand Vatapittaja type (6 each) followed by Vataja (5) Pittaja (4) Kaphaja (4). From this it may be concluded that Doshaja types like Raktaja and Vatapittaja are responsible for deformities. Other Dosha types are less responsible for deformities. Tridoshaja type is less frequent but prone to more deformities.
7. : Distribution according to angle of Contracture- In the table it may be observed that 16 patients (53.33%) are with no change in angle of joints. But 14 patients (46.66%) 6%) are with change in angle. It may be concluded that due to vitiation of Vata and RaktaDosha there is contracture of joints and related muscles developing an angl
8. : Radiological score and deformity score:- It may be observed from the table that maximum no. of patients are with radiological score of 2 (9 patients) i.e. having reduced joint space. It may be due to contracture of joint, synovitis due to vitiated vata and Rakta. The patients with radiological score 4 i.e. with tophi are next to be observed (8 patients) in the said population. 3 patients with osteoporosis (score 1) are seen. This concludes that the patients of Vatarakta shows reduced joint space, tophi, osteoporosis and erosions in their radiological assessment.
9. Distribution according to chronicity and deformity score Maximum patients with deformity are seen within the one year of occurrence of Vatarakta. But the grade of deformity increases with the chronic nature of Vatarakta. Almost 66% of the patients showing wide range of deformities are having history of Vatarakta for more than 1 year. The deformity score gets increases with the chronic of the disease.

Conclusion:-

- There is evidence of family history of Vatarakta in more than 50% patients with Vatarakta so there must be some hereditary factor causing Vatarakta.
- The Vatarakta is not limited to gout but the diseases like RA, SLE etc also comes under its umbrella.
- Incidence of occurrence of Vatarakta is increasing now-a-days because of increased consumption of etiological factors of Vatarakta like excess stress, traveling, Sour food, alcoholic beverages, fish and meat etc. in the modern life style.

References:

1. ShriSatyanarayanShastri - ChikitsaSthana chapter 29/10 in CharakaSamhita'Vidyotini' Hindi Commentary Part II, Choukhambha Bharati Academy, Varanasi, 22 edi. 1996. Pp 820.
2. ShriSatyanarayanShastri ChikitsaSthana chapter 29/7 in CharakaSamhita 'Vidyotini' Hindi Commentary Part II, Choukhambha Bharati Academy, Varanasi, 22 edi. 1996. Pp 820.
3. ShriSatyanarayanShastri - ChikitsaSthana chapter 29/7 in CharakaSamhita 'Vidyotini' Hindi Commentary Part II, Choukhambha Bharati Academy, Varanasi, 22 dedi. 1996. Pp 820.
4. ShriSatyanarayanShastri - ChikitsaSthana chapter 29/12 in CharakaSamhita 'Vidyotini' Hindi Commentary Part II, Choukhambha Bharati Academy, Varanasi, 22 dedi. 1996. Pp 821.
5. Vaidya YadavjiTrikamji Acharya - ChikitsaSthana chapter 5/1 in SushrutaSamhita 'Nibandhasangraha' Commentary, Choukhambha Orientalia, Varanasi, 6"edi. Pp 424.
6. ShriSatyanarayanShastri - ChikitsaSthana chapter 29/19 inCharakaSamhita 'Vidyotini' Hindi Commentary Part II. Choukhambha Bharati Academy, Varanasi, 22 edi. 1996. Pp 822.
7. ShriSatyanarayanShastri - ChikitsaSthana chapter 29/24 in CharakaSamhita 'Vidyotini' Hindi Commentary Part II, Choukhambha Bharati Academy, Varanasi, 22 edi. 1996. Pp