

***Ayurvedic literature review on sandhigatavata (osteoarthritis).*****Shivaji T Kagde,**

Professor, Kaya Chikitsa Department, Shiv Shakti Ayurvedic Medical College & Hospital
Bhikhi (Mansa), Sunem Road PUNJAB 151504.

Author Correspondence: Email: kagadeshivaji4@gmail.com

Abstract-

The most typical kind of articular illness is *sandhigata vata*. It is undoubtedly a form of *Vatavyadhi* that occurs in *Vriddhavastha* in especially because of *Dhatukshaya*, which restricts common sporting activities like going for walks, getting dressed, bathing, and many others. It qualifies as *Kashtasadhya* since it is a *Vatavyadhi*, is situated in *Marmasthisandhi*, and occurs in old age. The key role played by the Vata Dosha in the illness. The entire lifestyle science of Ayurveda places special focus on the helpful aspect of *vayu*. *Sandhigata vata* is one of the unique illnesses that can affect the human body as a result of the *prokopana* of *vayu*, *asatmya aahara*, and *vihara*. The medical functions assigned to Ayurveda are actually related to those indicated by modern counterparts about osteoarthritis. The

article's goal is to discuss how *sandhigata vata* affects osteoarthritis and how it is treated in Ayurveda. The primary sign of the condition connected with *Sandhishotha* with *Vata Purna Druti Sparsha*, loss of joint activities, or painful joint movement, is *Shula Pradhana Vedana*.

Keywords: *sandhigata vata*, Osteoarthritis, *Ayurvedic*

INTRODUCTION-

The concept of *vata*, along with its physiological and functional role in a man's or woman's existence, has received special attention in Ayurveda, the science of living a healthy lifestyle. *Gati* and *Gandha* are two examples of the practical entities that belong to *Vata*. *Gandha* method conduction and *Gati* approach movement. The practical *vayu* thing gets started as soon as life develops in the mother's womb and is

responsible for positioning every component of the frame in the right place. The proper operation of *vayu* is entirely dependent upon proper growth and nutrition. The human body is made up of countless channels, each of which is responsible for carrying all forms of nutrition as well as the necessary information to each unique area of the body. Karma, *Swabhaw*, and Vayu are also responsible for ensuring that these channels are operating properly.¹

Ayurvedic Review-

For good *sharira dharana*, Ayurveda has accorded the proper priority to *asthi* (Bones). The tree is only constructed upon its roots, much as the human frame is only built upon *asthi*, according to Ayurveda's explanation of this phenomena. To an exquisite degree, the *asthi's* perfect operation forms the foundation of all *sharira chestas*. According to Ayurveda, there are 300 different types of bones in the human body. The five different types of *asthi* found throughout the human body are *kapal*, *ruchak*, *tarun*, *balay*, and *nalay*. There are two types of Sandhi: *Sthira* and *Chestayukta*. 210 *sandhis* have been distributed at some point in the frame. For the bones to work properly, this sandhi's must be operating well as well. The *sharira chestas* could be hindered and de-prepared in a person's daily

lives without such sandhi's. According to Ayurveda, *vata* is an *ayu* (way of life), and it is also responsible for the body's proper power. Prana, Apana, Vyana, Samana, and Udana are the five different types of *vayu*, and they are each responsible for a different kind of helpful part of the human frame. When the *vayu* become disorganized, the body's natural systems also become disorganized. This is what leads to the development of various illnesses in a person's day-to-day existence, with the development of *sandhigata vata* as a disease system being one of them. Due to Vayu's lodgings in Sandhi *Pradesha*, *Sandhigata vata* is a *Madhyama Marga gata roga*. The swelling of the sandhi *pradesha* is accompanied by the development of oedema. All of the *kupita vata's* functions may be evident in the affected areas, and there may be problems with joint flexion and extension.^{2,3}

Modern Review-

A living shape is a bone. Osteoclasts constantly break it down, and osteoblasts constantly build it back up. It has a blood supply and a nerve supply, making it vulnerable to illnesses and problems much like the rest of the body. Although a primary bone tumor is extremely uncommon, bone is a common location for secondary's, possibly

due to its incredibly low rate of turnover. Bone contamination is also uncommon but extremely difficult to eradicate when it does happen. There is absolutely no blood flow to articular cartilage. It consumes synovial fluid for nourishment. As a result, its recuperation capabilities are limited. When damage occurs, restoration is difficult, if not impossible. Further, deterioration will occur, initially gradually and subsequently more quickly. All diseases that harm articular cartilage share a shared route with osteoarthritis. The patient initially complains of pain when moving, and with time the joint becomes stiffer and stiffer, eventually going away with the help of maximal comfort. The patient's movement is also hampered by the weakening and wasting of the muscular

DISCUSSION-

Clinical Signs-	Typical characteristics of pain and clinical signs of osteoarthritis -
<ul style="list-style-type: none"> • Restricted movement • Palpable, sometimes audible, coarse crepitus • Bony swelling around joint margins. • Deformity, usually without instability. • Joint-line or periarticular tenderness. • Muscle weakness or wasting. 	<ul style="list-style-type: none"> • Patient over age 45 • Insidious onset over months or years. • Mainly related to movement and weight bearing, relieved by rest. • Only brief morning stiffness and brief getting‘ after rest. • Usually only one or a few joints painful.

Examinations-⁶

When examined, the joint may just be faintly purple and have swelling of

tissues around the joint. The limb shortens, the joint loses its normal alignment, and finally the joint may also completely fall apart.⁴

OBJECTIVES-

- 1) To review *Sabdhighata Vata* from various *Ayurvedic samhita*.
- 2) To study and correlate *Sandhighata vata* with Osteoarthritis.

MATERIALS AND METHODS-

Ayurvedic samhitas like *Charaka Samhita*, *Sushruta Samhita*, *bheshjya ratnavali*, etc. provided the literary resources for the current examination. According to the needs of the study, it will likely be associated with the most recent books, articles, journals, websites, and research papers.

the soft tissues as well as muscle atrophy. The limb might also be distorted while being held in a consoling position. Warmth around

the joint is possible, and thorough inspection typically reveals at least a little effusion. Osteophytes that cross the joint can be felt, and the joint line itself is frequently palpably sore.

Movement will be significantly restricted, and crepitus may be audible as well as palpable. The knee has a propensity to develop varus (bow leg) in osteoarthritis. In addition to the limbs potentially being significantly shorter if there is bone loss, the hip has a tendency to flex into internal rotation.

Radiological Features Of Osteoarthritis

- Joint narrowing
- Osteophyte formation
- Subchondral sclerosis
- Cyst formation

TREATMENT-

AYURVEDIC PROCEDURE-7,8

1. The treatment processes should be started by the *sewana* of *ghrita*, *taila*, *vasa* or *majja* if the *vata dosa* happened without any obstruction by other dosas, i.e. *pitta* and *kapha*. After performing correct *snehana*, the patients should receive *snigdha nasya*, *anuwasana vasti* application, and a food plan made using *sneha*.

2. After doing the appropriate *snehana*, the patient should receive the appropriate *swedana* after applying *vata hara taila* to the area affected by *vata dosa*.
3. If the patient does not experience alleviation following the use of the aforementioned treatments, *mridu virechana* may be administered.
4. The administration of *Niruhavasti* is indicated for patients who are too frail to receive *virechana* therapy.
5. Patients with *vata vyadhi* are always advised to use *Nawan Nasya* and *Dhumpana*.
6. If the *vata dosa* resulted from a *pitta dosa* obstruction, the treatment procedure should be carried out in an alternating way, which entails applying cold substances first, followed by hot substances, and the process should be continued as usual.
7. If the *kapha dosa* blocked the flow of *vata*, the following remedies should be applied: *tikshna swedana*, *niruha vasti*, *vamana*, *virechana*, *ghrita*, *tila taila*, and mustard oil.
8. If the obstruction of the *pitta* and *kapha dosas* caused the *vata dosa* to develop, the *pitta dosa* should be treated first, then the *kapha dosa*.

Aahara and vihara⁻⁹

Living in a place where there is no direct contact with the air (*niwatsthana*), *parisheka* (*Snan*), *abhyangan*, *vasti prayoga*, *snehana*, and *swedana*; and *sewana* of *mangsa rasa*, *dugdhapana*, *sewana* of *madhura*, *amla*, and *lawana dravyas*. The OA had no effect on the following: *Guggulu*, *Rasna*, *Shigru*, *Laksha*, *Amlaki*, *Guduchi*, *Eranda*, *Aswagandha*, *Haridra*, *Vacha*, *Nirgundi*, *Haritaki*, *Bibhitaki*, *Sonth*, and *Pippali*.

MODERN PROCEDURES⁻¹⁰

Osteoarthritis treatment without medications-



1. **Rest** — Arthritis symptoms are typically worsened by activity and are improved with rest. However, a complete lack of activity can lead to a loss of muscle and joint stiffness. If arthritis flares and causes significant pain and inflammation, the healthcare provider may recommend rest for 12 to 24 hours, followed by a return to usual activities.
2. **Weight loss** — Obesity is strongly linked to the development of arthritis of the knee. Weight loss, even modest weight loss, appears to lower

this risk. It is not known if weight loss slows the worsening of arthritis in joints that are already affected. However, weight loss may reduce joint pain in weight bearing joints, such as the hips and knees.

3. **Physical therapy and exercise programs** — Physical therapy and exercise improve flexibility and strengthen the muscles surrounding the joints. People who exercise regularly despite their arthritis will typically have less pain and better function than those who are inactive.
4. **Orthoses** — Orthoses are devices that help to keep the joints aligned and functioning correctly. There are many different types of orthoses that can reduce symptoms and that can help maintain function in people with osteoarthritis (OA).
5. **Assistive devices** — Canes, walkers, electric-powered seat lifts, raised toilet seats, and tub and shower bars can reduce the stress on joints and can make it easier to perform daily tasks. A physical therapist may suggest these and other assistive devices, depending upon the severity and location of your arthritis.

6. **Vitamins** — Studies have linked certain vitamins to joint health, but the role of vitamins in arthritis treatment is uncertain. OA is less likely to worsen in people who have a high dietary intake of vitamin C (ascorbic acid) and a high dietary intake and high blood levels of vitamin D. However, it is unknown if supplementation with these vitamins has the same effects or if high dietary intakes of vitamins can prevent the onset of OA.
7. **Heat therapy** – Heat relieves pain and stiffness in arthritic joints. Heat can be applied to the joints with hot packs, hot water bottles, heating pads, or electrically heated mittens.
8. **Cold therapy** – Cold relieves pain in arthritic joints and reduces muscle spasms. Cold can be applied for short periods using ice packs or coolant sprays. People with certain medical conditions, such as the Raynaud phenomenon, should not use cold therapy.
9. **Transcutaneous electrical nerve stimulation (TENS)** — Using a modest electrical current to stimulate the skin's nerve fibres, a TENS unit blocks the passage of pain signals

from the arthritic joint. The utility of TENS to treat arthritis is debatable. According to several research, people with knee arthritis who use TENS have less pain, are better able to bend their knees, and experience less morning stiffness. The medicine naproxen (Aleve, *Anaprox*) or a placebo were shown to be more effective at reducing pain than TENS, according to another study.

Osteoarthritis treatment with medications-

- **Pain relief medications** — Analgesics reduce pain, but they have little impact on swelling. When non-pharmacologic treatments for arthritis pain are ineffective, these medications are frequently suggested. Acetaminophen and opioid (narcotic) analgesics are two medications in this class.
- **Non-steroidal anti-inflammatory drugs-** NSAIDs lessen pain and inflammation. NSAIDs are some of the over-the-counter medications that are available to relieve arthritis pain. For persons with osteoarthritis (OA) and evidence of discomfort, these medications are frequently prescribed

before analgesics. They are also recommended for a small number of people with non-inflammatory OA who do not receive enough pain relief from over-the-counter painkillers. Joint injections — Glucocorticoid (steroid) injections and injections of a substance called hyaluronate are two types of injections used to treat arthritis pain in people.

Functions make it clear that *sandhigata vata* is nothing more than joint problems that may affect any kind of weight-bearing locations. The medical prowess attributed to Ayurveda clearly distinguishes from the medical traits attributed to modern counterparts. various etiological factors are misdiagnosis, which occurs for no apparent reason, and these factors may be connected to Ayurvedic concepts of prakriti because various illnesses that affect people's bodies depend on their prakriti. People who are physically and architecturally vatic *prakriti* experience *sandhigata vata*, which may be noticed in daily, routine exercise. The scientific knowledge related to osteoarthritis by contemporary counterpoints clearly distinguishes the knowledge related to *sandhigata vata* in Ayurveda. Ayurveda's description of *sandhigata vata*, which is

associated with symptoms like pain, swelling, redness, difficulty flexing and extending the joints, burning, heaviness, and tingling sensations, is in line with how osteoarthritis is currently understood medically.

CONCLUSION-

scientific and clinical perspective Osteoarthritis can be used as a marker for the *sandhigata vata*. The disease's characteristics are extremely traumatic and difficult for those who are afflicted with this kind of illness. In order to achieve a successful outcome in the near future for the well-being of the patient suffering from various types of ailments, the treatment modalities described in Ayurveda and modern medicine must require proper research-based evaluation. This newsletter requests further discussion in order to quickly reach a successful conclusion.

REFERENCES-

1. Charaka, Acharya Priyavrat Sharma, Dr.Vidyadhar Shukla, Dr.RaviduttaTripathi (ed), Charak Samhita, (Vaidyamanorama Hindi Commentary), Varanasi, Chaukhamba Sanskrit Prakashan; 2006, Charak Samhita/ Chikitsasthana/ 28th chapter.

2. Sushruta, Acharya priyavrat sharma, Dr. Anant Ram Sharma (ed) (Susrutvimarsini Hindi Commentary) Vol-1, Varanasi, Chaukhamba surbharati prakashan; 2017, Sarirsthana/5/23-25.
3. Charaka, Acharya Priyavrat Sharma, et al, Chikitsasthana/ 28/37.
4. Bailey and love's, short practice of surgery, Russell R.C.G., Williams S. Norman, Bulstrode J.K. Christopher, 23rd edition, Page Number- 415.
5. Bailey and love's, short practice of surgery, Russell R.C.G., Williams S. Norman, Bulstrode J.K. Christopher, 23rd edition, Page Number-416.
6. Davidson's principle and practice of medicine, Boon A. Nicholas, Colledge R. Nicki, Walker R. Brian, Page Number-1098.
7. Charak Samhita/ Chikitsasthana/ 28/75.
8. Charaka, Acharya Priyavrat Sharma, et al, Chikitsasthana/ 28/77.
9. Bhesajya Ratnavali by Kaviraj Ambika Dutta Sastri.
10. Bailey and love's, short practice of surgery, Russell R.C.G., Williams S. Norman, Bulstrode J.K. Christopher, 23rd edition, Page Number-41



ayurlog
N J-R A S

Conflict of Interest: Non

Source of funding: Nil

Cite this article:

Ayurvedic literature review on sandhigatavata (osteoarthritis).

Shivaji T Kagde,

Ayurlog: National Journal of Research in Ayurved Science- 2023; (11) (05): 01- 08