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A CASE STUDY ON SANDHIVATA

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ABSTRACT

Background: Sandhivata is a Vata-dominant musculoskeletal disorder described in Ayurvedic classics under Vatavyadhi. Clinically, it bears a close resemblance to Osteoarthritis, a chronic degenerative joint disease characterized by progressive deterioration of articular cartilage, pain, stiffness, and limitation of joint movements. The condition predominantly affects weight-bearing joints and significantly impairs the quality of life of affected individuals.

KEYWORDS: Sandhivata, Osteoarthritis, Vatavyadhi, Agnikarma, Knee Osteoarthritis, Ayurveda, Dhatukshaya.

INTRODUCTION

Sandhivata is one of the most commonly encountered musculoskeletal disorders described in Ayurveda. It is a Vata-predominant condition resulting from the localization and aggravation of Vata Dosha in the Sandhi (joints), leading to pain, swelling, stiffness, crepitus, and restricted joint movements. Although Sandhivata is not specifically enumerated among the eighty Nanatmaja Vata Vyadhis, it has been extensively discussed by Acharyas such as Charaka, Sushruta, Vagbhata, Madhavakara, and Bhavamishra under the broader context of Vatavyadhi.

Acharya Madhavakara describes the pathogenesis of Sandhivata as the lodgment of aggravated Vata within the joints, producing symptoms such as pain, swelling, and difficulty in flexion and extension of the affected joints. Classical Ayurvedic literature highlights characteristic manifestations including Shoola (pain), Shotha (swelling), Stambha (stiffness),

Atopa (crepitus), and painful restriction of movements.

In contemporary medicine, Sandhivata closely correlates with Osteoarthritis, the most prevalent form of arthritis worldwide. Osteoarthritis is a chronic degenerative disorder characterized by progressive loss of articular cartilage, narrowing of joint space, osteophyte formation, subchondral bone changes, and varying degrees of synovial inflammation. The disease commonly affects weight-bearing joints such as the knees and hips, as well as the spine and small joints of the hands. Increasing age, obesity, metabolic disorders, genetic predisposition, hormonal factors, trauma, and repetitive mechanical stress are recognized as major risk factors contributing to its development and progression.

From an Ayurvedic perspective, the pathogenesis of Sandhivata primarily involves Dhatukshaya and Avarana of Vata, with predominant involvement of Asthi and Majja Dhatus. Degeneration of supporting tissues leads to aggravation of Vata Dosha, which subsequently manifests as pain, stiffness, and functional impairment of the joints.

Therefore, the therapeutic principles focus on Vata Shamana, Brimhana, Snehana, Swedana, and Shoola-Shotha Prashamana measures to restore normal joint function and prevent disease progression.

The present case study aims to highlight the clinical presentation, Ayurvedic diagnosis, and therapeutic management of Sandhivata with special reference to Osteoarthritis of the knee, emphasizing the role of classical Ayurvedic interventions in improving patient outcomes and quality of life.

CASE REPORT

A 56-year-old male patient presented with bilateral knee joint pain, morning stiffness, swelling, tenderness, and difficulty in walking for a duration of four months. Associated symptoms included loss of appetite and constipation. Clinical examination revealed tenderness, crepitus, swelling, and painful restriction of movements in both knee joints. Routine laboratory investigations were within normal limits, thereby excluding inflammatory arthropathies. Based on Ayurvedic principles, the condition was diagnosed as Sandhivata, predominantly Dhatukshayaja in nature with features suggestive of Avaranaja Samprapti.

INTERVENTION

The patient was managed using a comprehensive Ayurvedic treatment protocol comprising Janubasti with mahamasha taila, Swedana (Upanaha), Agnikarma, Janu lepa with Punarnavadi Lepa C internal medications like Yogaraj Guggulu, Vatagajankusa rasa, Rasnadi Kwatha, Eranda taila(10ml OD at bed time) for 30 days. Then in next 30 days above medicines were stopped by adding Mahayogaraj Guggulu, Brihat Vatagajankusa Rasa, Maharasnadi Kwatha CAbipattikara churna and appropriate dietary and lifestyle modifications. Janubasti C janulepa were being continued in next 30 days. The therapeutic approach aimed to pacify aggravated Vata Dosha, nourish Asthi and Majja Dhatus, alleviate pain and inflammation, and improve joint function.

RESULTS

Significant improvement was observed in pain, swelling, stiffness, and mobility of the knee joints following completion of treatment. The patient experienced enhanced functional capacity and improved quality of life without any adverse effects.

DISCUSSION

In this case first lekhaniya chikitsa was done followed by brihaniya chikitsa.As this is a avaranajanya Sandhivata kaphavrita vata is present hence first Lekhaniya treatment was done to remove avaraka (Kapha dosa) followed by brihaniya chikitsa to treat vata dosa.

CONCLUSION

This case study demonstrates the potential effectiveness of classical Ayurvedic management in Sandhivata (Osteoarthritis). The integration of Shamana and Brimhana therapies can provide substantial symptomatic relief and functional improvement in degenerative joint disorders.

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