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"ROLE OF DIETARY AND LIFESTYLE MODIFICATIONS (PATHYA-APATHYA) IN SANDHIGATA VATA: AN AYURVEDIC PERSPECTIVE"

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ABSTRACT

Modern lifestyle disorders are on the rise, with dietary imbalances playing a pivotal role in their development. Among these conditions, Sandhigata vata, a chronic and degenerative joint disorder described in Ayurveda, is increasingly prevalent. Its onset and progression are significantly influenced by one's diet, daily routine, and adherence to proper therapeutic practices. In Ayurveda, the concepts of Pathya (beneficial practices) and *Apathya* (harmful practices) are essential in both diagnosing and managing diseases. These principles guide patients towards habits that alleviate symptoms and caution against those that worsen the condition. Sandhigata vata typically presents with symptoms such as: Joint pain (Sandhi Shoola), Swelling in the joints (Sandhi Shotha), Pain during joint movement, especially flexion and extension (Akunchana Prasarana Pravritti Vedana), Gradual loss of joint mobility

(Hanti Sandhi). To manage this condition effectively, Ayurveda emphasizes the importance of consuming foods and following lifestyles that pacify aggravated Vata dosha. Godhuma (wheat), Masha (blackgram), Raktashali (red rice), Draksha (grapes), Badara, (dry jujube), Madhuka (sweet), Ushnajala (hot water), and Shritashita jala (hot and cold water) are among the pathya aharas suggested in Sandhigata vata. Atapa sevana, or sitting in the sun, is one of the pathyaviharas suggested in Sandhigata vata. Yava (barley), Chanaka (Black Chana) Gadarbha Dugdha, Shitajala (cold water), Naveena Madya (new fermentation), Shushka

Vol 14, Issue 21, 2025. ISO 9001: 2015 Certified Journal www.wjpr.net 431 Mamsa (dry meat), and Jambu are among the Apathya ahara listed in Sandhigata vata. Vega sandharana (Holding of Natural Urges), Chankramana (Walking), Jagarana (Waking late at night), and Chinta (Tension) are the Apathya viharas listed in Sandhigata Vata.

KEYWORDS: Sandhigata vata, Ahara, Vihara, Pathya, Apathya.

INTRODUCTION

Sandhigata vata is the most prevalent disorder among *Gata Vata Vyadhis* that is associated with osteoarthritis (OA). This is a mostly degenerative condition that affects peripheral joints, where there is both bone development and cartilage degeneration. Osteoarthritis (OA) is a prevalent degenerative joint disease that disproportionately affects older adults, particularly women. According to the World Health Organization, approximately 60% of individuals living with OA are women. This gender disparity is also evident in specific regions; for instance, in South Korea, women aged 60 and older exhibit a prevalence of OA that is nearly five times higher than that of men. The global burden of OA has been increasing steadily. In 2020, an estimated 595 million people worldwide were living with OA, representing 7.6% of the global population. This marks a 132% increase from 1990. Projections indicate that by 2050, nearly 1 billion people will be affected by OA, driven by factors such as population aging, increased life expectancy, and rising obesity rates. OA predominantly affects the knee joint, with projections suggesting a 75% increase in knee OA cases by 2050.

According to Ayurvedic classical texts, osteoarthritis is associated with *Sandhigata vata*, a disease of *Sandhi* (joint) that manifests as *Sandhishula* (pain), *Sandhi shotha* (swelling), *Akunchana Prasarana Pravritti Vedana* (pain on flexion and extension of the joint), and then *Hanti Sandhigatah* (diminution of movements at joints) in its later stages.^[5]

Currently, osteoarthritis (OA) management involves three main categories of treatment: medicinal, non-medicinal, and surgical interventions. Surgery is considered a last resort, typically pursued when medicinal approaches are no longer effective. Pharmacological treatments primarily aim to alleviate pain and enhance the patient's quality of life. Improved outcomes can often be achieved by combining low-dose medications with complementary strategies such as regular exercise, weight management, and physical therapy. This integrated approach not only enhances efficacy but also minimizes drug-related side effects. Additionally, following appropriate dietary guidelines and incorporating seasonal and daily routines as prescribed in Ayurvedic literature can further support the management of OA. [6]

Classical Ayurvedic texts do not mention specific causative factors (*Nidana*) for *Sandhigatavata*. Therefore, the general causes of *Vatavyadhi* are considered relevant in its development. As outlined by *Acharya Charaka*, these causes can be grouped into the following categories:

AHARAJA (Dietary Causes): Abhojana (not eating), Atiruksha (too dry), Atisheeta (cold), Atialpa (very little), and Atilaghu (extremely light).

VIHARAJA (Lifestyle Causes): *Plavana* (swimming), *Atiadhva* (excess stroll), *Vegasandharana* (stopping natural impulses), *Ativyavaya* (excess sexual act), *Divasvapna* (sleeping during the day), Atirajagarana (no sleep), and *Ativyayama* (excess exercise).

MANASIKA (Psychological Causes): *Atibhaya*, *Atishoka*, and *Atichinta* (extreme wrath, sadness, scary and worry, respectively).

OTHERS: *Marmaghata* (damage to vital organs), *Rogatikarshanat* (weakness resulting from chronic ailments), and *Dhatunam Sankshayat*.^[7]

RISK ELEMENTS FOR OSTEOARTHRITIS

The precise aetiology of OA is unclear. As people age, the disease becomes more common. The table below shows the risk factors for osteoarthritis (OA) of the hands, knees, and hips:^[8]

Risk Element	Effect	
Age	Rises with age	
	Maximum occurrence beyond the age of 80	
Gender	Men below fifty	
	After menopause, women	
Occupation	The prevalence is higher among those who perform physically demanding jobs, such as labourers.	
Exercise	OA is prevalent in athletes and anyone who engages in strenuous physical activity.	
Obesity	OA risk is increased by obesity	
Diet	Those with lower blood levels of vitamin C and D are at higher risk.	
Trauma	Injury and joint fractures raise the risk of OA.	
Genetics	Research has shown that children of parents with early-onset OA had a higher incidence.	

Due to rising life expectancy and limited access to healthcare, emerging nations will have the highest burden of OA patients. [9,10]

SAMPRAPTI (PATHOGENESIS) OF SANDHIGATA VATA

Regarding *Sandhigatavata*, no specific *Samprapti* has been stated. Therefore, it may be claimed that the general *Samprapti* of *Vatavyadhi* and the *Samprapti* of *Sandhigatavata* are same.

The *Samprapti-Nidanasevana* aggravates *Vata*, which causes *PrakupitaVata* to accumulate in *Raktavahasrotas*—that is, where there is open space for it to be lodged—and results in both localized and generalized disorders, according to Charaka.^[11]

The following clinical signs of *Sandhigatavata* (Osteoarthritis) may appear in the patient during the course of the pathogenesis listed below. Joint pain inflammation, and eventually dislocation and loss of function result from vitiated *Vata dosha* causing *Sthana samshraya* in the *Sandhi* (joint). *Acharya Madhavakara* has identified "*Atopa*" as an additional symptom. [12]

The term "Atopa" seems to refer to Sandhi sputana, or inflammation of the joints.



Acharya Charaka's description of *Sandhigatavata*. Sushruta has added another Laksana as "*HantiSandhin*." Regarding this word, *Gayadasa* and *Dalhana* noted that *Sandhi's* flexion and extension are incapable.^[12]

SANDHIGATA VATA (OSTEOARTHROITIS) PREVENTION

Preservation of health and treatment of those who are ill are *Ayurveda's* ultimate goals.^[13] In the treatment of patients, Ayurveda pays particular attention to individual characteristics like *Prakriti*, *Satmya*, *Sara*, *Samhanana*, and so forth.^[14]

Trayoupastambha, or the three sub-pillars of life, are three crucial elements for maintaining health, according to Ayurveda.

- i) Ahara, or eating patterns
- ii) Vihara, or proper living
- iii) Brahmacharya, or restraint of sexual urge. [15]

Certain dietary guidelines, such Ashtahara vidhi Vishesha yatanan^[16] and Dwadasha Ashanapravicharana^[17], as well as specific lifestyle regulations, like Dinacharya, Ratricharya, Ritucharya, and Sadvritta, are recommended by Ayurveda. Since Sandhigata Vata is a Vatika illness primarily brought on by Dhatukshaya or Avarana, general Vatikadhi treatments such as Snehana, Swedana, Mridu Samshodhana, Basti, and Vatahara Aushadha, Ahara, and Vihara may also be useful in treating Sandhigata Vata. Acharya Sushruta and Acharya Vagbhatta have outlined several particular therapy methods for Sandhigata vata, including Snehana, Upanaha, Agnikarma, Bandhana, Mardana, and Swedana.

These modifications are the steps used to prevent OA. [18]

- 1. First-line prevention: The actions for Weight loss and injury prevention are examples of primary prevention. An increased risk of OA is associated with obesity. As a result, weight loss lowers the risk of OA.
- 2. Secondary prevention: This involves early detection and treatment, which is challenging for OA because there aren't any reliable biomarkers to track the disease's progression.
- 3. Tertiary prevention: It entails actions to stop disease complications in order to lessen discomfort and enhance life quality.^[19]

AHARA (DIET) AND VIHARA (LIFESTYLE) IN THE PREVENTION AND MANAGEMENT OF OSTEOARTHROITIS (SANDHIGATA VATA)

The two main pillars of Ayurvedic disease prevention and treatment are *Ahara* (diet) and *Vihara* (lifestyle). The significance of nutrition is explained by the fact that the *Kashyapa Samhita* refers to it as *Mahabhaishajya*, or "the super medicine.^[20]"

For the doshas to function properly, food must be consumed under the Ayurvedic principle that one region of the stomach should be filled with solid food, the second with liquids, and the third left empty.^[21]

The whole benefit cannot be gained by consuming food based only on intake quantity. There are eight factors: *Prakriti*, *Karana*, *Samyoga*, *Rashi*, *Desh*a, *Kala*, *Upayoga Samstha*, and Upayokta are all involved in determining the usefulness of food and working together to produce the necessary advantages. Classical literature makes no mention of *Sandhigata vata*'s particular *Pathya* and *Apathya*. The Pathya-Apathya of general *Vatavyadhi*, however, may be adopted since it is a *VataVyadhi*.

Pathya Ahara (Beneficial dietary elements) - Apatya Ahara (Avoidable dietary elements)

Varga	Pathya Ahara	Apathya Ahara
Annavarga	Godhuma (Triticumaestivum), Masha (Vigna	Yava (Hordeum vulgare), Chanaka
(class of grains)	mungo), Raktashali (Orizapuntata)	(Ciceraeritinum)
Dugdhavarga (class of milk)	Go (Cow)-Aja (Goat) Dugdha, Ghrita	GadarbhaDugdha(jennet milk)
Phalavarga (class of fruits)	Draksha (Vitisvinifera), Badara (Zizyphusjujuba), Amra(Mangiferaindica), Madhuk (Madhukaindica)	Jambu (Syziziumcumini)
Jalavarga (class of water)	UshnaJala (warm water), ShritashitaJala (water cooled after boiling)	Nadi (river), samudra (sea), Tadagasya (tank) jala(water), Shita (cold) jala, Dushita (contaminated) jala
Madyavarga (class of wines)	Sura, Madira, Surasava, Amlakanjika (different types of preparations produced by fermentaion in Ayurveda)	Atimadyapana-Naveen Madya(Excessive use of Alcohol and use of freshly prepared alcohol
Mamsavarga (class of fleshes)	Kukkuta, Mayura, Chataka, Tittir, Nakra, Matsya, Varah, JalacharaMamsa (meats of birds and other animals)	ShushkaMamsa(dry meat)
Mutravarga (class of urine)	Gau, (cow) Ashva (horse), Hasti (elephant) Mutra.	Ajamutram (Urine of goat)
Rasavarga (class of taste)	Madhura (sweet), Amla (sour), Lavana (salt)	Katu(pngent), Tikta(bitter), Kasaya(astringent) Rasa
Shakavarga	Jivanti(Leptadeniareticulata), Shigru	
(class of	(Moringaoleifera), Rasona (Allium sativum),	Udumbara (Ficusglomerata)
vegetables)	Patola (Trichosanthesdioica)	

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Pathya Vihara (Beneficial lifestyle) - Apathya Vihara (Avoidable lifestyle)

Pathya Vihara	Apathya Vihara
Ushnodaka Snana (warm water bath), Mridushayya (soft bed), and Atapa Sevana (exposure to sunlight)	Vega Sandharana (control of natural inclinations), Shrama (fatigue from physical labor), Anashana (no food), Vyavaya (sexual act), Vyayama (exercise), Pravata (wind), Chankramana (light exercise), Yana Gamana (traveling), Jagarana (awakened state), and Chinta (anxiety)

DISCUSSION

Current medical research is materialistic and heavily reliant on pharmaceutical treatment. However, *Ayurveda* is a holistic philosophy that gives equal weight to mental, spiritual, and bodily components. With the development of contemporary medicine, strong antibiotics have aided in the management of several illnesses and the containment of epidemics. Along with molecular biology and genetic engineering, there have been significant advancements in the fields of surgical procedures and diagnostic methods. But all these depend on the use of drugs, which have furious side effects along with their benefits. The incidence of chronic and degenerative diseases is increasing very fast, and their effective management is still far from reach. Their management depends on continuous intake of drugs having harmful side effects. In such a situation, the only option remaining is the primordial and primary prevention of chronic and non-communicable diseases with proper implementation of dietary and lifestyle practices.

In this area, *Ayurveda* has a lot to offer. Diet and lifestyle choices are blamed by Ayurveda as one of the causes of illnesses. Patients with chronic illnesses can benefit from improved management options through proper diet use and the removal of unhealthy dietary and lifestyle components. *Ayurveda* outlines dietary guidelines for both healthy and ill people. A balanced, sensible amount of food consumed in complete peace of mind is the optimal diet. [24]

CONCLUSION

Due to improved access to healthcare facilities, the number of senior people is growing, which has led to an increase in OA cases. Medical professionals are finding it difficult to handle these cases, and a cure for the illness is still pending. From a very young age, *Ayurveda* promotes healthy eating habits and lifestyle management. The progression of OA to later stages can be halted by using Ayurvedic techniques to prevent the illness in its primordial and initial phases. In order to prevent and control *Sandhigata vata*, one should

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adopt appropriate Ahara & Vihara (Upashaya) and avoid unhealthy Ahara & Vihara (Anupashaya).

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