

**SANDHIGATA VATA A LITERATURE REVIEW****Dr. Amarlal Ahuja<sup>1\*</sup>, Dr. Avinash Jadhav<sup>2</sup> and Dr. Sanjeev Lokhande<sup>3</sup>**

<sup>1</sup>P.G. Scholar 3<sup>rd</sup> Year, P.G. Dept. of Kayachikitsa, Ashvin Rural Ayurveda College  
Manchi Hill, Sangamner.

<sup>2</sup>Associate Professor Dept. of Kayachikitsa, Ashvin Rural Ayurveda College Manchi Hill,  
Sangamner.

<sup>3</sup>Professor & HOD of Kayachikitsa, Ashvin Rural Ayurveda College Manchi Hill Sangamner.

Article Received on  
28 October 2023,

Revised on 17 Nov. 2023,  
Accepted on 07 Dec. 2023

DOI: 10.20959/wjpr202322-30602



**\*Corresponding Author**

**Dr. Amarlal Ahuja**

P.G. Scholar 3<sup>rd</sup> Year, P.  
G. Dept. of Kayachikitsa,  
Ashvin Rural Ayurveda  
College Manchi Hill,  
Sangamner.

**ABSTRACT**

Sandhigat-Vata is one of the most common Vatavyadhi. Nowadays, both young and old folks experience it. The most widespread articular condition, osteoarthritis, can develop asymptotically and has a 12% incidence in India. Around 10% to 15% of senior adults over the age of 60 have osteoarthritis with clinical symptoms worldwide, with women more likely than men to be affected.

**KEYWORDS:** Sandhigata Vata, Vatavyadhi, Vriddhavastha, Dhatukshaya, Kasta-sadhya, Marmasthisandhi, Vata Dosha, Osteoarthritis.

**INTRODUCTION**

Vatavyadhi is a subset of Sandhigata Vata. Each Samhita and Sangrah Grantha describes Sandhigata Vata under Vatavyadhi. Vata becomes vitiated in this because of a variety of factors, as described in Samhitas

and the Sangrah Grantha.

The aetiopathogenesis and symptomatology of Sandhigata Vata are succinctly addressed in the Ayurvedic classic. Clinically speaking, osteoarthritis in contemporary science is identical to how Sandhigata Vata is described in classical sources. Acharya Charaka originally identified sandhigata vata as sandhigata anila, which manifested as swelling that, when touched, felt like a bag filled with air, as well as pain during joint flexion and extension (shula).<sup>[1]</sup> Acharya Sushruta also mentions Shula and Shotha in relation to this illness that

causes the movement at the affected joint to be reduced (Hanti).<sup>[2]</sup> As an extra characteristic, Madhavakara adds atopa (crepitus in the joint).<sup>[3]</sup> The abnormalities of the vata and kapha doshas, which influence the Asthi (bone), Sandhi (joint), Mamsa (muscle), and Snayu (ligament), are the pathologic underpinnings of this condition.

### **Definition of Sandhigata vata**

1. According to Acharya Charaka, the symptoms of shotha include ankunchan prasaranajanyavedana, which is pain experienced during joint extension and flexion, and a palpable air-filled bag (Vatapurnadritispars).
2. In accordance with Acharya Sushruta, it presents with the signs of Shula (pain), Shotha (swelling), and Hanthi Sandhigata (diminished joint movement).
3. Acharya Charaka and Acharya Sushruta described nearly identical symptoms, as did Acharya Madhav and Vagbhatt.

### **Nidan Panchak of VatavyadhiNidan**

There is no specific description about Hetu of the disease Sandhigata vata. As it is one of the Vaatvyadhi, the Hetu of Vaatvyadhi are to be accepted as the Hetu of the Sandhigata Vata.

### **General Hetu of Vatavyadhi**

1. Aaharaj Hetu
2. Viharaj Hetu

#### **1. Aaharaj- Hetu**

- Acharya Charaka has told that ruksha (dry), sheet (cold), alpa (in small quantity), laghu (light diet), agnimandhya, tikta, katu, kashay rasatmaka aahara (diet), and formation of aama (product of improper digestion and metabolism) is responsible for the Vataprakop which leads to formation of Vatavyadhi.<sup>[7]</sup>

#### **2. Viharaj –Hetu**

- Overindulgence in sexual activity.
- Excessive nocturnal vigilance.
- Ineffective therapy approaches.
- Use of treatments that result in a disproportionate amount of dosha removal
- Excessively fasting.
- Overswimming in the pool.

- Returning to excessive exercise, walking, and other physical activity.
- Dhatu loss.
- Excessive emaciation brought on by anxiety, bereavement, and sickness.
- Sitting in uncomfortable beds while sleeping.
- Resisting one's natural desires, feeling angry, sleeping during the day, and fear.
- Experiencing trauma and avoiding food.
- Harm to the marma.
- Falling from the seats of fast-moving vehicles or animals, such as an elephant, a camel, or a horse.<sup>[8]</sup> All these factors are included in Viharaja- Hetu.

### **Purvarupa of Sandhigata Vata**

The unclear signs and symptoms produced by the vitiated doshas during the process of sthana samshrya, which indicates the forth coming disease are called as purvarupa.

There is no classical description regarding the Purvarupa of Sandhigata vata, 'avyaktanam lakshana' of Vata vyadhi.<sup>[9]</sup>

### **Rupa of Sandhigata Vata**

The cardinal symptoms are as follows

- Vata purna druti sparsha.<sup>[10]</sup>
- Sandhi shula<sup>[11]</sup> (joint pain)
- Sandhi sphutana or Atopa<sup>[12]</sup> (crepitation)
- Prasarana akunchuna pravruithi savedana<sup>[13]</sup> (pain during movement)
- Sandhi shotha or shopha<sup>[14]</sup> (swelling)

### **Samprapti of Sandhigata Vata**

Knowledge of Samprapti i.e. the etiopathogenesis of the disease is essential. It is the process of disease from its inceptive phase to fully manifestation. This process starts from nidana sevana or consumption of the etiological factor causing dosha prakopa, circulates throughout the body, localization then manifestation and differentiation. From the pathological point of view, dosha, dhatu, srotas is essential in relation of Sandhigata Vata.

**SAMPRAPTI GHATAKAS**

Dosha	Vatavruddhi, kapha kshaya (sleshakakapha) <sup>[15]</sup>
Dushya	Asthi, snayu (sandhi avayava) <sup>[16]</sup>
Srotas	Asthi vaha, majja vaha <sup>[17]</sup>
Agni	Dhatwagni
Roga-marga	Madhyama <sup>[18]</sup>
Udbhavasthana	Pakwashaya <sup>[19]</sup>
Vyaktasthana	Sandhi <sup>[20]</sup>

**Sadhya asadhyata**

Newly occurred Sandhigata vata and patient having strong immunity or vyadhi chhamtva, then it is sadhya<sup>[21]</sup>, otherwise sandhigata vata is krichha sadhya. Moreover, if there is dominance of Vata dosha and patient develop complication of Vatavyadhi, then it is Yapyā.<sup>[22]</sup>

**Pathya –apathya**

Pathya ahar and vihar<sup>[23]</sup>

Sarpi, tail, vasa, majjaseven, snigdha, guruaahar, sek, abhyang (massage), basti (enema), payas, madhur, Amla, lawanrasatmaka Aahar seven.

**Apathya<sup>[24]</sup>**

katu, tikta, laghu, atichinta, ativyayam, etc.

**Chikitsa of Sandhigata vata**

The vitiated Vata should be treated by drugs having sweet, sour, saline taste and and hot qualities and by such devices as oleation, fomentation, asthapana, anuvasana types of anema, inhalation, diet, massage, unction, affusion which should all contain materials having anti Vatika properties.

Comprehensive management of this condition in Ayurveda includes a judicious combination of external therapies (bahya chikitsa) and internal medication (Abhyantra chikitsa). The bahya chikitsa include janu basti, abhyanga<sup>[25]</sup> (massage), jalaukavacharana (application of leech), agnikarma<sup>[26]</sup> (cautery), basti<sup>[27]</sup> (medicated enema), etc.

Abhyantra chikitsa include the internal medications in the form of churana (powder of a single herb/combination of herbs), kasaya (decoction), vati (pills) etc.

Chikitsa sutra of sandhigata Vata is mentioned by Acharya Sushruta<sup>[28]</sup> in which treatment is

given as snehana, upanaha, agnikarma, bandhana, mardana for Sandhigata Vata.

As Sandhigata Vata is Madhyamamarga gat vatika disorder in which Vata gets lodged in Sandhi. Hence, to treat Sandhigata Vata drugs acting on both Vata dosha and Asthi dhatu should be selected.

### **Abhyanga<sup>[29]</sup>**

Abhyanga is a type of Snehana karma where massage is done by applying the tail on the body. It is said that by abhyanga both kapha and vata will be pacified. It is also considered as balakari and dhatu pushtikara. Since Sandhigata Vata is a madhyama roga marg where the asthi, majja and sandhi are involved; the penetration of Snehan dravyas deep into the Dhatus during abhyanga said above will be of high therapeutic value.

### **Modern Review of Osteoarthritis**

Osteoarthritis is a degenerative joint disease. It is the most common types of joint disorder and is one of the most disabling conditions in developed nations. It is characterized by the progressive erosion of articular cartilage.<sup>[30]</sup> Aetiology is multifactorial, and still not understood. Two types.<sup>[31]</sup> of osteoarthritis are recognized.

**Primary Osteoarthritis:** It occurs in old age, mainly in the weight bearing joints (knee and hip). It is more commoner than secondary osteoarthritis.

**Secondary Osteoarthritis:** The joint has an underlying main illness that develops over time, frequently leading to deterioration of the joint. After puberty, it may happen at any age, and it frequently affects the hip joint.

The condition primarily affects the main joints of the lower limbs in elderly patients, typically bilaterally. The joints affected vary geographically, perhaps as a result of a population's daily activity. In a society with western living habits, the hip joint is frequently afflicted, whereas in a community with Asian living habits, such as the propensity to squat and sit cross-legged, the knee is more frequently involved.

The first sign is pain. It starts out intermittently before becoming constant over the course of months or years. When commencing an activity after a period of rest, it is initially a dull ache; nevertheless, as time goes on, it worsens and becomes cramp-like, and it occurs after action. Some patients may complain of a gritty crepitus. Joint swelling is typically a late

symptom and results from an effusion brought on by the synovial tissues' inflammation. Pain and muscle spasm are the primary causes of stiffness, but later factors like capsular contracture and an uneven joint surface also play a role.

### **Clinical Features**<sup>[32]</sup>

- Deep achy pain that worsens with use.
- Morning stiffness.
- Joint Crepitation.
- Limitation of range of movement.
- Impingement on spinal foramina by osteophytes results in cervical and lumbar nerve root compression with radicular pain,
- Muscle spasms, muscle atrophy and neurologic deficits.

### **Examination**<sup>[33]</sup>

- Tenderness on the joint line.
- Crepitus on moving the joint.
- Irregular and enlarged-looking joint due to formation of peripheral osteophytes.
- Deformity – varus of the knee, flexion- adduction – external rotation of the hip.
- Mild synovitis; Effusion – rare and transient.
- Restriction of movement, e.g., limitation of internal rotation of hip joints.
- Subluxation detected on ligament testing.
- Wasting of quadriceps femoris muscle.

### **Investigations**<sup>[34]</sup>

**Radiological examination:** The diagnosis of osteoarthritis is mainly radiological. Some of the radiological features are;

- Narrowing of the joint space.
- Subchondral sclerosis- dense bone under the articular surface.
- Subchondral cysts.
- Osteophyte formation.
- Loose bodies.
- Deformity of the joint.

**Other investigations** are made primarily to detect an underlying cause. These consist of the following.

- Serological tests and ESR to rule out rheumatoid arthritis.
- Serum uric acid to rule out gout.
- Arthroscopy to rule out suspected frayed meniscus or loose body.

## **Treatment<sup>[35]</sup>**

### **Principles of treatment**

Once the disease starts, it progresses gradually, and there is no way to stop it, hence efforts are directed, whenever possible, to the following.

- To delay the occurrence of the disease, if the disease has not begun yet.
- To stop progress of the disease and relieve symptoms, if the disease is in early stages.
- To rehabilitate the patient, with or without surgery.

**Supportive therapy:** This is a useful and harmless method of treatment and often gives gratifying results. It consists of the following.

- Weight reduction- in an obese patient.
- Avoidance of stress and strain to the affected joint in day-to-day activities.
- Local heat provides relief of pain and stiffness.
- Exercise for building up the muscles controlling the joint help in providing stability to the joint.

## **CONCLUSION**

The Ayurvedic Samhita gives a clear explanation of Sandhigata Vata. The diagnosis and treatment of Sandhigat Vata in the modern era will be greatly aided by this traditional Ayurvedic understanding. As a result, the prevention and treatment of osteoarthritis (Sandhigat Vata), which is highly good for this problematic condition, have been examined.

## **REFERENCES**

1. Dr. Gorakha Natha Chaturvedi; Caraka Samhita; Part 2; Chaukhabha Bharati Academy; Varanasi; Reprint year; Chikitsa sthana, 2012; 28(37): 783.
2. Kaviraja Ambika dutta shastri; Sushruta Samhita; Ayurveda – tattva – Sandipika Hindhi commentary; Chaukhamba Sanskrit Sansthan, Varanasi, Edition; Reprint Nidansthana, 2012; 1(28): 29.
3. Sri Sudarsana Sastri; Madhava Nidanaam of Sri Madhavakara; The Madhukosa Sanskrit

- Commentary; Chaukhambha Prakashan; Varanasi, 2009; 1: 463.
4. Prof Priyavrat Sharma; Caraka Samhita; Vol II English Translation; Chaukhambha Orientalia; Varanasi; Edition; seventh Chikitsa sthan, 2005; 28(37): 463.
  5. Prof. K. R. Srikantha Murthy; Susruta Samhita; Vol 1; Chaukhambha Orientalia; Varanasi; Edition; Second Nidan sthana, 2005; 1(28): 464.
  6. Sri Sudarsana Sastri; Madhava Nidanaam of Sri Madhavakara; The Madhukosa Sanskrit Commentary; Chaukhambha Prakashan; Varanasi, 2009; 1: 463.
  7. Dr. Gorakha Natha Chaturvedi; Caraka Samhita; Part 2; Chaukhambha Bharati Academy; Varanasi; Reprint year; Chikitsa sthana, 2009; 28(15): 776.
  8. Prof Priyavrat Sharma; Caraka Samhita; Vol II English Translation; Chaukhambha Orientalia; Varanasi; Edition; seventh Chikitsa sthan, 2005; 28(15-18): 462.
  9. Dr. Gorakha Natha Chaturvedi; Caraka Samhita; Part 2; Chaukhambha Bharati Academy; Varanasi; Reprint year; Chikitsa sthana, 2012; 28(19): 780.
  10. Dr. Gorakha Natha Chaturvedi; Caraka Samhita; Part 2; Chaukhambha Bharati Academy; Varanasi; Reprint year; Chikitsa sthana, 2012; 28(37): 783.
  11. Kaviraja Ambika dutta shastri; Sushruta Samhita; Ayurveda – tattva – Sandipika Hindhi commentary; Chaukhambha Sanskrit Sansthan, Varanasi, Edition; Reprint Nidansthana, 2012; 1(28): 298.
  12. Sri Sudarsana Sastri; Madhava Nidanaam of Sri Madhavakara; The Madhukosa Sanskrit Commentary; Chaukhambha Prakashan; Varanasi; Part 1; Edition; Reprint, 2009; 463.
  13. Dr. Gorakha Natha Chaturvedi; Caraka Samhita; Part 2; Chaukhambha Bharati Academy; Varanasi; Reprint year; Chikitsa sthana, 2012; 28(37): 783.
  14. Dr. Gorakha Natha Chaturvedi; Caraka Samhita; Part 2; Chaukhambha Bharati Academy; Varanasi; Reprint year; Chikitsa sthana, 2012; 28(37): 783.
  15. Kaviraja Ambika dutta shastri; Sushruta Samhita; Ayurveda – tattva – Sandipika Hindhi commentary; Chaukhambha Sanskrit Sansthan, Varanasi, Edition; Reprint Sutrasthana. 2012; 15(6): 74.
  16. Dr. Gorakha Natha Chaturvedi; Caraka Samhita; Part 2; Chaukhambha Bharati Academy; Varanasi; Reprint year; Chikitsa sthana, 2012; 28(33): 782.
  17. Dr. Gorakha Natha Chaturvedi; Caraka Samhita; Part 1; Chaukhambha Bharati Academy; Varanasi; Reprint year; Viman sthana, 2009; 711.
  18. Dr. Gorakha Natha Chaturvedi; Caraka Samhita; Part 1; Chaukhambha Bharati Academy; Varanasi; Reprint year; Sutra sthana, 2009; 11(48): 237.
  19. Dr. Gorakha Natha Chaturvedi; Caraka Samhita; Part 1; Chaukhambha Bharati Academy;



- Varanasi; Reprint year; Sutra sthana, 2009; 20(8): 396.
20. Dr. Gorakha Natha Chaturvedi; Caraka Samhita; Part II; Chaukhabha Bharati Academy; Varanasi; Reprint year; Chikitsa sthana, 2012; 28(37): 783.
21. Dr. Gorakha Natha Chaturvedi; Caraka Samhita; Part 1; Chaukhabha Bharati Academy; Varanasi; Reprint year; Sutra sthana, 2009; 10(12): 204
22. Dr. Gorakha Natha Chaturvedi; Caraka Samhita; Part 1; Chaukhabha Bharati Academy; Varanasi; Reprint year; Sutra sthana, 2009; 10(18): 205
23. Dr. Gorakha Natha Chaturvedi; Caraka Samhita; Part II; Chaukhabha Bharati Academy; Varanasi; Reprint year; Chikitsa sthana, 2012; 28: 104-105.
24. Dr. Gorakha Natha Chaturvedi; Caraka Samhita; Part II; Chaukhabha Bharati Academy; Varanasi; Reprint year; Chikitsa sthana, 2012; 28: 15-16.
25. Dr. Gorakha Natha Chaturvedi; Caraka Samhita; Part II; Chaukhabha Bharati Academy; Varanasi; Reprint year; Chikitsa sthana, 2012; 28: 75-791.
26. Kaviraja Ambika dutta shastri; Sushruta Samhita; Ayurveda – tattva – Sandipika Hindhi commentary; Chaukhamba Sanskrit Sansthan, Varanasi, Edition; Reprint Chikisa sthana, 2012; 4: 8-34.
27. Dr. Gorakha Natha Chaturvedi; Caraka Samhita; Part 1; Chaukhabha Bharati Academy; Varanasi; Reprint year; Chikitsa sthana, 2009; 28: 76-77.
28. Kaviraja Ambika dutta shastri; Sushruta Samhita; Ayurveda – tattva – Sandipika Hindhi commentary; Chaukhamba Sanskrit Sansthan, Varanasi, Edition; Reprint Chikisa sthana 2012; 4: 8-34.
29. Dr. Gorakha Natha Chaturvedi; Caraka Samhita; Part II; Chaukhabha Bharati Academy; Varanasi; Reprint year; Chikitsa sthana, 2012; 28: 81-791.
30. Vinay kumar; Robbins and cotran; Pathologic Basic of disease; Saunders; An Imprint of Elsevier, 2006; 7: 13-04.
31. Maheshwari and Mhaskar; Essential Orthopaedics; The health science publisher; New Delhi, 2015; 5: 295.
32. Vinay kumar; Robbins and cotran; Pathologic Basic of disease; Saunders; An Imprint of Elsevie, 2006; 7: 1305.
33. Maheshwari and Mhaskar; Essential Orthopaedics; The health science publisher; New Delhi, 2015; 7: 296.
34. Maheshwari and Mhaskar; Essential Orthopaedics; The health science publisher; New Delhi, 2015; 5: 296.
35. Maheshwari and Mhaskar; Essential Orthopaedics; The health science publisher; New

Delhi, 2015; 5: 296.