

## STUDY OF NIDAN PANCHAK OF JAANUSANDHIGATA VATA W.S.R. TO KNEE OSTEOARTHRITIS: A REVIEW ARTICLE

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### ABSTRACT

As age advances *vata dosha* increases in an individual. This increasing *vata* triggers and accelerates *dhatu kshaya* (depletion of tissues) and *bala kshaya* (reduction of strength). *Sandhigata Vata* is a type of the *Vatvyadhi* described in *Ayurveda* which can show correspondence with Osteoarthritis. It is commonest form of articular disorder especially affecting weight bearing joints like knee joint, hip joint. Osteoarthritis has 12% incidence in India. Most common commonly involved joint is the Knee joint (*Janusandhigata vata* or Knee Osteoarthritis). It causes joint pain which can limits daily routine activities. Contemporary medicine gives temporary relief and produces adverse effects on regular intake. By using *Ayurvedic* medicines we can provide better quality of life with minimum pain and discomfort. So, there is a need to understand the basics of disease so that it can be treated accordingly.

**KEYWORDS:** *vata dosha*, *dhatu kshaya*, *bala kshaya*, *Sandhigata Vata*, Osteoarthritis, *Vatvyadhi*, *Janusandhigata vata*, Knee Osteoarthritis.

### INTRODUCTION

As age advances *vata dosha* increases in an individual. This increasing *vata* triggers and accelerates *dhatu kshaya* (depletion of tissues) and *bala kshaya* (reduction of strength).<sup>[1]</sup> *Sandhigata vata* is the commonest disorder, occurring due to *dhatukshaya*. *Vata dosha* plays a

main role in the disease. Shoola is the cardinal feature of this disease, associated with sandhi shotha and vatapurnadrutisparsha. Sandhigata Vata manifests when the deranged vata lodges in joints.<sup>[2]</sup> Sandhigata Vata can be co-related with Osteoarthritis (OA) described in modern science.<sup>[3]</sup> In Osteoarthritis, joint pain causes variation in the degree of functional limitations and also impairment in the quality of life. Osteoarthritis mainly occurs in peripheral joints like the knees, hips, & small joints.<sup>[4]</sup> It is a degenerative disease characterized by a gradual development of joint pain, stiffness, swelling, and limitations of movements. OA is a chronic disability. The degree of disability depends on the site involved and varies greatly between individuals. After the age of 40 majorities of the patients have some pathological abnormality in weight-bearing joints i.e. 25% of females and 16% of males have arthritis-related history. Knee OA is more common in all types of osteoarthritis. A recent WHO report on the worldwide burden of the disease indicates that knee osteoarthritis alone is likely to become the 4th most important cause of disability in women and 8th in men.<sup>[5]</sup> In present study, an effort was made to understand and establish role in all dimensions of *Nidanapanchaka of Janu Sandhigata Vata* w.s.r knee joint osteoarthritis.

## OBJECTIVES

1. To study in detail and establish the diagnostic role of *Nidanapanchaka* in *Janu Sandhigata Vata*.
2. To study in detail about Osteoarthritis of knee joint according to modern texts.
3. To understand the co-relation between *Janu Sandhigata Vata* and Knee osteoarthritis.

## DEFINITION OF SANDHIGATAVATA

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 (Vatapurnadritisparsh).
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 VATAVYADHI NIDAN

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>[6]</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.
- Over swimming 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>[7]</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 Sandhigatavata, 'avyaktanam lakshana' of Vatavyadhi.<sup>[8]</sup>

### RUPA of Sandhigata Vata

The cardinal symptoms are as follows

- Vata purna druti sparsha.<sup>[9]</sup>
- Sandhi shula<sup>[10]</sup> (joint pain)
- Sandhi sphutana or Atopa<sup>[11]</sup> (crepitation)
- Prasarana akunchuna pravruithi savedana<sup>[12]</sup> (pain during movement)
- Sandhi shotha or shopha<sup>[13]</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 (sleshaka kapha) <sup>[14]</sup>
Dushya	Asthi, snayu (sandhi avayava) <sup>[15]</sup>
Srotas	Asthi vaha, majja vaha <sup>[16]</sup>
Agni	Dhatwagni
Roga-marga	Madhyama <sup>[17]</sup>
Udbhavasthana	Pakwashaya <sup>[18]</sup>
Vyaktasthana	Sandhi <sup>[19]</sup>

### SADHYA ASADHYATA

Newly occurred Sandhigata vata and patient having strong immunity or vyadhi chhamtva, then it is sadhya,<sup>[20]</sup> otherwise sandhigata vata is krichha sadhya. Moreover, if there is dominance of Vata dosha and patient develop complication of Vata vyadhi, then it is Yapyas.<sup>[21]</sup>

### UPASHAYA<sup>[22]</sup>

All drugs, diet and regimen which give long lasting relief in Sandhigata Vata may be taken as Upashaya. Eg. Abhyanga, Swedana, Ushna Ahara, Ushna Ritu etc.

### ANUPASHAYA<sup>[23]</sup>

The diet having *Laghu, Ruksha, Sheeta Gunas, Anasana, Alpasana, Sheeta Ritu*, evening time can be considered as *Anupashaya* as they increase pain.

## OSTEOARTHRITIS

The etymology is derived from the Greek word Osteon meaning bone, Arthritis:- arthro - joint, itis - inflammation. Thus arthritis is the inflammation of the joints. This involves the joint and nearby structures like muscles, bone, ligaments, capsules & synovium. Previously it was believed that Osteoarthritis is simply a disease of 'wear and tear' that occurred in joints as people got older. Arthritic changes are due to mechanical, biochemical, or genetic effects.<sup>[24]</sup> Two types.<sup>[25]</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>[26]</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>[27]</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>[28]</sup>**

**1. 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.

**2. 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.

**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.

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