REVIEW ARTICLE ON SANDHIGATA VATA W.S.R TO OSTEOARTHRITIS

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ABSTRACT

Background: Sandhigata Vata is a prevalent degenerative joint disorder described under Vatavyadhi in Ayurvedic literature. It closely resembles osteoarthritis (OA) in modern medicine, characterized by joint pain, stiffness, and restricted mobility, especially in weight-bearing joints such as the knees and hips. The disease primarily occurs due to Dhatukshaya (tissue depletion), aggravated Vata Dosha, and is influenced by age, trauma, and lifestyle factors. Objective: To systematically review Ayurvedic perspectives on the etiology, pathology, clinical features, and management of Sandhigata Vata in relation to osteoarthritis. Materials and Methods: A qualitative review was conducted using classical Ayurvedic texts (Charaka Samhita, Sushruta Samhita, etc.) along with contemporary research and online databases including PubMed, Google Scholar, and Medline. Relevant references related to the causes, symptoms, differential diagnosis, and treatment modalities of Sandhigata Vata were compiled and analyzed. Results: Sandhigata Vata develops due to the vitiation of Vata Dosha and depletion of Kapha and Dhatus, leading to pain, swelling, and limited joint function. The disease lacks a dedicated chapter in Samhitas but is described under Vatavyadhi. Management involves a multifaceted approach including Snehana (oleation), Swedana (fomentation), Basti (medicated enema), Agnikarma (cauterization), and Jalaukavacharana (leech therapy). Herbal medications like Yogaraj Guggulu, Rasnasaptak Kwath, and Dashmool preparations are effective. Dietary and lifestyle modifications, along with yoga, support long-term disease control. Conclusion: Ayurveda offers a comprehensive and individualized approach to managing Sandhigata Vata through both preventive and curative strategies. Integration of classical therapies with modern insights provides sustainable and holistic care for osteoarthritis patients. Early diagnosis and a tailored combination of internal, external, and behavioral therapies can significantly enhance patient outcomes and quality of life.

KEYWORDS: Sandhigata Vata, Osteoarthritis, Vatavyadhi

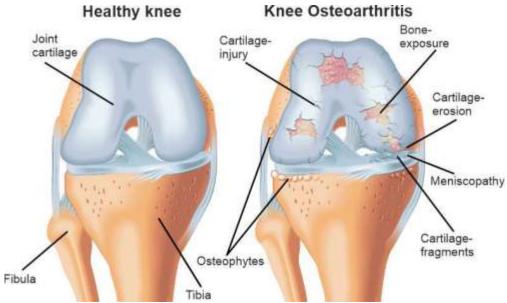
INTRODUCTION

Sandhigata Vata is one of the most common diseases seen in society and is classified under Vatavyadhi by various Acharyas. Vata plays a crucial role in maintaining the balance of Dosha, Dhatu, and Agni, while also being essential for movement. When Vata becomes vitiated and localizes in the joints (Sandhi), it leads to the condition known as Sandhigata Vata. This condition commonly arises due to Dhathukshaya (the depletion of bodily tissues) during old age (Vridhavastha) or due to injuries (Abhighata). Sandhigata Vata primarily affects weight-

bearing joints, such as the knee joints,hip joint,ankle joints and it significantly restricts daily activities like walking, climbing stairs, and running. The vitiated *Vata Dosha* localizes in the joints and can produce symptoms such as pain, swelling, and difficulty in joint movement. *Sandhivata* is a broad term for all the joint disorders involving *Vata* and may include other doshas, while *Sandhigata Vata* is a specific Ayurvedic condition where *Vata dosha* affects the joints, typically weight bearing joints correlating with osteoarthritis.



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Osteoarthritis, a degenerative "wear-and-tear" type of arthritis, can affect any joint but is most prevalent in weight-bearing joints. It typically occurs in individuals aged 40yrs and older, though it can also affect younger people, especially women during menopause.

In cases of osteoarthritis, there can be varying degrees of inflammation without systemic effects. Over time, the cartilage in the joints gradually wears away. As this cartilage becomes frayed and rough, the protective space between the bones decreases, leading to bone rubbing against bone, which can produce painful bone spurs. Symptoms may include joint pain, limited movement, tenderness, crepitus (a crackling sensation), and occasionally joint effusion (swelling due to excess fluid). Knee arthritis, in particular, can make everyday activities such as walking or climbing stairs difficult, resulting in significant lost work time and serious disability for many individuals.¹

AIM & OBJECTIVE

To study the review article of Sandhigata Vata through Ayurveda.

MATERIALS & METHODS

All references for *Sandhigata Vata* were gathered from Ayurvedic *Samhitas* as well as contemporary literature and online resources (such as Google Scholar, Medline, PubMed,and others) that were utilized to examine the suggested applications of treatment for *Sandhigata Vata* or OA.

Etiology

Although there is no specific chapter mentioned in *Samhitas* for *Sandhigata Vata*. It is described under *Vatavyadhi*.*Nidana*² (Causative Factors)-

Aharaja Nidan	Viharaja Nidan	Agantuja Nidan	Manasika Nidan	Kalaja	AnyaHetuja
				Nidan(Vitiated	
				Vata)	
Rooksha Ahara	Ratri jagarana	Abhighata	Atichinta	Greeshma Pravrit	Langhana
Sheeta Ahara	Vishama Chesta	Marmaghata	Atishoka	Varsha Ritu	Ama
Alpa Ahara	Atimaithuna	Patana	Atibhaya	Sharat Ritu	Vishama upachara
Laghu Ahara	Vegadharana	Pidana	Atiersya	Aparanha (Last	Dhatunam
				part of day)	Sankshyad
Virudha Ahara	Atyadhavan	Seeghrayana	-	Pratyusha(Last	Rogatikarsh
				part of night)	
Tikta,Katu Ahara	Divaswapnam	-	-	Last part of	Dhatukshaya
				digestion	
Pramitha Ahara	Ativyayama	-	_	_	Atikshataja

Purvaroopa

Purvaroopa refers to the early signs of a disease that may manifest in the future. This stage occurs during the Sthanasanshraya phase of Satkriyakala. Similar to Hetus (causes), there is no specific Purvarupa outlined for the disease

Sandhigata Vata in classical texts. Therefore, the Purvaroopa of Vatavyadhi can be considered as the Purvaroopa for Sandhigata Vata.

Acharya Charaka mentions that the Avyakta Lakshanas³ (unmanifested characteristics) of Vata Vyadhi should be



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regarded as its Purvaroopa. Commentator Vijayarakshita explains the term "Avyakta" as referring to symptoms that are not clearly expressed. This includes the mild and occasional occurrence of Sandhi Shoola (joint pain) or Shotha (swelling) before the full manifestation of the disease Sandhigata Vata.

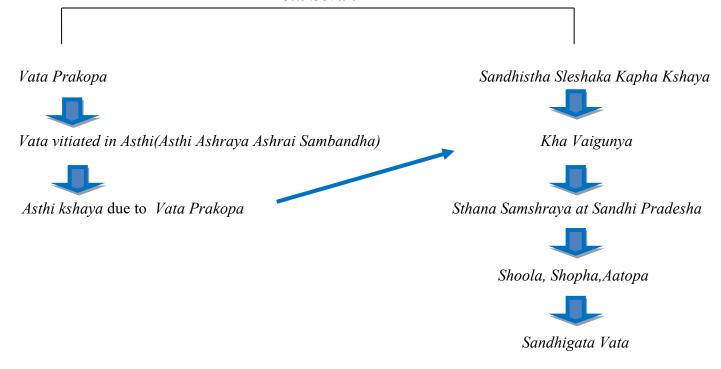
Roopa

- वातपूर्णदृतिस्पर्शः शोथः सन्धिगतेऽनिले। प्रसारणाकुञ्चनयोः प्रवृत्तिश्च सवेदना || Cha.chi 28/37|| • हन्ति सन्धिगतः सन्धीन् शूलशोफौ करोति च । (Su.Ni.1/28)

	Symptoms	Ch.Sa	Su.Sa ⁵	A.S	A.H ⁶	B.P	M.N
1.	Sandhi Shula	+	+	+	+	+	+
2.	Sandhi Shotha	+	+	+	+	+	-
3.	Vatapurnaduti sparsa	+	-	+	+	-	-
4.	Prasarana-akunchanayo	+	-	+	+	-	-
	pravutti cha vedana						
5.	Hanti Sandhi	Ī	+	-	-	+	+
6.	Atopa	-	-	-	-	-	+

Samprapti: No specific samprapti has been explained for Sandhigatavata. So, the samprapti of sandhigatavata is assumed to be the same as that of general samprapti of Vatavyadhi.

Hetu Sevan



Samprapti Ghataka

- Dosha- Vata esp. Vyanavayu, Shleshaka Kapha
- Dosha- Vata esp. Vyanavayu, Shleshaka Kapha
- Agni-Manda
- Dosha Marga-Marmasthi Sandhi
- Roga Marga-Madhyam
- Vyaktisthana Asthi-Sandhi
- Udbhavasthana-Pakvashaya

Prognosis (Sadhya-Asadhyata)

If sandhigata vata is of acute onset, affected person has strong immunity, is having no complication, then it is sadhya. Otherwise, it is Krichha Sadhya. Moreover, if there is dominance of the Vata dosha & patient has developed complication of Vatvyadhi, then it is Yapya.

Differential Diagnosis

As the symptoms of other disorders which affect Sandhi are Amavata, Vatarakta, Koshtrukashirsha, Janu Sandhigata Vata are most probably some as Sandhivata, it creates confusion a many disorders. So it differential diagnosis.



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Factors	Janu sandhigata vata	Amavata	Vatarakta	Koshtrukashirsha
Amapradhanya	Absent	Present	Absent	Absent
Jvara	Absent/Present	Present	Absent	Absent
Hridgaurava	Absent	Present	Absent	Absent
Prone age	Old age after 40yrs	Any age	-	-
Vedana	At prasarana Akunchana Pravriti Vedana	Vrischik Danshavat Vedana	Mushika Danshavat Vedana	Tivra
Shotha	Vatapurna dhriti sparsha	Sarvang and Sandhigata	Mandala yukta	Koshtruka Shirshvat
Sandhi	Weight bearing joint (Knee joint)	Starts from small joint.Later effects big sandhi	Small sandhi	Only Janu
Upashaya	Abhyanga	Ruksha svedana	Rakta shodhana	Rakta shodhana

Chikitsa of Sandhigata Vata

In Ayurveda the primary goal should be Nidana Paribaryana because is the first line of treatment. This can be accomplished

by dietary modification, regular exercise, and therapeutic procedure.

Chikitsa of Sandhigata Vata according to different Acharya.

column to unicient Acharya.					
Tretment	A.H ⁸	$A.S^9$	Su.Sa ¹⁰	Yo.Ra ¹¹	$Bh.Pr^{12}$
Snehana	+	-	+	+	+
Abhyanga	-	+	-	-	-
Mardana	-	+	+	+	-
Swedana	-	+	-	+	-
Upanaha	+	+	+	+	-
Bandhana	-	+	+	-	-
Agnikarma	+	+	+	_	_

Jalaukavacharana

Jalaukavacharana is a treatment for joint discomfort mentioned by *Acharya Charaka*¹³. This method has been clinically shown to improve symptoms of *Sandhigata Vata*, including *Shoola* (pain), *Shotha* (swelling), and *Prasaranakunchana Vedana*¹⁴ (restricted movement). Bloodletting using leeches (*Jalauka*) is employed for various inflammatory conditions. As the leech feeds on blood, it introduces its saliva into the patient's tissues, which can help in the healing process. There are two main approaches to *Snehana* (oleation): 1) Internal application (*Snehapana*) and 2) External application (*Abhyanga*). Both techniques are effective in treating *Sandhi Vata*. One of *Acharya Sushruta's* four categories of *Sweda* (fomentation) is *Upanaha*. This method serves as a preparatory measure, promoting sweating and relieving stiffness and heaviness in the joints.

Agnikarma

When applied to the affected joint, *Agnikarma* significantly reduces pain. Current research indicates that *Agnikarma* has a notable analgesic effect on pain¹⁵ by pacifying Vata-Kapha Doshas improving local circulation, reducing inflammation and enhancing tissue healing ¹⁶. The use of electrocautery in *Agnikarma* has shown satisfactory results in alleviating the signs and symptoms of *Sandhigata Vata*. ¹⁷

Bandhana involves applying Vatashamaka herb leaves firmly to the injured joint. This method helps reduce swelling, which can resemble an inflated bag, by preventing aggravation of Vata. ¹⁷ Unmardana is a massage technique that applies pressure to the injured joint, aiming to relieve swelling and enhance blood circulation. It specifically targets issues in the medium channel of the disease. ¹⁷

Basti

Basti is considered the most effective treatment for Sandhivata. Due to the patient's advanced age and reduced tissue quality, Sneha Basti is often preferred in cases of Sandhivata.¹⁸

Yogasana

Practicing regular *yogasana* (Tadasana,Vrikshasana,Setu Bandhasana,Balasana)can help to prevent and manage *Sandhivata* by aiding in weight loss and improving posture.

Shamana Aushadha

• Single herbs like *Ashwagandha*, *Guggulu,Rasna*, *Shallaki*, *Bala*, *Shunthi*, and *Haridra* have shown positive results in treatment.It is researched and found effective.



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- There are several effective formulas for treating Sandhivata. Notably, Guggulu preparations such as Vatariguggulu, Yograj Guggul, Trayodashang Guggulu, and Rasnadi Guggulu are particularly beneficial.
- Furthermore, Kwath preparations such as Rasnasaptak Kwath, Erandmuladi Kwath, Maharasnadi Kwath, and Dashmool Kwath are also advantage for therapy.

Pathya Ahara

Category	Pathya			
Rasa	kshira,Amalaki,Saidhav			
Dhanya verga	Godhuma, Masha, Raktashali,Kulattha			
Saaka Varga	1.Phala saaka: Kushmanda, Varthaka, Brihathi,			
	Karavellaka, Sigru			
	2.Patra saaka: Purnanava, Mundi, Kabana rda,			
Phala	Dadima, Parushaka,Draksha			
Mamsa	Jangala mamsa,Kukkuta, Chataka, Tititri, Ajja			
Gorasa	Goksheeram,Goghritham			

Apathya Aahara

Category	Apathya			
Rasa	Maricha,Karavellaka, Dalimba			
Dhanya	Yava, chanaka, kodrava, shyamaka			
Saka	Bimbi,trapusa, sarshapa, kanda saka,alabu			
Phala	Jambu, puga, udumbara, tala phala			
Mamsa	Matsya, bileshaya,prasaha			
Apathya vihara	Atimarga gamana, vegadharana, vyayama, srama,pathana, virudha chestha, chinta, bhaya,shoka			

DISCUSSION

Sandhigata Vata is a classic manifestation of Vata imbalance, primarily due to Dhatukshaya and Margaavarana, leading to degenerative changes in the joints. The condition parallels osteoarthritis in modern medicine, which is marked by the breakdown of articular cartilage and resultant pain, stiffness, and reduced function. From an Ayurvedic perspective, the role of Vata Dosha, especially Vyanavayu and Shleshaka Kapha, is central in the pathogenesis, with contributing factors including age, trauma, dietary habits, and lifestyle irregularities.

Ayurvedic texts offer a detailed understanding of the disease and provide a several treatment approach. Snehana (oleation) and Swedana (sudation) prepare the body for Panchakarma procedures like Basti, which is considered the most effective therapy due to its direct action on Vata Dosha. External therapies like Agnikarma and Jalaukavacharana offer symptomatic relief, especially in reducing pain and inflammation.

The use of herbal formulations such as *Yogaraj Guggulu*, *RasnadiGuggulu*, and decoctions like *Dashmool* and *Rasnasaptakkwath* demonstrate efficacy in long-term management. Additionally, lifestyle and dietary modifications including regular exercise, weight control, avoidance of *Vata*-aggravating foods, and incorporation of yoga can enhance treatment outcomes. Thus, a holistic management strategy combining internal, external, and behavioral therapies can

provide significant relief and improve the quality of life for individuals suffering from *Sandhigata Vata*.

CONCLUSION

Sandhigata Vata, akin to osteoarthritis, is a chronic and progressive condition that significantly impairs mobility and quality of life. The Ayurvedic approach offers a comprehensive understanding and effective management strategy through the integration of classical therapies, herbal medicines, and lifestyle interventions. Emphasis on personalized treatment based on Doshic imbalance, stage of disease, and individual constitution makes the Ayurvedic management dynamic and patient-centered. When applied appropriately, these interventions not only alleviate symptoms but also help prevent further degeneration, there by offering a sustainable solution for this age-related disorder.

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