

A review on Sandhigatavata and its Management Principles

Review Article

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Abstract

In the *Ayurvedic* classics the aetiopathogenesis and symptomatology of *Sandhigata vata* is described in concise form. Clinically the description of *Sandhigata vata* explained in the classical texts is similar to the condition osteoarthritis in modern science. *Sandhigatavata* is described under *Vatavyadhi* in all the *Samhitas* and *Sangraha Granthas*. In *Vriddhavastha*, all *Dhatus* undergo *Kshaya*, Thus leading to *Vataprakopa* and making individual prone to many diseases. Among them *Sandhigatavata* stands top in the list. Having the symptoms like pain, swelling, crepitus, and restricted joint movements. *Ayurveda* highlighted degenerative diseases under the concepts like "*Dhatu saithilyam*" and "*Dhatu kshayam*". *Sandhigatavata* is one of such disease, which needs a specific target of therapeutic intervention to check or slow down the process of "*Dhatu kshaya*" and to pacify *Vata*. *Sandhigatavata* may be correlated with degenerative joint disease or Osteoarthritis, which in turn cripples the patient to the maximum, extends and reduces the total working capacity of the person. It limits everyday activities such as walking, dressing, bathing etc., thus making individual handicapped.

Key words: Ayurveda drugs, Jaanusandhigata vata, Osteoarthritis, Vatavyadhi

Introduction

Avurveda, disease In the Sandhigatavata is described under Vatavvadhi in all the Samhitas and Sangraha Granthas. It is mentioned to have the clinical features like swelling in the joints and pain during the joint movements. (3-Anonymous, Caraka Samhita e-book, CCRAS, New Delhi, 2010, Cikitsa sthana, Vatavyadhi Prakarana). It is said to be caused by the

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excessive intake of vata vrudhi kara ahara like katu, tikta and kashaya rasa pradhana dravya and ativyayama (excessive strain or stress to the joints) or abhighata (injuries).

The disease is comparable with Osteoarthritis is osteoarthritis. a degenerative joint disease due to the degradation of the joints, the articular cartilages and subchondral bone. It is caused by the mechanical stress to the joints and produces the symptoms like pain, swelling, stiffness joint etc. Eventhough the disease effects any joint in the body, most commonly involved joints are major joints and weight bearing joints of the body like hip and knee joint. Due to the life style, Indians suffers from knee Nagesh Gandagi et. al., A Review of Sandigatavata and its Management Principles

joint osteoarthritis where as western country suffers from hip joint osteoarthritis commonly.

The incidence of this disease increases with the age and the prevalence is more in females (25%) when compared (1to the males (16%). http://en.wikipedia.org/wiki/Osteoarthritis) . Almost all persons by Age 40 have some pathologic change in weight bearing joint. The reported prevalence of Osteoarthritis from a study in rural India is 5.78%. Obesity, Occupational knee bending, Physical labour etc., are some of the predisposing factors for the disease. (2) It has become one of the major causes for the knee replacement surgeries.

Hence an attempt has been made to critically analyze the aetio-pathogenesis of the disease and the drugs that are useful for the management of the disease osteoarthritis.

Aims and objectives:

To analyze the panchalakshana nidana of the sandhigata vata and the aetio-pathogenesis of the osteoarthritis.

To analyze the drugs useful for the management of the disease.

Materials and methods:

As the study is a review study, the available literature like the samhitas and other books are searched for the disease and all the relevant content is considered and analyzed to get a comprehensive concept in the management of the osteoarthritis.

Observations: Etiology:

Ruksha, Laghu, Sheeta, Katu ahara and vihara like Ati Vyayama, Langhana, Abhighata. In Manasika like Chinta, Shoka, Bhaya are the causative factors of the disease.

In Kalaja factors, Shishira and Greeshma ritu are the major seasons where the patients get affected or have the increased incidence of the disease.

Other factors like weakness during diseased state (Rogatikarshana) and injury to the marma sthanas (Marmaghata), emaciation (Dhatu Kshaya) etc are considered as the causative factors for osteoarthritis, Margavorodha are comes under Vishesha Nidana

Clinical features:

The disease may not show any poorvaroopa. But the clinical signs and symptoms include joint pain (Sandhi vedana, Sandhi Shotha), Vatapoorna druti sparsha, pain and tenderness during the movements of the joints (Prasarana akunchana pravruthi savedana), crakling sounds (Atopa) and degeneration of the joint (Hanti sandhi).

Samprapti Ghatakas:

- Nidana : Vata Prakopaka Nidana
- Dosha : Vata esp. Vyanavayu, Shleshaka Kapha
- Dushya : Asthi, Majja, Meda
- Srotas : Asthivaha, Majjavaha and / or Medovaha
- Srotodusti : Sanga
- Agni : Mandagni
- Dosha Marga : Marmasthi Sandhi
- Roga Marga : Madhyam
- Udbhavasthana : Pakvashaya
- Vyaktasthana : Asthi Sandhi

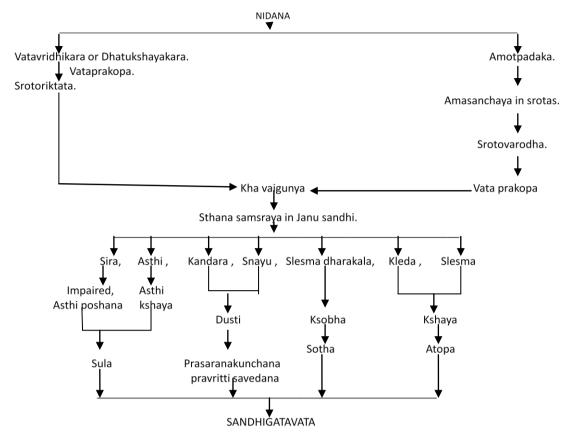
Prognosis:

Sandhigatavata is one of the Vatavyadhi, therefore it is Kastasadhya because it occurs in aged people and is situated in Marma sthana, It is Madhyama roga marga, And it is Asthi, and Majja Dhatu Ashrita.



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Probable Pathogenesis:



Differential Diagnosis:

Factors	Jaanu Sandhigata vata	Amavata	Vatarakta	Koshtrukashirsha
Amapradhanya	Absent	Present	Absent	Absent
Jvara	Absent	Present	Absent	Absent
Hridgaurava	Absent	Present	Absent	Absent
Prone age	Old Age	Any age	-	-
Vedana	At Prasarana Akunchana Pravritti	Vrischik Dansha Vata and Sanchari	Mushika Damshavat Vedana	Tivra
Shotha	Vatapurna Driti sparsha	Sarvang and Sandhigata	Mandala yukta	Koshtruka Shirshvat
Sandhi	Weight bearing Joint (Knee Jt.)	Starts from small Jt.later effects big Sandhi	Small <i>Sandhi</i>	Only Jaanu
Upashaya	Abyanga	Ruksha Svedana	Rakta Shodhana	Rakta Shodhana



Treatment:

In Ayurveda, the treatment of sandhigatavata is aimed at reducing the Vata dosha and to increase the shleshaka kapha so that the joint spaces are adequately lubricated for the free movement of the joints. For this many procedures have been mentioned like snehana, swedana, Mridu Samshodhana, Basti and Vatahara Aushadha, Ahara and Vihara.

In some case practices like upanaha, agnikarma, bandhana, mardhana etc are also described.

Sandhigata Vata may be correlated with degenerative joint disease or Osteoarthritis, which in turn cripples the patient to the maximum, extends and reduces the total working capacity of the person.

In the modern system of medicine, the treatment adopted for the osteoarthritis includes administration of antiinflammatory drugs, analgesics for the pain relief. In much extreme cases some surgical procedures like joint replacements are also adopted.

Drugs that proved clinically effective in osteoarthritis:

There are so many drugs are mentioned in *Ayurveda* which are said to be having vata hara property and are useful for the treatment of the all types of the *Vata* disorders. But a few drugs are typically useful for the treatment of the joint disorders. They are as follows:

1. Nirgundi (Vitex negundo L. - Verbenaceae):

Vishnu dharmasutra quotes Nirgundi. The term Shephalika and Nirgundi for most of the times. Karma is VataKapha hara, Caksushya, Keshya, Krimigna, Vrunaropana. Upayokta are Gandamala, Kasa Swasa, Vatavyadhi. Researches are Anticancer, Antimicrobial, Anti-inflammatory, Antifungal, Hepatoprotectivity. (22)

2. Eranda (Ricinus communis L. -Euphorbiaceae)

In guna it is *Snigdha*, *Tiksna*, *Suksma*, *karma* are *Rechana*, *Vrishya*. *Upayokta* are *Pliharoga*, *Udavarta*, *Vastishoola*, *Gulma*, *Antravruddhi*, *Katishoola*, *Vatarakta*. *Kasa*. Researches are Anti-inflammatory, Hepatoprotective, Anticholestatic activity. (22,23)

3. Koranta (Barleria prionitis L. - Acanthaceae)

Rasa is Tikta, Madhura, Guna is Laghu, Virya is Ushna, Vipaka is Madhura. Doshaghnata is Kapha, Vata hara, Karma is Keshyaranjaniya, Vedanashamaka. Chemical constituents are Barlerin, Acetyle barlerin, Scutellarein, Neophesperidoside

Research work said CNS depressant activity in mice.(24)

4. Bala (Sida cordifolia L. - Malvaceae)

Bhavamishra mentioned four varities those are Bala, Atibala, Nagabala, Mahabala. Researches are it effects as Sedative. Rasa is Madhura, Gunas are Laghu, Snigdha, Pischila. Virya is Sheeta, Vipaka is Madhura, Doshaghnata are VataPittahara, Karma are Balva, Brumhana, etc. Chemical constituents are Ephedrine, hypaphorine, vasicinone, vascicine, vasicinol, choline, betaine, phytosterol etc. Research works are sedative effect and Significant potentiating of phenobarabitone sleeping time in mice. (22)

5. Vishwa (Zingiber officinale Roscoe. -Zingiberaceae)

. It is observed that *Shunti* is considered as *Vibandhahara* (alleviates constipation) but at the same time it is also indicated for *Atisara*. Here it is important to identify that the former indication is for *Shunti* when it is given in the powder form without *Anupana*, the later property is exhibited when administered along with



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Takra. Rasa is Katu, Guna are Guru, Ruksha, Teekshna, Virya is Ushna, Madhura, Doshaghnata are *Vipaka* is Kapha Shamaka, Karma are Vata Kapha hara. Deepana and Bhedana. Chemical constituents are Gingirol, Alpha and Beta Zingirone, Zingiberenes. Alpha curcumene, citronellol.,etc. Research work said that Anti-inflammatory and antiarthritic activity. It has shown marked antiinflammatory activity in rats which is comparable to prednisolone. (22, 25)

Discussion:

Sandhigatavata causative factors like Aharaja, Viharaj, Manasa and other Vata Prakopaka Nidanas are mentioned in detailed for the occurrence of Vatavyadhi. Though Sandhigatavata specially occurs in Vriddhavastha which is Pariharanikala in which *Dhatukshava* takes place which leads Vataprakopa. Vata and Asthi have Ashraya-Ashrayi Sambandha. That means Vata is Situated in Asthi. In Vriddha kala increased Vata diminishes Sneha from Asthidhatu by its opposite qualities to Sneha. Due to diminution of Sneha, Khavaigunva (Rikta Srotas) occurs in Asthi which is responsible for the production of Sandhigatavata.

In the Samprapti of Sandhigatavata, Prakupita Vata gets situated in Asthi Sandhi where Khavaigunya - Rikta Srotas is already present. Then Dosha Dushya Sammucchana takes place in Asthi Sandhi and further in Samprapti, the disease Sandhigatavata appears with its symptoms. Sandhigatavata is Kastasadhya vyadhi because all the Vatavyadhis are difficult to cure and they are said as Mahagada. So being a Vatavyadhi, Sandhigatavata Kastasadhva. is Madhvama Situation in Rogamarga, Marma Asthi Sandhi, Vitiation of Asthi and Majja, Dhatukshya, Vriddhavastha also makes it Kastasadhya.

Symptoms of Sandhigatavata are Sandhishula, Sandhishotha, Akunchana

Prasarana Janya Vedana and Hanti Gati described by Sandhi various Acharva. Here Sandhishula and Sandhishotha occur due to Vataprakopa. A special type of Shotha i.e. Vatapurna driti Sparsha or Atopa is mentioned which indicates Vata dominancy of Shotha. Akunchana Prasaranjanya Vedana and Sandhi Gati occur due Hanti to Kaphakshaya and Vata Prakopa.

Symptoms of Osteoarthritis are similar as of Sandhigatavata i.e. Joint pain, Swelling, Stiffness Disability and Crepitations over joint. Osteoarthritis is the most common form of arthritis. It is a degenerative type of arthritis which mainly occurs in old age. Degeneration takes place in the joint which makes the disabled or handicapped. individual Degeneration occurs continuously in most of the patients which makes the person disabled for the lifelong. It is a chronic degenerative disorder of multifactorial etiology characterized by loss of articular cartilage periarticular and bone remodeling. It involves the entire joint including the nearby muscles, underlying bone, ligament, synovium and capsule. The risk factors for osteoarthritis are old age, obesity, female sex, major joint trauma, repetitive stress, genetic factors, prior inflammatory joint diseases and metabolic or endocrine disorders.

In Allopathic science, the scientists believe that once the disease Osteoarthritis has taken place, then it is very difficult to reverse or block that disease process. Till date, no treatment is available that can reverse or slow or block the disease process. Allopathy science has only palliative treatment for Osteoarthritis. The following group of drugs help in reducing the pain and swelling.

- **Analgesics** to provide relief in pain.
- Anti inflammatory drugs to get relief in swelling.
- Anti oxidants e.g. vitamin A,B,C,E, etc. – to prevent the joint from



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oxidative damage. Antioxidants nourish all the tissues.

Weight reduction – Osteoarthritis mainly occurs in weight bearing joints. Obesity is а risk factor for Osteoarthritis. Excess weight gives burden to the joint and that leads joint damage. 11 pound weight reduction cuts 50% risk for Osteoarthritis. 5% weight loss in over weight patients gives 18% gain in overall function. So weight reduction is very essential for the treatment of Osteoarthritis.

Acharya *Charaka* has mentioned repeated use of *Snehana*, *Svedana Basti* and *Mrudu Virechana* for the treatment of *Vatavyadhi*. He has not mentioned the Treatment of *Sandhigatavata* separately. *Acharya Sushruta* has described specific treatment for the *Sandhigatavata* first time i.e. *Snehana*, *Upanaha*, *Agnikarma*, *Bandhana* and *Unmardana*,

According to Ayurveda, treatment is 'Vighatana of Samprapti', so the treatment of Sandhigatavata aims are:

- Agnisamata Because Ayurveda believes Mandagni is responsible for the production of all the diseases. In Sandhigatavata Vriddhavasta leads Agnivaishamya and same Agnivaishamya leads Vataprakopa. So to achieve Agnisamata is very essential for the Shamana of the diseases.
- Vatashamana As like Agni, Vayu is responsible for the production of any disease. Sandhigatavata is a type of Vatavyadhi which occurs due to Vataprakopa. So for the Shamana of Sandhigatavata, treatment should be like that which can do Vatashamana.
- Kaphavriddhi (Increase Snigdha guna) – In Sandhigatavata, Rikta srotas is in Asthi Sandhi. That means diminution of Snehadi Guna in Asthi-Sandhi occurs which provides place to Vata to get situated there and so the disease Sandhigatavata produces. By treatment Rikta srotas is filled by

Sneha. Thus *Khavaigunya* is corrected and so *Shamana* of *Sandhigatavata* is achieved. Here *Vatashamana* and correction of *Khavaigunya* is achieved by treatment.

• **Rasayana** – Sandhigatavata specially occurs in Vriddhavastha due to Dhatukshya. A Rasayana drug nourishes Dhatus and overcomes Dhatukshaya. So it should be in for the treatment of Sandhigatavata.

Make surrounding tissue strong -

Muscles, ligaments and tendons are responsible for the joint stability. So surrounding tissue of the joint must be strong to prevent or cure the Osteoarthritis. If they are weak, joint damage will occur soon even with the minimal load. Treatment of osteoarthritis should be like that, which makes tissue strong. In Ayurveda, Sandhishula is one of the symptom Mamsakshaya of and Sandhisphutana is symptom of а Majjakshava.

Provide materials which are required for healthy bone structure

Weak bone can't bear even normal load and it immediately gets damaged. So bone must be healthy and treatment should be like that only.

Samprapti Vighatana Anusara

Here, due to causitive factors *Vata* gets aggravated that locates and afflicts

The jaanu sandhi. As earlier drugs are having Vata shaman properties. So it decreases the aggravated vata and prevents the affliction of jaanu sandhi.

The drugs mentioned in the article like Nirgundi, Eranda, Bala, etc are having excellent vatahara property and they act as rasayana, balya and kapha vardhaka and help to reduce the vata. Thus the drugs can be effectively used for the treatment of the disease.



Conclusion

Thus from the above it can be concluded that sandhigatavata is one of the disease which causes crippling to the patients and the drugs like Nirgundi, ect chelp in the management of the disease.

References

- Dev Radhakant. Shabdha Kalpa Dhruma.Nag Publisher New Delhi. New Gian offset Printers. New Delhi. 1987. Vol. – 5. 240.p.p.
- Tripathy Bramhanand. Charaka Samhita. Choukamba Surbharati Prakashan, Varanasi. 2005. Chikista sthana. 28th Chapt. 955.p.p.
- Yadavaji T.A. Charaka Samhita (Revised by Charaka and Dridhabala with the Ayurvedadipika commentary of Chakrapanidatta) Choukamba Surbharati Prakashan, Varanasi. 2001. 4th Edition. Chikista sthana. 28th Chapt. 105.p.p.
- Shastri Kaviraj Ambikadutta. Shushruta Samhita. Purvardha. Chukumba Sanskrit Samsthana Publisher, Varanasi. 2007. 9th Edition. 1st Chapt. Nidana Sthana. 228 to 236 p.p.
- 5. Paradker Harisadashiv. Astanga Hridaya. Choukamba Orientalia, Varanasi. 2007. Vol.- 2nd.
- Sharma Shivprasad. Asthanga Sangraha of Vrudha Vaghbhata (Sheshilekha vyakhya samvalit). Choukamba Sanskrit Serieas, Varanasi. 2006. 1st Edition. Nidana sthana. 15th Chapt. 414.p.p.
- Krishnamurty K.R.. Asthanga Sangraha. Choukamba Sanskrit Serieas, Varanasi. 2005. 5th Edition. Nidana sthana. 242 – 245.p.p.
- Shasthri Sudarshan and Upadhyaya Yaadunandana.Madhav Nidana. Chukamba Bharati Academy Publishers. 2009. 1st Edition. Part-1. 22nd Chapt. 463.p.p.
- 9. Krishnamurthy K.R.. Sharangadhara Samhita. Choukamba Orientalia,

Varanasi.2001.4th Edition. 7th Chapt. 40-41.p.p.

- Mishra Bramhashankara. Bhava Mishra Praneeta Vidhyotini teeka. Choukamba Sanskrit Serieas, Varanasi. 2005. 9th Edition. Part 2nd. Vatavyadhi vikara. 264 – 265.p.p.
- Srikanttha murthy K.R. Bhavaprakasha of Bhavamishra. Chukumba Sanskrit Samsthana Publisher, Varanasi. 2004. Vol – 1st. 245.p.p.
- Tiwari Premvati. Kashyapa Samhita. Choukamba Vishwabharati Oriental Publishers, Varanasi. 2002. 1st Edition. Sutra, Khila Sthana. 23, 40, 68,637.P.P.
- Shasthri Lakshmipati. Yogaratnakara. Chukumba Sanskrit Samsthana Publisher, Varanasi. 2004. 8th. Edition. Vatavyadhi chikitsa prakarana. 517.p.p.
- 14. Tripathi Jagadeshwerprasad. Chakradutta. Chukumba Sanskrit Samsthana Publisher, Varanasi. 1983. 5th. Edition. 22nd. Chapt. 181 – 214.p.p.
- K.H.Krishnamurthy and Sharma Priyavat. Bhela Samhita. Choukamba Vishwabharati Oriental Publishers, Varanasi. 2008. 1st Edition.Chikitsa sthana. 23rd Chapt. 455-457.p.p.
- Tripathi Hariprasad. Harita Samhita. Choukamba Vishwabharati Oriental Publishers. 2004. 1st Edition. 20th Chapt. 343. P.p.
- 17. Ojha Jharkhande and Mishra Umapati. Dhanvantari Nighantu. Choukamba Vishwabharati Oriental Publishers Varanasi. 1996. 2nd Edtion. 86th Chapt. 87.p.p.
- Sharma Priyavat. Dravya Guna Vignyana. Choukamba Vishwabharati Oriental Publishers Varanasi. 2005.1st Edition. Part 2nd. 66.p.p.
- 19. Sharma Priyavat and Sharma Guruprasad. Kaidev Nighantu. Choukamba Vishwabharati Oriental Publishers Varanasi. 1979.1st Edition. Oushadhi varga. 26.p.p.



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- Shasthri Ambikadutta. Bhaishajya Ratnavali. Choukamba Vishwabharati Oriental Publishers Varanasi. 2004. 17th Edition. 308,584,580,606,769.p.p.
- 21. Tripathi Indradev. Raj Nighantu. Choukamba Vishwabharati Oriental Publishers Varanasi. 2003. 3rd Edition. Shatahadi varga. 80.p.p.
- 22. Nirmal P et.al, Influence of six medicinal herbs on collagenaseinduced osteoarthritis in rats. Am J Chin Med. 2013;41(6):1407-25.
- 23. Medhi B, Kishore K, Singh U, Seth SD. Comparative clinical trial of castor

oil and diclofenac sodium in patients with osteoarthritis.Phytother Res. 2009 Oct;23(10):1469-73. doi: 10.1002/ptr.2804.

- 24. Singh B et.al., Anti-inflammatory activity of 'TAF' an active fraction from the plant Barleria prionitis Linn.J Ethnopharmacol. 2003 Apr;85(2-3):187-93.
- Paramdeep G.Efficacy and tolerability of ginger (Zingiber officinale) in patients of osteoarthritis of knee.Indian J Physiol Pharmacol. 2013 Apr-Jun;57(2):177-83.
