

AYURVEDIC REVIEW ON SANDHIVATA***¹Dr. Mayur Bharat Patil, ²Dr. Sushrut S. Sardeshmukh**

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DOI: <https://doi.org/10.5281/zenodo.18428947>

How to cite this Article: ¹Dr. Mayur Bharat Patil, ²Dr. Sushrut S. Sardeshmukh (2026). Ayurvedic Review On Sandhivata. World Journal of Pharmaceutical and Medical Research, 12(2), 114–119.
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Article Received on 21/12/2025

Article Revised on 12/01/2026

Article Published on 01/02/2026

ABSTRACT

Sandhigata Vata is an important degenerative joint disorder described in Ayurveda under the category of Vata Vyadhi and is commonly observed in elderly individuals due to the natural predominance of Vata during advancing age and progressive Dhatu Kshaya. It closely resembles osteoarthritis in its clinical presentation and predominantly affects weight-bearing joints such as the knee and hip. The disease is caused by continuous exposure to etiological factors (Nidana Sevana) which leads to vitiation of Vata and its localization in structurally weak joints (Kha Vaigunya). This results in characteristic symptoms including pain, swelling, stiffness, crepitus, and restriction of joint movements. Classical Ayurvedic texts such as Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Yogaratnakara, and Bhavaprakasha describe the pathogenesis, clinical features, and management principles of Sandhigata Vata under Vata disorders. Although no exclusive Samprapti is described, the disease can be understood through two major mechanisms: Dhatukshayajanya and Avaranajanya pathologies. The condition involves impairment of Asthi, Majja, and Meda Dhatu along with derangement of Asthivaha Srotas. Management focuses on pacifying aggravated Vata and replenishing depleted tissues through therapies such as Snehana, Swedana, Abhyanga, Basti, Upanaha, Agnikarma, and Mridu Shodhana. Local applications like Lepa, Bandhana, and Unmardana aid in reducing pain and improving mobility. Dietary and lifestyle regulation plays a crucial supportive role. The holistic Ayurvedic approach provides not only symptomatic relief but also addresses the root causes of degeneration, thereby helping to restore joint function and enhance quality of life.

KEYWORDS: Sandhivata; Osteoarthritis; Vatavyadhi.**INTRODUCTION**

Sandhigata Vata is one of the important Vatavyadhis described in Ayurveda. It mainly affects weight-bearing joints, especially the knee joint, which is considered a Kapha sthana. The disease develops due to aggravation of Vata dosha caused by various etiological factors (nidana). The aggravated Vata enters weakened (rikta) channels of the joints, leading to degeneration and impairment of joint function.

Clinically, Sandhigata Vata is characterized by Shula (pain), Shotha (swelling), Stambha (stiffness), painful movements (Prasarana–Aakunchana Vedana), and the sensation of air-filled joint (Vata Purnadruti Sparsha). If not treated in early stages, the condition gradually progresses and affects multiple joints, causing functional disability.

According to epidemiology, the prevalence of OA is 22% to 39% in India. Women are more likely than males to develop OA.^[1] OA primarily affects people over the age of 40. By the age of 40, almost everyone has some type of pathologic alteration in their weight-bearing joints.^[2] In India, about 15% of the population suffers from arthritis due to inadequate nutrition.^[3]

Osteoarthritis (OA) is characterised by focal loss of cartilage with accompanying peri-articular bone response in the form of sub-chondral bone sclerosis and attempted new bone formation by way of bony overgrowths called osteophytes. Osteoarthritis involves all components of the joint, including bone, cartilage, meniscus and synovium.

Osteoarthritis clinically presents as joint pain and crepitus in the elderly.^[4] Age, gender, body weight, recurrent stress, and hereditary variables have all been identified as risk factors that are significant in the development of OA.^[5]

Osteoarthritis can be clinically and pathophysiologically correlated with Sandhigata Vata described in Ayurveda, as both conditions manifest with joint pain, stiffness, restricted movements, crepitus, and deformity resulting from degeneration of joint structures and vitiation of Vata dosha.

Sandhigata Vata is a major cause of pain, stiffness, and disability in the elderly population. Early diagnosis and timely Ayurvedic intervention help in slowing disease progression, maintaining joint function, and improving

quality of life.

MATERIALS AND METHODS

As the study is a review study, the available literature like Charaka samhita, Sushruta Samhita, Astang Hridaya and Samgraha, Yogaratnakar, Bhavaprakash, Bhaishajya Ratnavali and API textbook of medicine are searched for the disease and all the relevant content along with internet sources is taken into account considered and analysed to get a comprehensive concept in the management of the Sandhivata.

Nidana- (Causative factors)

There is no any specific description about the hetu of this disease. As it is one among the vatvyadhis, the hetu of the vatvyadhi are to be accepted as the hetu of the sandhigata vata.

Table no. 1: Aharaja Hetu.

Aharaja Hetu	Charaka ^[6]	Yogaratanakara ^[7]	Madhava Nidana ^[8]	Bhavaprakasha ^[9]
Ahara Atiruksha	+	+	+	+
Atishita Ahara	+	+	+	-
Atialpa Ahara	+	+	+	-
Atilaghu Ahara	+	+	+	+
Abhojana	+	+	+	-
Pramitashana	-	-	-	+
Katu Rasa	-	-	-	+
Tikta Rasa	-	-	-	+
Kashaya Rasa	-	-	-	+

Table no 2: Viharaja Hetu.

Viharaja Hetu	Charaka	Yogaratanakara	Madhava Nidana	Bhavaprakasha
Atiprajagarana	+	+	+	+
Divaswapna	+	+	+	-
Ativyavaya	+	+	+	+
Vega Sandharana	+	+	+	+
Plavana	+	+	+	-
Atiadhva	+	+	+	-
Ativyayama	+	+	+	-
Ativichesta	+	+	+	-
Shighrayana Gamana	+	+	+	-
Yanavatansanat	+	+	+	-
Varsha Kala	-	-	-	+
Shishira Kala	-	-	-	+
Purvavayu Sevana	-	-	-	+
Pratarana	-	-	-	+

Table no 3: Manasika Hetu.

Manasika Hetu	Charaka	Yogaratanakara	Madhava Nidana	Bhavaprakasha
Atichinta	+	+	+	+
Atishoka	+	+	+	+
Atikrodha	+	+	+	+
Atibhaya	+	+	+	+

Table no 4: Other Hetu.

Other Hetu	Charaka	Yogaratanakara	Madhava Nidana	Bhavaprakasha
Vishama Upachara	+	+	+	-
Rogatikarshana	+	+	+	-
Marma Ghata	+	+	+	-
Atishodhana	+	+	+	+

➤ Poorva Roopa

Acharyas described Avayakta as the poorva roopa of vata vyadhi. Avayakta means which is not manifested clearly. Hence, mild sandhi shoola (joint pain) or shotha

(inflammation) which occurs before the clear-cut manifestation of disease may be taken as Poorva roopa of sandhigatavata.^[10]

➤ Rupa

Table no. 5: Lakshanas according to different acharyas.

Lakshana	Charaka ^[11]	Sushruta ^[12]	Aṣṭāṅga Hṛīdaya ^[13]	Madhava Nidana ^[14]	Bhavaprakasha ^[15]
Vatapurṇa-druti- sparsha (tenderness)	Present	Absent	Present	Absent	Absent
Sandhi shotha (swelling)	Present	Present	Present	Absent	Present
Sandhi shula (joint pain)	Absent	Present	Absent	Present	Present
Prasarana–Kunchana Pravṛtti Savedana (pain during flexion C extension)	Present	Absent	Present	Absent	Absent
Hanti Sandhi (stiffness / restricted movement)	Absent	Present	Absent	Present	Present
Sandhi Aṭopa (crepitus)	Absent	Absent	Absent	Present	Absent

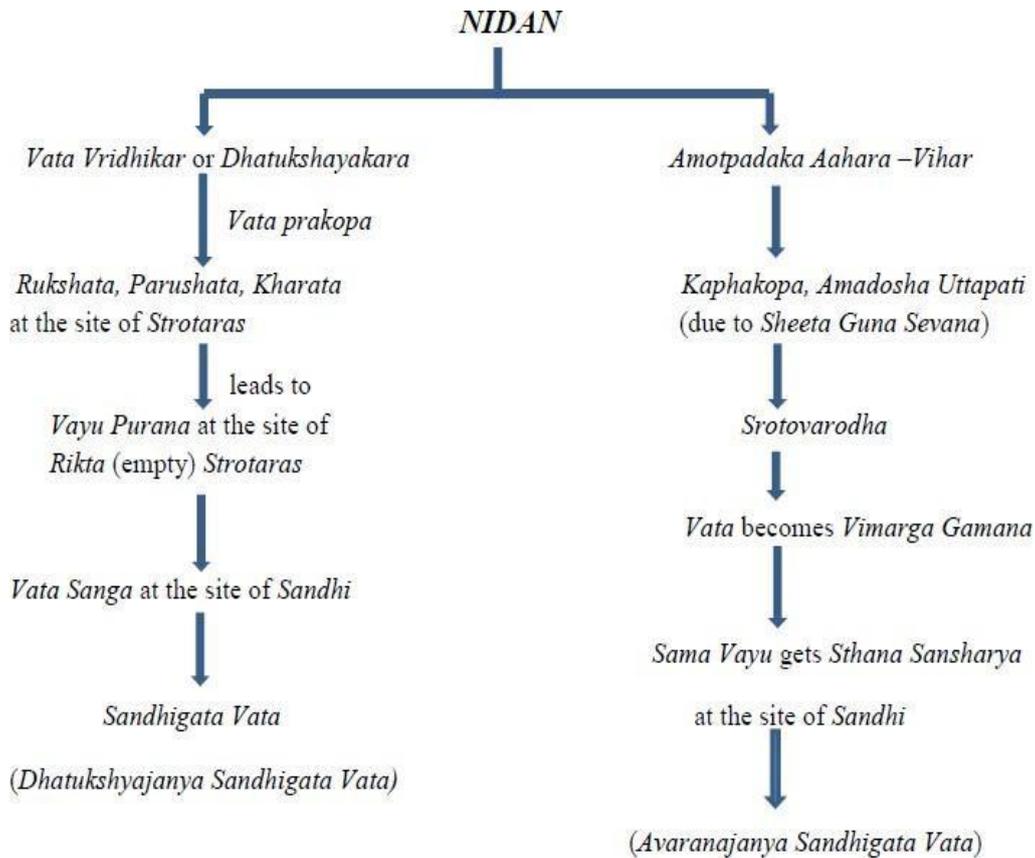
- Hanti sandhi- In Madhukosha commentary, it means complications of sandhi like sandhi Vishlesha, sandhi sthambha and according to Bhavprakash is mentioned as Sandhi Vishlesha.
- Sandhi shoola: Shoola is the main symptom of the vata vitiation. All the Acharyas have mentioned that without the vitiation of Vata, there is no shoola. Sandhi shoola is the main symptom in the sandhigata vata. Sandhi shoola is produced due to the effect of ashrayee khatu kshaya (asthi) resulted due to the vitiation of vata.
- Aatopa: This specific symptom is explained by Acharya Madhava. Shabda is the indriyārtha which indicates the predominance of qualities of vata. Sandhigata Vata is localized vata vyadhi in which Prakupita Vayu affects Sandhi. This Sthana Samshraya is the result of strotoriktata present at sandhi; that means akash mahabhoota is increased at the site of sandhi. This aatopa can be correlated to the crepitus in a joint.
- Prasarana akunchana pravrutti savedana: There is a natural elasticity or contractility in the joint by virtue of which the movement in different direction can be performed. This is destroyed due to the vitiated vata, as a result the patient is not able to move his joint freely especially in the extension and contraction. There will be severe pain, if the affected person tries to move. This phenomenon has been explained by different terminologies such as Stambha etc.
- Sandhi shotha: It is one of the main symptoms in sandhigata vata. Acharya Sushruta has explained it as Sandhi shophā where shophā is the swelling which is ekadesha sthitha. In the commentary of shotha, Acharya Arunadatta explains that the swelling looks like the airfilled bag. In Ashtanga samgraha, Vagbhata includes shophā as one of the vyana vatavikara.
- Vata purṇa druti sparsha: Sparsha is of two types, ushna sparsha and sheeta sparsha. In Yogarathnakara, there is reference that the person

who is suffering from vata roga will have sheeta sparsha. In Sandhigata Vata, the joints appear like air filled bag and cold upon touch.

Samprapti (Pathophysiology)

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.

- 1) Dhātukshyajanya: - Kshaya of Dhatus is the main cause of Vata Vyadhi.
- 2) Avaranajanya: - Avarana of Srotas by Kapha and Meda.

**Samprapti Ghatakas**

Dosha- Vata / Vata-kapha

Dushya- Rasa, Asthi, Meda, Majja.

Srotas- Asthivaha, Majjavaha, Medavaha. Agni-Mandagni

Roga Marga –Madhyama Roga Marga.

Udhhavasthana –Pakvashaya. Adhisthana –Asthisandhi

Sadhya-asadhyata - Kashtasadhya

Chikitsa of Sandhigata Vata

The main aim of the chikitsa is promotion and preservation of health in healthy individual, and elimination of the disease i.e. curative treatment.

- Sandhigata Vata mainly occurs due to Dhatu Kshaya, hence general treatment principles of Vata Vyadhi its management is Snehana, Swedana, Mridu Samsodhana, Basti, and Vatahara Aushadha, Ahara, and Vihara.

Table no 6: Chikitsa according to different Acharyas.

Chikitsa	Charaka ^[16]	Sushruta ^[17]	Ashtanga Hridaya ^[18]	Bhavaprakasha ^[19]	Yogaratanakara ^[20]
Snehana	+	+	+	+	+
Swedana	+	+	+	-	+
Upanaha	-	+	+	+	-
Abhyanga	-	-	-	-	+
Unmardana	-	+	+	-	-
Agnikarma or Daha Kriya	-	+	+	+	-
Bandhana	-	+	+	-	-
Mridu Samshodhana or Mridu Virechana	+	-	-	-	+
Basti Karma	+	-	-	-	+
Nasya Karma	-	-	-	-	+

- Sushruta Samhita and Ashtanga Hridaya have described Snehana, Swedana Upnaha, Agnikarma, Bandhana, and Unmardana in the treatment of Sandhigata Vata.^[16,17]
- Bhavprakash has mentioned Dahakriya, Snehana, Upnaha.^[18]

- Yogratanakar has mentioned Abhyanga, Snehan, Swedana, Basti, Nasya, Virechan should be considered.^[19]
- According to Charak with emphasis on samprapti vighatana. As Sandhigata Vata predominantly arises due to dhatu kshaya and avarana, the following

treatment principles are advocated: Common Vatavyadhi treatments such as Snehana, Swedana, Mriduvirechan, Basti, Vataharaausadhis, Ahar, and Vihar can be used in order to treat it.^[20]

- Snehana is the first and foremost phase of treatment in Vatavyadhi. Taila is the best Vatahara dravya. Different combination of chatur snehas i.e. Ghrita, Taila, Vasa and Majja are also very effective in Sandigata Vata.
- Swedana karma after snehana causes liquification of stagnant doshas and relieves rigidity of Vata. Swedana is of two type; Sarvadaihika and Sthanika. Sthanika swedana is used in mono articular diseases and Sarvadaihika is advisable in multiple joints involvement.
- Basti is the main line of treatment in vatavyadhi. It is of two types Anuvasana Basti: It is Sneh Basti consisting of oils with or without medicinal drugs. For sandigata vata, ksheerabala taila, Dashmoola taila and Mahanarayan taila is used.
- Niruha Basti: It is prepared of Kashaya of Vatahara drugs like Dashmoolaadi kwatha or Erandamooladi kwatha etc.
- Upnaha is one of the types of Swedan which relieves stiffness and improves the movement of joints. It's a local application of warm paste of prepared from Vatahara Ausadhis.
- Agni karma is applied on the painful points muscle tendon and ligament of the affected joint. Bandhana causes reduction in Shotha and Pain.
- Unmardana is type of massage in which pressure exerted on diseased Sandhi. This application relieves pain and enhances blood circulation.
- Lepa: It is external application of thick paste of drugs on the sandhi.
- Shamana Aushadh.
- Guggulu preparations like Yograj guggul, Trayodashanga guggulu, Rasnadiguggulu etc are beneficial.
- Kwath preparations like Dashmool kwath, Erandmuladi kwath, Maharasnadi kwath, Rasnasaptak kwath etc are helpful.
- Pathya Apathya^[21]
- No specific Pathya-apathya have been mentioned for sandhivata, so the Pathya-apathya of Sandhivata is assumed to be same as general Pathya-apathya of Vatavyadhi.
- Pathya Aahara.
- Godhuma (wheat), Mamsa (meat), Raktashali, Godugdha (cow's milk), Ajadugdha (goat milk), Ghrita (ghee) Draksha (grapes), Ama (mango), Madhuka, Ushna Jala, Sura, Surasava, Madhura – Amla – Lavana Rasa pradhana ahara.
- Pathya Vihara: Atapa Sevana, Mridu Shayya, Ushnodaka Snana etc.
- Apathya Aahara: Yava, Kodrava, Chanaka, Kalaya, Sheeta Jala, Ati Madya Pana, Shushka Mamsa, Katu TiktaKashaya Rasa pradhana ahara.
- Apathya Vihara: Chinta, Ratri Jagarana, Vega Vidharana, Shrama, Anashana, Vyavaya, Vyayama,

Chankramana, Kathina Shayya.

DISCUSSION

In this review, it was observed that most Acharyas have described similar aharaja, viharaja, and manasa hetus for Sandhigata Vata. However, Bhavaprakasha has uniquely emphasized ati-sevana of katu, tikta, and kashaya rasa, pramitashana, purvavayu sevana, and shishira and varsha kala as specific factors responsible for Vata prakopa.

Regarding Lakshanas, Charaka and Vagbhata uniquely described Vatapurna druti sparsha and pain during movement, while Sushruta emphasized Hanti sandhi and Asthishotha. Madhava Nidana and Bhavaprakasha highlighted Sandhi shoola and Atopa.

Management of Sandhigata Vata in Ayurveda emphasizes a multipronged approach comprising Snehana, Swedana, Basti, and mild virechana, supported by Vata-hara medications along with suitable Pathya Ahara and Vihara.

Acharya Sushruta and Vagbhata focused more on external and para-surgical measures like Snehana, Upanaha, Bandhana, Unmardana, and Agnikarma. Bhavaprakash highlighted procedures such as Dahakriya, Snehana, and Upanaha, while Yogratnakara gave importance to both Shodhana and Shamana therapies like Abhyanga, Swedana, Basti, Nasya, and Virechana. Charaka emphasized treating according to the underlying pathology (Dhatukshaya or Avarana) through a principle-based approach. Thus, despite variations in treatment modalities, all Acharyas converge on restoring Vata balance, nourishing Dhatus, and relieving joint dysfunction. Thus, Ayurveda offers a comprehensive, holistic, and individualized approach that not only provides symptomatic relief but also addresses the root cause of degeneration, thereby improving functional capacity and quality of life in patients suffering from Sandhigata Vata.

This review integrates and compares descriptions from major Ayurvedic classics, presenting Sandhigata Vata in a concise, structured, and clinically relevant manner, thereby strengthening its understanding as a degenerative joint disorder and aiding effective Ayurvedic management.

CONCLUSION

Sandhigata Vata closely correlates with osteoarthritis in its degenerative pathology and clinical presentation. Ayurvedic management, based on Vata-shamana and dhatu-poshana through Snehana, Swedana, Basti, and appropriate Pathya–Apathya, offers a holistic approach that alleviates symptoms, slows progression, and improves quality of life in affected individuals.

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