

**REVIEW AND EMPIRICAL PAPER ON SANDHIGATA VATA****<sup>1</sup>\*Dr. Singh Shailendra Kumar, <sup>2</sup>Dr. Pravesh Kumar and <sup>3</sup>Ashok Kumar**

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**ABSTRACT**

Ayurveda has described about the pathogenesis and the treatment of various disorders, the incidence of some of which have increased in the present scenario. Janu Sandhigata Vata correlated with osteoarthritis (OA) of the knee joint is one such chronic, degenerative, inflammatory disease which has a great impact on the quality of the life of an individual. Different modalities of treatment have been explained in the classics to tackle the condition effectively. Here we have randomly taken, records of 30 patients suffering from osteoarthritis (sandhigata vata) from the State Ayurvedic PG College and hospital Chaukaghat Varanasi, The patients were all age groups and both male and female. The recorded data shows about the prevalence of sandhigata vata in different human being.

**KEYWORDS:** Osteoarthritis, Sandhigata Vata.

**INTRODUCTION**

In today's modernized era, everyone is busy with living life under stress, constantly running to match with the pace of this era. Osteoarthritis (OA) is the most common type of arthritis. Its high prevalence, especially in the elderly, and the high rate of disability related to disease make it a leading cause of disability in the elderly. Osteoarthritis (OA) is the second most common rheumatologic problem in India and has a prevalence rate of 22-39%. It is characterized primarily by articular cartilage degeneration and a secondary periarticular bone response. World-wide prevalence rate of OA is 20% for men, 41% for women and it causes pain or dysfunction in 20% of the elderly respectively. Because of the obesity, a major risk factor, are increasing in prevalence, the occurrence of osteoarthritis is on the rise. OA is joint failure, a disease in which all structures of the joint have undergone pathologic change, often in concert. Due to continuous changes in life style, over exertion, improper and disturbed dietary habits, excessive travelling, improper working and sleeping schedules, as well as improper application of Ritucharya (Seasonal regimen) and Dinacharya (Daily regimen) and likewise other factors leads to vitiation of Vata dosha. This vitiation of Vata leads to the production of number of diseases and Sandhigata vata is one of them. A faulty dietary habit, irregular life style is responsible for changes in body tissues and plays a vital role for the manifestations like above disease. Now a day, this disease is having high

prevalence and becoming significant threat to the working population. In Sandhigata vata, the deformity occurs in Sandhi i.e. joints. Janu sandhi i.e. Knee joint is one of the most affected joints in Sandhigata vata. Panchakarma therapy, one of the Gems of Ayurveda is a unique gift to modern civilization by Ayurveda. Panchakarma, the rejuvenation therapy plays important role in the management of various disorders by Ayurveda way of treatment. Out of Panchakarmas, Basti (Medicated enema) is most important part of treatment in the management of disorders of Vata. Basti treatment acts on main site of Vata i.e. Pakwashaya (area over large intestine), so is the supreme treatment regarding Vata dosha. Basti, when applied acts on Pakwashaya and radially pacifies vitiated Vata, sole Dosha responsible for all movements including other Dosha, Dhatu, mala within the body. In Ayurveda classics, so many therapeutic procedures and line of treatments regarding the same is given.

**MATERIAL AND METHODS**

Sandhigata vata is a shool and shoth pradhan vata nanatamaj vyadhi affecting locomotor system. Characteristic sign and symptoms which are present after the manifestation of disease by which it can be diagnosed so easily. Some specific type of lifestyle which increase vata and dietary habit which is deficient of nutrients like calcium, phosphate etc. are the precipitating factors of causing disease like osteoarthritis (Sandhigata Vata).

This sample survey basically shows the prevalence of osteoarthritis. The factors like- dietary history and life styles which play major role in precipitating any of the disease. Along with them clinical features those are severely responsible in the degeneration of joints, another question is also arises that which joint is affected the most?

Review of Ayurvedic and modern literature to find out the role of dietary and life style factors in etiopathogenesis of Sandhigata Vata, and observational study of the patients for clinical features was done on 30 patients from OPD/IPD of P.G. Deptt. Of Roga nidan, Govt. Ayu. College, Varanasi

### OBSERVATION

- This is the Demographic study. It is beneficial in the management of the sandhigata vata, after getting the percentage of improper diet habit and life style we can advice the patient how to prevent the causes of sandhigata vata. Non communicable diseases such as sandhigata vata are caused by Sroto Avarodha and Dhatu Chhaya.
- Irregular diet and life style causes obesity and increased strain on weight bearing joints like hip, knee joints etc leads to sandhigata vata. Irregular Ahara-Vihar causes Agnimandya, which produces Apakva rasadhatu "Ama" the main cause of SrotoAvarodha, in turn leading to Upshtambhic Sandhigata Vata in early stage ( $\leq 40$  years).
- Due to irregular Ahar Vihar and sroto avarodha uttarottar dhatus become weak and cause dhatu

	Mild (+)	Moderate (++)	Severe (+++)
• Vaatpurnadritisparsh	12-40%	15-50%	3-10% (Ch.chi.28/37)
• Sotha-	14- 46.6%	12-40%	6-20%
• Vedana	9- 30%	11-36.6%	9-30% (Su. Ni. 1/28-29)
• Hantisanhigata	13-43.3%	4-13.3%	4-13.3%
• Aatop	7-23.3%	11-36.6%	9-30%
• Agnimandya	11-36.6%	3-10%	3-10%

### Epidemiologically observation

#### Age group

20-30years	2 patients – 6.67%
30-40years	5 16.67%
40-50years	8 26.67%
50 -60years	11 36.6%
60-70years	5 16.6%

#### Sex

Male	13- 43.3%
Female	17 56.6%
Addiction-Tae	16- 53.3%
No addicted	14- 46.6%

#### Disease History

Hypertension-	9 30%
DM-	6 20%
Thyroid Disorder	7 23.3%
Past History of Joint	8 26.6%

chhayajanya or Nirupashtambhit Sandhigata Vata in adult or older age person.

- Pain during flexion and extension of most of the joints.
- Sotha appearing like a bag filled with air on palpation, is the main Laksanas of Sandhigata Vata.

These clinical features were observed in 30 patients, the Results were as follows

### RESULT

Observations etiological factors and clinical features in 30 patients of Sandhigata Vata (O.A.) shown following results :

- H/o taking ruksha aahar in 19 patients (63.3%),
- Sheetaahar in 11patients (36.6%),
- Alpa/Laghu aahar in 25 patients (76.6% ),
- Fasting in 9 patient (30%),
- Taking ghrit – (never -15 patients -50%, Daily –9 - 30%, Sometime -6- 20%)
- Taking Milk- (never -5 patients -16.6%, Daily – 10-33.3%, Sometime -15-50%)
- H/o doing Yoga /Exercise in 9- (30%),
- Sedentary life style in 21- (70%)
- Anxiety in 6- 20%
- Depression in 5- 16.6% while
- (11) 36.6% of patients were taking Sunlight >3days a week
- (19)63.3 % of patients were taking Sunlight <3 days a week

### DISCUSSION

- Above study is suggestive that data found after examined 30 patients are much more similar to the contemporary medical sciences and our classical Ayurvedic texts.
- This data shows about 50 to 60 years age group of people are much more affected by OA about 36.67%. It can be said from the observations that usually symptoms of the disease Sandhivata starts after 4 decade of life, which is Hani stage of Madhya Vaya, according to Sushruta.
- Females are more affected then males about 56%. Osteoarthritis is more commonly in menopause women with the ratio of female to male 2:1.
- Hindus suffer more than others about 93.3%. The religion doesn't seem to have any significant relationship with the disease Sandhivata. So,

geographical proportion of Hindus in the city may be reason for its higher incidence in Hindu.

- Educated people are more affected than uneducated about 33.3%. It was revealed from the study that most of patients were less educated or uneducated. In the society physically strain full work was found in less educated or uneducated persons, leads to Dhatukshaya.
- Addiction of Tea is more dangerous than other addictions about 53.3%, It was found that all the patients i.e. 100% were addicted of tea, but it can be considered as general addiction of the society.
- Person having past history of joint disorders are much prone for O.A.
- When we consider about clinical features then vaatpurnadritisparsha, sotha, vedna are the most common clinical sign and symptoms which occurs about 15-50%, 12-40%, 11-36.6% respectively.
- Sandhigata vata is a locomotory disorder, mostly, which weight bearing joint affected, related movement involved. In the case of janu sandhigata vata is most common, all the movements related to knee joints affected.
- Disease history in these type of patients are most likely to Hypertension, Obesity, Thyroid disorder, Diabetes Mellitus. In advanced age, sometimes Osteoarthritis become a complications on previous mentioned disease.
- Intake of laghu Aahar, Sheet ahar, Alpa ahar, Ruksha Ahar causes vata prakop, and this vitiated vata resides to its favorable dhatu or come to the Kha vaigunya, there dosh dushya samurchana takes place, and finally disease occur.
- Sedentary life style is also one of the commonest disease causing factors.
- Patients, who are not taking or less consumes sunlight and dietary supplement including Calcium, are also very important to cause different bone disorders, because there will be deficiency of vitamin D and Calcium, necessary for the bone nourishment.

## CONCLUSION

Above data collection plays major role in the management and prevention of bone deformity like disorder. Ayurveda has emphasized on the Nidana (cause), Samprapti (pathogenesis), and Chikitsa (treatment) of the Sandhigata Vata. Various modalities of treatment including Shamana (palliative), Shodhana (detoxification), slocal treatments like Upanaha (poultice application), and Agnikarma (cautery) are described considering the pathophysiological constitution of an individual. Depending on the stage of the disease and other assessment parameters, different treatment modules have to be incorporated. Thus, the quality of life is greatly improved.

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