

OSTEOARTHRITIS: AN AYURVEDIC VIEW

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ABSTRACT

Osteoarthritis which resembles *Sandhigatavata* is a degenerative joint disorder characterized by degeneration of joint cartilage and adjacent bone that can cause joint pain and stiffness. Ayurvedic literature doesn't reveal the special etiological factor for *Sandhigatavata* however the aggravative factors for *Vata* can be adopted for it. All the classics of *Ayurveda* describe "*Sandhigata Vata*" under *Vatavyadhi Chikitsa adhyaya*. . Two predominant causes of *vata prakopa* have been described in texts, so *Sandhigatavata* occurs either as a result of *Dhatukshaya* or *Margaavarana*.

Keywords: Osteoarthritis, *sandhigatavata*, *dhatu kshaya*

INTRODUCTION

Osteoarthritis which resembles *Sandhigatavata* is a degenerative joint disorder characterized by degeneration of joint cartilage and adjacent bone that can cause joint pain and stiffness. It begins asymptotically in the 2nd and 3rd decades and is extremely common by age of 70 yrs¹. Almost all persons by age 40 have some pathologic change in weight bearing joint. 25% females and 16% males have symptomatic Osteoarthritis. Till the age of 55 it occurs equally in both sexes; after 55 the incidence is higher in women². It is estimated that approximately four out of 100 people are affected. The incidence of

Osteoarthritis in India is as high as 12%. The disease Arthritis causes work disability. It limits everyday activities such as walking, dressing, bathing etc., thus making individual handicapped. Osteoarthritis is a major cause of morbidity, limiting activity and impaired quality of life especially among the elderly.

According to Ayurvedic view, in old age, all *Dhatu*s undergo *Kshaya*, Thus leading to *Vataprakopa* and making individual prone to many disorder¹. Among them *Sandhigatavata* is one which commonly affects the individual of old age. The provoked *Vata* takes shelter in the

Sandhi (Joint) and the affected *Sandhi* resembles a bag filled with air. There is *Shotha* (edema) with difficult and painful flexion and extension. *Sandhi* comes under the *Madhyama Roga Marga* and thus, involvement of *Madhyamaroga marga*, *Vata Dosha* and *Dhatu kshaya* figures disease as *Kashta sadhya*.

AIMS AND OBJECTIVES

To study etiopathogenesis of *Sandhigatavata*.

AYURVEDIC VIEW

NIDANA

Ayurvedic literature doesn't reveal the special etiological factor for *Sandhigatavata* however the aggravative factors for *Vata* can be adopted for it. All the classics of *Ayurveda* describe "*Sandhigata Vata*" under *Vatavyadhi Chikitsa adhyaya*. They can be compiled for the better understanding of *hetu* as below³ :-

- (1) *Aaharaja - Ruksha, Lagu, Vistambi, Sheeta, Katu Tikta, Kashaya, Annasevana, Sheetapana Adhyasana, Viruddha – asatmya – Pramita – mithya Ahara* etc.
- (2) *Viharaja – Ativata – atapa sevan, Atiplavana Ativyavaya, Ativyayam, Atiadhva, Atichesta, Vegavidharana, Ratrijagarana Divaswapna, Marmaghata, Abhighata.*
- (3) *Manasaja – Chinta, Krodha, Shoka, Bhaya*
- (4) *Kalaja –*
Abhra (cloudy season)
Aparahna (evening)
Aparatra (end of night)
Sheeta Kala (winter)
Varsha (rainy season) etc.

Other than these, the factors which can produce *Avarana* of *Kapha* or *Meda* and factors which make *Dhatukshaya* also cause *Sandhivata*.

Asthikshaya can produce aggravation of *vata* and *Kha-vaigunya* in *sandhisthana* can lead to *Sandhigatavata*.

Medovridhi can also produce *Sandhigatavata* because of *sthaulya*, weight wearing joints have over burden and may lead to *Sandhigata vata*.

SAMPRAPTI

No clear pathogenesis of *Sandhigatavata* has been described in ayurvedic text but *Samprapti* of *Vatavyadhis* has been explained in *Charaka Samhita chikitsa sthana*. Vitiated *vata dosha* fills up the empty channels of the body thereby resulting in various disorders of either one part (localized) or the whole body (generalized)

Ashtang Hridaya frames the *Samprapti* of *Vata Vyadhi* like: *Dhatukshaya* aggravates *Vata* and same is also responsible to produce *Riktata* of *srotas*. Thus the vitiated *vata* travels throughout the body and settles in *Rikta Srotas* and further vitiates the *Srotas* leading to the manifestation of *vata vyadhi Samprapti* of *Sandhigatavata* can be understood according to the cause of *vata prakopa*. Two predominant causes of *vata prakopa* have been described in texts, so *Sandhigatavata* occurs either as a result of *Dhatukshaya* or *Margaavarana*. Hence *Sandhigatavata* is classified into two types⁴.

(1) *Dhatukshaya Janya Sandhigatavata*

(2) *Marga Avarana Janya Sandhigatavata*

Samprapti of both types will be discussed separately.

(1) *Dhatukshaya Janya Sandhigatavata*

In old age *vata dosha* dominates in the body. This lead to *Kapha abhava*, Also *Jathragni* and *Dhatvagni* gets impaired by which *dhatu* formed is not of good quality². Reduction of *Kapha* in *Sandhis* makes *Sandhi Bandhana Shithilata*. *Ashraya ashrayi sambandha* also leads to *Asthidhatu kshaya*. *Asthi* being the main

participant of the joint, its *kshaya* leads to *Khavaigunya* in the joints.

In this condition if *Nidana Sevana* is done it further produces *Vata Prakopa*. *Vata Prakopa* is not corrected by appropriate means at two stage and simultaneously if the person indulges in *Asthivaha* and *Majjavaha strotos dushtikara nidana*, the *prakupita vata* spreads all over the body through these *strotas*. In the meantime *sthanasamshraya* of *prakupita vata* take place in the *Khavaigunya yukta Janu Sandhi*. This localized *vayu* due to its *Ruksha, Laghu, Kharadi Guna* over power and undo all properties of *Shleshmaka Kapha* producing disease *Sandhigatavata*⁵.

(2) Aavarana Janya Sandhigatavata

Usually *Sandhigatavata* occurs in weight bearing joints in *Sthoola* individuals. *Medodhatu* is produced in excess due to *Atisnehamsha of Amarasa* in such individuals.

The excessive *Medas* produce obstruction for the flow of nutritive materials to the future *Dhatu* i.e. *Asthi, Majja* and *Shukra* leading to their *kshaya*.

The excessive fat deposited all over the body produces *margavarana* of *vata*.

Prakupita vata due to *margavarana* starts to circulate in the body. While travelling, it settles in the joint where *khavaigunya* already exists. After *sthanasamshraya* it produces the disease *Sandhigata vata*⁶.

Thus, with the help of *samanya samprapti of Vata Vyadhi*, the *samprapti* of *Sandhigatavata* can be divided into *Dhatukshaya Janya and Aavarana Janya*⁷. This help in deciding the prognosis and planning the treatment of the disease.

DISCUSSION

Sandhigatavata vis-à-vis Osteoarthritis is a degenerative joint disorder. It is grouped under the *Nanatmaja Vatavikara* in *Charak Samhita*. It has been explained under the name of *Sandhigata Anila, Sandhivata, Gulphavata* or *Khuddavata* by different authors. Various *Aharaja, Viharaja, Manasa* and other *Vata prakopaka nidana* are mentioned in detail as aetiological factors of *Vatavyadhi*. *Sandhigatavata* specially occurs in *Vriddhavastha* which is *Parihanikala* in which *Dhatukshya* takes place which in turn leads to *Vataprakopa*. *Vata* and *Asthi* have *Ashraya-ashrayi sambandha*, which means *Vata* is situated in *Asthi*. *Vridhdha* or increased *Vata* diminishes *Sneha* from *Asthidhatu* by its opposite qualities to *Sneha*, by which *Khavaigunya (Rikta-Srotas)* occurs in *Asthi* which is responsible for the pathogenesis of *Sandhigatavata*.

Symptoms of *Sandhigatavata* are *Sandhishula, Sandhishotha, Akunchana prasarana janya vedana, Hanti sandhi gati, Stambha and Atopa* described by various authors specially by *Acharya Charaka* in *Chikitsasthan*. Here, *Sandhishula, Sandhishotha* are due to *Vata prakopa* and special type of *Shotha* i.e. *vatapurna driti sparsha* or *Atopa* indicate *Vata* dominancy. *Akunchana prasaranjanya vedana* and *Hanti sandhi gati* occur due to *Kaphakshya* and *Vataprakopa*. Symptoms of *Sandhigatavata* are similar to that of Osteoarthritis i.e. joint pain, swelling, stiffness, disability and crepitation over joint.

CONCLUSION

Sandhigatavata is a multifactorial disease. Joints under stress and strain are affected mainly. It was observed more in people who undergo repetitive wear and tear of joint due to hard manual work. In this way, the disease *San-*

dhigatavata can be defined as a disease of *sandhi* with symptoms of *sandhishhula*, *sandhishhotha* and *akunchana prasarana pravitti Svedana* and in the later stages *hanti sandhigatah*.

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