


A CASE STUDY ON SANDHIGATAVATA W.S.R. TO OSTEOARTHRITIS
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ABSTRACT

OA is Joint failure, a disease in which all structure of the joint has undergone pathological changes.¹ Acharya Charaka has mentioned Nanatmaja Vyadhi of Vata, Pitta and Kapha but separate chapter has been contributed to only Vatavyadhi. The disease Sandhigatavata has been identified as a separate clinical entity and has been described in the chapter of Vatvyadhi by the name of Sandhigata Anila. Vatapurna Dritisparshah Shothah Sandhigate Anila Prasarana Akunchanayoho Pravrutischa Savedana² In modern medicine the similar condition of joint is explained as Osteoarthritis. Osteoarthritis is a degenerative joint disorder with the symptoms of Joint Pain, swelling, restricted and painful movements of the joint and joint instability. It's high prevalence especially in the elderly, and high rate of disability related to the disease make it a leading cause of disability in the elderly.³ Taking into consideration the symptom of this disease, it can be correlated to osteoarthritis. Here is a case of 60 yr female patient who presented with complains of pain in bilateral knee joints, swelling, crackling sound from knee and restricted movement of bilateral knee joints intermittently since past 3 years. Based on clinical signs and symptoms she was diagnosed as a case of Sandhigatavata.

KEYWORDS: Nanatmaja Vyadhi, Sandhigata Anila, Vatapurna, Dritisparshah Shothah, Prasarana, Akunchanayoho, Pravrutischa, Savedana

INTRODUCTION

The disease *Sandhigata Vata* is prevalent in humans since the *Vedic* period. All *Samhita Granthas* have mentioned about *Sandhigata Vata*. Osteoarthritis is a multi-factorial, non-inflammatory degenerative joint disorder prevalent all over the world mainly affecting the old age group. Though the disease does not cause any immediate mortality but it is one of the major causes of disability of the people affecting their day to day service for the nation and ultimately hinders the socio-economic growth of the country, sidewise it increases the likelihood of complications of metabolic disorders. *Charaka* was first to describe separately "*Sandhigata-anila*", but it was not included under 80 types of *Nanatmaja vatavyadhi*.^[4] The diseases produced by morbid *Vata Dosha* are more common in *Jaravastha*. Ayurveda defines *Chikitsa* as '*Samprapti Vighatana* (breaking the pathogenesis). The provoked *Vata* takes shelter in the *Sandhi* and the affected *Sandhi* resembles a bag filled with air. There will be *Shotha* (edema) with difficult and painful flexion and extension. *Sandhi* comes under the *Madhyama Roga Marga*^[5] and thus, involvement of *Madhyama Roga Marga*, *Vata Dosha* and *Dhatu Kshaya* figures disease as *Kashta Sadhya*. *Sandhigatavata* is one of the *Vatavyadhi* described in all *Samhita* and *Sangraha Grantha*. *Ashtanga Samgrah*, *Ashtanga Hridyam* and *Sushruta Samhita* have

considered *Vatavyadhi* as *Mahagada*. It is so called due to the fact that the treatment is time consuming and prognosis is uncertain. Further *Dhatukshya* is the chief cause of *Vatavyadhi*. *Dhatukshya* is difficult to treat as *Ashtanga Hridyam* has elaborated that since body is accustomed to *Mala*, *Dhatukshya* is more troublesome than *DhatuVridhi*.^[6]

CASE REPORT

A 60 yr old female patient presented with 3 yrs history of intermittent bilateral knee joint pain, crackling sound from the knee and stiffness of B/L Knee joints. Pain was moderate in intensity and was continuous and used to get aggravated by walking or standing upright. On further enquiry she told that she felt morning time stiffness in the concerned joints which was relieved after moving a bit about for 30 minutes. Patient also told that she occasionally developed swelling in B/L Knee joints on & off from last 2-3 years.

Onset -Insidious.

Degree of Severity -Moderate pain(2) -Mild pain at rest.
 -Moderate and tolerable pain while working/walking

Aggravated by walking

Alleviated by Rest, Hot fomentation

Her personal history reveals that she resided in rural area and lead a sedentary lifestyle. Her family history revealed Familial Obesity and joint pains in mother. Patient weighed 94kg, 155cm in height and BMI calculated was 39.12 Kg/m².

Systemic examination of respiratory, cardiovascular and G.I.T were WNL.

LOCOMOTOR SYSTEM

| | | |
|--------------------------------|---|---|
| Numbness | - | Absent |
| Joints | - | Restricted |
| movements on passive movements | | |
| Inspection | - | Swelling Present; Redness- Absent |
| Palpation | - | Local Temp - Raised; Tenderness present |

LOCAL EXAMINATION

Inspection Odema- Moderate

Deformity- Absent

Palpation

- i. Local temp Raised B/L
- ii. Tenderness mild
- iii. Crepitus Present

Movements of joint

- i. Restriction of Joint movements: Present
- ii. Pain during movement : Moderate

Flexion Restricted; Painful

INVESTIGATIONS

X-ray of joint involved - AP and Lateral view

- i. Degenerative changes: Reduced Joint spaces; sclerosis of sub-chondral bone
- ii. Reduced joint space: Present
- iii. Osteophytes: Present in B/L Lateral side
- iv. Cartilage degeneration Evident By reduced Joint spaces



Routine Hematological and biochemical examination were within normal limits.

Diagnosis: Osteoarthritis B/L Knee Joints (*Sandhigatavata*).

Positive findings: Clinical presentation; female gender; obesity (Morbid); Degenerative Changes in X-ray Knee.

Management

1. *Abhyanga with LaghuVisaGarbhatala* for 2 weeks^[7]

| Sr. No. | Sanskrit name/ Hindi name | Botanical name | Part used | Quantity |
|---------|---------------------------|-----------------------------|--------------|----------|
| 1. | <i>Taila</i> | <i>Sesamum indicum</i> | Seed oil | 3.072 Lt |
| 2. | <i>Datura swarasa</i> | <i>Datura metel</i> | Leaf extract | 960 ml |
| 3. | <i>Kanjick</i> | | | 3.072 Lt |
| 4. | <i>Kustha</i> | <i>Saussurea lappa</i> | Root | 90 gm |
| 5. | <i>Vacha</i> | <i>Acorus calamus</i> | Rhizome | 90 gm |
| 6. | <i>Hrddhatri</i> | <i>Argemone mexicana</i> | Root tuber | 27 gm |
| 7. | <i>Maricha</i> | <i>Piper nigrum</i> | Fruit | 27 gm |
| 8. | <i>Visa</i> | <i>Aconitum chasmanthum</i> | Root tuber | 18 gm |
| 9. | <i>Dhatur beeja</i> | <i>Datura metal</i> | Seed | 81 gm |
| 10. | <i>Patu (Saindhava)</i> | | | 81gm |

2. 500 mg of capsule *Nirgundi* *Yoga* thrice a day for 30 days.

| Sr. No | Sanskrit name | Botanical name | Part used | Properties | Quantity |
|--------|-------------------------|------------------------------|-----------|---|----------|
| 1. | <i>Nirgundi</i> | <i>Vitex nigundo</i> | Leaf | <i>Soth-har Vednasthapan</i> | 80 mg |
| 2. | <i>Eranda</i> | <i>Ricinus communis</i> | Root | <i>Soth-har Vednasthapan</i> | 80 mg |
| 3. | <i>Rasana</i> | <i>Pluchaa lancealata</i> | Leaf | <i>Vednasthapak Sandhivatahara</i> | 70 mg |
| 4. | <i>Shallaki</i> | <i>Boswellia serrata</i> | Exudate | <i>Shothar Vednastapaka</i> | 60 mg |
| 5. | <i>Ashwagandha</i> | <i>Withania somnifera</i> | Root | <i>Rasayan, Aamvathar Vatahara, Balya</i> | 60 mg |
| 6. | <i>Guduchi</i> | <i>Terminalia cordifolia</i> | Stem | <i>Vednasthapan rasayana</i> | 50 mg |
| 7. | <i>Sonth</i> | <i>Zingiber officinale</i> | Rhizome | <i>Sothhar Vednasthapan</i> | 30 mg |
| 8. | <i>Marich</i> | <i>Piper nigrum</i> | Fruit | <i>Vatvikar, Sothhar Vednasthapan</i> | 30 mg |
| 9. | <i>Pippali</i> | <i>Piper longum</i> | Fruit | <i>Vatahara Shothara Vednasthapan</i> | 30 mg |
| 10. | <i>Sameerpanag rasa</i> | | | <i>Shothhar Vednasthapan</i> | 10g |

The treatment was given for 1 month duration with follow up after 15 days.

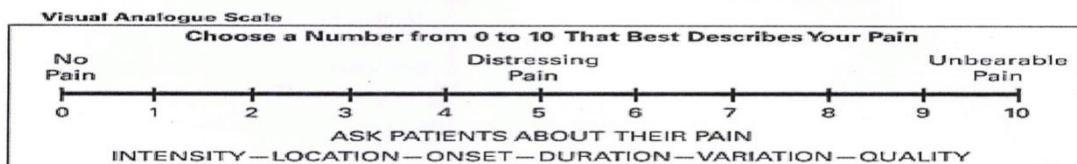
CRITERIA FOR ASSESSMENT

I. Subjective criteria- The symptoms were evaluated and response of drug was recorded in terms of

percentage relief of the signs and symptoms of *Sandhigata Vata* described in Ayurvedic classics i.e. *Shoola* (Pain), *Sotha* (Inflammation), *Stambha* (Stiffness), *Sparshasahyata* (Tenderness), *Sphutana* (Creptitus) and *Akunchan-PrasarnaVedna* (Painful movements) at the joints.

II. Objective criteria

1. Visual analogues scale



Patient was asked about intensity of pain and response evaluated, with 0 for no pain and 10 for worst pain.

- () 1 needs several tries to stand 30 seconds unsupported
- () 0 unable to stand 30 seconds unsupported

2. Berg Balance Scale

1. Sitting to standing

Instructions: Please stand up. Try not to use your hand for support.

- () 4 able to stand without using hands and stabilize independently
- () 3 able to stand independently using hands
- () 2 able to stand using hands after several tries
- () 1 needs minimal aid to stand or stabilize
- () 0 needs moderate or maximal assist to stand

3. Sitting with back unsupported but feet supported on floor or on a stool

Instructions: Please sit with arms folded for 2 minutes.

- () 4 able to sit safely and securely for 2 minutes
- () 3 able to sit 2 minutes under supervision
- () 2 able to sit 30 seconds
- () 1 able to sit 10 seconds
- () 0 unable to sit without support 10 seconds

2. Standing unsupported

Instructions: Please stand for two minutes without holding on.

- () 4 able to stand safely for 2 minutes
- () 3 able to stand 2 minutes with supervision
- () 2 able to stand 30 seconds unsupported

4. Standing to sitting

Instructions: Please sit down.

- () 4 sits safely with minimal use of hands
- () 3 controls descent by using hands
- () 2 uses back of legs against chair to control descent
- () 1 sits independently but has uncontrolled descent
- () 0 needs assist to sit

5. Transfers

Instructions: Arrange chair(s) for pivot transfer. Ask subject to transfer one way toward a seat with armrests and one way toward a seat without armrests. You may use two chairs (one with and one without armrests) or a bed and a chair.

- () 4 able to transfer safely with minor use of hands
- () 3 able to transfer safely definite need of hands
- () 2 able to transfer with verbal cuing and/or supervision
- () 1 needs one person to assist
- () 0 needs two people to assist or supervise to be safe

6. Standing unsupported with eyes closed

Instructions: Please close your eyes and stand still for 10 seconds.

- () 4 able to stand 10 seconds safely
- () 3 able to stand 10 seconds with supervision
- () 2 able to stand 3 seconds
- () 1 unable to keep eyes closed 3 seconds but stays safely
- () 0 needs help to keep from falling

7. Standing unsupported with feet together

Instructions: Place your feet together and stand without holding on.

- () 4 able to place feet together independently and stand 1 minute safely
- () 3 able to place feet together independently and stand 1 minute with supervision
- () 2 able to place feet together independently but unable to hold for 30 seconds
- () 1 needs help to attain position but able to stand 15 seconds feet together
- () 0 needs help to attain position and unable to hold for 15 seconds

8. Reaching forward with outstretched arm while standing

Instructions: Lift arm to 90 degrees. Stretch out your fingers and reach forward as far as you can. (Examiner places a ruler at the end of fingertips when arm is at 90 degrees. Fingers should not touch the ruler while reaching forward. The recorded measure is the distance forward that the fingers reach while the subject is in the most forward lean position. When possible, ask subject to use both arms when reaching to avoid rotation of the trunk.)

- () 4 can reach forward confidently 25 cm (10 inches)
- () 3 can reach forward 12 cm (5 inches)
- () 2 can reach forward 5 cm (2 inches)
- () 1 reaches forward but needs supervision
- () 0 loses balance while trying/requires external support

9. Pick up object from the floor from a standing position

Instructions: Pick up the shoe/slippers, which is in front of your feet.

- () 4 able to pick up slipper safely and easily
- () 3 able to pick up slipper but needs supervision

- () 2 unable to pick up but reaches 2-5 cm(1-2 inches) from slipper and keeps balance independently
- () 1 unable to pick up and needs supervision while trying
- () 0 unable to try/needs assist to keep from losing balance or falling

10. Turning to look behind over left and right shoulders while standing

Instructions: Turn to look directly behind you over toward the left shoulder. Repeat to the right. (Examiner may pick an object to look at directly behind the subject to encourage a better twist turn.)

- () 4 looks behind from both sides and weight shifts well
- () 3 looks behind one side only other side shows less weight shift
- () 2 turns sideways only but maintains balance
- () 1 needs supervision when turning
- () 0 needs assist to keep from losing balance or falling

11. Turn 360 degrees

Instructions: Turn completely around in a full circle. Pause. Then turn a full circle in the other direction.

- () 4 able to turn 360 degrees safely in 4 seconds or less
- () 3 able to turn 360 degrees safely one side only 4 seconds or less
- () 2 able to turn 360 degrees safely but slowly
- () 1 needs close supervision or verbal cuing
- () 0 needs assistance while turning

12. Place alternate foot on step or stool while standing unsupported

Instructions: Place each foot alternately on the step/stool. Continue until each foot has touched the step/stool four times.

- () 4 able to stand independently and safely and complete 8 steps in 20 seconds
- () 3 able to stand independently and complete 8 steps in > 20 seconds
- () 2 able to complete 4 steps without aid with supervision
- () 1 able to complete > 2 steps needs minimal assist
- () 0 needs assistance to keep from falling/unable to try

13. Standing unsupported one foot in front

Instructions: (demonstrate to subject) Place one foot directly in front of the other. If you feel that you cannot place your foot directly in front, try to step far enough ahead that the heel of your forward foot is ahead of the toes of the other foot. (To score 3 points, the length of the step should exceed the length of the other foot and the width of the stance should approximate the subject's normal stride width.)

- () 4 able to place foot tandem independently and hold 30 seconds
- () 3 able to place foot ahead independently and hold 30 seconds
- () 2 able to take small step independently and hold 30 seconds
- () 1 needs help to step but can hold 15 seconds
- () 0 loses balance while stepping or standing

14. Standing on one leg

Instructions: Stand on one leg as long as you can without holding on.

() 4 able to lift leg independently and hold > 10 seconds
 () 3 able to lift leg independently and hold 5-10 seconds
 () 2 able to lift leg independently and hold L 3 seconds

() 1 tries to lift leg unable to hold 3 seconds but remains standing independently.

() 0 unable to try of needs assist to prevent fall.

PATIENT ASSESSMENT

Subjective criteria- Marked improvement- up to 75% relief from Symptoms.

Objective Criteria

| Criteria | At first visit | After 15 days | At the end of trial |
|--|----------------|---------------|---------------------|
| 1. VAS | 7 | 4 | 4 |
| Berg Balance Scale | | | |
| 2. Sitting to Standing | 4 | 4 | 4 |
| 3. Standing unsupported | 3 | 4 | 4 |
| 4. Sitting with back unsupported but feet supported on floor | 4 | 4 | 4 |
| 5. Standing to sitting | 3 | 3 | 3 |
| 6. Transfers | 4 | 4 | 4 |
| 7. Standing unsupported with eyes closed | 4 | 4 | 4 |
| 8. Standing unsupported with feet together | 2 | 4 | 4 |
| 9. Reaching forward with outstretching arms while Standing. | 3 | 4 | 4 |
| 10. Pick up the object from the floor from standing position | 3 | 3 | 4 |
| 11. Turning look behind over shoulders while standing | 3 | 4 | 4 |
| 12. Turns 360° | 2 | 3 | 4 |
| 13. Place alternate foot on step or stool while standing unsupported | 1 | 1 | 2 |
| 14. Standing unsupported one foot in front | 3 | 3 | 4 |
| 15. Standing on one leg | 4 | 4 | 4 |

RESULT

Marked improvement in symptoms (> to 75%)

Walking distance improved markedly (> 1 Km)

Marked Improvement in morning stiffness

Improvement in Berg Balance Scale Score 9-12

Vata Prokopa, settles down in the root of *Majjavaha Srotos*. *Asthi-sandhi* and *Shleshaka Kapha Kshaya* are the basic pathological processes, which are characterised by *Sandi Shula*, *Sandhi Sotha*, *Akunchan Prasarana Vedana*, *Sandi-Sphutana* and *Sanghigraha*. According to textual references, it has been clearly quoted that the *Vatakapha Shamaka* and *Srotoshodhaka Dravya* are generally advised for the management of *Sandhivata*.^[8]

DISCUSSION

Sandhivata is a *Vata* dominant disease, in which *Agni*-*Vaishamya*, *Dhatu Kshaya*, *Asthivaha Srotos Dushti*,

Rasapanchaka of Ingredients of NirgundyadiYoga^[9]

| Drug | Rasa | Guna | Veerya | Vipaka | Doshghanta | Karma |
|--------------|-------------------------|----------------------------|----------------|---------|--------------------|---|
| Nirgundi | Katu, Tikta | Laghu, Ruksha | Ushna | Katu | Kaphavata Shamaka | Vedanasthapan, Shothahara, Vranashodhana Vranaropana, |
| Erand | Madhura, Katu, Kshaya | Snigdha, Tikshna, Sookshma | Ushna | Madhura | Kaphavata Shamaka | Sothahara, Vedanasthapak |
| Rasna | Tikta | Guru | Ushna | Katu | Kaphavata Shamaka | Sothahara, Sheetahara, Vednasthapak |
| Shallaki | Kashaya, Tikta, Madhura | Laghu, Ruksha | Ushna | Katu | Kaphapitta Shamaka | Shothahara, Vednasthapak, Vranashodhan, Vranaropan |
| Ashwanga dha | Tikta, Katu, Madhura | Laghu, Snigdha | Ushna | Madhura | Kaphavata Shamaka | Raktavikara, Sothahar, Bhrama, Anidra |
| Guduchi | Tikta, Kshaya | Guru, Snigdha | Ushna | Madhura | Tridoshahar | Vednasthapak, Deepan, Pachan, |
| Shunthi | Katu | Laghu, Snigdha | Ushna | Madhura | Kaphavata Shamaka | Sheetaprashamana, Sothhara, Vedanastahpak |
| Pippali | Katu | Laghu, Snigdha | Anushna-sheeta | Madhura | Kaphavata Shamaka | Medhya, Vatahara, Sholprashamana |
| Maricha | Katu | Laghu, Tikshna | Ushna | Katu | Vatakapha Shamaka | Vatahara, Sholahara. |

Most of the drugs have *Vatakaphashamaka* properties. Thus this *Yoga* becomes effective in *Vatavyadhi* like

Sandhigatavata where both *Vata* and *Khapadoshas* are involved. All the drugs are having *UshnaVeerya*

which mainly subsides the *VataDosha* which is the prominent *Dosha* in *Sandhigatavata* according to *CharakaSamhita*. *DhatuKshaya* and *Avarana* cause the *Vatavyadhi*. Here the *yoga* have effect on *RasadiDhatuDusti* and thereby improves the proper production of *Dhatu*. *Brimhana* properties by virtue of *MadhuraVipaka* help in the removal of *Dhatukshaya*. The ingredients of formulation like *Sameer Pannag Rasa*, *Eranda*, *Ashwgandha*, *Shunthi* and *Pippali* acts as *Rasayana* and helps in healing and rejuvenation of affected cells. The excellence of *Agni* is increased by

Deepana properties by virtue of *Katu & TiktaRasa* and proper *JaranaShakti* is restored. *Pachana* properties of the drugs help to remove *Amatva* from the *Koshta* and *Dhatus* at the same time. Due to *Vednastapan*, *Shothahara*, *Shulahara*, *Sheetapanayan*, *Kaphavatashaman* all the cardinal signs and symptoms of *Sandhigatavata* are mostly reduced. Due to *UshnaVeerya*, *Laghu Ruksha Tikshna* and *Sookshma* properties the obstructed *Srotasas* are cleared and proper *DhatuParinama* can be achieved.

Rasapanchaka of the ingredients of *Laghuvishgarbha (LVG) Taila*^[10]

| Drug | Rasa | Guna | Veerya | Vipaka | Doshghant | Karma |
|--------------------------------------|--------------------------------|---|---------------|----------------|-------------------------------------|-----------------------------------|
| <i>Tila Taila</i> | <i>Madhura, Kashaya, Tikta</i> | <i>Guru, Snigdha</i> | <i>Ushna</i> | <i>Madhur</i> | <i>Vatashamaka; Tridoshashamaka</i> | <i>Snehana, Vednasthapan</i> |
| <i>Dhatura (Swarasa & Beeja)</i> | <i>Tikta, Katu</i> | <i>Laghu, Ruksha, Vyavaayi, Vikasi</i> | <i>Ushna</i> | <i>Katu</i> | <i>Kaphavatashamak</i> | <i>Vednasthapan Tvakdoshahar</i> |
| <i>Kanjika</i> | <i>Amla,</i> | <i>Teekshna, Laghu, Bhedana</i> | <i>Ushna</i> | <i>Amla</i> | <i>Kaphavatashamak</i> | <i>Deepana, Pachana</i> |
| <i>Kustha</i> | <i>Tikta, Katu, Madhura</i> | <i>Laghu, Ruksha, Teekshna</i> | <i>Ushna</i> | <i>Katu</i> | <i>Kaphavatashamak</i> | <i>Vednasthapan,</i> |
| <i>Vacha</i> | <i>Katu, Tikta</i> | <i>Laghu, Teekshna</i> | <i>Ushna</i> | <i>Katu</i> | <i>Kaphavatashamak Pittvardhaka</i> | <i>Vednasthapan Sothhara</i> |
| <i>Swarnkshir</i> | <i>Tikta</i> | <i>Laghu, Ruksh</i> | <i>Sheeta</i> | <i>Katu</i> | <i>Kaphapittahara</i> | <i>Sothahara, , Sandhivatahar</i> |
| <i>Maricha</i> | <i>Katu</i> | <i>Laghu, Tikshn</i> | <i>Ushna</i> | <i>Katu</i> | <i>Vatakapha Shamaka</i> | <i>Vatahara, Sholahara.</i> |
| <i>Visha</i> | <i>Madhura</i> | <i>RukshTeekshna, Laghu, Vyavaayi, Vikasi</i> | <i>Ushna</i> | <i>Madhura</i> | <i>Kaphavatashamaka</i> | <i>Vednasthapan, Sothahara</i> |
| <i>Saindhva</i> | <i>Madhura, Lavana</i> | <i>Laghu, Snigdha</i> | <i>Sheeta</i> | <i>Madhura</i> | <i>Tridoshhar</i> | - |

The *Taila* was given for Local *Abhyanga* at the site of pain. It provided the *SnehanaKarma* of the affected joints. Oleation (*Abhyanga*) produce unctuousness (Smoothness), softness, fluidity and moistness in the joints. When *Abhyanga* is administered *Taila* get absorbed in the joints. It nourishes and lubricates the joints. It also helps in reducing *Shotha* & *Shula*. It helps to pacify the *Vata Dosha* with its main qualities like *Snigdha*, *Guru* and *Ushna*. *Abhyanga* was advised for duration of 10 minutes with luke warm oil. No medicine is best to cure *Vata Dosha* other than *Taila*.^[11] *LVG Taila Abhyanga* is *Vatanashaka* by virtue of its *Ushna*, *Snigdha* and *GuruGuna*. It combats with the properties of *VataDosha* like *Sheetata*, *Ruksha*, *Laghu* etc. Moreover the *Taila* becomes *Tridoshahara* with the advent of *Samskara*. As the majority drugs of the combination possess *Kaphavatahara* property the associated symptoms due to the *Prokapa* of *KaphaDosha* are also reduced due to properties like *Ushna*, *Laghu* and *Tikshna* of the combination. Thus at the same time the symptoms caused by both *Vata* and *KaphaDoshas* are reduced and *Sheetata*, *Gaurava*, *Stambhaa* and *Shula* caused by these *Doshas* are reduced. The main *Dushya* connected with *SandhigatavataRoga* are *Asthi*, *Majja* and *Meda*. *LVG Taila* contained the drugs which are *Laghu*, *Ushna*,

Ruksha, *Tikshna*, *Vyavaayi* & *Vikasi* and *Snigdha*. By virtue of these qualities the potency of drugs enters in to the *Sandhi* thus proper *Dhatupusti* and increased *RaktaSamvahana* is achieved. With the advent of *Vyavaayi*, *Vikasi* and *LaghuGuna* the drug penetrate deeper in the tissues and provide relief in the symptoms through its *Vednasthapan Sothahara* and *Shulaprashaman Karma*. *Ushna*, *Tikshna Gunaas* of the drugs intensify the *Dhatwagnis* concerned with *Sandhigatavata*. *Srotas* get cleared due to the properties of the drugs like *Ushna*, *Tikshna*, *Ruksha*, *LaghuGuna*, *Vyavaayi* and *VikasiGuna* serves better penetration and increased bioavailability by opening of the *srotas* which are under obstruction; thence increasing the effects like *Vednasthapan*, *Sothhara* and *Shulaprshmana*. Further by the impact of the local stimulation via *Abhyanaga* the local circulation increases which allows better absorption of the drug, enhanced anti-inflammatory effect and better healing of the damaged tissues.

CONCLUSION

SandhigataVata is a type of *Vatavyadhi* which mainly occurs in *Vridhhavastha* due to *Dhatukshaya*. *SandhigataVata* i.e. Osteo-arthritis is the commonest form of articular disorder. It limits everyday activities

thus making the patient disabled/handicapped. Being *Vatavyadhi*, located in *Marmasthisandhi* and occurrence in old age makes it *Kastasadhy*. According to Ayurveda *Chikitsa* is “*SampraptiVighatana*”. So in case of *SandhigataVata*, treatment should be like that which makes *Agni Shamata*, *Vatashamana*, *KaphaVridhi* (increase *Snigdhaguna*) and correct *Khavaigunya*. Also it should have *Rasayana* property to overcome *Dhatukshaya*. Here *NiryandiyadiYoga* (a compound Herbo-mineral Formulation) along with local *Abhyanga* with *LaghuVish-garbhataila* was administered in patient which served above needs to treat the disease *SandhigataVata* and showed marked improvement.

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