



**Review Article**

**UNDERSTANDING TO CONCEPT OF JARAJANYA VYADHI (AGEING RELATED DISEASES)  
W.S.R. TO SANDHIGATAVATA (OSTEO ARTHRITIS)**

**Nimesh Kachhiapatel<sup>1\*</sup>, Shivaranjani J Kantharia<sup>2</sup>, Manish Patel<sup>3</sup>, Kalapi Patel<sup>4</sup>**

<sup>1</sup>Associate Professor, Department of Swasthavrutta and Yoga, <sup>2</sup>Associate Professor, Department of Roga Nidan, <sup>3</sup>Head and Professor, Department of Kayacikitsa, <sup>4</sup>Principal and Superintendent, J S Ayurveda College, Nadiad, Gujarat, India.

**Article info**

**Article History:**

Received: 29-12-2023

Accepted: 26-01-2024

Published: 04-02-2024

**KEYWORDS:**

*Jara, Jarajanya vyadhi, Sandhigatavata, Osteoarthritis, Ayurveda.*

**ABSTRACT**

As age advances *Vata Dosha* increases in an individual. This increasing *Vata* trigger and accelerates *Dhatu Kshaya* (depletion of tissues) and *Bala Kshaya* (diminished the body strength). Hence advancing age makes man prone to many diseases especially degenerative disorders. *Asthis* (bones) are the main seat of *Vata Dosha* and *Sandhis* (joints) is the main seat of *Kapha Dosha*. *Vata Dosha* is responsible for different body movements like *Prasaarana* and *Akunchana* of *Sandhi* (flexion and extension of joints), whereas *Shleshaka Kapha* located in *Sandhi* (joints) is provides nutrition, protection and to minimize the friction during the movement. *Sandhigatavata* is *Vata pradhana vyadhi*. It is quite similar to osteoarthritis, a degenerative joint disease stand in modern medical science. *Sandhigatavata* is *Vata* dominating disorder which result in inflammatory and degenerative changes in joints. Osteoarthritis is a disease of musculoskeletal system, affecting the joints mostly in elderly population and in weight bearing joints (particularly knee joint). The current standard modern medical pharmacological management of osteoarthritis includes the administration of analgesics and non-steroidal anti-inflammatory drugs (NSAIDs). However, their use neither provides adequate and significant relief in symptoms nor deceleration in disease process. Therefore, *Vata shamaka aushadhis* along with local application e.g. *Abhyanga*, different form of *Swedana* are beneficial. As *Sandhigatavata* is ageing related heath condition, *Rasayana chikitsa* can also be helpful in the management of *Sandhigatavata* (Osteoarthritis). This article enlighten the knowledge about *Jarajanya vyadhi* especially *Sandhigatavata*.

**INTRODUCTION**

**Jara (Ageing)**

*Jara* or *Kalaj vyadhi* is one among the *Swabhavika vyadhi* (natural diseases) as per Ayurveda, and is also incorporated in *Astanga Ayurveda*.<sup>[1]</sup> Aging can be defined as the slow growing structurally and functionally declination which begins after the stage of puberty. Aging is strongly associated with increases in numbers of morbidity, mortality, and loss of day to day functioning.<sup>[2]</sup>

**Importance of Vata Dosha in disease manifestation**

The term '*Vata vyadhi*' denoted for the diseases which are manifested by the vitiation of *Vata dosha*. *Caraka samhita* has mentioned '*Nanatmaja vyadhis*' of *Vata, Pitta* and *Kapha*. Amongst them *Vatav nanatmaja yadhi* are maximum in numbers (i.e., 80) compared to other *Doshas*. *Sarangadhara samhita* states that *Pitta* and *Kapha* are unable to move (*Pangu*) unless and until they are carried by *Vata Dosha*. *Vagbhatta* has considered *Vatavyadhi* as a '*Maharoga*'. This shows that classical texts have given more importance to *Vata* as it leads vitiation of *Pitta* and *Kapha dosha*, also in the disease process. *Vata* becomes more dominant in *Vrudhnavastha* and easily gets vitiation; hence *Vataj* disorders are difficult to cure in old age.

Access this article online	
Quick Response Code	
	<a href="https://doi.org/10.47070/ijapr.v12i1.3084">https://doi.org/10.47070/ijapr.v12i1.3084</a>
Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)	

## Sandhigatavata

*Sandhigatavata* is one of the most common type of *Vata vyadhis* generally manifested in elderly ages. It is described as a separate clinical entity even though it is not included in 80 types of *Nanatmajavata vikara*. *Sandhivata* cripples a large number of persons. It is not a dread disease, because of its long lasting nature; patients have to suffer for a long period from this disease.

The term *Sandhigatavata* is formed by the combination of three words '*Sandhi*' means the union or the junction, '*Gata*' denotes the site in which provoked *Vata* is situated, and here '*Vata*' stands for *Vata dosha*. Thus, *Sandhigatavata* means provoked *Vata* located in *Sandhi*. *Sandhigatavata* is also named as *Sandhivata*<sup>[3]</sup>, *Khuddavata*<sup>[4]</sup>, *Vatakhuddata*<sup>[5]</sup>, *Gulphavata*, *Vatakantaka*<sup>[6]</sup> in various *Samhitas*. No reference is available of classification of *Sandhigatavata*. It can be classified according to its *Nidana* (etiology)- *Nija* and *Agantuja*. 1. *Nija sandhigatavata*-causes by the vitiation of *Vata* aggravating factors 2. *Agantuja sandhigatavata*- causes by direct trauma on the joint.

### Nidana Panchaka of Sandhigatavata

The knowledge of disease is obtained by the study of *Nidana*, *Purvarupa*, *Rupa*, *Upashaya* and *Samprapti* which are termed as *Nidanapanchaka*.

#### Nidana

In classics, no separate *Nidanas* are mentioned for *Sandhigatavata*. *Samanya Hetu* of *Vatavyadhi* can be taken in consideration as *Hetu* of *Sandhigatavata*.

Common *Hetus* of *Vatavyadhi*, which are mentioned by *Caraka samhita* are as below.

- **Aharaja:** *Atiruksha*, *Atisheeta*, *Atialpa*, *Atilaghu*, *Abhojana*
- **Viharaja:** *Atiprajagarana*, *Divaswapna*, *Ativyavaya*, *Vegasandharana*, *Plavana*, *Atiadhva*, *Ativyayama*, *Viceshta*, *Sheeghrayanagamana*, *Yanavatansana*.
- **Manasa:** *Atichinta*, *Ati-shoka*, *Atikrodha*, *Atibhaya*.
- **Others:** *Langhana*, *Ama*, *Vishamad upacara*, *Dhatunam Sankshaya*, *Doshasruk sravanad*, *Rogatikarshanad*, *Marmaghata*

#### Purvaroop

No *Purvarupa* of *Sandhigatavata* is mentioned in the classics.

#### Roopa

*Caraka samhita* describes *Sandhigatavata* in '*Vatavyadhi cikitsaadhyaya*'<sup>[7]</sup>.

The main symptoms of *Sandhigatavata* are as follows.

#### Sandhi Shoola

*Shoola* is one of the symptoms of *prakupita vata*. It is stated that without *Vata prakopa*, *Shoola* does not occur<sup>[8]</sup>. In *Sandhigatavata*, vitiated *Vata*

affects *Asthi* and *Sandhi* hence pain is experienced in the joints.

#### Sandhi Sotha

*Sandhi Sotha* is also found as a symptom in most of the patients of *Sandhigatavata*. *Sotha* having specific character of '*Vatapurnadrutisparsha*' is described in *Sandhigatavata* by *Caraka samhita*<sup>[9]</sup>. On palpation, the swelling is felt like a bag filled with air (*Vatapurnadrutisparsha*).

#### Hanti sandhi gatah (Loss of/restricted movements)

*Susruta samhita* explains this symptom followed by *Madhavakara* while commenting on this word, *Dalhana* and *Gayadasa* explain it as inability to flexion and extension. However, this symptom may not to be seen in early stages. When the disease aggravates the vitiated *Vata* may produce inability of movements.

In *Madhukosha* commentary, commentator *Vijayarakshita* has given two meanings of *Hantisandhigata*. One is *Sandhivishlesha* and another is *Stambha*. Here, *Sandhivishlesha* occurs due to *Prakupitavata* located in *Sandhi*.

#### Stambha (stiffness)

It means immobility as defined by *Dalhana*. *Arunadatta* explained *Stambha* as less or loss of flexion and other movements. *Gati* is unique feature of *Vata* and in *Sandhigatavata*; this *Gati* is obstructed because of *Sanga* type of *Srotodushi*. This gives rise to *Stambha*. *Vata*' *Sheeta guna* is responsible for *Stambha*.

#### Akunchanaprasaranayohvedana

*Charaka samhita* has mentioned this symptom. *Akunchana* and *Prasarana* are normal functions of *sandhi*. In *Sandhigatavata*, *Asthi* and *Sandhi* are damaged by vitiated *Vata*, which causes pain during *Akunchana* and *Prasarana*.

#### Osteoarthritis

Osteoarthritis is a chronic degenerative disorder characterized by focal loss of cartilage with evidence of accompanying particular bone response in the form of subchondral bone sclerosis and attempted new bone formation in the form of bony overgrowth called osteophytes.<sup>[10]</sup>

Osteoarthritis is the most common form of arthritis globally. Its prevalence increases with age, with a higher incidence observed in older populations. The risk of developing osteoarthritis also differs between sexes, with women generally having a higher prevalence than men. According to the World Health Organization (WHO), an estimated 303 million people worldwide suffer from osteoarthritis, representing around 4% of the global population.

Osteoarthritis is the most common form of arthritis. It affects both the large and the smaller joints of the body. The disease is essentially one acquired from daily wear and tear of the joint; however, osteoarthritis can also occur as a result of injury. It

shows a strong association with ageing and is major cause of pain and disability in the elderly. Hence, *Sandhigatavata* can be correlated with this diseases entity.

#### Risk factors for OA

- Age
- Female sex
- Race
- Genetic factors
- Major joint trauma
- Repetitive stress e.g. vocational
- Obesity
- Congenital/Developmental defects
- Prior inflammatory joint disease
- Metabolic/Endocrine disorders

#### DISCUSSION

*Sandhigatavata* and osteoarthritis are quite similar diseases matching on the basis of etio-pathogenesis and symptomatology. Osteoarthritis is most challenging problem for developing as well as developed countries. This is one of the major causes of chronic disability, affecting the quality of life of affected person. According to a survey, osteoarthritis tops all the ailments in the country.

- *Sandhigatavata* is a *Vata dosha* dominant disease which mainly affects elderly peoples. The disease process of the *Sandhigatavata* mainly produces by two major pathogenesis of *Vata* aggravation that is *Dhatukshaya* and *Margaavarana*. *Dhatukshaya* mainly happens due to *Kalaja* factor (age) and *Vatavardhaka Nidanasevana*. In this disease, *Vata prakopa* consequently produces *Anuloma dhatu kshaya* and *Asthivaha srotodushti*. When *Vata* is vitiated, it further propagates the vitiation in *Asthivaha strotas* as *Asthis* are *Ashraya* of *Vata*. In *Sandhigatavata*, *Vata* is vitiated mainly with its *Laghu*, *Ruksha*, *Khara* and *Vishada guna*. These all *gunas* are antagonist to *Kapha* (*Shleshmaka Kapha*) *guna*. Therefore increasing of *Vata's* result in diminished of *Kapha* and simultaneously hampered the function of the same. *Shlelmala kapha* function is to protect and lubricate the joints and help in ease movement of joints. But when it counteracted with *Vata*, these function of *Shleshmaka Kapha* is gradually decrease and result in restricted movements along with pain and inflammation.
- For *Chikitsa* of *Sandhigatavata*, *Vata shamaka* and *Balya Aushadha* should administer. For symptomatic relief, *Shothahara*, *Shoolahara* and *Balya* medicines along with local applications in the form of *Sthanika Abhyanga*, *Sthanika Svedan*, and *Janu basti* should be apply. For *Sthanika Abhyanga* with *Narayana taila*, *Bala taila*,

*Ksheerabala lakshadi taila* etc can be use. *Taila's guru*, *Snigdha*, *Ushna guna* help in reduces *Vata's Laghu*, *Ruksha* and *Sheeta guna*. *Abhyanga* may promote synovial fluid by its *Snehana* action making the entire structure lubricated and easy to rotate and thus reducing the friction which is a cause of *Abhigata* and *Vataprakopa*. For *Sthanika Swedana*, one can use *Nirgundipatra kwath* *Bashpa sweda*, *Patrapinda Sweda* and *Janu basti*. *Swedana's ushna guna* mitigates the *Vata's sheeta guna*. By this *Sandhi Shoola*, *Stabdhatata* and *Shotha* will be reduced. By virtues of both these local applications patient of *Sandhigatavata* might be get reliefs in symptoms. Simultaneously administration of oral medications helps in repairing the damages and smoothening the joints. Some medicines frequently use in *Sandhigatavata* is as below.

- Single drugs used in *Sandhigatavata* are – *Guggulu*, *Shallaki*, *Ashwagandha*, *Bala*, *Rasna*, *Eranda*, *Nirgundi*, *Lashuna* etc.
- Formulations used in *Sandhigatavata* are – *Yogaraja guggulu*, *Mahayogaraja guggulu*, *Rasna guggulu*, *Rasnadi kwatha*, *Amrutadi guggulu*, *Maharasnadi Kashaya* etc.

Above mentioned most of the medicines are play a role as *Vatashamaka*, *Balya*, *Shoolahara* and *Shothahara*. Most of all have antagonist *gunas* to *Vata*, which can help to mitigate the symptoms.

#### CONCLUSION

*Jarajanya vyadhi* is one among the *Swabhavika Vyadhi* (natural disease process) which manifested with aging. It is an inevitable process. But by incorporated some healthy measures in terms of wholesome food, regular exercises, and specially weight management, one can delayed this process for some extent. As *Vruddhavastha* is *Vata pradhana* stage of life. *Vata's ruksha*, *Khara*, *Laghu* and *Vishada guna* causes degenerative changes in the body. As *Asthis* are *Ashrayasthana* of *Vata*, they are highly compromised and causing *Vata pradhana* diseases. *Sandhigatavata* is one among them. Ayurvedic treatments give a satisfactory relief in this disease entity. *Vatashamaka*, *Shoolahara*, *Shothahara*, *Balya* etc *Aushadhis* along with *Sthanika Abhyanga Swedana* provides a good result as they have antagonist effects of *Vata*. As *Sandhigatavata* is ageing related health condition, *Rasayana chikitsa* can also be helpful in the management of *Sandhigatavata* (osteoarthritis).

#### REFERENCES

1. Sushruta samhita with nibandh sangraha and nyaychandrika panjika sanskrit commentary, Sutra sthana, 17/7, by Sushruta edited by Vaidya Jadavji Trikamji Acharya and Narayan ram Acharya, 2012, Chaukhamba Sanskrit sansthan, Varanasi-221001, pp-83.

2. Kantharia, Shivanranjani & Gupta, SN & Patel, K. (2022). Age Related Neurodegenerative Disorders w.s.r to Dementia. International Journal of Ayurveda and Pharma Research. 76-79. 10.47070/ijapr.v10i6.2367.
3. Bhavprakasha, Madhyamakhandha, Vatavyadhi chikitsa adhyay. 24/258, by Shastri Girija Shankar Mayashankar, under guidance of Rajvaidhya Prabhshankar Nanbhatt Gadhadavala, Sastusahityavardhaka karyalaya, Ahmedabad, 2<sup>nd</sup> edition, 1967, pp-1087.
4. Charaka samhita with Ayurveddipika sanskrit commentary, Chikitsasthana, 29/11, Agnivesha, revised by Charaka and Dridhabala of Chakrapanidutta edited by Vaidya Jadavji Trikamji Acharya, 2011, Chaukhamba Prakashan, Varanasi-221001, pp-628.
5. Charaka samhita with Ayurveddipikasanskrit commentary, Chikitsasthana, 29/11, Agnivesha, revised by Charaka and Dridhabala of Chakrapanidutta edited by Vaidya Jadavji Trikamji Acharya, 2011, Chaukhamba Prakashan, Varanasi-221001, pp-628.
6. Sushruta samhita with Nibandh sangraha and Nyaychandrika panjika sanskrit commentary, Nidana sthana, 1/79, by Sushruta edited by Vaidya Jadavji Trikamji Acharya and Narayan ram Acharya, 2012, Chaukhamba Sanskrit sansthan, Varanasi-221001, pp-269.
7. Charaka samhita with Charak Chandrika- Hindi commentary, Chikitsasthana, Chapter 28, by Dr. Brahmanand Tripathi, 2008, vol-2, Chaukhamba Surbharati Prakashan, Varanasi-221001, pp-942.
8. Sushruta samhita with Nibandh sangraha and Nyaychandrika panjika sanskrit commentary, Sutra sthana, 17/7, by Sushruta edited by Vaidya Jadavji Trikamji Acharya and Narayan ram Acharya, 2012, Chaukhamba Sanskrit sansthan, Varanasi-221001, pp-83.
9. Charaka samhita with Charak Chandrika- Hindi commentary, Chikitsa sthana, 28/37, by Dr. Brahmanand Tripathi, 2008, vol-2, Chaukhamba Surbharati Prakashan, Varanasi-221001, pp-942.
10. Walker BR, Colledge NR, Ralston SH, Penman ID. Davidson's principles and practice of medicine, 22<sup>th</sup> edition, Elsevier limited, 2015.

**Cite this article as:**

Nimesh Kachhiapatel, Shivanranjani J Kantharia, Manish Patel, Kalapi Patel. Understanding to Concept of Jarajanya Vyadhi (ageing related diseases) w.s.r. to Sandhigatavata (osteo arthritis). International Journal of Ayurveda and Pharma Research. 2024;12(1):80-83.

<https://doi.org/10.47070/ijapr.v12i1.3084>

**Source of support: Nil, Conflict of interest: None Declared**

**\*Address for correspondence**

**Dr. Nimesh Kachhiapatel**

Associate Professor,  
Department of Swasthavrutta  
and Yoga,  
J S Ayurveda College, Nadiad,  
Gujarat.

Email: [drnimesh71@yahoo.com](mailto:drnimesh71@yahoo.com)

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.