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An observational study on *Nidana* of *Janusandhigata Vata* w.s.r to Knee Osteoarthritis

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ABSTRACT

Ayurveda, the holistic life science aims at physical, social and spiritual well-being of an individual. As age advances *Vata Dosha* increases in an individual. This increasing *Vata* triggers and accelerates *Dhatu Kshaya* (depletion of tissues) and *Bala Kshaya* (reduction of strength). *Sandhigata Vata* is a commonest disorder, occurs due to *Dhatukshya*. *Vata Dosha* plays a main role in the disease. *Shoola* is the cardinal feature of this disease, associated with *Sandhishotha* with *Vatapurnadrutisparsha*. *Sandhigata Vata* manifests when the deranged *Vata* lodges in joints. If the condition manifests in *Janusandhi*, then it is called as *Janu Sandhigata Vata*. In modern science, *Sandhigata Vata* is co-related with osteoarthritis (OA). Osteoarthritis is a chronic disorder of synovial joints in which there is a progressive softening and disintegration of articular cartilage accompanied by the growth of osteophytes. So here an effort was made in this study to understand the *Nidana* of *Sandhigata Vata* especially *Janu Sandhi* w.s.r to osteoarthritis of knee joint in all dimensions.

Key words: *Janusandhigata Vata*, *Knee Osteoarthritis*, *Nidana Panchaka*.

INTRODUCTION

Ayurveda, the holistic life science aims at physical, social and spiritual well-being of an individual. The modalities of preventive and curative healthcare have been well expounded in this science and may offer comprehensive solutions for the multifactorial diseases of the humanity,^[1] As age advances *Vata Dosha* increases in an individual. This increasing *Vata* triggers and accelerates *Dhatu Kshaya* (depletion of tissues) and *Bala Kshaya* (reduction of strength).

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Hence advancing age makes man prone to many diseases including degenerative disorders.^[2] *Asthi* (bone) is the main seat of *Vata Dosha* and *Sandhi* (joint) is the main seat of *Kapha Dosha* *Vata Dosha* present in the body responsible for different body movements like *Prasarana* (extension) and *Akunchana* of *Sandhi*, where as *Shleshak Kapha* present in *Sandhi* is meant for nutrition, protection and to minimize the friction during the movement.^[3] *Sandhigata Vata* is a commonest disorder, occurs due to *Dhatukshya*. *Vata Dosha* plays a main role in the disease. *Shoola* is the cardinal feature of this disease, associated with *Sandhishotha* with *Vatapurnadrutisparsha*. *Sandhigata Vata* manifests when the deranged *Vata* lodges in joints. If the condition manifests in *Janusandhi*, then it is called as *Janu Sandhigata Vata*.^[4] In modern science, *Sandhigata Vata* is co-related with osteoarthritis (OA).^[5] Osteoarthritis is a chronic disorder of synovial joints in which there is a progressive softening and disintegration of articular cartilage accompanied by the growth of osteophytes. Osteoarthritis refers to a clinical syndrome of joint pain accompanied by varying degrees of functional limitation and reduced

quality of life. It is the most common form of arthritis, and one of the leading causes of pain and disability worldwide. The most commonly affected peripheral joints are the knees, hips and small hand joints.^[6] It is a degenerative disease characterized by gradual development of joint pain, stiffness, swelling and limitations of movements. OA is a chronic disability, the degree of disability depends on the site involved and varies greatly between individuals. Almost all persons by age 40 have some pathologic change in weight bearing joint, 25% females and 16% males have symptomatic osteoarthritis., Knee OA is more common in all type of osteoarthritis. A recent WHO report on the world wide burden of the disease indicates that knee osteoarthritis is alone is likely to become the 4th most important cause of disability in women and 8th in men.^[7] So here an effort was made in this study to understand the *Nidana* of *Sandhigata Vata* especially *Janu Sandhi* w.s.r to osteoarthritis of knee joint in all dimensions.

OBJECTIVES OF THE STUDY

1. To study in detail and establish the role of *Nidana* in *Janu Sandhigatavata*.
2. To study in detail about Osteoarthritis of Knee joint according to modern texts.
3. To understand the co-relation between *Janu Sandhigatavata* and Knee osteoarthritis.

MATERIALS AND METHODS

Source of data

a) Literary source of data

Literary data was collected from the Ayurvedic classics, modern medicinal text books, medical magazines, journals, digital library, conferences and seminars etc.

b) Clinical source of data

In this study, a minimum of 100 patients were selected from OPD and IPD of Shri Siddharoodha charitable teaching hospital of N.K.J Ayurvedic Medical College and P.G Research Center, Bidar, other Hospitals and Medical Camps.

Methods of collection of data

Patients having classical signs and symptoms and fulfilling the inclusion criteria were selected for the study irrespective of religion and socio-economical status.

Selection Criteria

Inclusion Criteria

1. Patients suffering with signs and symptoms of *Janu Sandhigatavata* as mentioned in classical text of Ayurveda.
2. Patients of age group between 40 to 70 yrs.
3. Patients of either sex.
4. Patients suffering from primary Osteoarthritis of the Knee joint.
5. Patients of radiographic evidence of osteoarthritis like reduced joint space and osteophytes.

Exclusion Criteria

1. Patients suffering from *Amavata*, *Vatarakta*, *Kroshtukashirsha*.
2. Patients Suffering from fractures, dislocations, bony deformity, TB and tumors of the knee joint.

Sample size estimation

It is a clinical observational study of minimum of 100 patients who were suffering from *Janusandhigata Vata* between the age group of 40-70 years with the help of special case Proforma with the details of history taking, physical signs and symptoms as mentioned in our classics and allied sciences were selected.

OBSERVATIONS AND RESULTS

Age wise distribution of male and female patients

Age (years)	M	%	F	%	Total
40-45	3	7.69	7	11.48	10
45-50	4	10.26	8	13.11	12
50-55	6	15.38	12	19.67	18

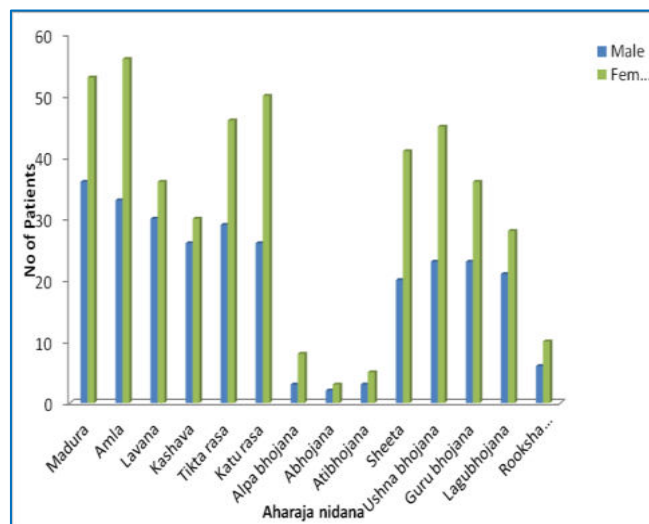
55-60	4	10.26	9	14.75	13
60-65	9	23.08	13	21.31	22
65-70	13	33.33	12	19.67	25
Total	39	100.00	61	100.00	100

Sex wise distribution

Sex	Patients	%
Male	39	39
Female	61	61
Total	100	100

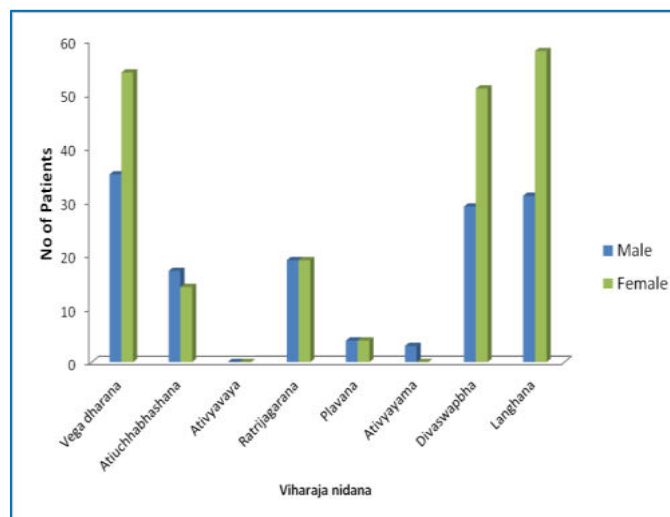
Aharaja Nidana wise distribution of male and female patients.

Aharaja Nidana	Male	%	Female	%
Madhura	36	92.31	53	86.89
Amla	33	84.62	56	91.80
Lavana	30	76.92	36	59.02
Kashaya	26	66.67	30	49.18
Tikta Rasa	29	74.36	46	75.41
Katu Rasa	26	66.67	50	81.97
Alpa Bhojana	3	7.69	8	13.11
Abhojana	2	5.13	3	4.92
Atibhojana	3	7.69	5	8.20
Sheeta	20	51.28	41	67.21
Ushna Bhojana	23	58.97	45	73.77
Guru Bhojana	23	58.97	36	59.02
Lagubhojana	21	53.85	28	45.90
Rooksha Bhojana	6	15.38	10	16.39



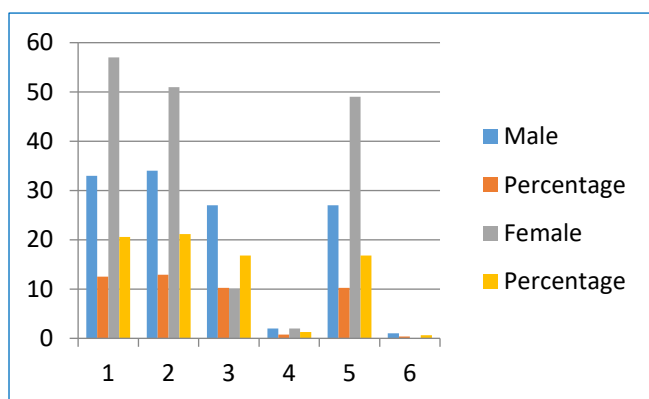
Viharaja Nidana wise distribution of male and female patients

Viharaja Nidana	Male	%	Female	%
Vega dharana	35	89.74	54	88.52
Atiuchhabhashana	17	43.59	14	22.95
Ativyavaya	00	00	00	00.00
Ratrijagarana	19	48.72	19	31.15
Plavana	4	10.26	4	6.56
Ativyayama	3	7.69	0	0.00
Divaswapna	29	74.36	51	83.61
Langhana	31	79.49	58	95.08



Manasika Nidana wise distribution of male and female patients.

Manasika Nidana	Male	%	Female	%
Chinta	33	12.54	57	20.56
Shoka	34	12.92	51	21.18
Bhaya	27	10.26	10	16.82
Kama	2	0.76	2	1.25
Krodha	27	10.26	49	16.82
Moha	1	0.38	0	0.62

**Abhigataja Nidana wise distribution of male and female patients.**

Abhigataja	Male	Female	Total
Marmabhigata	18	20	38
Shighrayana	2	4	6

DISCUSSION

Research based knowledge is the key for the development in this scientific world. All the researches require methodical work, coherent thoughts, logical ideas and vivid discussions on the different aspects of the topic to arrive at a rational conclusion. In this present study various aspects of *Janu sandhigata Vata* have been explored.

Discussion on literary review of *Janusandhigatavata*

All the *Acharayas* described *Vata Vyadhi* as the first among the *Mahagada* and *Sandhigata Vata* being one of it, deduce the importance and Chronicity. Even

though there are no direct references of *Sandhigata Vata* till *Samhita Kala*, the prevalence of *Sandhi Roga* and their management in Vedic literature indicates that this condition was present even during the vedic period. During *Samhita Kala* and *Sangraha Kala*, we find the direct references of this *Vyadhi* along with *Chikitsa*.

Discussion on observations

Age: Among the total observations 39 males, 61 females were having the age group between 40-70 years, among them 47 were in the age group between 60-70 years, as because the age group which is lying above sixty years is called as *Vrudhavastha* as well as in *Vrudhavastha Vatadosha* is more predominant, and *Sandhigatavata* is being a *Vatavyadhi*. Hence more no of patients were in the age group of 60-70 years.

Sex: Among the total observations 39 males and 61 females were seen, female populations were more because of longstanding work in home, repeated trauma. In females, menopause contributes the degenerative changes which will produces pressure as well as structural instability in joints, and also the prevalence of osteoarthritis is more in female.

Discussion on *Nidana Panchaka*

Aharaja Nidana: Among the total observations 89 persons consumes *Madhura Rasa*, 89 consumes *Amla Rasa*, 66 consumes *Lavana Rasa*, 76 *Katu Rasa*, 75 *Tikta Rasa*, 56 *Kashaya Rasa*, *Alpa Bhojana* 11 persons, *Abhojana* 5, *Ati Bhojana* 8, *Sheeta* 61, *Ushna* 68, *Guru* 59 and 49 peoples were consuming *Laghu Ahara*. Among them *Madhura*, *Amla*, *Katu* and *Tikta Rasa* consumption was high as excess of *Madhura Rasa* produces weight gain and *Ama*, in turn *Ama* produces *Srotorodha* as well as it will hamper the *Uttarottara Dhatu* formation. *Katu* and *Tikta Rasa* directly involved in the *Vata Vrudhi*.

Viharaja Nidana

Among the total observations 89 persons were having the *Vegadharana* as *Viharaja Nidana* followed by *Atiucchabhashana* 31, *Ratrijagarana* 38, *Plavana* 08, *Ativyayama* 03, *Diwaswapna* 81 and *Langhana* 89. Among them *Vegadharana* and *Langhana* were seen

more in number because of more no of females. *Vegadharana* as it causes *Vata Vrudhi*, and *Langhana* is one among the *Apatarpana* remedy so there will be increase of *Vata* in the body. And also *Langhana* produces *Dhatukshya*.

Manasika Nidana

Among the total observations 90 were having *Chinta* as major issue, 85 *Shoka*, 37 *Bhaya*, 04 persons were having *Kama as Nidana*, 76 *Krodha* and 01 *Moha* persons were seen. From the above *Chinta*, *Shoka*, *Krodha* patients were more as because personal issues as well as old age. All these *Nidana* will increases *Vata* and helps in production of disease.

Abhighataja Nidana

Through out the total observations in this study 38 were having *Marmabhighata* as *Viharaja Nidana* followed by 6 *Shighrayana*. As *Marmabhighata* produces *Raktadushti* and inturn produces *Vata Vrudhi* and leads to *Sandhigata Vata*. *Janusandhi* belongs to *Vaikalyakara* type and injury to this leads to impairment in normal functioning.

CONCLUSION

From the above discussion it can be concluded that *Janusandhigata Vata* is more commonly seen in *Vrudhavastha* as well as in females. Excessive intake of *Madhura*, *Amla*, *Katu* and *Tikta Rasa* will lead to *Janusandhigata Vata*. *Vegadharana* and *Langhana* are the *Viharaja Nidana* in the causation of *Janusandhigatavata*. Excess of *Chinta*, *Shoka* and *Krodha* leads to *Janusandhigata Vata*. *Marmabhighata* and *Vishama Upachara* is the superior cause in the production of *Janusandhigata Vata*.

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