

Clinical and Therapeutic Concept of Joint Disorders in Ayurveda

*Dr. Rakesh Saraswat

**Dr. Sanjeev Khuje

***Dr. L.L. Ahirwal

Associate professor

Government Ayurvedic college Jabalpur

Abstract

Among joint disorders described in Ayurveda, Amavata, Sandhivata, and Vatarakta are considered the principal diseases affecting the joints. These disorders gradually lead to deformities and functional impairment of joints. The cardinal manifestations include Sandhi Shotha (joint swelling) and Sandhi Shoola (joint pain), although systemic involvement may also occur. Proper differential diagnosis according to Ayurvedic principles is essential for successful management.

In Amavata, understanding the concept of *Ama* is crucial. *Ama* refers to improperly digested or metabolically immature food substances. Normally, digestion transforms food into healthy bodily tissues (*Dhatu*s), but impaired digestion results in the formation of *Ama Dhatu*, which contributes to the pathogenesis of various diseases.

Introduction

Joint disorders are among the most common chronic debilitating conditions encountered in clinical practice. Ayurveda explains these disorders through the concepts of Dosha, Dhatu, Agni, and Srotas. Amavata, Sandhivata, and Vatarakta are major pathological entities involving joints, each having distinct etiopathogenesis and treatment principles.

Etiology (Hetu)

Amavata

Classical Reference

“विरुद्धाहारचेष्टस्य मन्दाग्नेर्निश्चलस्य च ।
स्निग्धंभुक्तवतो ह्यन्नं व्यायामं कुर्वतस्तथा ॥”

“देहधातु प्रत्यनिकभूतानिद्रव्याणि देहधातुभिविरोधम आपद्यते।”

Substances and activities incompatible with body tissues are termed *Viruddha Ahara* and *Viruddha Vihara*.

Major Dietary and Lifestyle Factors

- Intake of incompatible food combinations such as fish with milk
- Improper lifestyle habits such as exercise immediately after meals
- Mandagni (diminished digestive fire)

- Excessive intake of curd, banana, cold substances, and heavy oily food followed by exercise

Sandhivata

Classical Reference

“अस्थिवाहिनी दूष्यन्ति वातलानांचसेवनात्।”

Major Etiological Factors

- Continuous intake of Vata-provoking dry food
- Trauma, overexertion, excessive travelling
- Knee injury and strenuous physical activity

Vatarakta

Classical Reference

“लवणाम्लकटुक्षारस्निग्धोष्णाजीर्णभोजनैः |
क्लिन्नशुष्काम्बुजानूपमांसपिण्याकमूलकैः ||
कुलत्थमाषनिष्पावशाकादिपलेक्षुभिः |
दध्यारनालसौवीरशुक्ततक्रसुरासवैः ||
स्थूलानां सुखिनां चापिकुप्यते वात शोणितम् ।”

Dietary and Lifestyle Factors

- Intake of Vata- and Rakta-provoking diet
- Excessive use of salty, sour, pungent, alkaline, unctuous, and hot food
- Consumption of heavy meat, fermented preparations, alcohol, curd, vinegar, and incompatible food
- Day sleep, night awakening, anger, and sedentary habits

Causes of Rakta Dushti

- Ajirna Ashana (eating during indigestion)
- Viruddha Ahara
- Adhyashana (overeating)
- Excessive intake of curd
- Consumption of marshy animal meat
- Daytime sleep

Samprapti (Pathogenesis)

Amavata – Avaranajanya Vata Prakopa

Classical Reference

“वायुना प्रेरितोह्यामं श्लेष्मस्थानं प्रधावति ।
तेनात्यर्थं विदग्धोऽसौ धमनी भिप्रतिपद्यते ।
वातपित्तकफैर्भूयो दूषितः सोऽन्नजो रसः ।
स्रोतांस्यभिष्यन्दयति नानावर्णोऽतिपिच्छिलः ॥
जनयत्याशु दौर्बं गौरवं हृदस्य च ।
व्याधीनामाश्रयो ह्येष आमसंज्ञोऽतिदारुणः ॥
युगपत्कुपितावन्तास्त्रिकसन्धि प्रवेशकौ ।
स्तब्धं च कुरुतो गात्रमामवातः स उच्यते।”

Pathogenesis

- Consumption of etiological factors
- Mandagni develops
- Formation of Ama Rasa
- Vata gets aggravated due to obstruction
- Ama localizes in Kapha sites and circulates through channels
- Obstruction occurs in Rasavaha and Raktavaha Srotas
- Localization in joints produces Sama Vata manifestations
- Weakness and heaviness in cardiac region occur
- Clinical manifestation of Amavata develops

Sandhivata

Classical Reference

“वायोधातु क्षयातकोपोमार्गस्य आवरेण वा।”

Pathogenesis

- Intake of Vata-provoking diet and lifestyle
- Dhatu Kshaya leading to Vata aggravation
- Localization of aggravated Vata in joints
- Pain and swelling in joints
- Pain during flexion and extension
- Development of Sandhivata

Vatarakta

Classical Reference

“वायुर्विवृद्धो वृद्धेन रक्तेनावरितः पथि ।
कृत्स्नं संदूषयेद्रक्तं तज्ज्ञेयं वातशोणितम् ॥
खुडं वातबलासाख्यमाढयवातं च नामभिः ।”

Pathogenesis

- Aggravation of Vata due to diet and lifestyle
- Vitiation of Rakta
- Obstruction of Vata pathways by vitiated blood
- Simultaneous circulation of aggravated Vata and Rakta throughout the body
- Manifestation of Vatarakta

Types According to Site of Affliction

1. **Uttana Vatarakta** – involving skin and muscle tissue
2. **Gambhira Vatarakta** – involving deeper tissues and joints

Samprapti Ghataka

Components	Amavata	Sandhivata	Vatarakta
Dosha	Tridosha	Vata	Vata-Rakta
Dushya	Rasa, Rakta, Meda, Asthi, Sandhi, Majja	Rasa, Rakta, Asthi	Rasa, Twak, Mamsa
Srotas	Rasavaha	Asthivaha	Raktavaha
Srotodushti	Sanga, Vimarga Gamana	Sanga, Vimarga Gamana	Sanga, Vimarga Gamana
Adhithana	Kapha sites, joints, Amashaya, chest	Large joints (especially knee)	Joints, skin, muscles
Agni Dushti	Mandagni	—	—

Clinical Features

Amavata

Classical Reference

“अंगमर्दोऽरूचितृष्णाऽलास्यं गौरवं ज्वरः ।
अपाकः शूनताङ्गनामामवातस्य लक्षणम्।”

Symptoms

- Body ache
- Loss of appetite
- Excessive thirst
- Fatigue and heaviness
- Fever
- Swelling and pain in joints

Sandhivata

Classical Reference

“वातपूर्णदृतिस्पर्शः शोथः सन्धिगतेऽनिले।
प्रसारणाकुञ्चनयोः प्रवृत्तिश्च सवेदना ।।”

Symptoms

- Crepitus in joints
- Pain during flexion and extension
- Vata-filled bag-like sensation on palpation
- Mild swelling

Differential Clinical Features

Features	Amavata	Sandhivata	Vatarakta
Fever	Present	Absent	May or may not be present
Onset of Pain	Large joints or sacroiliac region	Mainly knee joint	Small joints of hands and feet
Severity of Pain	Severe, scorpion sting-like	Mild	Burning and corrosive pain
Nature of Pain	Migratory	Localized	Progressive spreading

Features	Amavata	Sandhivata	Vatarakta
Time of Aggravation	Persistent throughout day	During exertion	More severe at night
Age	Any age	Elderly	Any age, especially delicate individuals
Response to Oleation	No relief	Relief	—
Response to Dry Fomentation	Relief	No relief	—
Swelling	Present	May be present	Present
Tenderness	Present	Usually absent	Present
Joint Sounds	Absent	Crepitus present	Usually absent

Principles of Treatment

Classical Reference

“सर्वेष्वेतेषुसंसर्ग पित्ताद्यैरुपल क्षयेत् ।
वयोर्धातो क्षयातकोपोमार्गस्य आवरेणवा ॥”

In all Vatavyadhi, one should evaluate associated Doshas and Avarana before treatment.

Another Classical Principle

“स्थानानामनुरूपैश्च लिंगैः शेषान् विनिर्दिशेत् ॥”

The remaining Vatavyadhi should be diagnosed according to site and symptoms.

General Therapeutic Principle

“केवलं निरुपस्तम्भमादौ स्नेहैरुपाचरेत्
वायुं सर्पिर्वसातैलमज्जापानैर्नरं ततः ॥”

Pure Vata disorders without obstruction should primarily be treated with Snehana. In Avaranajanya conditions, the obstructing factor should first be managed before administering Vata-pacifying therapy.

Treatment of Amavata

Classical Reference

“लङ्घनं स्वेदनं तिक्तं दीपनानि कटूनि च ।
विरेचनं स्नेहपानं बस्तयश्चाममारुते ॥
सैन्धवाद्येनानुवास्य क्षारबस्ति प्रशस्यते ॥”

Treatment Principles

- Langhana (lightening therapy)

- Deepana and Pachana
- Swedana
- Tikta and Katu dominant medicines
- Virechana
- Basti therapy in later stages

Therapeutic Formulations

- Rasnadi Guggulu
- Amavatari Rasa
- Simhanada Guggulu
- Mahavatavidhwansa Rasa
- Guduchi Satva
- Shunthi Churna
- Maharasnadi Kwatha
- Amritarishta
- Punarnavasava
- Rasnasaptaka Kwatha
- Eranda Taila

Treatment of Sandhivata

Important Considerations

- Assessment of Avarana is essential
- Disease may be due to Dhatu Kshaya or Avarana
- Santarpanajanya and Apatarpanajanya causes should be differentiated

Therapeutic Measures

- Snehana
- Swedana
- Yogaraja Guggulu
- Kaishora Guggulu
- Punarnava Guggulu
- Triphala Guggulu
- Maharasnadi Kwatha

- Shatavari Churna

Treatment of Vatarakta

Classical Reference

“तत्र मुञ्चेदस्क् शृङ्गाजलौकः सुच्यलाबुभिः ।
प्रच्छनैर्वा सिराभिर्वा यथादोषां यथाबलम् ॥”

Treatment Principles

- Removal of causative factors
- Management according to Avarana
- Dosha-specific therapy before disease-specific therapy

Therapeutic Formulations

- Kaishora Guggulu
- Mahavatavidhwansa Rasa
- Guduchi Satva
- Sariva Churna
- Punarnavasava
- Amritarishta
- Dashanga Lepa
- Parisheka with Guduchi and Vasa Panchanga

Discussion

Amavata should not merely be considered a disease entity but a pathological process in which Ama obstructs Vata and produces systemic manifestations. Depending upon the site of localization, Ama may affect joints, heart, or other organs.

Similarly, Vatarakta represents a pathological mechanism involving vitiated Rakta obstructing Vata. The disease process can manifest in joints, blood vessels, nervous tissue, or deeper structures depending on localization.

Sandhivata, on the other hand, is primarily a Dhatu Kshayajanya Vata disorder. Therefore, Snehana remains the mainstay of treatment unless associated with Avarana features such as Pitta or Kapha involvement.

Conclusion

Diagnosis and management of joint disorders in Ayurveda are fundamentally based on differentiation between Dhatu Kshayajanya and Avaranajanya Vata aggravation. Etiological factors should be carefully analyzed to determine whether the pathology is independent or secondary to obstruction.

In independent Vata disorders, treatment opposite to the qualities of Vata should be adopted. In Avaranajanya conditions, the obstructing factor must first be treated before initiating Vata-pacifying therapies. Proper understanding of Dosha, Dhatu, Srotas, and Avarana is essential for effective Ayurvedic management of joint disorders.

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