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A Study on the Role of Asraya-Asrayee Bhava Sambandha in the Genesis of Sandhivata w.s.r Shleshaka Kapha

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ABSTRACT:

Asraya -Asrayee bhava sambandha means relation between Asraya (seat) and Asrayee (seated). In my survey study Asthi Sandhi is the Asraya i.e. seat and Vata and Kapha are Asrayee i.e. seated. Sandhivata occurs when Shleshaka Kapha decreases and Vata increases and hence gets seated in Sandhi. In my survey study I have found that due to various reasons and due to ageing there is an increase in Vata accompanied by a decrease in Shleshaka Kapha. In the survey conducted on 60 patients 51 were having Rukshta, 27 were having Antardaha, 56 were having Sleshmashayashuna, 57 were having Sandhishaithilya, 10 were having Bhrama, 14 were having Hridadrava and 36 were having Daurbalya. This shows there was Kapha Kshaya in all the patients of Sandhivata. Vakparushya is seen in 18 patients., Karshya is seen in 19 patients, Karshnya is seen in 12 patients, Gatrasphurana is seen in 34 patients, Ushnakamita is seen in 40 patients., Nidranasha is seen in 19 patients, Alpabala is seen in 40 patients, Gadavarcha is seen in 15 patients, Anaha is seen in 12 patients, Indriyabhramsha is seen in 14 patients, *Pralapa* is seen in 5 patients, *Dinata* is seen in 8 patients and *Bhrama* is seen in 15 patients. This shows that there is Vata dosha prakopa in Sandhivata. Sandhivata occurs when Vata vitiates and gets seated in Sandhi where Shleshaka Kapha is also present. And vitiated Vata will cause decrease of Shleshaka Kapha. Because both the Dosha''s is having opposite Gunas. And Vridhi of one Dosha will leads to Kshaya of another Dosha resulting in the diseased state called Sandhivata). In this research article describe the role of asraya-asrayee bhava sambandha in the genesis of sandhivata w.s.r shleshaka kapha.

Keyword- Asraya – Asrayee bhava, Sandhivata., Shleshaka kapha

INTRODUCTION

Doshas are the biological forces which work through the medium of Dhatus and Malas. Dhatus and Malas are the structural units and the *Dosha*"s are the energy forms.¹

Hence, the *Dosha''s* is called *as Asrayees* (Indwelling forces) and Dhatus *Asrayas* (Seats). The relation between *Asrayas and Asrayees* is called *Asraya-Asrayee Bhava Sambandha*. Generally, if the *Asrayee* increases/decreases the *Asraya* will also increase /decreases and vice-versa.²



But in the case of Vata and Asthi the rules described above applies reversely i.e, if the *Vata* increases the *Asthi* will get❖ decreased.3 Increase in Vata Dosha causes Asthi Kshaya but at the same time increase in Vata Dosha causes decrease in Kapha Dosha also.4 Sandhivata occurs due to & degenerative changes occurring in Asthi Sandhi"s and without Kapha Kshaya Sandhigatavata cannot occur.⁵ Sandhigatavata is a condition in which there is reduction in the friction of joints resulting in difficulty in the movements of joints with Pain and cracking sound⁶ and this condition of 'Sandhigatavata' occurs when Vata gets seated in Sandhi and affects the Dosha present there i.e, Kapha especially Sleshaka Kapha. The term Sandhigatavata has its origin from a combination of three words viz. Sandhi, gata and vata. Sleshaka Kapha which is present in Sandhi's and it does the Anugraha⁷ i.e, it provides Snigdhata to the Sandhi's for lubrication and proper movement of the joint. Osteoarthritis is by far the most common form of arthritis.8 It shows a strong association with ageing and is major cause of Pain and disability in the elderly. There is steady rise in prevalence from age 30 such that by 65. 80% of people have radiographic evidence of OA, though only 25-30% are symptomatic. ⁹The knee and hip are the principal large joints involved, affecting 10-25% of those aged over 65 years. 10 Even in joints less frequently targeted by OA, such as the elbow, glenohumeral joint or ankle, OA remains the most common cause of arthritis because it is far more prevalent than inflammatory arthropathies.

Clinical Study

The present research work has been carried out on the basis of following-

- To study the role of Asraya-Asrayee Bhava Sambandha in the genesis of Sandhivata
- To study the role of Shleshaka Kapha in the genesis of Sandhivata.

In the present study patients having the complaints of Osteoarthritis were randomly divided into three groups. Group A patients were of age group 40-50 years, Group B patients were of age group 50-60 and Group C patients were of age group 60-70 years.

Plan Of Work:

- A special proforma was prepared regarding the study.
- 60 volunteers were selected randomly of (either sex) from

Jammu to rule out thesymptoms of Sandhigatavata

A detailed history of all the volunteers including age, sex, occupation, socioeconomic status, diet, *Prakriti* etc. Was recorded in the proforma.

Necessary investigations like X-rays or any other investigations done by the patient was also recorded in the proforma.

Criteria For Assessment:

Inclusion Criteria:

- 1. Patient belonging to both sex i.e Male and Female
- 2. Patients of age group 40-70 years.
- 3. Patients with classical signs of Sandhigatavata

Exclusion Criteria:

- 1. Patient with age below 40 years and above 70 years.
- 2. Pregnant women
- 3. Metabolic disorders
- 4. Autoimmune disorders

Subjective Criteria:

The subjective criteria for features of *Sandhigatavata* taken are: -

- i. Sandhishula (joint Pain)
- ii. Sandhishotha (joint swelling)
- iii. Akunchana prasarna janya vedana (Pain while extension/flexion)
- iv. Sandhivishlesha/Sandhigraha (stiffness)
- v. Sandhisphutana (crepitation)
- vi. Sparshasahyata (tenderness)

Most of the signs and symptoms of *Sandhigatavata*, described in Ayurveda are subjective in nature and to give results objectively and for statistical analysis, multidimensional scoring system was adopted. Score was given according to the severity of symptoms.

Absence of symptoms- 0

Mild degree of symptoms- 1

Moderate degree of symptoms-2

Severe degree of symptoms- 3

Objective Criteria:

The diagnosis was confirmed on the basis of X-Ray examination of the involved jointwherever possible.

Statistical Analysis:

To reach the final results and conclusion the data that has been generated during study was subjected to statistical analysis. The graphical representations are applied wherever possible

OBSERVATIONS AND RESULTS

The different features observed in 60 individuals who were selected for the clinical observational study were recorded in the proforma after proper history taking. Also, the features of *Sandhigatavata* are been recorded in the patients. After completion of the study the observations were analyzed, tabulated and presented in the form of tables and graphs as following-

Majority of the volunteers are of female sex (34 out of 60 volunteers) in the present study. Males were found to be 26 out of 60. This shows more prevalence of disease in females as mentioned in texts. (TABLE 1)

During the survey study of 60 patients of *Sandhigatavata*, it has been found that 20% belongs to $1^{\rm st}$ group of age 40-50yrs , 20% belongs to $2^{\rm nd}$ group of age 50-60yrs and 20% belongs to $3^{\rm rd}$ group of age 60-70yrs. (TABLE 2)

During the survey among 60 patients of *Sandhigatavata*, it has been observed that out of 20 patients of 1st group (40-50 yrs) No. of males were 7 and females were 13. In 2nd group (50-60yrs) No. of males were 9 and females were 11. And in 3rd group (60-70yrs) No. of males were 10 and No. of females were also 10. (TABLE 3)

The above observation shows that more patients i.e; 48% were having *Mandagni*, 26% were of *Vishamagni*, 13% were of *Samagni*and 11% were having *Tikshnaagni*. *Mandagni*may be the causative factor of *Sandhigatavata*. *Mandagni* is the reason for low digestion leading to improper nourishment of *Dhatus* leading to *Sandhigatavata*. (TABLE 4)

Above observation highlights the higher incidence of tension as emotional status of the volunteers i.e; 53%, while 35% have anxiety, 25% are normal, 8% are sentimental, 6% has depression & 3% are jolly. Tension and anxiety may be the reason of *Sandhigatavata.Acharya Charaka* has stated *Atichinta, Atishoka, Atibhaya* as nidanas of *Sandhigatavata*. Tension & Anxiety leads to *Vata prakopa* causing *Sandhigatavata*. (TABLE 5)

On the basis of *Vyayama Shakti*, 52% were having *Avara Shakti*, 43% were of *Madhyama Shakti* and 5% were having *Pravara Shakti*. *Vyayama shakti* is helpful in the assessment of *Bala*. More no.of volunteers are having

Avara Vyayama Shakti, which shows the less Bala of Sandhigatavata patients due to Dhatukshaya. (TABLE 6)

With above observation it has been ruled out that 66% were not having any relevant family history, 31% has evident history related to *Matru Kula* & 6% has history related to *Pitr Kula*. Family history shows its genetic involvement in the genesis of disease. (TABLE 7)

Graph shows that maximum number of volunteers i.e; 35% was of *Vata-pittaj prakriti*, 33% was having *Vata-Kaphaj prakriti* and 31% was of *Pitta-Kaphaj prakriti*. More patients are of *Vata-pittaj* and *Vata-Kaphaj Prakritis* and in both types *Vata* is predominant and in second type *Vata* and *Kapha* both are involved thus it shows that *Vata dosha* is responsible for the *Sandhigatavata* as well as in second type it is clear that both *Vata* and *Kapha dosha* "s is equally responsible for the disease. (TABLE 8)

During the survey of 60 volunteers, *Sandhishula* was maximum seen in all of them, 90% of them has *Akunchana* prasarna janya vedana, 83% has *Sandhisphutana*, 75% were having *Sparshasahyata*, 45% were having *Sandhishotha*. (TABLE 9)

The above graph shows that out of 60 patients, in 1st age group 17 were recorded with mild symptoms of *Sandhigatavata*, 3 were of moderate symptoms and there is no patient recorded with severe symptoms. In 2nd age group 10 patients were recorded with mild symptoms, 8 with moderate and 2 with severe symptoms. In 3rd age group 4 patients were recorded with mild symptoms, 2 with moderatesymptoms and 9 were recorded with severe symptoms. (TABLE 10)

Out of 60 patients the different *Vata vridhi lakshans* are been recorded as follows. *Vakparushya* is seen in 18 patients., *Karshya* is seen in 19 patients, *Karshnya* is seen in 12 patients, *Gatrasphurana* is seen in 34 patients., *Ushnakamita* is seen in 40 patients., *Nidranasha* is seen in 19 patients, *Alpabala* is seen in 40 patients., *Gadavarcha* is seen in 15 patients., *Anaha* is seen in 12 patients., *Indriyabhramsha* is seen in 14 patients, *Pralapa* is seen in 5 patients, *Dinata* is seen in 8 patients and *Bhrama* is seen in 15 patients. *Vata dosha prakopa* leads to *Asthi Sandhi kshaya* and here it is clear that all the patients of *Sandhigatavata* were having *Vata vridhi lakshanas* that leads to *Dhatukshaya* according to *ASRAYA-ASRAYEE BHAVA SAMBANDHA* resulting in *Sandhigatavata*.

(TABLE 11)

During survey *Kapha kshaya lakshanas* are been recorded in *Sandhigatavata* patients as follows. *Rukshta* is recorded in 51 patients, *Antardaha* is recorded in 27 patients., *Sleshmashayshuna* is recorded in 56 patients., *Sandhishaithilya* is recorded in 57 patients, *Bhrama* is recorded in 10 patients, *Hridadrava* is recorded in 14 patients and *Daurbalya*is recorded in 36 patients. (TABLE 12)

CONCLUSION

The direct conclusion which could be drawn from this survey was that *Asraya-Asrayee Bhava Sambandha* between *Asthi Sandhi* and *Shleshaka Kapha* could be established. Further research is intended to get a detailed inference about specific ratio of *Vata* and *Shleshaka Kapha* in the development of *Sandhivata*

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TABLE 1. SHOWING TOTAL NO. OF MALE AND FEMALE PATIENTS

| TOTAL NO OF | NO. OF MALE | NO. OF FEMALE |
|-------------|-------------|---------------|
| PATIENTS | PATIENTS | PATIENTS |
| 60 | 26 | 34 |

TABLE 2. SHOWING NO.OF PATIENTS ACCORDING TO AGE

| GROUPS OF PATIENTS | AGE IN EACH GROUP | NO.OF PATIENTS | %AGE |
|-----------------------|-------------------|-------------------|------|
| GROUP 1 | 40-50 YEARS | 20 | 20% |
| GROUP 2 | 50-60 YEARS | 20 | 20% |
| GROUP 3 | 60-70 YEARS | 20 | 20% |

TABLE 3. SHOWING NO.OF MALE AND FEMALE PATIENTS IN EACH AGE GROUP

| GROUPS OF PATIENTS | AGE IN EACH GROUP | TOTAL NO. OF PATIENTS | NO.OF MALE PATIENTS | NO.OF FEMALE PATIENTS |
|--------------------|----------------------|-----------------------|------------------------|-----------------------------|
| GROUP 1 | 40-50 YEARS | 20 | 7 | 13 |
| GROUP 2 | 50-60 YEARS | 20 | 9 | 11 |
| GROUP 3 | 60-70 YEARS | 20 | 10 | 10 |

TABLE 4. SHOWING NO. OF VOLUNTEERS ON THE BASIS OF AGNI

| SR.NO. | TYPES OF AGNI | TOTAL NO.OF VOLUNTEERS | %AGE |
|--------|---------------|---------------------------|------|
| 1. | SAMA | 8 | 13% |
| 2. | VISHAMA | 16 | 26% |
| 3. | TIKSHNA | 7 | 11% |
| 4. | MANDA | 29 | 48% |

TABLE 5. SHOWING NO.OF VOLUNTEERS ON THE BASIS OF EMOTIONAL MAKEUP

| SR.NO. | EMOTIONAL MAKEUP | TOTAL NO. OF VOLUNTEERS | %AGE |
|--------|------------------|----------------------------|------|
| 1. | NORMAL | 15 | 25% |
| 2. | ANXIETY | 21 | 35% |
| 3. | TENSION | 32 | 53% |
| 4. | DEPRESSION | 4 | 6% |
| 5. | JOLLY | 2 | 3% |
| 6. | SENTIMENTAL | 5 | 8% |

TABLE 6. SHOWING NO.OF VOLUNTEERS ACCORDING TO VYAYAMA SHAKTI

| SR.NO. | VYAYAMA SHAKTI | TOTAL NO.OF VOLUNTEERS | %AGE |
|--------|----------------|---------------------------|------|
| 1. | PRAVARA | 3 | 5% |
| 2. | MADHYAMA | 27 | 45% |
| 3. | AVARA | 30 | 50% |

TABLE 7. SHOWING FAMILY HISTORY WISE DISTRIBUTION OF VOLUNTEERS

| SR.NO. | FAMILY HISTORY | TOTAL NO.OF VOLUNTEERS | %AGE |
|--------|-------------------|---------------------------|------|
| 1. | PITR KULA | 4 | 6% |
| 2. | MATRU KULA | 19 | 31% |
| 3. | NO FAMILY HISTORY | 40 | 66% |

TABLE 8. SHOWING NO.OF VOLUNTEERS ACCORDING TO PRAKRITI

| SR.NO. | PRAKRITI | NO.OF VOLUNTEERS | %AGE |
|--------|--------------|------------------|------|
| 1. | | | |
| | VATA-PITTAJ | 21 | 35% |
| 2. | | | |
| | PITTA-KAPHAJ | 19 | 31% |
| 3. | VATA-KAPHAJ | 20 | 33% |

TABLE 9. SHOWING NO. OF VOLUNTEERS WITH DIFFERENT FEATURES OF SANDHIGATAVATA

| SR.NO | FEATURES | NO. OF | %AGE |
|-------|----------------------|------------|------|
| | | VOLUNTEERS | |
| 1. | SANDHISHULA | 60 | 100% |
| 2. | SANDHISHOTHA | 7 | 11% |
| 3. | AKUNCHANA | 54 | 90% |
| | PRASARNAJANYA VEDANA | | |
| 4. | SANDHIGRAHA | 27 | 45% |
| 5. | SANDHISPHUTANA | 50 | 83% |
| 6. | SPARSHASAHYATA | 45 | 75% |

TABLE 10. SHOWING TOTAL NO. OF VOLUNTEERS WITH SANDHIGATAVATA IN DIFFERENT AGE GROUP

| SR.NO. | AGE | NO.OF | NO.OF PATIENTS | NO.OF PATIENTS |
|--------|-------|-----------|----------------|----------------|
| | GROUP | PATIENTS | WITHMODERATE | WITH |
| | | WITH MILD | SYMPTOMS | SEVERE |
| | | SYMPTOMS | | SYMPTOMS |
| 1. | 40-50 | 17 | 3 | 0 |
| 2. | 51-60 | 10 | 8 | 2 |
| 3. | 61-70 | 4 | 7 | 9 |
| 4. | Total | 31 | 18 | 11 |

TABLE 11. SHOWING NO.OF VOLUNTEERS WITH VATA VRIDDHILAKSHANAS

| SR.NO. | VATA VRIDDHI LAKSHANA | TOTAL NO. OF VOLUNTEERS HAVING THE PARTICULAR LAKSHANA | %Age |
|--------|--------------------------|--|------|
| 1. | VAKAPARUSHYA | 18 | 30% |
| 2. | KARSHYA | 19 | 31% |
| 3. | KARSHNYA | 12 | 20% |
| 4. | GATRASPHURANA | 34 | 56% |
| 5. | USHNAKAMITA | 40 | 66% |
| 6. | NIDRANASHA | 19 | 31% |
| 7. | ALPABALA | 40 | 66% |
| 8. | GADAVARCHA | 15 | 25% |
| 9. | ANAHA | 12 | 20% |
| 10. | INDRIYA BHRAMSHA | 14 | 23% |
| 11. | PRALAPA | 5 | 8% |
| 12. | DINATA | 8 | 13% |
| 13. | BHRAMA | 15 | 25% |

TABLE 12. SHOWING NO.OF VOLUNTEERS WITH KAPHA KSHAYA LAKSHANAS.

| SR.NO. | KAPHA KSHAYA | TOTAL | %AGE |
|--------|--------------|------------------|------|
| | LAKSHANAS | NO.OF VOLUNTEERS | |
| | | WITHPARTICULAR | |
| | | LAKSHANA | |
| 1. | RUKSHTA | 51 | 85% |
| 2. | ANTARDAHA | 27 | 45% |
| 3. | SLESHMASAYA | 56 | 93% |
| | SHUNA | | |
| 4. | SANDHI | 57 | 95% |
| | SHAITHILYA | | |
| 5. | BHRAMA | 10 | 16% |
| 6. | HRIDADRAVA | 14 | 23% |
| 7. | DAURBALYA | 36 | 60% |