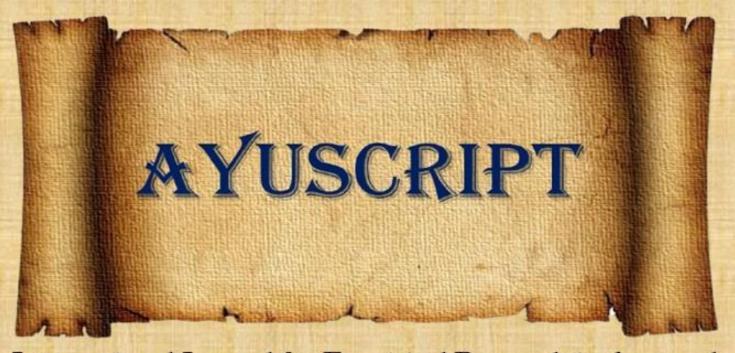
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ग्रन्तका द्वारका समक्त्य यत् "न् शाविष्यक्रमा ए माठू युर्वेद्दि र कार्निता। त्वेशे श्वारक्षेत्री एं भेव व्याध्यक्ष्या १९॥भवना जमनो ज्ञार्विता। त्वेशे श्वारक्ष्य यत् ए प्रेचिव व्याध्यक्ष्य १९॥भवना जमनो ज्ञार्विता मध्ये व्यवस्थ्य यत् । प्रेचिव ता सां भोगा य कत्य यत् । स्थाय व्यानका द्वार । स्थाय व्यावस्थ । स्था द्वार । स्था व्यावस्थ । स्था द्वार । स्था व्यावस्थ । स्था व्यावस्थ



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A literature review on Musculoskeletal disorder W.S.R. to Vatavyadhi

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Abstract: In order to understand the concept of ayurvedic musculoskeletal diseases one should first understand the concept of *vatavyadhi*. The related signs and symptoms and condition or stages in which they occur have also been mentioned. No satisfactory results have been made till date in the light of curing or at least providing relief rather giving analgesic i.e. pain relieving treatment has been made. An effort has been made to guide all keen readers to first understand and to arrive at the proper diagnosis of a patient of MSD. Thorough knowledge of differential diagnosis is the key to conclusive diagnosis.

Keywords: MSD, Vatavyadhi,katigraha

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Introduction

The knowledge about MSD and the pathology affecting it is necessary in order to arrive at a proper and accurate diagnosis for a patient of MSD. The wise physician should be well versed and acquainted with the lakshanas in the patients suffering from different type of vatavyadhi depending on their distincting features like signs and symptoms, aetiology, site of origin, manifestation etc[1]. The term shoola may be equated with pain. The diseases of the sandhi are becoming more and more common in these days due to the prevalent habits and lifestyle in present era. Sandhigata vata and katigraha^[2] are most troublesome diseases which affect the locomotor system in the most productive period of life. Hence, management of pain becomes first priority of the physician. Even though sandhishoola is not proved to be fatal, it cripples the affected patients. It

affects many spheres of the patients' life like family & community relations etc. The article encloses almost all the symptoms of musculoskeletal disorder W.S.R. to *vatavyadhi*. Hence an effort has been made especially for all Ayurveda scholars in order to understand the concept of MSD as per Ayurveda aspect.

Aim and objectives

Aim-To study the concept of MSD with special reference to *vatavyadhi* from Ayurvedic aspect.

Objectives - To study the basic differential diagnosis of the disease of MSD with special reference to *vatavyadhi* from ayurvedic perspective.

Material and Methods:

Review work done and literature from the classical texts of Charak Samhita and research websites have been incorporated in the study

S.No.	Type of	Clinical Features
	Vatavaydhi	
1.	Sarvangagata Vata ^[3]	Quivering and breaking pain in the limbs and
		joints, which are painful as cracking of joints.
2.	Gudasthita Vata ^[4]	1.Retention of stool, urine and flatus,
		2.Colic pain, tympanitis, calculus, gravels
		3.Pain and emaciation in the calf region, thigh,
		sacral region,
		legs.
3.	Pakvasayagata	1.Gurgling sound in the intestine due to gas
	Vata ^[5]	2.Colic pain, tympanitis
		3.Difficulty in passing urine and faeces,
		constipation, flatulence
		4.Pain in lumbar region.
4.	Masa & Medogata	1.Heaviness in the body part
	Vata ^[6]	2.Pricking pain all over body
		3.Pain like first blow
		4.Generalized bodyache
		5.Fatigability
5.	Asthi & Majjagata	1.Cutting pain in Bones and joints
	Vata ^[7]	2.Severe pain in joints

		3.Wasting of muscles
		4.Loss of strength
		5.Insomnia
		6.Continuous pain in the body
6.	Snayugata Vata ^[8]	1.Forward or backward bending of body
		2.Cramps in ankle, knee and calf muscles
		3.Hump on the back side
		4.Localized or generalized <i>vatika</i> disorders
7.	Sandhigata Vata ^[9]	1.Swellig in joints, appears as a leather bag
		inflamed with air on palpation
		2.Pain during extension and flexion of the joints.
8.	Asthi Avrita Vata ^[10]	1.Liking of Hot touch and pressure (kneading)
		2.Breaking type of pain
		3.Soochibhiriva tudyate- A feeling as if pricked
		with needles.
9.	Majjavrita Vata ^[11]	1.Vinamah – Bending
		2.Parivesthanam – Twisting Pain
		3.Pain
		4.Panibhyam labhate sukham – The patient gets
		relief if pressed with hand.
10.	Pureesha Avrita	1.Absolute constipation
	$Vata^{[12]}$	2.Instantaneous digestion of the ingested fat
		3.Pain in hips, groin and Back
		4.Upward movement of <i>vata</i> in the abdomen
		5.Uncomfortable sensation in chest region.
11.	Pitta Avrita Vyana ^[13]	1.Burning sensation all over body
		2. <i>Klamah</i> – exhaustion
		3.Gatra vikshepa sanga -Arrest in mobility in
		different parts of body.
12.	Kapha Avrita	1.Heaviness in all over body
	Vyana ^[14]	2.Stiffness of Bones and Joints
		3. Arrest in mobility

Result & Discussion:

Many scholars from around the globe are working effortlessly on musculoskeletal diseases. New day new solutions are being offered to mankind in order to relieve the patient especially from different type of pain character which are mentioned in *vatavyadhi* i.e., *Parivesthanam, Soochibhiriva tudyate,* cutting pain in bones and joints, quivering and breaking pain in

the limbs and joints etc. However, not much satisfactory results have been attained till date and the cure of MSD especially Arthritis is now much a matter of global concern. Hence, an imperative approach has been made in this article in order to understand the basic patho-physiology of such *vatik* disorder from Ayurveda point of view mentioned in Charaka samhinta.

Conclusion:

The symptom of different localized vatik disorders is seen in a multiple number of musculoskeletal diseases. Hence, it becomes difficult for the physician to arrive at a proper diagnosis. Hence, he should have a thorough knowledge about symptom with reference to differential diagnosis of asthimajjagata vata, gudagata vata, pittavrta vyana as well as other vatavyadhi. Arriving at a diagnosis especially from the Ayurvedic point of view is a task in itself and hence a concise list of all the references mentioned in the Charak Samhita has been made to help the clinician.

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