

11.3. Snayugata Vata

Snāyugata Vāta

1. Classical identity & cardinal śloka

“bāhyābhyantaramāyāmaṁ khalliṁ kubjatvameva ca /
sarvāṅgaikāṅgarogāṁś ca kuryāt snāyugatō’nilaḥ”
— Cāraka Saṃhitā, Cikitsā 28 | 35

When vitiated **Vāta** lodges in **snāyu** (tendons/ligaments) it produces:

- voluntary & involuntary contractures (bāhya-ābhyantara āyāma)
- joint deviation / *khalli* (valgus-varus), spinal curvature (*kubjatva*)
- ache, stiffness or disease of one limb (*ekāṅga roga*) or many (*sarvāṅga*).

2. Samprāpti (pathogenesis) in brief

Hetu-sthāna: rukṣa-śīta āhāra, over-use (*ativyāyāma*), strain/trauma (*abhighāta*), senile dhātu-kṣaya.

Doṣa: kevala Vāta → or Vāta obstructed by Kapha/Āma if swelling present.

Dūṣya: snāyu + māṃsa, asthi.

Srotas: śīrā-snāyu mārḡas around affected joint.

Adhiṣṭhāna: mostly kurpara, kaṭi, jānu, maṅibandha etc.

Pathway: nidāna → Vāta guṇa (rukṣa, śīta) ↑ → dries unctuousness of snāyu → loss of elasticity → micro-tears → pain & deformity.

3. Samprāpti-vighaṭana (breaking the chain)

1. **Sneha-sātmapana:** restore oiliness inside & out.
2. **Snigdha-/Rūkṣa-Sweda** as stage demands; improves extensibility.
3. **Upanaha** (warm poultice) → sustained local sudation & drug delivery.
4. **Basti** (especially anuvasana) to pacify Vāta at its mūla (pakvāśaya).
5. **Agnikarma** or **mardana/bandhana** for residual trigger-points, instability.
6. **Rasāyana & Bṛmhaṇa** to heal tendon matrix (collagen) & prevent relapse.

4. Classical chikitsā-sūtra

Sūsruta’s Vātavyādhi chapter lays down (for Vāta lodged in snāyu, sandhi & asthi):

“Sneha, Agnikarma, Mardana, Upanaha, Bandhana ...”
— Suśruta Saṃhitā, Cikitsā 4 | 7-13 (English trans.)

Cāraka adds: “Repeated **snehana-swedana** imparts high flexibility”.

Key points

- Begin with **Snehana** (internal + external) unless pronounced Āma-signs.
- **Swedana** follows — local (*nāḍi / patra pinda*) or whole-body as tolerated.
- **Upanaha:** thick paste of vātahara drugs (nīrgundī, eranda leaves, sesame, rock-salt) tied warm for 6-12 h daily.

- **Agnikarma** (therapeutic cauterization with heated metallic rod, honey or panchaloha coins) for focal pain / tennis-elbow style lesions — gives instant vāta-nāśana & collagen shrink-age.
- **Bandhana** / orthotic support maintains rest & alignment during healing.
- **Basti-karma** (Dashamūla-nirūha alt. with Kṣīrabala-taila anuvasana 60 ml) in 8- or 15-day schedule; proven to hasten tendon recovery by systemic Vāta-śamana.

5. Practical chikitsā-yojanā (12-week outline)

Phase	Days	Internal	External / procedures
Āma-śamana (if swelling present)	1-3	Trikaṭu 2 g × 3 with hot water; śuṅṭhī-ajamodā siddha jāla sips	Rūkṣa nāḍi-sweda 15 min
Snehana + Swedana	4-10	Kṣīrabala 101 taila 10 ml pāna b.i.d.	Abhyanga with Mahanārāyaṇa taila → Patra-pinda-sweda
Upanaha-bandhana	11-24	Continue Kṣīrabala (5 ml h.s.)	Daily upanaha (nīrgundī-tila-rock-salt), secure with cotton crepe; remove after 12 h
Basti-kāla	25-32	Yoga-basti: Day 1,3,5,7 Dashamūla-nirūha; Day 2,4,6,8 Anuvasana with Kṣīrabala 60 ml	gentle passive stretching post-basti
Re-conditioning	33-84	Yogarāja-guggulu 500 mg × 2; Aśvagandhā-chūrṇa 3 g h.s.; Mahārasnādi kaṣāya 40 ml b.i.d.	Weekly Agnikarma sittings (if pain 'hot-spot' persists); oil massage → graduated physiotherapy & yoga

Dose & schedule to be individualised per bala, agni & roga-bheda.

6. Rasāyana tail-end (weeks 8-16)

Rasāyana	Daily dose	Rationale
Aśvagandhādi lehya	10 g h.s. with warm milk	collagen synthesis, myo-tendinous strength
Gudūcī satva	500 mg b.i.d.	anti-inflammatory, micro-circulation
Śilājatu capsule	250 mg b.i.d. (if no hypertension)	rejuvenates asthi-majja-snāyu
Bala-ātaila nasya	4 drops/nostril pre-bed	nourishes supraclavicular snāyu pathways

7. Pathyā / Apathyā cheat-sheet

Pathyā (supportive)

- Warm, moist, **ghṛta-yukta** meals: wheat, red-rice, mung-dal soup, bone-broth (*māṃsa-rasa*) with dashamūla.
- **Til-taila**, sesame-laddu, garlic milk, soaked black-gram curry.
- Spices to kindle agni & micro-blood flow: dry ginger, ajwain, rock-salt.
- Daily **abhyanga**, warm-water bath, cotton-wool protection from cold wind.
- Gentle range-of-motion yoga (pañcāṅga parimārjana), avoid sudden jerks.

Apathyā (to avoid)

- Dry, cold, processed or reheated food, excess salad/raw pulses, canned aerated drinks.
- Night-vigil, day-sleep, erratic meal timing.
- Lifting heavy weights, repeated grip-straining gadgets without warm-up.
- Direct fan/AC blast on affected joint, sitting long hours in one posture.



8. Quick reference mnemonic

“S 4 A B”

Snehana → **S**wedana → **S**nāyu-specific **S**halvana-upanaha → **A**gnikarma → **B**asti

Following this ladder breaks the Vāta chain at tendon level, restores elasticity and prevents recurrence.

In practice, combining Cāraka’s repeated snehana-swedana regimen with Suśruta’s local Upanaha-Agnikarma-Bandhana swiftly vighāṭanas the samprāpti of Snāyugata Vāta and, with rasāyana & strict pathyā, offers durable relief.