

MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS) BY HINGWADI CHURNA AND RASNA DASHMULA KWATHA

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ABSTRACT

Nowadaya erroneous dietary habits, lifestyle and environment have led to various autoimmune disorders i.e *Amavishajanya Vikaras* and 'Amavata' is one among them. *Amavata* has been named, taking into account two predominant pathological factors i.e. *Ama* and *Vata* having their important place in *Chikitsa* and *Nidana* of this disease. The improperly formed *Annarasa* is *Ama* and it causes vitiation of *Vata*, which is known as *Amavata*. The clinical presentation of *Amavata* resemble with Rheumatoid arthritis (RA), in accordance with their similarities in clinical features. Rheumatoid arthritis is a disorder in which the body's own immune system starts to attack body tissues. The attack is not only directed at the joint but also in many other parts of the body. In rheumatoid arthritis, most damage occurs to the joint lining and cartilage which eventually results in erosion of two opposing bones. The line of treatment of *Amavata* includes the *Langhan*, *Deepana*, *Pachana Chikitsa* for the digestion of *Ama* and the use of *Shothahar*, *Vednathapana Dravyas* etc. so the drugs *Hingwadi-Churna* and *Rasna Dashmula Kwatha* are selected for the management of *Amavata*.

Keywords: *Amavata*, *HingwadiChurna*, *Rasna Dashmula Kwatha*

INTRODUCTION

The prevalence of *Amavata* and other joint disorders have increased dramatically in the recent years owing to our changing lifestyle. Nowadays, due to strenuous work schedule and increased pace of life, it has become a burning problem. In *Ayurveda* in *Brihatrayee* only references of *Amavata* are present but the first complete description of *Amavata* was given by *Acharya Madhavkar* (9th AD) in *MadhavNidan* in a separate chapter, which contains etiology, pathology, sign, symptoms and complications of the disease. It affects the individuals who indulge in *Vir-*

uddhahara (improper & irregular dietary habits), *Viruddhachesta* (improper physical and psychological activities) and sedentary habits, has *Mandagni*, and does exercise immediately after food. Here development of *Ama* & aggravation of *Vata*-takes place simultaneously which enter the multiple joints and manifest the disease.

Pain, swelling and stiffness of multiple joints, inflammatory signs in joints like that of scorpion bite, with systemic features (*Sarvadaihika Lakshanas*) of *Ama* like *Angamarda* (myalgia), *Aru-chi* (tastelessness), *Trishna* (thirst),

Alasya(laziness), *Gaurav* (heaviness), *Jwara*(pyrexia), *Apaaka* (indigestion), *Angashunata* (oedema) clinches the diagnosis of *Amavata*.¹

The clinical presentation of *Amavata* closely mimics with Rheumatoid arthritis (RA), in accordance with their similarities in clinical features like multiple joint pain, swelling, stiffness, fever, general debility etc. Rheumatoid arthritis affects approximately 0.5-1% of the adult population worldwide. The incidence of RA increases between 25 and 55 years of age, after which it plateaus until the age of 75 and then decreases.² Women are affected approx. 3 times more often than men. It is a chronic, immuno-inflammatory, systemic disease that primarily affects synovial joints with possibility of extra-articular manifestations. It is the most common form of chronic inflammatory arthritis and often results in joint damage and physical disability. The presenting symptoms of RA typically result from inflammation of the joints, tendons and bursae. Patients often complain of early morning joint stiffness lasting more than 1 hour and easing with physical activity. The earliest involved joints are typically the small joints of the hands and feet. The initial pattern of joint involvement may be monoarticular, oligoarticular or polyarticular usually in symmetric distribution. The wrist, metacarpophalangeal (MCP), and proximal interphalangeal (PIP) joints stand out as the most frequently involved joints. Flexor tendon synovitis is a frequent hallmark of RA and leads to decreased range of motion, reduced grip strength, and “trigger” fingers. Progressive destruction of the joints and soft tissues may lead to chronic, irreversible deformities like Ulnar deviation,

Swan-neck deformity, Boutonniere’s deformity, Z-line deformity etc.³

In Allopathic system of medicine the treatment of Rheumatoid arthritis involves mainly the use of NSAIDs (Non-steroidal anti-inflammatory drugs), DMARDs (Disease Modifying Anti-Rheumatic Drugs), Biologics and Corticosteroids. It is seen that they provide symptomatic relief and are beneficial in acute conditions but they have many side-effects. Also, they show inefficiency in checking progression of the disease, in preventing relapses and bone deformities. As *Amavata* (Rheumatoid arthritis) is a chronic disease so, prolonged use of NSAIDs, Corticosteroids etc. leads to various other medical problems thus adding to the misery of the patients. This type of treatment is against the principles of *Ayurveda* which focuses on *ShudhaChikitsa*.⁴

In *Ayurveda*, many approaches are in practice to treat *Amavata* but still it remains a challenging problem. Hence, the study is planned for better management of *Amavata* patients with enhanced quality of life.

DRUG REVIEW

Following drugs described by *AcharyaChakradatta* are selected for the management of *Amavata*:

1. *Hingwadi (Churna)*⁵
2. *Rasna Dashmula Kwatha*⁶

These are selected keeping in mind the *Chikitsasutra* of *Amavata* given by *Chakradatta* and their ability to pacify the *Ama* and *Vatadosha*, rectifying the *Agni* and their ability to provide relief in symptoms.

Dose of Drug

1. *Hingwadi churna*- 5 gm b.d. with lukewarm water 1 hour before meal.
2. *Rasna-Dashmula kwatha*- 40 ml b.d. 1 hour after meal.

CONTENTS OF DRUGS

1. *Hingwadi Churna*-It has 6 contents.

Contents Ratio Contents Ratio

- i. Hinga (*Ferula narthex*)-1 part iv. Shunthi (*Zingiberofficinale*) -4 parts
 ii. Chavya (*Piper retrofractum*)-2 parts v. Krishnaajaji (*Nigella sativa*) - 5 parts
 iii. Vidlavana- 3 parts vi. Pushkarmula (*Inularacemoso*) -6 parts

2. Rasna Dashmula Kwatha-

Contents Ratio Contents Ratio

- i. Dashmula 1 part ii. Guduchi (*Tinosporacordifolia*) 1 part
 iii. Eranda- mulatwaka 1 part iv. Rasna (*Pluchelanceolata*) 1 part
 (*Ricinuscommunis*)
 v. Shunthi (*Zingiberofficinale*) 1 part vi. Devdaru (*Cedrusdeodara*) 1 part

PROBABLE MODE OF ACTION OF DRUGS

1. Hingwadi Churna

Drug	Rasa	Guna	Virya	Vipaka	Doshakar ma	Aushdha karma	Pharmacological Action
i. Hinga	Katu	Laghu, Snigdha, Teekshna	Ushna	Katu	Kapha-VataShamak	Deepana	Analgesic, Carminative, Antibacterial
ii. Chavya	Katu	Laghu, Ruksha	Ushna	Katu	Kapha-VataShamak	Deepana, Pachana	Antimicrobial
iii. Vidlavana		Ushna, Teekshna, Vyavayi, Anuloman				Deepana, Shulaprashaman	
iv. Shunthi	Katu	Laghu, Snigdha	Ushna	Madhura	Kapha-VataShamak	Deepana, Shulaprashaman	Anti-inflammatory, Antioxidant
v. Krishnaajaji	Katu, Tikta	Laghu, Ruksha, Teekshna	Ushna	Katu	Kapha-VataShamak	Rochana, Deepana, Shothahara, Vednasthapana	Analgesic, Anti-inflammatory, Antipyretic
vi. Pushkarmula	Tikta, Katu	Laghu, Teekshna	Ushna	Katu	Kapha-VataShamak	Deepana, Pachana, Anuloman	Anti-inflammatory, Antioxidant

Thus, it is evident from the table that all these drugs have *Katu Rasa* and *Katuvipaka* except *Shunthi* which has *Katu Rasa* & *Madhura Vipaka*. Due to their *Rasa* and *Vipaka* these drugs *Deepan*, *Rochan* and corrects the *Agni*.

All of these are *Kapha –VataShamak*, thus they subside *Kapha* and *Vata* which are the principle *Doshas* behind *Amavata*.

All of these have *Deepan –Pachan* properties so the prevent *Ama* formation.

Moreover, *Hinga* & *Krishna ajaji* have analgesic actions and *Shunthi*, *Chavya*, *Pushkarmula* have anti-oxidant & anti-inflammatory properties. Thus, in addition to *AmaPachan* and *Deepan* the *Churna* also provide relief in joint pain, swelling and stiffness.

2. Rasna Dashmula Kwatha

Drug	Rasa	Guna	Vi-rya	Vipaka	Doshakar ma	Aushdha kar-ma	Pharmaco-Logical action
i. Dashm ula					<i>Tridosha -nashak</i>	<i>Amapachan. Sarvajwara-nashan</i>	Anti-inflammatory
ii. Guduchi	<i>Tikta, Kash aya</i>	<i>Guru, Snighd ha</i>	<i>Ush na</i>	<i>Madh ura</i>	<i>Tridosha -Shamak</i>	<i>Vrishya, Ra-sayan</i>	Immunomodulator, anti-inflammatory, antioxidant
iii. Eranda-mulat-waka	<i>Madh ur</i>	<i>Snighd ha, Teeksh na, Sukshm a</i>	<i>Ush na</i>	<i>Madh ura</i>	<i>Kapha-VataSha mak</i>	<i>AngAmard-prashaman, Vednasthap-ana</i>	Anti-inflammatory, Analgesic, Anti-Pyretic
iv. Rasna	<i>Katu</i>		<i>Ush na</i>	<i>Madh ura</i>	<i>Kapha-VataSha mak</i>	<i>Deepana, Shula-prashaman</i>	Anti-inflammatory, Anti-oxidant
v. Shunthi	<i>Katu</i>	<i>Laghu, Snighd a</i>	<i>Ush na</i>	<i>Madh ura</i>	<i>Kapha-VataSha mak</i>	<i>Deepana, Shula-prashaman</i>	Anti-inflammatory, Anti-oxidant
vi. Devda-ru	<i>Tikta</i>		<i>Ush na</i>	<i>Katu</i>	<i>Kapha-VataSha mak</i>	<i>Shothahara, Vednasthap-ana</i>	Antiinflammato-ry, Analgesic, Im-munomodulator

1. *Rasna Dashmula Kwatha* is quite effective in *Amavata* due to properties of its contents. *Dashmula* is *Tridoshanashak* and *Ama –Pachan* and has anti-inflammatory properties. Thus, it not only helps in breaking pathogenesis of disease by preventing *Ama* formation but it also relieves joint pain, stiffness and swelling. *Acharya Sushruta* has

described it as *Sarvajwaranashan* so it subside the fever.

2. *Guduchi* present in it is a *Rasyana* and has anti-oxidant and immunomodulator properties. Rheumatoid arthritis is considered an immuno-inflammatory disease so due to its immunomodulator properties it prevents auto-immune reactions by inhibiting the release of inflammatory mediators & cytokines.

Because of its anti-oxidant property it prevents synovial tissue injury .Amavata (Rheumatoid arthritis) being a chronic disorder leads to general debility. Being a *Rasayana*, *Guduchi* provides strength and vitality to the patient.

3. *Eranda- mula* is considered as a best *Vrishya* and *Vatahardravyaby Acharya Charka*.⁷

Thus, it subsides the symptoms caused by aggravated like *Angamarda* (bod-yache),

Shula (pain) etc.

Bhavaprakash has given the following quotation for the *ErandaSneha*:⁸

“आमवातगजन्द्रस्यशरारवनचारणः”

नहन्त्यसावकएवरण्डस्नहकशरा॥

(भा.प्र.)Moreover, *Eranda* is *Kapha-Vata Shamak* and has anti-inflammatory, analgesic and anti-pyretic properties.

4. *Rasnais* considered best *Vatahara* drug by *Acharya Charka*.⁹
5. *Rasna*, *Shunthi* and *Devdaru* all are *Kapha-Vata Shamak*, *Deepana*, *Shulaprashamana* and have anti-inflammatory, anti-oxidant and analgesic properties. Thus, making the drug effective in treating *Amavata*.

CONCLUSION

In short it can be summarised that the diet and lifestyle causing *Mandagni* resulting in *Ama* formation and vitiation of *Vata* are responsible for the disease *Amavata*. Treating *Amavata* / Rheumatoid Arthritis (RA) is a challenge for the medical health professional's due to chronicity of the disease, severe pain and swelling associated with the disease in the acute stage and due to crippling nature of disease in the advanced stages resulting in decreased quality of life. The principle line of treatment includes the *Langhan*, *Deepana*, *PachanaChikitsa* for the digestion of *Ama* and the use of

Shothahara, *Vednathapana*, *Shula-prashaman Dravyas* etc. for subsiding the symptoms. *Hingwadi Churna* and *Rasnadashmula Kwatha* due to their contents will be beneficial in alleviating *Amavata*.

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