

UNDERSTANDING RHEUMATOID ARTHRITIS IN AYURVEDIC PERSPECTIVE AND ITS MANAGEMENT- A REVIEW ARTICLE

Dhakar Jyoti¹ Mishra Pramod kumar² Soni Anamika³ Sharma Brahmanand⁴

¹MD Scholar, ²MD Ph.D (Ay.) Associate Professor & HOD, ³MD (Ay.) Assistant Professor, ⁴MD Ph.D (Ay.) Assistant Professor

PG Department of Kayachikitsa, University College of Ayurveda, Dr. S. R. Rajasthan Ayurveda University, Jodhpur, Rajasthan, India

ABSTRACT

As per *Ayurveda*, Vitiated *Ama* and *Vata* simultaneously lodge in *Trika* and *Sandhi* leading to *Shotha*(Swelling), *Stabdhatta*(Stiffness) in the body and joints. The condition is known as *Amavata*. This condition is very similar with the disease 'Rheumatoid Arthritis' described in modern medicine. Rheumatoid arthritis is a chronic multisystem disease of unknown cause, although there are a variety of systemic manifestation, the characteristic feature of RA is persistent inflammatory synovitis, usually involving peripheral joints in a symmetric distribution. The prevalence is approximately 0.8% of the population (Range 0.3% to 2.1%). Women are affected approximately three times more than men. The onset is most frequent during 4th and 5th decades of life, with 80% of all patients developing the disease between the ages of 35 and 50. *Mandagni*(Weak digestive power), *Guruahara*(Heavy meal), *Avayayama* (Sedentary life style)etc are the etiological factors of *Amavata*. *Pratyatma* (Cardinal) *Laksana* of *Amavata* are *Gatrastabdhatta* (Stiffness in body), *Sandhishhula* (Arthralgia), *Sandhishoth* (Joint swelling), *Sparshasahyata*(Tenderness in joints). *Upadrava* Complications) are stated as- *Jadya*, *Antrakujana*, *Trit*, *Chardi*, *Bahumutrata*, *Shula*, *Samkocha*, *Khanjata* etc. In modern medicine Steroides, Analgesics, Anti Inflammatory drugs, DMRD are used which give only symptomatic relief and have serious side effects. *Langhana*, *Svedana*, *Tikta*, *Katurasa-sevan*, *Dipana*, *Virechana*, *Snehan*, *Basti*, *RukshaSveda*etc supported by most *acharya* for the treatment of *Amavata*.

Keywords: Rheumatoid Arthritis, *Stabdhatta*, Synovitis, *Sandhishotha*, *Amavata*

INTRODUCTION

Etymology:-

The words *Ama* and *Vata* join to form *Amavata*. The predominance of these two factors in the pathogenesis of this disease are already suggested in following phrase. The association of *VataDosa* with *Ama* is termed as *Amavata*. The propulsion of *Ama* by *Vata* in the whole body is illustrated with this derivation. Due to indigestion, *Ama* is produced and along with *Vata* it causes a well-known disease entity. The

improperly formed *Annarasa* is known as *Amavata*.¹ So all the above mentioned derivation emphasizes that the disease is based on *Ama* and *Vata* mainly which clarifies the importance of these two.

Definition:- The condition in which Vitiated *Ama* and *Vata* simultaneously lodge in *Trika* and *Sandhi*(Joints) leading to *Stabdhatta*(Stiffness) of the body is known as *Amavata*.² In modern era it is correlated

with Rheumatoid arthritis. Rheumatoid arthritis is a chronic multisystem disease of unknown cause, although there are a variety of systemic manifestation, the characteristic feature of RA is persistent inflammatory synovitis, usually involving peripheral joints in a symmetric distribution. The potential of the synovial inflammation to cause cartilage destruction and bone erosion and subsequent changes in joints integrity is the hallmark of the disease.³

Distribution And Prevalence:-The prevalence is approximately 0.8% of the population (Range 0.3% to 2.1%) women are affected approximately three times more than men.⁴ The prevalence increases with age and sex, difference diminish in the older age group. RA is seen throughout the world and affects all races. The onset is most frequent during 4th and 5th decades of life, with 80% of all patients developing the disease between the ages of 35 and 50.⁵
Basic Concept:-The main factors of disease are *Ama*, *Agni*, *Vata* and involvement of *Sandhi*.

Ama:-In *Ayurvedic* classics, *Ama* is a stage which is due to hypo functioning of *Pachakagni* i.e. *Mandagni* as a consequence of *Ahara*, which can't be digested properly. This undigested food material remains as an intermediate product of digestion in *Amashaya*. It is a type of toxic material, which is called *Ama* is strong enough to cause inflammation in the various body parts

Etiology of Amavata:-*Mandagni* (Weak digestive power), *Guruahara* (Heavy meal), *Avayayam* (Sedentary life style), *Viruddha Ahara* (incompatible food), *Viruddha Chesta*.⁶

Sign & Symptoms of Amavata:-*Acharaya Madhavkara* has clearly stated the *Rupas* (sign & symptoms) of *Amavata* in *MadhavNidana*. The *Pratyatma Laksa-*

na (Main symptoms) are *Gatrastabdhatā*, *Sandhishula*, *Sandhishoth*, *Sparshasahyata* and *Samanya Lakšana* (General symptoms) are *Angmarda*, *Aruchi*, *Trishna*, *Alashya*, *Gaurav*, *Jvara*, *Apaka*, *Angasunnata*.⁷ In modern science, symptoms of RA are Anorexia, weightloss and fatigue, stiffness and pain in joints (*Athralgia*) are the most common symptoms that occurs throughout the disease course and many precede the assets of articular symptoms by weeks or months.

Complications of Amavata:-In *MadhavNidana* and *AnjanaNidana* the *Upadrava* (complications) are stated as *Jadya* (Stiffness), *Antrakujana* (Blotting), *Trit* (Dypsia), *Chardi* (Chardi), *Bahumutra* (Polyuria), *Shula* (Pain), *Samkocha* (Contraction), *Khanjata* (Limping) etc.⁸ In modern science complication of RA are septic arthritis, amyloidosis, pain and swelling behind knee may be caused by extension of inflamed synovium into the popliteal space called as Baker's cyst.⁹

Samprapti of Amavata:-When a person of sedentary habits with hypo functioning digestive mechanism indulge in incompatible diet and regimen (*Virrudhaaahara – vihar*) or does physical exercise after taking fatty food the *Ama* is formed and propelled by *Vayu* and reaches the site of *Sleshma*. Where this *Amarasa*, get much vitiated by *Vata*, *Pitta*, and *Kapha* & then it is circulated (all over the body) through the vessels (*Dhamini*). It then takes on accumulates in the small channels & joint pores. It renders the patients weak and produces a feeling of heaviness & stiffness in whole body. This substance named *Ama* is the cause of so many distressing diseases. When this aggravated *Ama* simultaneously afflicts the (pelvic and shoulder) girdles, and other joints making the body stiff, this condition is known as *Amavata*.¹⁰

Samprapti Ghatak of Amavata:-¹¹

Dosha– Tridoshajamainlyvata (Vyana, Samana, Apana) andKapha (Kledak, Bho-dhak, Sleshak).

Dushya- Rasa, Mamsa, Asthi, Majja.

Upadhatu- Snayu, Kandara.

Srotodusti– Sanga, Vimargagaman.

Udbhavsthana (origin) – AmaPakva-sayotthaAmasaya- Chiefsiteofproduction-ofAma. Pakvasaya– MulaSthanofVata.

Adhistan– Sandhi (Whole body)

VyadhiSheabhava– Mainly Chirkari

Diagrammatic Presentation of Samprapti of Amavata:-¹²

Nidanasevan

AgnimandhyaTridoshaPrakopa

Amotpatti

AccumulationofAmainSleshmasthan

Ama in Hridhya&Dhamni

Further Vitiation ofAmainDhamanibyVata, Pitta andKapha

NanavarnaAtipichhilaAma

Sroto-Abhishyanda (Rasa, Asthi, Majja Mainly RasavahiSrotas)

HridyagtaSarirgataTrikaSandhigata

Amavata

Diagnosis of RA:-In diagnosis of any disease following basic tools are important:-Cardinal sign and symptoms, laboratory findings, any establish criteria, Study of the differential Diagnosis.

American rheumatism association criteria (1988 – revision) for diagnosis RA is as follows-¹³

(a) Clinical:-Morning stiffness(> 1 hr.),Arthritis of 3 or more joints area, Arthritis of hands joints, Symmetrical Arthritis, Rheumatoid nodules, Rheumatoid factor, Radiological changes.Diagnosis of RA should be made with above mentioned four or more criteria.

(b) Investigations of RA:-Anti-CCP, ESR, CRP, RA-factor,Hb, MRI, Radiographs, Serological tests, Synovial Analysis.

Chikitsa of Amavata:-AcharyaCakradutta was first who described the line of treatment and drugs for Amavata.Further texts Bhavapraksha and Yogratnakar followed the same guideline.LanghanaSvedana, Tik-ta, Katurasasevan, Dipana, Virechana, Snehan, Basti, RukshaSvedaetc supported by most acharya for the treatment of Amavata.¹⁴

Some Herbal Preparations useful in Amavata:-¹⁵

- Fomentation should be Ruksha (dry) type using bags of heated sand, or Up-nahas (applying poultices) may become even these without use of fats.
- For the patient of Amavata suffering from thirst, drinking water prepared by boiling Panchkola in water is said to be beneficial.

- *Yusa* (soup) prepared from either dried *Mulaka* or *Panchamula* or *Kanjika* added with powder of *Sunthi* may also be given.
- *Shatapuspa* (*Ancthumsowa*), *Vacha* (*Acoruscalamus*), *Vishva* (*Zingiberofficinale*), *Gokhshura* (*Tribulusterrestris*), bark of *Varuna* (*Crataevanurvala*), *Punarnava* (*Boerhaviadiffusa*), *Devdaru* (*Cedrusdeodara*), *Prasarini*, (*Pistaciafoetida*) and *Madanphala* (*Randiaspinosa*)- all equal in quantity macerated in *sukta* or *Kanjika* and applied as *Upnaha* (Poultice) is ideal.
- *Chitraka* (*Plumbagozeylanica*), *Katuka* (*Picrorhizakurroa*), *Patha* (*Cissampelospareira*) *Kalingra*, *Ativisha* (*Aconitum heterophyllum*), *Amrta* (*Tinosporacordifolia*), *Devdaru* (*Cedrusdeodara*), *Vacha* (*Acoruscalamus*) *Musta* (*Citrus rotundus*), *Nagara* (*Zingiberofficinale*), and *Abhya* (*Terminalliachebula*), should be made into fine powder and consumed with warm water daily. This is the ideal medicine for *Amavata*.
- Decoction of *Shathi*, *Shunthi* (*Zinzeberofficinale*), *Abhaya* (*Terminalliachebula*), *Ativisha* (*Aconitum heterophyllum*) and *Amrita* (*Tinosporacordifolia*) is a good digestive in *Amavata*.
- Decoction of *Punarnva* (*Boerhaviadiffusa*), *Brhati* (*Solanumindicum*), *Vrdhmana* (*Eranda*) (*Ricinuscommunis*), *Phanijjaka* (*Origanummajurana*), *Murva* (*Marsdeniatenacissima*) and *Shigrudruma* (*Moringaoleifera*) is to be used.
- Bathing the painful part(joints)with decoction of *Eranda* (*Ricinuscommunis*), is beneficial, so also licking(powder of) *Pathya* (*Terminalliachebula*), added with and *Amrita* (*Tinosporacordifolia*) or consuming *Guggulu* (*Commiphoramukul*) along with cows urine or consume paste of *Vishva* (*Zingiberofficinale*) and *Alambusa* or of *Tila* (*Cessamumindicum*) and *Vishva* (*Zingiberofficinale*) all are helpful.
- Decoction of *Vishva* (*Zingiberofficinale*), *Pathya* (*Terminalliachebula*), and *Amrita* (*Tinosporacordifolia*) added with *Kausika* (*Guggulu*) (*Commiphoramukul*) consumed warm relieve the pain of the waist, knee and back.
- *Pippali* (*Piper longum*), *Pippalimula* (*Piper longum*), *Chavya* (*Piper retrofractum*), *Chitraka* (*Plumbagozeylanica*) and *Nagar* (*Zingiberofficinale*) made into decoction should be consumed for cure of *Amavata*.
- Paste of *Sunthi* (*Zingiberofficinale*) and *Vishva* *Usadhi* added to the decoction of *Varsabhu* (*Punarnva*) (*Boerhaviadiffusa*) and consumed for seven days cure *Amavata*.
- *Chitaraka* (*Plumbagozeylanica*), *Indrayan* (*Citruluscolocintesia*) *Patha* (*Cissampelospareira*) *Katuka* (*Picrorhizakurroa*), *Ativisha* (*Aconitum heterophyllum*) and *Abhya* (*Terminalliachebula*) made into fine powder should be administered with warm water for curing *Amavata*.
- To win over/defeat the mighty elephant called *Amavata* roaming all over the body only one (*Keshari*-lion) called *Eranda* *Taila* (Castor-oil) is enough.¹⁶
- Leaves of *Aragwadha* (*Cassia fistula*) fried in *Katutaila* (mustered oil) consumed before night meals makes the person free from *Ama*.
- Decoction of *Shunthi* (*Zingiberofficinale*) and *Gokhsura* (*Tribulusterrestris*) con-

sumed in the morning daily relieves pain of the waist.

- *Erandatail* cooked with the juice of *Prasarini* (*Ptersiafoetida*) and consumed mitigates all the *Doshas* and the best to cure diseases arising from *Kapha*.

Classic Ayurvedic formulations helpful in Amavata:-¹⁷

Swarasa:-*Rasna, Prasarini, Nirgundi*etc.

Kwath:-*Rasnasaptak, Rasnadaashmoola, Dasmulyadi*etc.

Churna:-*Ajmodadi, Badwanal, Vaisvanar, Pachchola*etc.

Vati:-*Sanjivini, Agnitundi, Amavatari Vati*etc.

Guggulu:-*Singhnaad, Keshor, Rasnadi, Amritadi Yograj*etc.

Rasa:-*Amavata vidhvansan, Samirpannag, Amavatari*etc.

Asav:-*Arista:-Amritarista, Dashmoolarista, Devdarvyadi*etc.

Swedan:-*Lavan Swedan, Baluka Swedan*etc.

Diet¹⁸:- Patients should be given *Barley, Punarnava, Garliac, Ginger*, along with substances containing *wheat* and small amount of rice. Fresh buttermilk with *Trikatu* is advisable. Castor oil is beneficial, two teaspoons of castor oil in Ginger tea every day is advised.

Avoid *Vata* and *Kapha* increasing foods like Curds, Cheese, Fruits having cold potency (like Banana, Guava, and Cucumber), cold drinks, and working in damp and cold atmosphere.

CONCLUSION

Thus from above description it can be concluded that in '*Amavata*' there is vitiation of *Ama* along with *Vata* as major. Pathological factor caused by the excess use of fatty & heavy meals, sedentary life style & heavy exertion just after heavy meals. Stiffness & pain in joints are major symptoms along with other inflammatory sys-

temic manifestations. Modern medicine has no effective & specific treatment. Steroids, DMRD's & other drugs used for this condition are having serious side effects. The condition can be well managed with *Ayurvedic* drugs & regiments like *Langhana, Pachna, Swedana* & use of various drugs formulation as described as one & more over the therapy is free from any adverse effects.

REFERENCES

1. Advances in Ayurvedic medicine, Disease of the Joints (Vol.5), Rastogi Sanjeev, Prof. Singh R.H., Publisher Chaukhambha Visvabharti, First Edition 2005, page no. 12.
2. MadhavNidana; Madhavkara (vol.5) Shastri S., Upadhyay Y.N., Chaukhambha Sanskrit Sansthan, Varanasi Reprint 2004. Page no. 501.
3. Harrison principle of internal medicine (19th edition) Fauci et al. Published by MC Graw Hill Medical (vol.2) page no. 2083.
4. Harrison principle of internal medicine (19th edition) Fauci et al. Published by MC Graw Hill Medical (vol.2) page no. 2083.
5. Harrison principle of internal medicine (19th edition) Fauci et al. Published by MC Graw Hill Medical (vol.2) page no. 2083.
6. MadhavNidana; Madhavkara (vol.1) (English Translation) Singhal et al. Chaukhambha Sanskrit Pratisthan, Delhi. Page no. 453.
7. MadhavNidana; Madhavkara (vol.5) Shastri S., Upadhyay Y.N., Chaukhambha Sanskrit Sansthan, Varanasi Reprint 2004. Page no. 511.
8. MadhavNidana; Madhavkara (vol.5) Shastri S. Upadhyay Y.N., Chaukhambha Sanskrit Sansthan, Varanasi Reprint 2004. Page no. 511.

9. Harrison principle of internal medicine(19th edition) Fauci.et.al. Published by MC Graw Hill Medical (vol.2) page no. 2086.
10. MadhavNidana; Madhavkara (vol.1) (English Translation) Singhal et.al. Chaukhambha Sanskrit Pratisthan, Delhi. Page no. 453.
11. Kaya chikitsa, Sharma Ajay Kumar(vol.2), ChaukhambhaOrientalia, Varanasi, Reprint edition 2009; page no.531.
12. Kaya chikitsa, Sharma Ajay Kumar(vol.2), ChaukhambhaOrientalia, Varanasi, Reprint edition 2009; page no.530.
13. CharakSamhita (English Translation) Sharma R.K., Dash Bhagwan(vol.2) Chaukhambha Sanskrit series Varanasi, Reprint edition 2008. Page no.9.
14. Chakradutta (English translation) Sharma P.V. Chaukhambha Publishers, Varanasi. Third edition 2002 Page no. 227.
15. Bhavprakash of Bhavmishra, Prof. Murthy K.R. Shrikantha,(vol.2) Krishnadas Academy, Varanasi, First edition 2000, Page no. 368-383.
16. Bhavprakash of Bhavmishra, Prof. Murthy K.R. Shrikantha,(vol.2) Krishnadas Academy, Varanasi, First edition 2000, Page no. 372.
17. Chakradutta (English translation) Sharma P.V. Chaukhambha Publishers, Varanasi. Third edition 2002 Page no. 227-236.
18. Kaya Chikitsa, Dr. RanadeSubhash, Published Reprint 2006, Chaukhambha Sanskrit Pratisthan Page no. 312.

CORRESPONDING AUTHOR

Dr. JyotiDhakar

MD Scholar

PG Department of Kayachikitsa

University College of Ayurveda

Dr. S. R. Rajasthan Ayurveda University,

Jodhpur, Rajasthan, India

Email: jyotidhakar22@gmail.com

Source of support: Nil

Conflict of interest: None Declared