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A CONCEPTUAL ANALYSIS OF RHEUMATOID ARTHRITIS AND ITS MANAGEMENT WITH RESPECT TO VATARAKTA

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ABSTRACT

Rheumatoid Arthritis is a chronic, auto-immune inflammatory multisystem disorder that primarily affects the synovial joints along with extra-articular manifestations. RA makes life crippling and miserable by severe pain, swelling, redness, stiffness, and limitation of the functions of joints. Modern medical science doesn't have effective management for RA and the presently available treatments target providing symptomatic relief by the administration of NSAIDs, DMARDs, etc. This may lead to several side effects also. Ayurveda mentions a disease called *vatarakta* which resembles RA in every aspect including *nidana*, *samprapti*, *Poorvarupa*, and *rupa*. There resides the most relevance of applying an *Ayurvedic* approach in the management of RA. This study is a humble attempt at conceptual analysis of Rheumatoid Arthritis concerning *vatarakta* and the available effective methods of *ayurvedic* management to improve the quality of life of the affected individuals.

Keywords: Rheumatoid Arthritis, *Vatarakta*.

INTRODUCTION

Rheumatoid Arthritis is a chronic autoimmune disease primarily involving the joints in which its main feature is symmetrical peripheral polyarthritis. RA occurs all over the world. The cause of RA remains unknown. The factors such as genetic, autoimmunity, infectious agents, environmental, nutritional, hormonal, etc play an important role in the causation of RA.² The synovial tissues are the primary target in RA. Once RA is initiated, the synovial tissues throughout the body become the site of a complex interaction of T cells, B cells, and macrophages. The resultant synovitis causes the production of excessive amounts of synovial fluid and the infiltration of pannus into adjacent bone and cartilage. Synovitis results in the destruction of cartilage, and marginal bone and in the stretching or rupture of the joint capsule or tendons and ligaments. These effects are manifested in individuals by deformities and disabilities that make up the clinical picture of RA. It may also exhibit systemic features like fatigue, weight loss, and lowgrade fever. Also, extra-articular manifestations including skin, cardiovascular, pulmonary, ophthalmologic, and neurologic will be present.³In acute cases there will be laboratory findings such as raised ESR level, CRP level, and low Haemoglobin level.80% of cases are associated with positive RF titre and most of them shows positive ACCP.²

According to the Ayurvedic concept, *Vatarakta* is a disease in which there is vitiation of *vata* and *rakta* by their own causative factor. The *vata* and *rakta* get lodged in *sandhis* due to *Vatarakta* of *sandhisthana* and together with *pitta* and *kapha* lead to the manifestation of symptoms like *sopha*, *ruja*, etc. RA shows great similarity to *Vatarakta* with polyarthritis and course of disease with prolonged exacerbation and remission as the main features. Based on the different stages of the disease and dosa predominance the different treatment modalities explained by *Acharyas* can be adopted here.

Rationale and Background

An epidemiological survey done by WHO, COP-CORD shows a prevalence of 0.45% in urban and 0.7% in rural populations in India.² RA increases between 25 to 55 years of age. 4Women are affected more than men with a female to male ratio of 3:1.5 RA can be a severe condition and a great burden to the health care system, if timely intervention is not done; as it occurs during the most productive years of adulthood. Also, there is not much effective management available in modern medicine and it only focuses on the reduction of pain and swelling which is mainly treated with Corticosteroids, NSAIDs, DMARDs, etc hurting bone mass. So, it will be so beneficial for the patients to adopt ayurvedic management by considering it in the aspect of vatarakta, and thereby the symptoms can be reduced and can improve the quality of life to a great extent.

Aim

To analyze the concept of Rheumatoid Arthritis concerning *Vatarakta* and the application of *Vatarakta chikitsa* in the particular disease condition to overcome the limitations faced by the individuals while adopting modern medical management.

Materials and Method

References from Modern Medicine Textbooks and *Ayurveda samhitas* about Rheumatoid arthritis and *Vatarakta respectively* were adopted for literary collection.

RA v/s Vatarakta

The application of treatment modalities of *vatarakta* in RA gets reliable only after analysing the similarities of RA towards *vatarakta*. The table below shows an attempt to compare RA with *vatarakta* in different aspects including the etiology, pathogenesis, clinical features, and prognosis of *Nidana*, *Samprapti*, *Poorvaroopa*, *Roopa*, and *Sadhya Asadhyata* of *vatarakta*.

Table 1: RA v/s Vatarakta

RHEUMATOID ARTHRITIS	VATARAKTA
Having acute onset and chronic in nature ⁴	Chirakari ⁶ and kalantharena gambheeramachareth ⁷
Genetic predisposition with female to male ratio 3:1 ²	Prayena sukumaranam ⁷
Exacerbation and remission are commonly seen ⁴	Bhutva pranasati muhuravir bhavanti ⁷
Etiology includes malnutrition, incompatible food, spicy	Nidana-Virudha anna, vidahi anna, achankramana seela, nisa
food, lack of exercise, sleep disturbances, etc. ⁵	jagaranam, diwaswapnam etc ^{6,7}
Articular manifestations are the most common	Parvaswabhihitam Kshubdam vakratvat avathishtate. ⁶
Smaller joints are commonly involved ⁴	Krutvaadouhastapadetumoolamdehe vidhavati ⁶
Fever is a clinical feature ⁴	Jwara ⁶
Anorexia seen ⁴	Aruchi ⁶
Faigue ⁴	Alasya, sadana ⁶
Reddish discoloration of the skin ⁴	Raga, Mandalotpatti ⁶
Subcutaneous nodules are commonly seen in extensor	Pidaka, Arbuda, Mamsakodha mentioned as upadravas ⁶
surfaces and even in the lungs. ⁴	
Pain in the joints – is the commonest clinical feature. ⁴	Soola, bhrusharuk, vedan, ruk, toda, bheda, aritman, atiruk etc. ⁶
Tenderness in the affected joints ⁴	Sparshaasahishnutha ³
Swelling in the joints ⁴	Gambheeraswayadhu ⁶
Redness in the affected joints ⁴	Raga Pakasoshaschoktani paittikai ⁶
Warmth in the affected joints ⁴	Osha, Bhrisoshmata, daha in pattika vatarakta.6
Stiffness of affected joints. ⁴	Stabdata ⁶
Deformities lead to loss of functions of the joints. ⁴	Sandhisaithilyam
	Chindannivacharatyantarvakreekurvashcha vegavan.
	Karotikhanjam panguvasarvatascharan. ⁶
Formation of contractures over time which causes joint	Dhamaniangulisansdeenam sankocha. ⁶
deformities like swan neck deformity, Boutonniere de-	
formity. ⁴	
Usually, the patients with systemic involvement have a	Vatarakta along with all upadravas like Aruchi, Mamsakodha,
poor prognosis, and sustained disease activity of more	etc and having deformities like Angulivakrata are considered as
than one-year duration is associated with poor outcome. ⁴	Asadhya. ⁶

Thus, RA is very much similar to *Vatarakta*. So, the treatment protocol for *vatarakta* can be adopted here to reduce the symptoms as well as to prevent the progression of the disease.

Management: (6,7)

Vatarakta chikitsa can be adopted based on the predominance of dosa and the stages of the disease.

According to Acharya Vagbhata, in Uthana vatarakta since twak and mamsa dhatus are affected; the treatment should be raktaprasadana and vatanulomana in nature. So pralepa, abhyanga, Pariseka, and Avagaha can be done. According to Charaka, instead of Avagaha, upanaha can be done. In the case of gambheera vatarkta, the dosas are deep-seated and so

sodhana chikitsa like virechana, asthapana vasthy, snehapana, etc can be adopted.

The main treatment principles include *Samana* and *Sodhana*.

Samana Chikitsa- helps to mitigate the vitiated *dosas* and also to prevent the

reoccurrence of the symptoms after *sodhana chikitsa*. *Sodhana Chikitsa*- It includes treatments like *Rakthamokshana*, *virechana*, and *vasthi*.

Rakthamokshana-

According to *Acharya vagbhata*, *Rakthamokshana* should be given after *snehana*. It can be done by using can be done using *sringa*, *jalouka suchi*, *alabu*, and *prachana* or *siravedha*, based on the strength of the disease and degree of *dosa kopa*.

Virechana- Either *Snehayukta virechana* or *ruksha virechana* can be done after proper *snehana* and it is useful since it is *raktadushti*.

Vasthi: Anuvasana and asthapana vasthy can be administered frequently since there is severe vata kopa along with dhatugata avastha.

"Nirharedva malam tasya saghrutai ksheera vasthibhi". Vata occluded by mala can be removed by saghritha ksheera vasti and it pacifies vata kopa as well as rakta dushti.

"Na hi vasthi samam kinchit vatarakta chikitsitam. No other treatment comparable to *vasthi* is there for *vatarakta*.

Table 2: Types of *vatarakta* & it's *chikitsa*

Type of vatarakta	chikitsa
Vatadhika vatarakta	• Sneha pana and abhyanga using ghrita, taila, vasa and majja can be
	administered
	• <i>Vasti</i> can be done with the same
	• Lukewarm fomentation is also applicable
Rakthadhika and pittadhika vata-	• Ghrita pana, dugdha pana, and mridu virechana can be administered
raktha:	• pariseka with a decoction of pitta and rakta samana dravya
	• anuvasana vasti
	• seeta pralepa (according to Acharya charaka)
Kaphadhika vatarakta:	• Mridu vamana can be adopted here
	• The application of <i>snehana</i> , <i>svedana</i> , and <i>langhana</i> is useful.
	• Lukewarm <i>pralepa</i> which is not too cold or too hot.

Rasayana chikitsa- In vatarakta rasayanas like chyavanprasa, vardhamanapippali rasayana and Ayahpatra pippali rasayana can be given.

DISCUSSION

Nowadays, the incidence of RA is increasing at an alarming rate. It creates a lot of concern all over the world due to the huge curse and disabilities caused by it to the human. While considering the different aspects of this disease and comparing it with that of *vatarakta* mentioned in *Ayurveda* classics, it is evident that both of them are similar in various aspects. Even though modern medicine has flourished a lot, there are only limited measures available for the treatment of RA, which only deals with symptomatic relief and which may further lead to the occurrence of different complications in the affected individuals. There stands the relevance of *Ayurvedic* treatment modalities which can be ensured based on the stages of disease and *dosa* predominance.

The *samprapti* of *vatarakta* goes based on vitiation of *dosas* and how it reacts with *dushyas* to produce different types of symptoms and further leading to de-

formities of the joints. Here *vata* and *rakta* get vitiated by their own causative factor. Vitiated rakta obstructs the marga of vata. These get circulated throughout the body through siras due to the sukshmatwa and saratva of vata and dravatva and saratva properties of pitta. These get lodged in the sandhis and along with the sthanika pitta and kapha dosa, produce different symptoms like sopha, ruja, etc. Agnimandhya is a major cause of producing different types of diseases. Jadaragnimandya leading to mandhya of all other agni like bhutagni and dhatwagni can lead to the formation of ama. The dosas and dushyas get mixed with ama and evolve the sama avastha. This ama circulates through the srothas to different body parts and leads to the manifestation of diseases. In vatarakta, dhatugatha ama plays an important role. So, the treatment should start from Nidana parivajana. Advise the individuals to avoid all the diet and regimens that provoke the disease condition. Uthana vataraktha can be considered the acute phase of RA, where pain, swelling, warmth, and tenderness of the joints are predominant. Here the pathology remains in the twak and mandsa dhatu level. Later it becomes gambheera avastha by penetrating the deeper dhatus. Thus, the pannus formation, destruction of articular cartilage, bone, etc occurs and further leads to deformities. While considering the treatment first of all kapha vata hara treatment can be adopted since it helps to pacify the dhatugata ama and helps in relieving stiffness and swelling of the joints. Abhyanga can increase the oxygenated blood supply to the body parts including the joints thereby nourishing the joints in the acute phase, as the inflammation is predominant, the involvement of pitta dosa seems evident. So, bahya chikitsa like abhyanga, seka, etc can be done, and then sodhana karmas like virechana, vasthi, raktamokshana can be adopted. As pain is the major symptom, it is due to vata dosa, vasti can give much relief since it is the treatment for particular pacifying Virechana has its effect on pitta dosa thereby reducing swelling, redness, and warmth. Internal medications having vata rakta hara and amahara properties can be given along with this. Also, the effect of rasayana is so relevant in a palliative manner in order to reduce the symptoms and prevent the reoccurrence of the disease.

CONCLUSION

By analyzing the particular context from different angles, the resemblance between RA and *vatarakta* are easily noticeable. So, the different treatment modalities of *vatarakta* explained by *Acharyas* can be adopted in the management of RA, which is safe, beneficial, and cost-effective for the affected individuals. Thereby a great relief can be provided to the humans who are threatened with the miserable conditions of RA.

REFERENCES

 Manthappa. M. Manipal Prep Manual of Medicine, Diseases of Immune System, Connective Tissue and Joints.Chapter-10, CBS Publishers and Distributors

- Pvt Ltd New Delhi, 2nd Edition.2016; p-548
- Krishnadas. K.V. Text of Medicine 6th ed. New Delhi: Japee Brother Medical Publishers; 2017.vol I; p-719.727
- Lee Goldman, Andrew I. Schafer. Goldman-Cecil Medicine 25th ed. USA: Elsevier saunders 2016.vol 2; p-1756,1758.
- Longo DL, Fauci, Kasper, Hauser, Jameson, Lozcalzo, et al. Harrisons Principles of internal Medicine.19th ed. New York: The McGraw-Hill Companies;2012.; p-2738
- Musculoskeletal Condition (internet). 2018. available from http://www.who.int/mediacentre/factsheet/musculoskel etal/en
- Charaka, Dridhabala, Charaka Samhita, Chikitsa Sthana, Vatavyadhichikitsa, chapter-29, Reprint ed. Yadavaji Trikamji Achara., editor. Varanasi; Chaukhamba Krishnadas Academy; 2006.
- Acharya Vagbhata. Ashtanga Hridaya, translated by Prof K.R. Srikanta Murthy vol 2, Nidanasthana 16/5-17 Chaukhambha Krishnadas Academy, Varanasi; reprint-2013; p.160-162

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