A REVIEW ARTICLE ON AMAVATA W.S.R. RHEUMATOID ARTHRITIS

Nisha¹, Jaya Saklani Kala², Rashmi Agari³, Ajit Kumar Singh⁴

¹MD Scholar, ²Associate Professor, ³MD Scholar, ⁴MD Scholar, Kayachikitsa Dept. Haridwar, UAU, Uttarkhand, India

Email: Nishadeswal01@gmail.com

ABSTRACT

Amavata is made up of a mixture of two words, Ama and Vata. The ailment is often due to derangement of Agni, like Jatharagni, Dhatvagni and Bhutagni, etc. ensuing in the production of Ama and this Ama circulates in the complete body by means of the vitiated Vata and receives positioned in the Shleshmasthan (Amashaya, Athisandhi etc) inflicting pain, stiffness and swelling over the small and big joints making a person lame. The scientific presentation of Amavata closely mimics with the unique range of Rheumatological issues referred to as Rheumatoid Arthritis in accordance with their similarities on medical features Rheumatoid Arthritis (RA) is a continual inflammatory, unfavourable and deforming symmetrical polyarthritis related with systemic involvement. Amavata is one of the challenging disorders for the clinicians due to its chronicity, incurability, problems and morbidity. In allopathy remedy are suggested NSAIDS, steroids and DMARD, which offers the symptomatic relief, however those has more side effect. The Ayurvedic treatment not only devoid such type of sick effect, but also presents a higher way by using treating Agni and Ama at its by using treating Agni and Ama at its roots. The concepts of administration of Amavata are langhana, Swedana, Dravyas, Virechan, Basti as Shamana chikitsa. The first specified description of Amavata as a sickness is observed in Madhav Nidan, so the existing study offers with systemic assessment of Amavata w.s.r. Rheumatoid Arthritis from all the classics of Ayurveda and its management.

Keywords: Amavata, Ama, Langhan, Swedan, Virechan, Basti, Rheumatoid Arthritis.

INTRODUCTION

In the today’s stressful way of life, the food plan as well as the regimes of human beings has modified a lot. This leads to the slow feature of Agni. When Ama and Vata simultaneously get vitiated and enters the Trika and Sandhi ultimately main to stabdhata (stiffness) of the body, the circumstance is known as Amavata. Acharaya Madhavakara has clearly cited the Roopas (sign & symptoms) of Amavata in Madhav Nidana. The Pratyatma Laksana (Main symptoms) are Gatrat-abdhata, Sandhishula, Sandhishoth, Sparshasahya and Samanya Laksana (General symptoms) are Angmarda, Aruchi, Trishna, Alashya, Gaurav, Jvara, Apaka, Angasunmata. In modern Rheumatoid arthritis (RA) is a long-term autoimmune disorder that specially influences joints. Its consequences warm, swollen, and painful joints. Pain and stiffness regularly worsen following rest. Most com-
monly, the wrist and arms are involved, with the identical joints usually concerned on both facets of the body. The ailment may additionally also influence other parts of the body. This can also result in a low red blood corpuscles count, inflammation round the lungs, and inflammation around the heart. Fever and low energy might also be present.

**Aims and Objective** – To study the aetiopathogenesis, sign and symptoms and treatment of Amavata W.S.R. Rheumatoid Arthritis.

**Material and Method** – For this study literary method which include the references of Amavata and rheumatoid arthritis has been collected from the Ayurvedic and modern texts.

**Prevalence** - Epidemiological data provide proof of a regular upward shove in autoimmune sickness all through Westernized societies over the last decades. Researchers have identified 80-100 distinctive autoimmune ailments and suspect at least 40 additional illness of having an autoimmune basis. The overall world prevalence is 0.8% and regularly increases to 5% in ladies over the age of 70. RA is two to three instances extra frequent in women in contrast to men. The prevalence of rheumatoid arthritis in India in person has been mentioned to differ from 0.5 to 3.8% in women and from 0.15 to 1.35% in men. 

**Nidana of Amavata** (Etiology)- Acharya Madhavkara has clearly stated the Nidana (causative factor) of Amavata in Madhav Nidana

- **Viruddhahara (Antagonistic diet)** - The dietetic articles which are unwholesome for the normal Dhatu (tissue elements) and Doshas of the body and tend to disagree with the system are known as Viruddha. This Viruddha Ahara is most common etiological factor for most of the diseases similar is the case with the disease Amavata. It is most important factor responsible for Amavata. Charaka described the eighteen type of Virudha Ahara Along with this concept of “Ashta Vidha Ahara Visheshayatana” and “Dwadasha Pravichara” should also be kept in mind, while taking the meal. Both factors also play the major role in the manifestation of disease.

- **Viruddha cheshta (Erroneous habit)** - As the term indicates it includes the activities which are antagonist to the normal physiology of the body. The body is unable to cope with these activities thus, causing the production of disease. In our classics, Viruddha Cheshta has not been clear-cut described. It causes the vitiation of Agni and ultimately leads to the production of Ama, plays the major role in the manifestation of the disease. Vega Vidharana, Divaswapna, Ratri-jagarana, Ativayama, Ati-yyavaya, Visam Shayya Shayana etc. can be considered as Viruddha Cheshta for the disease.

- **Mandagni (Diminished Agni)** - The disturbance in the functioning of Agni in the body leads to various ailing states via formation of Ama. Thus, faulty digestive mechanism at the level of GIT otherwise termed as Mandagni is largely responsible for the formation of Ama.

- **Nischalata (Sedentary habit)** - Physical inactivity is responsible for Kapha Vridhdi which results in Agnimandya and consequently leads to the formation of Ama which is main pathogenic factor for the manifestation of disease.

- **Exertion immediately after taking snigdahara are the main etiological factor of Amavata.** RA is an autoimmune condition which, which means it’s caused by the immune system attacking healthy body tissue; however, it is not yet known the exact cause, some genetic and environmental factors affect the risk for RA.

- **Genetic factor** - RA is strongly associated with genes of the inherited tissue type major histocompatibility complex (MHC) antigen HLA-DR4 is the major genetic factor implicated – the relative importance varies across ethnic groups.

- **Environmental factors** - Smoking is an established risk factor for RA in Caucasian populations, increasing the risk three times compared to non-smokers, particularly in men, heavy smokers, and those who are rheumatoid factor positive.

**Samprapti of Amavata (Pathogenesis)** - When a person of sedentary habits with hypo functioning digestive mechanism indulge in incompatible diet and reg-
imen (Virrudhaahara – vihar) or does physical exercise after taking fatty food the Ama is formed and propelled by Vayan Vayu and reaches the site of Sleshma. Where this Amarasa, get vitiated by Vata, Pitta, and Kapha & then it is circulated (all over the body) through the vessels (Dhamini). Then it 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.

**Samprapti Gatka**

- **Dosha**: Vata Kapha pradhanTridoshaja, Amadosha.
- **Dushya**: Rasa, Rakta, Mamsa, Asthi, sandhi, Snayu, Kandara.
- **Srotodusti**: Sanga, Vamargaman.
- **Udbhavsthana** (origin) – Amapakvasayoththa.
- **Adhisthan**– Sarvasandhi (Whole body)
- **Rog Marga**: Madhyam Rogmarga
- **Vyadhi Shvabhava**– Aashukari, kastaparda
- Agni– Agnimandhya.

Diagrammatic Presentation of Samprapti of Amavata:-

<table>
<thead>
<tr>
<th>Nidanasevan - guru snigdha Annpana sevan</th>
<th>vyayamadi vata prakopakhetu sevana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agnimandhya</td>
<td>Vata prakopa</td>
</tr>
<tr>
<td>Amma dosha utpatti</td>
<td>Amma + Vata</td>
</tr>
<tr>
<td>Circulate all over the body through the Dhamini</td>
<td></td>
</tr>
<tr>
<td>Accumulation of Ama in Sleshmasthana (Trika, Ura, Amashaya, Hridhya, Sandhi)</td>
<td></td>
</tr>
<tr>
<td>Rasavaha Srotosanga</td>
<td></td>
</tr>
<tr>
<td>Sandhirashoola, shotha, stabdhata, Gauravata, jwara, hridorbalya Lakshana utpatti</td>
<td></td>
</tr>
<tr>
<td>Amavata Roga</td>
<td></td>
</tr>
</tbody>
</table>

**Roopa (sign and symptoms)**:

- **Sandhi shoola** - Pain in multiple joints mainly bilaterally symmetrical
- **Sandhi shotha** - Swelling in multiple joints
- **Gatra stabdhata** - Stiffness in the body and joints (mainly morning stiffness)
- **Angamarda** - Body ache, myalgia
- **Aruchi** - Anorexia
- **Apaka** - Indigestion
- **Trishana** - Thirsty
- **Gourav** - Heaviness in the body
- **Aalasya** - Lethargy
- **Angashunata** - Swelling in the body
- **Jwara** - Fever
- **Angavaikalya** - Deformities in joints
- **Jaadhyata** - Due to deformity limited movement in joints, weakness in grip

**Joints involvement in R.A.**

The joints involved most frequently are:

- Finger joint (40%) -MCP and PIP
- Shoulder joint (20%)
- Foot joint (20%)
➢ Wrist joint (15%)

**Joints deformity in R.A.**

❖ **Swan neck deformity** - Hyperextension at PIP joint and flexion at DIP joint.

❖ **Boutonniere deformity** (buttonhole deformity) - flexion of PIP joint and extension of DIP joint of the hand.

❖ **Z-deformity** - Hyperextension of the interphalangeal joint, fixed flexion and subluxation of the metacarpophalangeal joint gives a "Z" appearance to the thumb.

❖ **Ulnar deviation**

**Joint involvement Score**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>One large joint (shoulder, elbow, hip, knee, ankle)</td>
</tr>
<tr>
<td>1</td>
<td>Two to ten small joints</td>
</tr>
<tr>
<td>2</td>
<td>One to three small joints (MCP, PIP, MTP, thumb wrist)</td>
</tr>
<tr>
<td>3</td>
<td>Four to ten smalls joint</td>
</tr>
<tr>
<td>5</td>
<td>&gt; ten joints (at least one small joint)</td>
</tr>
</tbody>
</table>

**Serology**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Negative RF and anti- CCP antibodies</td>
</tr>
<tr>
<td>2</td>
<td>Low positive RF or Anti – CCP (Antibodies ≤ 3 times upper limit of normal)</td>
</tr>
<tr>
<td>3</td>
<td>High positive RF or anti- CCP antibodies (&gt;3 times upper limit of normal)</td>
</tr>
</tbody>
</table>

**Acute phase reactants**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Normal CRP and ESR</td>
</tr>
<tr>
<td>1</td>
<td>Abnormal CRP and ESR</td>
</tr>
</tbody>
</table>

**Duration of symptoms**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>&lt; Six weeks</td>
</tr>
<tr>
<td>1</td>
<td>≥ Six weeks</td>
</tr>
</tbody>
</table>

Total score ≥ 6 is indicative of definite rheumatoid arthritis.

**Marker of active phase of disease**

➢ AOCD (Anemia of chronic disease)

➢ Raised level of ESR.

➢ Raised level of CRP.

➢ Increased Platelet count.

➢ Decreased Synovial fluid viscosity.

**Chikitsa sidhanta**—Chakradatta was first inventor, who described the principles of treatment for Amavata which are Langhana, Swedana, drugs having Tikta Katu Rasa and Deepana action, Virechana, Snehana- na and Anuvasana as well Ksharabasti. Some of the important Amavata (R.A.) Nasak the drugs which are used can also be Guggulu, Vati, Kwatha are as follows:

**Description of various Upkrama:**

1. **Langhana**: any procedure that generates a sense of lightness in the body is langhana. Langhana is the first line treatment in Rasa pradoshaja vikaras and in Amashyotha vyadhis. Amavata is a Rasa pradoshaja vyadh and Ama is formed within Amashaya. In langhana there is no food available for digestion. hence Agni starts digesting Sama
Dosas. By this Dosa Kshaya occurs and Agni vru-
dhi occurs.

2. Swedana: that which induces sweating and
relieves Stambha, Gaurava and Sheeta. Amavata
is a Vata Kapha Pradhan Vyadhi having Stambha,
Gaurava and Sheeta as Pradhan Lakshanas.
Swedana indicated here is - Rutsha Swedana
(Valuka and Pottli)

3. Pachana/Tikta and katu Dravya prayoga: That
which digests Ama and increases the Agni. Tikta
Rasa is Akasha and Vayu Mahabhuta Pradhan
and is best Ama Pachaka as well as Agni Deepan.
Katu Rasa is Vayu and Agni mahabhuta Pradhan.
Chhedana and lekhana properties help to cure
Dosa Sammurchhana and Srotobhishyanda.

4. Deepana: Such drugs don’t have ability to digest
Ama, but they intensify Agni. Agnimandya is the
main causative factor responsible for the for-
mation of Ama. As such both the actions go hand
in hand. Deepana drugs do perform Pachana ac-
tion and vice versa.

5. Virechana: Though Virechana is the main line of
treatment in Pitta Dusti, but at the same time it is
also useful in Vata and Kapha dusti. Mrudu
samshodhana is also the line of treatment of Vata
Dosa. Shodhana is contraindicated in Samavstha,
ence Deepana Pachana are must pre procedure.
Virechana brings about Kosta shudhi and hence
Agnivrudhi, Srotoshodhana and Vataanulomana.

6. Snehana: As it aggravates Ama so contraindicated
in Amavstha. But to remove the Dosa sanga & to
pacify the Vata Dosa Snehana is required. Eranda
taila is a vyadhi pratyanika Sneha in Amavata.

7. Basti: Basti is the main treatment for Amavata
and for Vata vyadhi. Basti is said as Ardha
Chikitsa & sometimes Sampoorna Chikitsa, be-
cause it controls the Vata Dosa which is Pra-
dhana among the Tridosha.

8. Anuvasana: Here is no other medicine other than
Taila which can pacify Vata. Here Saindhavadi
taila is used for Anuvasana Basti. Any other if
Taila used here aids in the lakshana vruddhi rather
than pacifying them. Hence only those Tailas
which are processed with Amapachana Dravyas
are to be used here. Plain Eranda taila can also be
useful. But even with these Taila Basti to be start-
ed after proper Deepana Pachana otherwise
Amavrudhi will lead to lakshana vruddhi.

9. Asthapan: It pacifies Vata, at the same time Bas-
ti drags all the Tridosha from Pakvashaya.
Dashamula Kshara Basti & vaatarana Basti are
used here. Kshara does Ama Pachana and
Dashmula being Shothaghana and Laghana
reduces both the symptom

Churnam (3-5 gm)
1. Nagaramotha Churnam
2. Vaiswanara Churnam
3. Sata Pushpadi Churnam
4. Hingvadi Churnam
5. Chitrakadi Churnam
6. Devadarvadi Churnam
7. Pancha kola Churnam
8. Amritadi Churnam
9. Ajamodadi Churnam.
10. Bhallatakadi Churnam

Guggulu (250-500mg)
1. Sinhanad Guggulu
2. Shiva guggulu
3. Yogaraja Guggulu
4. Mahayograj Guggulu
5. Tryodashang Guggulu

Kwatha (40ml)
1. Rasnadi Kwatha
2. Rasna Saptaka Kwatha
3. Dashmoolu kwath
4. Sunthyadi Kvatha

Rasa Aushadhis
1. Amavatariras.
2. Amavatarivatika.
3. Amavateswararas.
4. Vatagajendraras

Treatment according to modern science 12-The goal
of treatment for rheumatoid arthritis is to reduce the
inflammation in the joints, relieve pain, prevent or
slow down joint damage, reduce disability and enable
you to be as active as possible. So, drugs for rheuma-
toid arthritis.
Rest and splitting of the joints should be instituted in the acute stage of illness. Active and passive physiotherapy help in mobilisation and prevention of contractures. Firstly, we start from NSAIDS to relieve pain and pathology, but after a 6-month treatment there is no relief then DMARDS should be given methotrexate is the drug of choice. Indication for the use of Glucocorticoid therapy will be given below.

**Drugs for RA**

A. **Nonsteroidal Anti-inflammatory drugs (NSAIDs)** –
   - Aspirin, indomethacine, fenamides, Celecoxib, roficoxib.

B. **Disease modifying anti-rheumatic drugs (DMARDs)** -
   1. **Non biological agent** - they target inflammatory pathway –
      - D-Penicillamine, Hydroxychloroquine, Sulfasalazine, Methotrexate
   2. **Biological agent** – they target cytokines and cell synthesis-
      - Anti TNF alpha Antagonist -Infliximab, Etanercept, Adalimumab
      - IL 1 Receptor antagonist- Anakinra
      - Anti-CD 20 Antibody – Rituximib
      - JAK - 1, JAK- 3 inhibitor- tofacitinib
      - JAK-1 JAK -2 inhibitor- baricitinib

C. **Immunosuppressive drug** - Leflunomide

D. **Glucocorticoid therapy** – indication-
   - Pleural effusion
   - Pericarditis
   - Eye involvement
   - Vasculitis
   - Mononeuritis multiplex

When disease is not controlled by NSAIDs and DMARDs

The treatment goal for diseases is to maintain the Agni of the patient and relieves the pain and swelling in joint. So, in treatment first *Langhana* is advised which help in Agni improvement and after that *Deeapan Pachana* is done with *Tikta* and *Katu Rasa*. To pacify the vata *Sneha Pana Swedana* and *Basti* are advised. No doubt allopathic system of medicine has got an important role to play in overcoming agony or pain, restricted movement and crippling caused by the articular disease. Drugs are available to ameliorate the symptoms due to inflammation in the form of NSAIDS and the long-term suppression is achieved by the DMARDs. But most of the NSAIDs have gastrointestinal side effects whereas DMARDs have marrow, renal and hepatic suppression. Hence, the management of this disease is merely insufficient in other systems of medicine and patients are continuously looking with a hope towards Ayurveda to overcome this challenge.

**CONCLUSION**

*Amavata* is a complicated of disease, pathogenesis of which lies in era of *Ama* after *Mandaagni*. This *Ama* alongside with vitiated Vata and *Kapha dosha* consequences in *Dosha-Dushya* combination, as a result producing the Nidus for signs of *Amavata* to occur. The sickness *Amavata* can be effectively compare to Rheumatoid arthritis. The purpose of the treatment in *Amavata* is to minimize *Ama* through its metabolism (*Amapachana*) and to normalise the two vitiated Vata and Kapha Dosa. Chronicity makes this disease difficulty for the treatment.

**REFERENCES**

1. Prevalence of Rhematoid arthritis


2. A book of Kayachikitsa part 2 by Professor Ajay Sharma Chaukhamba publication pg no.530-531
8. A thesis work by Dr. Shweta Pandey on Amavata wrs rheumatoid arthritis with Shiva Guggulu and Simhnaad Guggulu-2011-KC-GAAC, Ahmedabad, gau, Jamnagar

Source of Support: Nil
Conflict of Interest: None Declared