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

Dr. Archana Negi1, Dr. Shweta Shukla2, Dr. Deshraj Singh3

12nd year MD Scholar, Kayachikitsa
2Assistant Professor, P.G. Deptt. Of Kayachikitsa
3Medical Officer, P.G. Deptt. Of Kayachikitsa

Rishikul Campus, Uttarakhand Ayurved University, Haridwar, Uttarkhand, India

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 Viruddhahara (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 Angamardha (myalgia), Aruchi(tastelessness), Trishna (thirst),

ABSTRACT

Nowaday a 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 Kwathare are selected for the management of Amavata.

Keywords: Amavata, HingwadiChurna, Rasna Dashmula Kwatha

**Alasya** (laziness), **Gaurav** (heaviness), **Jwara** (pyrexia), **Apaka** (indigestion), **An-gashunata** (oedema) clinches the diagnosis of **Ama-vata**.¹

The clinical presentation of **Ama-vata** 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 **Ama-vata** (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 ShuddhaChikitsa.⁴

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

**DRUG REVIEW**

Following drugs described by Acharaya Chakradatta are selected for the management of **Ama-vata**:

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

These are selected keeping in mind the Chikitsasutra of Ama-vata given by Chakradatta and their ability to pacify the Ama and Vata dosha, 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.
Dr. Archana Negi Et Al: Management Of Amavata (Rheumatoid Arthritis) By Hingwadi Churna And Rasna Dashmula Kwaththa

## Contents Ratio

<table>
<thead>
<tr>
<th>Ratio</th>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.</td>
<td>Hinga <em>(Ferula narthex)</em> - 1 part</td>
</tr>
<tr>
<td>ii.</td>
<td>Chavya <em>(Piper retrofractum)</em> - 2 parts</td>
</tr>
<tr>
<td>iii.</td>
<td>Vid lavana - 3 parts</td>
</tr>
<tr>
<td>iv.</td>
<td>Shunthi <em>(Zingiber officinale)</em> - 4 parts</td>
</tr>
<tr>
<td>v.</td>
<td>Krishnaajaji <em>(Nigella sativa)</em> - 5 parts</td>
</tr>
<tr>
<td>vi.</td>
<td>Pushkarmula <em>(Inularacemosa)</em> - 6 parts</td>
</tr>
</tbody>
</table>

## Rasna Dashmula Kwatha Contents Ratio

<table>
<thead>
<tr>
<th>Ratio</th>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.</td>
<td>Dashmula - 1 part</td>
</tr>
<tr>
<td>ii.</td>
<td>Guduchi <em>(Tinosporacordifolia)</em> - 1 part</td>
</tr>
<tr>
<td>iii.</td>
<td>Eranda - mulatwaka <em>(Ricinus communis)</em> - 1 part</td>
</tr>
<tr>
<td>iv.</td>
<td>Rasna <em>(Pluchealanceolata)</em> - 1 part</td>
</tr>
<tr>
<td>v.</td>
<td>Shunthi <em>(Zingiber officinale)</em> - 1 part</td>
</tr>
<tr>
<td>vi.</td>
<td>Devdaru <em>(Cedrusdeodara)</em> - 1 part</td>
</tr>
</tbody>
</table>

## Probable Mode Of Action Of Drugs

### 1. Hingwadi Churna

<table>
<thead>
<tr>
<th>Drug</th>
<th>Rasa</th>
<th>Guna</th>
<th>Virya</th>
<th>Vipaka</th>
<th>Aushdha karma</th>
<th>Pharmacological Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Hinga</td>
<td>Katu</td>
<td>Laghu, Snigdha, Teekshna</td>
<td>Ushna</td>
<td>Katu</td>
<td>Kapha-VataShamak</td>
<td>Analgesic, Carminative, Antimicrobial</td>
</tr>
<tr>
<td>ii. Chavya</td>
<td>Katu</td>
<td>Laghu, Ruksha</td>
<td>Ushna</td>
<td>Katu</td>
<td>Kapha-VataShamak</td>
<td>Anti-microbial</td>
</tr>
<tr>
<td>iii. Vidlavana</td>
<td></td>
<td>Ushna, Teekshna, Vyavayi, Anulomman</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iv. Shunthi</td>
<td>Katu</td>
<td>Laghu, Snigdha</td>
<td>Ushna</td>
<td>Madhura</td>
<td>Kapha-VataShamak</td>
<td>Deepana, Shulaprashaman</td>
</tr>
<tr>
<td>v. Krishnaajaji</td>
<td>Katu, Tikta</td>
<td>Laghu, Ruksha, Teekshna</td>
<td>Ushna</td>
<td>Katu</td>
<td>Kapha-VataShamak</td>
<td>Deepana, Shulaprashaman</td>
</tr>
<tr>
<td>vi. Pushkarmula</td>
<td>Tikta, Katu</td>
<td>Laghu, Teekshna</td>
<td>Ushna</td>
<td>Katu</td>
<td>Kapha-VataShamak</td>
<td>Deepana, Panchana</td>
</tr>
</tbody>
</table>

## PROBABLE MODE OF ACTION OF DRUGS

### 1. Hingwadi Churna

- **Katu**
  - Laghu
  - Snigdha
  - Teekshna

- **Ushna**
  - Kapha
  - VataShamak

- **Deepana**
- Analgesic
- Carminative
- Antimicrobial

### 2. Rasna Dashmula Kwatha

- **Katu**
  - Laghu
  - Ruksha

- **Ushna**
  - Kapha
  - VataShamak

- **Deepana**
  - Panchana

### 3. Francis (Teekshna)

- **Katu**
  - Laghu
  - Snigdha

- **Ushna**
  - Madhura
  - Kapha
  - VataShamak

- **Deepana**
  - Shulaprashaman

### 4. Shunthi (Teekshna)

- **Katu**
  - Laghu
  - Snigdha

- **Ushna**
  - Kapha
  - VataShamak

- **Deepana**
  - Shulaprashaman

### 5. Krishnaajaji (Ricinus communis)

- **Katu**
  - Tikta

- **Ushna**
  - Madhura
  - Kapha
  - VataShamak

- **Rochana**
  - Shulaprashamana

- **Deepana**
  - Shulaprashaman

- **Kapha-VataShamak**

### 6. Pushkarmula (Ricinus communis)

- **Katu**
  - Tikta

- **Ushna**
  - Madhura
  - Kapha
  - VataShamak

- **Deepana**
  - Shulaprashaman

- **Panchana**

- **Anulomana**

- **Anti-inflamatory, Anti-pyretic**

- **Analgesic, Anti-inflamatory, Anti-pyretic**

- **Anti-inflamatory, Anti-oxidant**
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*

<table>
<thead>
<tr>
<th>Drug</th>
<th>Rasa</th>
<th>Guna</th>
<th>Virya</th>
<th>Vipaka</th>
<th>Doshakarma</th>
<th>Aushdha karma</th>
<th>Pharmacological action</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. <em>Dashmula</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tridosha-nashak</td>
<td>Amapachan, Sarvajwaranashan</td>
<td>Anti-inflammatory</td>
</tr>
<tr>
<td>ii. <em>Guduchi</em></td>
<td>Tikta, Kashaya</td>
<td>Guru, Snighda</td>
<td>Ushna</td>
<td>Madhura</td>
<td>Tridosha-Shamak</td>
<td>Vrishya, Rasayan</td>
<td>Immunomodulator, anti-inflammatory, antioxidant</td>
</tr>
</tbody>
</table>

1. *Rasna Dashmula Kwathais 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 Vatahadravyaby Acharya Charka.7

Thus, it subsides the symptoms caused by aggravated like Angamarda (body ache), Shula (pain) etc. Bhavaprakash has given the following quotation for the EranndaSneha:8

"अमवातागतां जन्तुर्वशयश्च शरीरावरोधायाः"

Moreover, Erandamula is Kapha-Vata Shamak and has anti-inflammatory, analgesic and anti-pyretic properties.

4. Rasna is considered best Vatahara drug by Acharya Charka.9

5. Rasna, Shunthi and Devdaru all are Kapha-Vata Shamak, Deepana, Shulaprasamana 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, PachanaChikita for the digestion of Ama and the use of Shothahara, Vednathapan, Shulaprasamana Dravyas etc. for subsiding the symptoms. Hingwadi Churna and Rasnadashmula Kwatha due to their contents will be beneficial in alleviating Amavata.

REFERENCES


7. Ibidem Charakasamhita (1) Yajjaipurushiya Adhyaya ,25/40;468


9. IbidemCharakasamhita (1) Yajjaipurushiya Adhyaya ,25/40;468

CORRESPONDING AUTHOR

Dr. Archana Negi

Email: archananegi89@gmail.com
Source of Support: Nil
Conflict of Interest: None Declared