

RHEUMATOID ARTHRITIS AND ITS AYURVEDIC CONTROVERSIAL CORRELATIONS

Arya. S¹, L. Mahadevan², Miharjan. K³, Arjunchand. C. P.⁴, Lekshmi. R.⁵

¹PG Scholar; ²Associate Professor; ³Professor and Head; ⁴Assistant Professor; ⁵Assistant Professor;
Dept: of Kayachikitsa, Pankajakasthuri Ayurveda Medical College and Post Graduate Centre, Kattakkada,
Thiruvananthapuram, India.

Email: aryasudheemohan@gmail.com

ABSTRACT

Rheumatoid Arthritis (RA) is an autoimmune disorder that primarily targets the joints but can affect other body parts as well. It causes pain and limits the function of joints. There is joint swelling, redness, & stiffness. There may be associated fever, lymph nodes swelling, weight loss, tiredness, loss of appetite and poor sleep. The cause for the disease is still completely unknown. RA adds risk of cardiac and pulmonary disorders, risk of lymphomas, peripheral neuropathy, carpal tunnel syndrome, baker's cyst, subcutaneous nodules systemic vasculitis etc. Even though science has advanced to such a great extent, there is not much effective medical management for RA. As the contemporary medical sciences aims to give symptomatic relief of pain by administering NSAIDs & modification of disease pathology by administering DMARDs etc. There stands the relevance of *Ayurveda*. There always stands a controversy while coming to the *Ayurvedic* understanding of Rheumatoid Arthritis. Experts in *Ayurveda* have tried to explain RA incorporates the knowledge from *Vatarakta* & *Amavata* which are two different disease entities. In this study a humble attempt has been made to compare the causes, pathogenesis, clinical features & prognosis of Rheumatoid Arthritis with *Nidana*, *Samprapti*, *Purvaroopo*, *Roopa*, *Sadhya-asadhyatha* of *Vatarakta* & *Amavata* and tried to find out which one is more similar to RA.

Keywords: Rheumatoid arthritis, *Vatarakta*, *Amavata*

INTRODUCTION

Rheumatoid Arthritis (RA) is an autoimmune disorder that primarily targets the joints but can affect other body parts as well. It causes pain and limits the function of joints. There is joint swelling, redness, & stiffness. There may be associated fever, lymph nodes swelling, weight loss, tiredness, loss of appetite and poor sleep. The causes for the disease is still completely unknown^[1]. RA adds risk of cardiac and pul-

monary disorders, risk of lymphomas, peripheral neuropathy, carpal tunnel syndrome, baker's cyst, subcutaneous nodules, systemic vasculitis etc.

Rationale and background

Gender prediction ratio of RA is 3 women: 1 man. ^[2]
People with RA has 3 fold increased mortality rate, that is median life expectancy shortens by 3-7 years.

The prevalence of Rheumatoid Arthritis increase with age, highest among people of age 65years and older, women and those who are obese.^[3] In India, the prevalence of RA is 0.75%.^[4] Projected to the whole population, this would give a total of about 7 million patients in India. The incidence also increases with age, peaking between 4th and 6th decades. 80% of all patients develop the disease between the ages of 35 and 50^[5]. Even genetic factor has an important role in the susceptibility to Rheumatoid Arthritis.^[6]

Even though science advanced to such a great extent, there is no much effective medical management for RA. As the contemporary medical sciences aims to give symptomatic relief of pain by administering NSAIDs & modification of disease, pathology by administering DMARDs etc. There stands the relevance of *Ayurveda*. The ancient medical wisdom *Ayurveda* mentions diseases called *Vatasonita* & *Amavata*. Commonly these concepts can be applied to under-

stand and relate RA. In this study, a humble attempt has been made to compare the features of RA with these two diseases & tried to find out which one among these, is more similar to RA and thus to do the most reliable treatment for RA through *Ayurveda*.

AIM: To find out which one among *Vatarakta* and *Amavata* is sharing most common features with RA.

COMPARISON OF FEATURES OF RA WITH THAT OF *VATARAKTA* & *AMAVATA*

In the following tables, it's a humble attempt to compare the causes, pathogenesis, clinical features & prognosis of Rheumatoid Arthritis with *Nidana*, *Samprapti*, *Purvaroop*, *Roopa*, *Sadhya-asadhyath*, of *Vatarakta* & *Amavata* which is mentioned in classical textbooks and tried to find out which one is more similar to RA

TABLE 1:

FEATURES	RHEUMATOID ARTHRITIS	<i>VATARAKTA</i>	<i>AMAVATA</i>
Predisposition	Common in females ^[1]	<i>Prayasahsukumaraanam</i> ^[7] (Seen in people who are more tender in nature)	----
Pathogenesis	Many constituents in blood play a vital role in pathogenesis ^[1]	<i>Raktadhatu</i> is getting vitiated here ^[7]	----
Chronicity	Very chronic ^[1]	<i>Chirakari</i> ^[7] <i>Kalantharena</i> ^[9] becomes <i>Gambheera</i> (Chronic in nature)	<i>Janatyasudourbalyam</i> ^[8] (It produces weakness of heart immediately).
Remission & Exacerbation	Flares and relapse are commonly seen ^[1]	<i>Rukbhutvabhutvanasyathi</i> ^[7] . (frequently pain appears and disappears)	----
Articular Manifestation	Articular manifestation is most commonly seen.	<i>Parvaswabhihitam</i> <i>Kshubdam</i> <i>vakratvat avathishtate</i> ^[7] Joint involvement is common.	Affects the joints ^[8]
Articular Feature 1	Smaller joints are commonly involved ^[1]	Smaller joints of feet and hands are mentioned as the initial sites of the disease (<i>Krutvaadouhastapadetumoolamdehe vidhavati</i>) ^[7]	It becomes incurable when it affects all joints of hands, feet, head, heels, waist, knee and thighs (<i>Hasthapedasirogulphatrikaja nurusandhishu</i>) ^[8]
Articular Feature 2	Cervical spine is commonly involved ^[1]	<i>Sirograha</i> which leads to limitation of movements of the neck is mentioned as an <i>Upadrava</i> . ^[7]	----

TABLE 2:

FEATURES	RHEUMATOID ARTHRITIS	VATARAKTA	AMAVATA
Pain	Pain in joints are one of the most commonest clinical feature of RA. ^[1]	Different types of pain like <i>Soola</i> , (Colic Pain), <i>Bhrusaruk</i> (Excessive Pain), <i>Vedana</i> (Pain), <i>Ruk</i> (Ache), <i>Toda</i> (Pricking Pain), <i>Bheda</i> (Piercing Pain), <i>Artiman</i> (Excruciating Pain) <i>Atiruk</i> (Excessive Pain) etc. are mentioned. ^[7]	<i>Angamarda</i> , (Generalised body pain) <i>Sadese rujyate atyartha vyavidhai va vruschikai</i> : ^[8] . (pain like bitten by <i>Vrischika</i>)
Tenderness	Tenderness presents in the affected joints. ^[1]	<i>Sparsaasahishnutha</i> ^[9] (Tenderness)	----
Swelling	Commonly seen in the joints ^[1]	<i>Gambheereswayadhu</i> ^[7] (in deep seated <i>Vatarakta</i> odema will be present) .	<i>Soonatamanganamamavatasyalakshanam</i> ^[7] (Swelling Of The Body Parts).
Redness	Redness is commonly seen in the affected joints ^[1]	<i>Raga-Pakasoshaschoktanipaittikai</i> ^[7] (Redness)	<i>Pittat Sadaha Raga</i> (If <i>Pitta</i> becomes the predominant one there will be burning sensation & redness of the affected joint.)
Warmth	Most commonly seen in smaller joints. ^[1]	<i>Oosha</i> , <i>Bhrisoshmata</i> , <i>Daha</i> ^[7] (Burning sensation seen in <i>Paittika Vatarakta</i>)	<i>Daham</i> ^[7] (Burning sensation as one of it's complication & feature of <i>Pittadhikavatarakta</i>)
Stiffness	Stiffness of joints is commonly seen ^[1]	<i>Stabdata</i> ^[7] (stiffness of the joints seen in <i>Uttanavatarakta</i>).	<i>Stabdam Cha Kurutegathram</i> ^[8] (Produces stiffness of the body)

TABLE 3:

FEATURES	RHEUMATOID ARTHRITIS	VATARAKTA	AMAVATA
Fever	Fever is a clinical feature of RA. ^[1]	<i>Jwara</i> ^[7] (Fever is one of its complication)	<i>Jwara</i> ^[8] (Fever is one of its clinical feature)
Anorexia	Commonly seen ^[1]	<i>Aruchi</i> ^[7] (Anorexia is one of its complication).	<i>Aruchi</i> , (Loss of taste) <i>Vairasyam</i> ^[8] (Bad taste in the mouth.)
Fatigue	Fatigue is a commonly seen in RA. ^[1]	<i>Sada</i> , <i>Alasya</i> , <i>Sadana</i> ^[7] (Indolence & Asthenia)	<i>Alasyam</i> , <i>Utsahahani</i> ^[8] (Lack of enthusiasm)
Cutaneous manifestations	Reddish discoloration of skin ^[1]	<i>Visarpa</i> , (erysipelas) <i>Raga</i> (redness) <i>Mandalotpatti</i> ^[7] (Circular patches over the body).	----
Subcutaneous manifestations	Nodules are commonly seen in extensor surfaces and even it can happen in lungs ^[1]	<i>Pidaka</i> (Appearance of pimples), <i>Arbuda</i> , <i>Mamsakodha</i> are mentioned under <i>Upadravas</i> ^[7]	----

Sleep	Reduces or disturbed due to pain . ^[1]	<i>Aswapna</i> ^[7] (Sleeplessness)	<i>Nidraviparyaya</i> ^[8] (Loss Of Sleep).
Abdominal Discomfort	----	----	<i>Kukshoukatinanam shoolam</i> ^[8] (hardness of abdomen & pain)
Involvement of Heart	If RA affects heart , it can lead to Pericarditis ^[1]	----	<i>Janayatyasudoubalyamgouravamhrudayasya Vyadheenamasrayohyosha: </i> ^[8] (produces weakness & heaviness of Heart, which becomes the seat of the disease). <i>Hrudgraha</i> (Pain in the Heart)
Urinary Dis-turbances	----	----	<i>Bahumootrata</i> ^[8] (Profuse Urination)

TABLE 4:

FEATURES	RHEUMATOID ARTHRITIS	<i>VATARAKTA</i>	<i>AMAVATA</i>
Weakness & Atrophy	Weakness & atrophy of skeletal muscles ^[1]	<i>Soshaschoktani, Klama</i> ^[7]	----
Instability of Joints	Deformities and resultant loss of functions. ^[1]	<i>Sandhisaitihilya</i> ^[7] . (Looseness of joints)	----
Contractures	Contactures Over time can cause joints to deform. ^[1]	<i>Dhamaniangulisandheenamsan kocha</i> ^[7] (Contraction of vessels, fingers, including toes, and joints)	----
Deformities and resultant loss of functions	Can eventually result in bone erosion and joint deformity leads to loss of normal function. ^[1]	<i>Chindannivacharatyantarakre ekurvaschavegavan karoutiKhanjapanguvasarvatas charan </i> ^[7] (Aggravated <i>Vayu</i> moves through the joints ,bones and bone –marrow as if cutting them to make the joints curved inwards), <i>Angulivakrata</i> (Curvature of fingers and joints)	----
Prognosis	Usually patients with systemic involvement have a poor prognosis. Sustained disease activity of more than one year duration is associated with poor outcome ^[1]	<i>Vatarakta</i> with <i>Upadravas</i> like <i>Jwara</i> (Fever), <i>Aruchi</i> (Anorexia) <i>Mamsakodha</i> (Sloughness of muscles), <i>Arbuda</i> (Tumours) Deformities like <i>Angulivakrata</i> and associated with all <i>Upadravas</i> considered as <i>Asadhya</i> ^[7]	It becomes difficult to cure when it affects all the joints of Hands, Feet, Head, Heels, Waist, Knee and Thighs causing painful swelling, which shifts from place to place, pain like <i>Vrischikavidha</i> . <i>Sarvadehacharasothas akruchra: </i> ^[8] (Difficult to cure if the swelling is seen moving to all joints of the body).

DISCUSSION

There are few features which are common to above said three disorders, which include Fever, Pain, Sleep disturbance, Stiffness and Fatigue. RA may present

with Fever as it is one of its clinical feature. In *Vatarakta*, *Jwara* is mentioned as one among its complication (*Upadrava*) not as a clinical feature of any of its types. In case of *Amavata*, *Jwara* is one of the first

and foremost symptom may due to the *Amatva* in the *Koshta*. Pain in RA particularly refers to articular pain & smaller joints are most commonly involved even it can happen to other joints. Smaller joints of feet and hands are mentioned as the initial sites of pain in *Vatarakta*. *Amavata* becomes difficult to manage when it affects all joints of Hands, Feet, Head, Heels, Waist, Knee, Thighs and generalized pain (*Angamarda*) is one of its commonest features. Disturbed sleep common in all the three may be due to the severe pain. Joint stiffness is one of the most common clinical features in RA. *Sthabdhata* of *Sandhi* (Joint stiffness) is also present in *Vatarakta* & in *Amavata* *Sthabdhata* of *Gathra* / body is mentioned, as both these affects mainly the joints which are the *Sthana* of *Kapha*. Fatigue is a common feature of RA, also of *Vatarakta* & *Amavata* may due to the *Dhatudushti* happen in all the three. Anorexia is a clinical feature of RA, in *Vatarakta* *aruchi* comes as one of its *Upadrava* where as in case of *Amavata*, *Aruchi* is one of the first and foremost feature may due to the formation of *Ama* in the body.

- ❖ The above tables show that, there is only one feature which is only common to Rheumatoid Arthritis & *Amavata*. That is involvement of Heart, in *Amavata*, *Hrudaya* becomes the seat of the disease and *Hrudayagouravata* as a symptom. In RA, pericarditis may happen only if RA affects the heart. Also clinical features of *Amavata* like *Bahumootrata*, *Kukshoukatinanamsoola*, *Anagagouravata*, *Asukaritva* etc are not seen in RA.
- ❖ *Vatarakta* is one of the diseases claiming heavy loss of power. It is not merely a disease of the locomotor system, but more of a disease with other system involvement. Even the same things happen in RA. *Rakta* which is *Sarvadeha Sanchari* with function of *Jeevana* is getting involved here in *Vatarakta* which affects the total immunity of the patient. In RA also, immunity is affected being an autoimmune disorder. *Vatarakta* on analysis seems to be a *Tridoshik* disorder, since *Vata* and *Rakta* getting located in *Sleshmasthana* that is in *Sandhi*. However, pathology involves the predom-

inance of *Vata* and *Rakta*. Even though RA primarily targets the joints and there also happens derangement in blood in its pathology. Gender prediction ratio shows that RA is more common in females. As per the classics *Vatarakta* occurs more on *Sukumraprkruthi*'s, Females are considered to be more *Sukumara* than comparing males. Both RA & *Vatarakta* are chronic in nature. Remission and Exacerbation are common in both of these. Many constituents in the blood play a vital role in the pathogenesis of RA & *Raktadhatudushti* happens in *Vatarakta*. In both these conditions, smaller joints are most commonly gets affected in the earlier stages itself. Contractures over the time can cause joint deformity in RA and *Kalantharena*, *Uthana* *Vatarakta* becomes *Gambheera* and leads to *Anthar Vakreekarana* of *Sandhi*'s, *Dhamaniangulisandheenamsankocha* is mentioned and leads to *Khanja*, *Pangu*, *Angulivakrata* like *Upadravas*. Cervical spine is commonly involved in RA and *Sirograha* which leads to limitation of movements of the neck is mentioned as an *Upadrava* of *Vatarakta*. In RA, tenderness presents in the affected joints and in case of *Vatarakta*, *Sparsa Asahishnutwa* is mentioned as a feature of *Pittadhika* *Vatarakta*. Swelling, redness and warmth are the most common clinical manifestation in RA. Whereas, *Gambheera* *Vatarakta* gives rise to *Swayadhu*; *Paittika* *Vatarakta* has characteristic features like *Raga*, *Bhrisoshmata*, *Daha*. Reddish discoloration of skin and formation of nodules are common manifestations in RA, *Pidaka*, *Arbuda*, *Mamsakodha* such features are mentioned under *Upadravas* of *Vatarakta*.

CONCLUSION

The broad spectrum of *Vatarakta* cannot be restricted just only to RA, since many disease presentations ranging from deep skin manifestations to other joint pathologies come under the spectrum. While going through the references of *Vatarakta* and *Amavata*, the causes, pathogenesis, clinical features and prognosis

of RA is found very much similar to *Vatarakta*. So, we can adopt its treatment protocol as the most reliable treatment for RA in *Ayurveda*.

ACKNOWLEDGEMENT

The authors sincerely acknowledge, Padmasree Dr. J Hareendran Nair, Chief physician and Managing Director, Pankajakasthuri Ayurveda Medical College and PGC Hospital, Kattakkada for his valuable guidance regarding this work.

The authors sincerely acknowledge Doctors of Y. Mahadeva Iyers, Sri Sarada Ayurveda Hospital, Derisanamcope for their valuable guidance regarding this work.

REFERENCES

1. Longo D L, Fauci, Kasper, Hauser, Jameson, Lozcalzo, et al Rheumatic arthritis .In: Harrison's principal of internal medicine (18th edition) Fauci.et.al Published by MCGraw Hill medical (vol.2) page no.2738 chapter 321
2. Principles of Internal Medicine.19th ed. New York, NY: The Mc. Graw Hill Companies; 2012. Accessed oct.13, 2015.pg 2738.
3. Wolf A M, Kellgren J H, Masi AT. The epidemiology of rheumatoid arthritis: a review.||. Incidence and diagnostic criteria. Bull Rheum Dis.1968;19:524-529 [Pubmed]
4. Centers for Disease Control and Protection. Prevalence of doctor-diagnosed arthritis attributable effects among Hispanic adults, by Hispanic subgroup- United states, 2007-2009. MMWR.2011; 60(06);167-167.
5. Article in Rheumatology International 13(4):131-4.February 1993 [Pubmed]
6. Wolf A M, Kellgren J H, Masi A T. The epidemiology of rheumatoid arthritis: a review.||.Incidence and diagnostic criteria. Bull Rheum Dis.1968;19:524-529[Pubmed]
7. Agnivesa. Revised by charaka and dridabala. charakasamhita with ayurveda deepika commentary of chakrapanidutta, chikitsasthana 5th vol.29th/7-34 slokas, Reprint 2012: choukambha orientalia Varanasi 2007.
8. Madhaavkara. Madhavanidana Shriyadunandan Upadhyay (vol1) 25th/4-12 slokas Reprint 2006. Chaukambha Sanskrit Sansthan, Varanasi.

9. Vagbhata's Ashtangahrudayam by Prof. K.R. Srikanthamurthy- 2nd vol. Nidana sthana 16th chap. slokas^{9th}, 5th ed. 2003, Varanasi. Chowkhambhaoriental's series

Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Arya. S et al: Rheumatoid Arthritis And Its Ayurvedic Controversial Correlations. International Ayurvedic Medical Journal {online} 2019 {cited March, 2019} Available from: http://www.iamj.in/posts/images/upload/439_444.pdf