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

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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 leading to Shotha(Swelling), Stabdhata(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 Gatratstabdhata (Stiffness in body), Sandhishula (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, RukshaSvedaetc supported by most acharya for the treatment of Amavata.

Keywords: Rheumatoid Arthritis, Stabdhata, Synovitis, Sandhishotha, Amavata

ABSTRACT

As per Ayurveda, Vitiated Ama and Vata simultaneously lodge in Trika and Sandhi leading to Shotha(Swelling), Stabdhata(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 Gatratstabdhata (Stiffness in body), Sandhishula (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, RukshaSvedaetc supported by most acharya for the treatment of Amavata.

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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 digestion power), Gruhahara (Heavy meal), Avayayam (Sedentary life style), ViruddhaAhara (incompatible food), ViruddhaChesta.⁶

**Sign & Symptoms of Amavata:** AcharayaMadhavkara has clearly stated the Rupas (sign & symptoms) of Amavata in MadhavNidana. The PratyatmaLaksa-na (Main symptoms) are Gattrastabdhdhata, Sandhishula, Sandhishoth, SparshasahyataamSamanya. Laksana (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 (Dypsa), Chardi (Chardi), Bahumurtata (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 (Virrudhahaahara – 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 itis 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

**SampraptiGhatak of Amavata:**¹¹
Dosha— Tridoshajamainlyvata (Vyana, Samana, Apana) andKapha (Kledak, Bho-dhak, Sleshak).
Dushya- Rasa, Mamsa, Asthi, Majja.
Upadhatu- Snayu, Kandara.
Srotodusti– Sanga, Vimagargaman.

Diagrammatic Presentation of Samprapti of Amavata:-

Nidanasevan
AgnimandhyaTridoshaPrakopa
\[
\text{Amotpatti}
\]
AccumulationofAmainSleshmasthan
\[
\text{Ama in Hridhya&Dhamni}
\]
Further Vittiation ofAmainDhamambyVata, Pitta andKapha
\[
\text{NanavarnaAtipichhilaAma}
\]
Sroto-Abhishyanda (Rasa, Asthi, Majja.Mainly RasavahiSrotas)
\[
\text{HridyagtaSarirgataTrikaSandhigata}
\]
\[
\text{Amavata}
\]

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:

(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 Yogaratnakar followed the same guideline. LanghanaSvedana, Tikta, Katurasasevan, Dipana, Virechana, Snehan, Basti, RuksaSvedaete supported by most acharya for the treatment of Amavata.

Some Herbal Preparations useful in Amavata:-

• Fomentation should be Ruksa (dry) type using bags of heated sand, or Upnahas (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 (Anthumsowa), Vacha (Acoruscalamus), Vishva (Zingiberofficinale), Gokshura (Tribulusterrestris), bark of Varuna (Crataevaunvala), 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.

• Chitakra (Plumbagozeylanica), Katuka(Picrorhizakurroa), Patha (Cissampelospareira) Kalingra, Ativisha (Aconitum hetrophyllum), Amrta (Tenosporacordifolia), Devedaru (Cedrusdeodara) Vacha (Acoruscalamus) Musta (Citrus rotundus), Nagara (Zingiberofficinale), and Abhya (Terminaliachihebula) 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 (Terminaliachihebula), Ativisha (Aconitum heterophyllum) and Amrta (Tinosporacordifollia) is a good digestive in Amavata.

• Decoction of Punarnva (Boerhaviadiffusa), Brhati (Solanumindicum), Vrdhmana (Eranda) (Ricinuscommunis), Phanijaka (Origanummajuran), Murva (Marsdenianacentissima) 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 (Terminaliachihebula), added with and Amrta (Tinosporacordifollia) or consuming Guggulu (Commiphoramukul) along with cows urine or consume paste of Vishva(Zingiberofficinale) and Alambusa or of Tila(Cessamuminidicum) and Vishva(Zingiberofficinale) all are helpful.

• Decoction of Vishva(Zingiberofficinale), Pathya (Terminaliachihebula), and Amrta (Tinosporacordifollia) 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), Chitrika (Plumbagozeylanica) and Nagar(Zingiberofficinale) made into decoction should be consumed for cure of Amavata.

• Paste of Sunthi(Zingiberofficinale) and VishvaUsadhi added to the decoction of Varsabhu(Punarnva) (Boerhaviadiffusa) and consumed for seven days cure Amavata.

• Chitaraka(Plumbagozeylanica), Indrayan (Citruluscolocinthesia) Patha (Cissampelospareira) Katuka (Picrorhizakurroa), Ativisha (Aconitum hetrophyllum) and Abhya(Terminaliachihebula) made into fine powder should be administered with warm water for curing Amavata.

• To win over/defeat the mighty elephant called Amavataroamingall over the body only one (Keshari-lion) called ErandaTaila(Castor-oil) is enough.16

• Leaves of Aragwadha(Cassia fistula) fried in Katutaila (mustered oil) consumed before might meals makes the person free from Ama.

• Decoction of Shunthi(Zingiberofficinale) and Gokhsura (Tribulusterresteris) con-
sumed in the morning daily relieves pain of the waist.

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

**Classic Ayurvedic formulations helpful in Amavata:**

- **Swarasa:** Rasna, Prasarini, Nirgundi etc.
- **Kwath:** Rasnasaptak, Rasnadashmoola, Dasmulyadietc.
- **Churna:** Ajmodadi, Badwanal, Vaisvanar, Pachcholaetc.
- **Vati:** Sanjivini, Agnimitundi, Amavatari Vatti etc.
- **Guggulu:** Singhnaad, Keshor, Rasnadi, Amritadi Yograujetc.
- **Rasa:** Amavatavidhvansan, Samirpannag, Amavatarietc.
- **Asav:** Arista, Amriterista, Dashmoolarista, Devdaryadietc.
- **Swedan:** LavanSweedan, BalukaSweedanetc.

**Diet**:

- 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 symp-
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**

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Source of support: Nil
Conflict of interest: None Declared