

**Rheumatoid Arthritis: A literary review based on Ayurved classics**
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**ABSTRACT:-**

Life comprises of states of health and disease. *Ayurveda*, the unbeaten science deals with these states of life. *Ayurveda* incorporates both the preventive and curative aspects of human ailments, promising it to be holistic science. The science of *Ayurveda* is renowned for healing of Musculoskeletal and Neurological complaints. The following topic “Rheumatoid Arthritis: A literary review based on *ayurvedic* classics” is reviewed through *Ayurvedic* classics in integration to modern medical facts in the causation and the course of the disease *Amavata* with reference to Rheumatoid Arthritis. *Amavata* is the most prevailing disease of current era, which is resulted due to the impaired functioning of *kayagni*. The disease is characteristically identified by the presence of its systemic and more so over the generalized symptoms like – *Angmarda*, *Aruchi*, *Trusana*, *Alasaya*, *Gourava*, *Jwara*, and *Apaka*. Later in the content of some specific more so over localized complaints like *Sandhishotha*,

*Sandhishool* and *Sandhistabhata*. The disease is said to obtain a critical picture with many dreadful complications in due course of its progression. It is the disease of *Madhyama roga marga*, so the treatment of *Amavata* is said to be *Krichrasadhya*.

**Key words:-**
*Amavata*, R.A., Arthritis, *Ama*.

**INTRODUCTION**

*Amavata* is a disease in which in which vitiation of Vata dosha and accumulation of *Ama* taken place in joints. *Ama* is a undigested product, which is not homogenous for the body, whenever that *Ama* gets localized in the body tissue or joints, it can lead to production of pain, stiffness, swelling, tenderness etc in the related joints.

The features of *Amavata* are much identical to Rheumatoid Arthritis. This is an autoimmune disease that causes chronic inflammation of the joints. The disease usually being gradually with fatigue, morning stiffness, and widespread muscle aches, loss of appetite & weakness.

About 2% of the world population is effected by R.A., women three times more often than men. It is most likely to strike people 30-40 yr of age, but it can occur in children, teenagers and elderly people

### LITERARY REVIEW:-

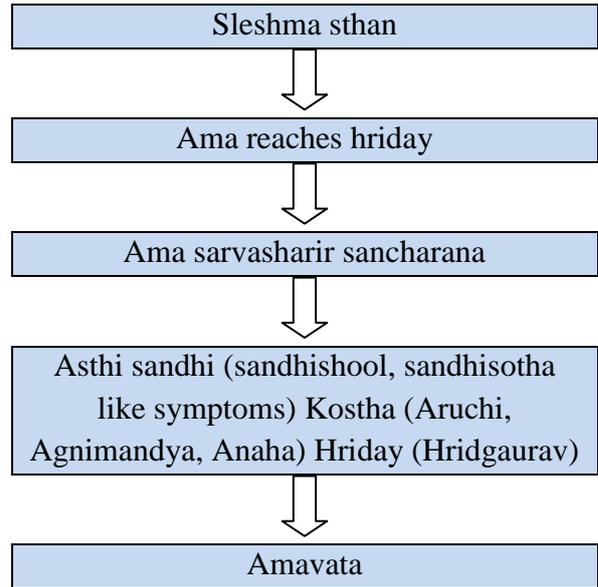
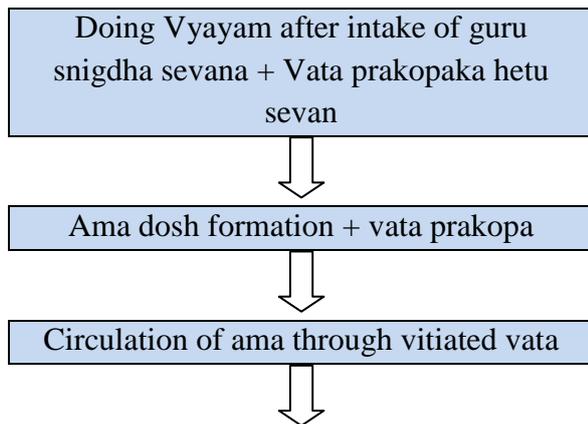
#### Hetu / Etiology<sup>1</sup>

1. **Viruddha Ahara** (Incompatible food)
2. **Viruddha Cheshta** (Improper physical activity)
3. **Mandagni** (Decreased digestive power)
4. **Nischalata** (Lack of physical activity)
5. **Snigdham bhuktavato vyayaamam** (Performing physical exercise soon after intake of heavy food causes Ama in the body.)

#### Samprapti of Amavata<sup>2</sup>

As discussed earlier whenever the function of Agni is disturbed in the body Ama is produced. This produced Ama is slimy in nature, such Ama get together with Dushit Vata / Prakopit Vata and circulates all over the body through Shira and Dhamani and gets lodged in Kaphasthana i.e. Sandhi because Shleshak Kapha is located in Sandhi and Amvata is developed.

#### Samprati cycle<sup>3</sup>



#### Pathogenesis<sup>4</sup>

- 1) Synovitis
- 2) Pannus formation
- 3) Cartilage loss
- 4) Fibrosis
- 5) Bony erosion, deformity, fibrous and bony ankylosis
- 6) Muscle wasting
- 7) Periarticular osteoporosis

#### Purvarupa<sup>5</sup>

*Amavata* is not distinctly mentioned in *Brihattayi*. Only *Vangasena* has given *Shiroruja* and *Gatraruja* as *Purvarupa* of *Amavata*. Early clinical manifestation of the signs/symptoms may be consider as *Purvarupa* of the disease.

#### Lakshana of Amavata<sup>6,7</sup>(Signs and symptoms)

*Madhavakara*, *Bhavamishra* and other have described the *lakshana* of *Amavata*.

These can be categorized as follows –

- *Pratyatma lakshana*
- *Samanya lakshana*
- *Doshanubandha lakshana*
- *Pravridha lakshana*

<i>Pratyatm</i>	<i>Samanya</i>	<i>Pravridha</i>	<i>Doshanubandha</i>		
<i>sandhishool</i>	<i>Angamard</i>	<i>Vrishchikvat Vedana</i>	<i>Vata</i>	<i>Pitta</i>	<i>Kapha</i>
<i>Sandhishotha</i>	<i>Aruchi</i>	<i>Agnidaurbalya</i>	<i>Shoola</i>	<i>Daha</i>	<i>Staimitya</i>
<i>Stabdhatta</i>	<i>Trishna</i>	<i>Praseka</i>		<i>Daha</i>	<i>Guruta</i>
<i>Sparshasahatva</i>	<i>Alasya</i>	<i>Nidra Viparayaya</i>			<i>Kandu</i>
	<i>Gaurav</i>	<i>Vidvibaddhatta</i>			
	<i>Jwara</i>	<i>Vairasaya</i>			
	<i>Apaka</i>	<i>Daha</i>			
	<i>Shuntaanganama</i>	<i>Bahumutrata</i>			
		<i>Antrakunjan</i>			

### Clinical features of Amavata in Comparison with R.A.

- **Hasta sandhi shotha & shoola** – Inflammation & severe pain in metacarpo-phalangeal joints & proximal inter phalangeal joints are affected most severely in Rheumatoid Arthritis.
- **Paad sandhi shotha & shoola** – The feet are often involved especially the metatarso phalangeal joints & subtalar joints are affected.
- **Jaanu gulfa sandhi shotha** – R.A. involves first smaller joints of hands & feet and then symmetrically affects the joints of wrist, elbow, ankle & knee.
- **Angagourav** – Feeling of heaviness in the body.
- **Angamarda** – Body ache, myalgia occurs in R.A

### Upadrava/Complication<sup>8</sup>

- Anorexia and feeling of heaviness over the body.
- Loss of interest/drive.
- Bad taste in mouth.
- Polyurea and burning micturition.

- Hardness in the abdomen
- Colicky pain.
- Reversal of normal sleeping habit.
- Thirst etc.

### Other joints are involved in Chronic R.A.

#### Joint Deformity in R.A.<sup>9,10</sup>

- 1) Swan neck deformity in interphalangeal joint.
- 2) Boutonniere (Deformity in R.A. with flexion at proximal interphalangeal joint & hyperextension at distal interphalangeal joint).
- 3) Z deformity in the thumb.
- 4) Volar subluxation and ulnar deviation occurs at metacarpophalangeal joint.
- 5) Bilateral flexion contractures of the elbow.
- 6) Synovitis at the wrist may cause carpal tunnel syndrome.

### American Rheumatism Association (A.R.A.) Criteria for diagnosis<sup>11</sup>

- A score of  $\geq 6$  fulfills requirements for definite RA.

		Score
<b>Joint involvement</b>	1large joint (shoulder, elbow, hip, knee, ankle)	0
	2-10 large joints	1
	1-3 small joints (MCP, PIP, thumb, IP, MTP, wrists)	2
	4-10 small joints	3
	>10 joints (at least 1 small joints)	5
<b>Serology</b>	Negative RF & negative ACPA	0
	Low positive RF or low positive anti-CCP antibodies (≤3times upper limit of normal)	2
	High positive RF or high positive anti-CCP antibodies (>3times ULN)	3
<b>Acute phase reactants</b>	Normal CRP and normal ESR	0
	Abnormal CRP or abnormal ESR	1
<b>Duration of symptom</b>	<6 weeks	0
	≥6 weeks	1

### Chikitsa of Amavata<sup>12,13</sup>

- **Langhana:** - Langhana is the 1st line of treatment to digest Ama. Here langhana means not complete fasting but, intake of light food. The duration of langhana varies from person to person depending upon individual capacity.
- **Swedana:** - Swedana is sudation therapy; in this disease swedana is done locally on affected joints. In amavata rooksha sweda is recommended (Sudation without oil/fat). For the procedure of rooksha sweda valuka (sand) is recommended. Snehana is contraindicated in amavata.
- **Katu, Tikta & Pachak aahar & aushadhi :-** The drug which possess Katu (pungent), Tikta (bitter) and which act as deepana, pachana (appetizer) are recommended in amavata. These drugs, by virtue of their qualities

does amapachana, hence may help in relieving shotha & shoola.

- **Virechana:** - For virechana, erendataila and hareetaki are used. In amavata without any preoperative procedure virechana is recommended directly. Eranda acts as srotoshodhaka, shothahara, shoolahara and amavatahara.
- **Snehapana:** - Snehapana should be given in nirama awastha and is of sham an type indicated in chronic condition of Amavata. Tikta, katu and deepana drugs siddha sneha is quite effective in this condition
- **Basti chikitsa:** - Chakradatta recommends ksharabasti and anuvasanabasti in amavata. Following tailas are used in anuvasana and nirooha basti –
  - Prasarani taila
  - Bruhat saindhavadi taila
  - Dashmooladi taila

Eranda taila is used as base in preparation of these tailas

- **Sneha rahit upnaha**

As local application upnaha subside inflammation and pain, major symptoms of Amavata.

*Pathyapathya*<sup>14,15</sup>

<i>Varga</i>	<i>Pathya</i>	<i>Apathya</i>
<i>Anna</i>	<i>Yava, Kulattha, Raktasali, Shyamaka, Kodrava</i>	<i>Dwidala, Masha</i>
<i>Shaka</i>	<i>Vastuka, Shigru, Karvellaka, Patola, Punarnava</i>	<i>Upodika</i>
<i>Dugdha</i>	<i>Takra Dadhi,</i>	<i>Kshee</i>
<i>Mamsa</i>	<i>Jangala Mamsa</i>	<i>Anupa Mamsa, Matsya</i>
<i>Jala</i>	<i>Ushnodaka</i>	<i>Sheetodaka, Dushtaneer</i>
<i>Kand</i>	<i>Ardraka, Takra Siddha Lasuna</i>	
<i>Tail</i>	<i>Eranda Sneha</i>	
<i>Mutra</i>	<i>Gomutra</i>	
<i>Madya</i>	<i>Purana madya</i>	<i>Naveen madya</i>

### Discussion

Amavata is a disease in which improperly metabolized byproduct known as Ama, produce due to hypo-function of Agni or mandagni, become core cause of disease which is transverse and get deposited in different part of the body mainly sandhi by vitiated vata. Ama may be nutritionally unimportant, but immunologically powerful in evoking strong immune response, as it is vijatiya or foreign substance to the body, this results in formation of antibodies by the defense cells of body. The Ama and antibody then interacts each other to form an immune complex, which is deadly combination. It gets deposited in tissue and produce symptoms of Amavata. Madhavakara was pioneer to describe Amavata as a disease entity in medieval period text Madhav Nidana, Its clear cut description is not found in Brihatrayi through references regarding Amavata was found in hidden form. But

concept of Ama is prevailing since Vedic period.

### CONCLUSION

*Amavata* is a condition where stiffness of the body occurs due to lodging of vitiated *Ama & Vata* in *Trika Sandhi*, potent cause is diminished function of Agni at *Jatharagni, Bhutagni* and *Dhatwagni* level. *Amavata* is *Amashayothha Vyadhi*, it is produces due to improper functioning of digestive system i.e. Incomplete/improper formation of *Annarasa* so treatment given in *Amavata* is 1st *Langhana* in terms of *Ahar* and *Vihara* then *Swedana, Tikta Katu Deepana dravyas, Virechana, Snehapana & Basti*, Which ultimate leads to *Amapachana, Vatashamana & Strotoshodhana*

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