

Ayurvedic Management of *Aamvata* W.S.R to Rheumatoid Arthritis

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Abstract:

Rheumatoid Arthritis (RA) is also known as *Aamavata* according to Ayurveda. *Aamavata* is a disease in which vitiation of VataDosh and accumulation of Ama takes place in joints. Depending upon the stages (acute / chronic) and Doshas involved, many measures are suggested such as Langhana (a method of depletion of body tissues), Deepana (increase digestive fire), and Pachana (digestion of food) for accumulated Ama (digestion of undigested material); Snehapana (oleation), Swedana (fomentation), Virechana (purgation) and Basti (enema therapy) for elimination of Doshas from body. Further, the drugs used in management of *Aamavata* should have Katu (pungent) and Tikta (bitter) Rasa (taste); Ushna (hot in potency), Laghu (easily digestible) and Tikshna (penetrating property through tissues) qualities which are Vata-KaphaDosh Hara and Amapachaka.

Keywords: *Aamvata*, Langhan, Arthritis, Deepana

Introduction

Rheumatoid Arthritis is a systemic disease that primarily causes joint inflammation, pain, loss of function and eventual joint destruction and deformity. The disease is of variable severity ranging from mild inflammation in a few joints to symmetric involvement in multiple joints, mainly in the hands and feet. One of the oldest records of the disease is a brief description in the *Rigveda*, which roughly dates back to 1500 B.C. In the 9th century A.D., Indian physician, Madhava wrote a full description of *Aamavata* but it was not until 1800 that the disease, described by French physician Augustin Jacob Landré-Beauvais, was recognized in the western world. In 1859, British rheumatologist Alfred Baring Garrod, named the disease RA.

In the last 50 years, extensive research by modern medical scientists has shed light on various pathways of inflammation in RA, but the etiology of the disease is still unknown. New research has revealed various biological agents that block the pathways of inflammation and provide much-needed relief to a significant number of patients.

However, these agents are very expensive, requires close monitoring, have side-effects, and need to be used indefinitely. In spite of such advancements, a significant number of

patients continue to suffer and require more effective relief and in their search, look for better treatments.

Predisposing and contributing factors:

- Heavy and large meals in relation to digestive fire or *Agni*.
- Strenuous exercise or physical activity after a heavy meal.
- Consumption of food with allergens, e.g., animal products, nuts, wheat products, and seafood.
- Imbalanced physical activity based upon the body type, trauma on the one hand and sedentary life-style on the other.
- Inflammatory bowel disease.
- Stress, emotional disturbances, suppression of natural urges, and lack of sleep.

Clinical manifestations of RA or *Aamavata*:

Generally, the disease begins with gradual pain, swelling, and stiffness of the multiple joints in the hands and feet at the metacarpo-phalangeal, proximal interphalangeal, metatarso-phalangeal, wrist and ankle. Elbows, shoulders, knees and temporo-mandibular(TM) joints are also commonly affected. Hip and lower back pain is less common. The neck joints are frequently affected in children. Morning stiffness lasting for 1 hr or more is very common. There are also complaints of muscle pain, fatigue, low-grade fever, depression, weight loss, lack of appetite and thirst in about one-third of patients. Less frequently, patients may experience monoarticular arthritis at the onset of the disease, with more joints affected later. In palindromic rheumatism, there is episodic pain and swelling of the joints lasting anywhere from a few hours, to a few days and may reoccur days, weeks, or months later. Aside from manifestations in the joints, muscles, and tendons, there are also extra-articular manifestations in the form of uveitis, scleritis episcleritis, rheumatoid nodules, anemia, pleural and pericardial effusions, sicca syndrome, splenomegaly, vasculitis, neuropathy and renal disease. Moreover, there is increased incidence of coronary artery disease in patients suffering from RA.

According to Ayurveda, articular symptoms fall under three categories:

The first category of patients predominantly experience pain and tenderness of the joints with little or no palpable synovitis or joint swelling. The rheumatoid factor and/or cyclic citrullinated peptide antibodies are positive. Moreover, their pain symptoms are out of proportion to the physical signs, and these patients may be suspected of a psychosomatic component. These patients predominantly suffer from aggravated *vata*.

The second category is patients who have an aggravated *Pitta* which is manifested by redness of joints and burning pain.

The last category is patients with *Kapha* aggravation. They experience swelling with Synovial hypertrophy, stiffness, and relatively less pain. Patients with one *Dosha* imbalance have better prognosis, whereas those with three *Dosha* aggravations have a poor prognosis.

Treatment of RA – *Aamavata*

Goals of treatment

Patients and physicians should begin working toward achieving these three sets of goals simultaneously to treat RA or *Aamavata*:

- Short-term: Relieving pain and restoring joint function
- Intermediate term: Controlling inflammation, which is the core of the disease pathogenesis; protection of joints; and preserving body and joint function
- Long-term: Achieving remission, preventing complications and minimizing toxic effects of medicines.

Panchakarma therapy: For increasing the *Agni*, excretion of *Aama* and removal of vitiated and accumulated *Doshas*, purification or *Shodhana* and pacifying or *Shamana* treatments are given. This category of treatment comes under *Panchkarma* therapy.

It consists of

- Medicated or retention enemas (*Basti*)
- Medical emesis (*Vaman*)
- Medical purgation (*Virechan*)
- Nasal medication (*Nasya*)
- Bloodletting (*RaktaMokshan*)

Out of these five treatments the medicated enema is considered to be the most effective and specific therapy for this category of diseases. Emesis and purgation may reduce *Agni* and hence are not much used in *Aamavata*. Bloodletting is effective but because of its invasive nature is not used much. Medicated or retention enemas include herbal retention enemas and oil retention enemas. Herbal retention enemas remove *Aama* and accumulated *Doshas*. Various herbs used are *Dashmoola*, *Rasna*, *Eranda* (*Ricinis communis*) *Bala* (*Sida cordifolia*), *Shatavari* (*Asparagus racemosus*), *Guduchi* (*Tinospora cordifolia*), *Ashwagandha* (*Withaniasomnifera*), and *Gokshura* (*Tribulus terrestris*).

Oil retention enemas help to replenish the depleted body constituents. Various oils used are *PanchkolaGhrita*, *RasnadiGhrita*, *Ashwagandha Ghrita*, castor oil, *DhanvantaraTailam*, and *Narayana Tailam*.

Based upon the clinical condition of the patient and judgment of the treating physician these enemas can be prescribed every other day or less frequently.

Shaman Chikitsa:

Pacifying treatments are called “*Shamana* treatments” and are recommended when the patient is not able to tolerate the *Shodhana* or purifying treatments. These are also given as maintenance treatments following the purifying treatments.

These treatments help eliminate accumulated *Doshas*, *Aama*, and toxins and to regain strength.

The following are various Ayurvedic herbal preparations used in the management of *Aamavata*.

Decoctions

MahaRasnadikwatha, *Ashwagandharistha*, *Bhallatakasava*-this can give rise to severe reactions in some patients especially with *Pitta Prakriti* hence it has to be used under medical supervision, *RasnaPanchakKwatha*, *RasnaSaptakaKwatha*, *Dashamoolarishta*, and *Amritarishta* are commonly used.

Herbal powder mixtures/*Churnas*

AjmodadiChurna, *PanchakolChurna*, *ShunthiChurna*, *Ashwagandha Churna*, *DashamoolChurna*, *RasnaChurna*, *MustaChurna*, *VaishwanaraChurna*, *Kariram oola* are used.

Tablets

SimhanadGuggulu, *MahayogarajaGuggulu*, *YogarajaGuggulu*, *PunarnavaGuggulu*, *TriphalaGuggulu* are used.

Ghee/Oil

PanchakolaGhrita, *RasnadiGhrita*, *Ashwagandha Ghrita*, *DashamulaTaila*, *ErandaTaila* (castor oil), *Narayana Taila*, *DhanvantaraTaila* are used.

Avaleha

BhallatakaAvaleha, *GorakhaAvaleha*.

Various preparations of *Bhallataka* can be used in *Aamavata*.

Do's:

The important *Pathya Ahara* (dietetics) includes-

- *Dhanya* (cereals): *Purana/ShastiShali* (rice), and *Yava* (Barley).
- Pulses: *Chanaka* (Bengal gram), *Kalaya* (*Pisum sativum*), *Kulattha* (horse gram), *Kodrava* (*Paspalum scrobiculatum* L.).

- *Shaka* (vegetables): *Shigru* (drumstick), *Ardraka* (ginger), *Rasona* (garlic), *Karavellaka* (bitter guard), *Patola* (pointed guard), *Vastuka* (ridged guard), *Mulaka* (radish)
- Liquids: Boiled water, *Panchakola Siddha Jala*.
- Cow products: *Takra* (butter milk) and cow's urine.

Don'ts:

Apathya / Contraindicated foods and activities

- Food - *Guru Ahara* (heavy to digest), *Viruddha Ahara* (incompatible diet), *Dadhi* (curd), fish, raw sugar, *Masha* (black gram), *Kalushita Jala* (contaminated water).
- Activities - *Purva Disha Vayu* - expose to eastern direction wind, *Vegadharana* - suppression of natural urges. *Atichakramana* - excessive walking.

Discussion:

According to Ayurveda, poor digestive power is root cause of formation of Ama (metabolic toxic waste materials) which is key factor in pathogenesis of RA. Physically resembles of Ama with Kapha tends to deposit in Kapha predominant locations, primarily the joints. When this vitiated Ama causes blockage in the normal functioning of VataDosh and manifest in the form of joint swelling, pain, tenderness and recurrent fever, then the disease is termed as Amavata.

Incompatible diet, poor digestion, and sedentary habits are the etiological factors in the pathogenesis of Amavata. Weak digestive power results in poor digestion which again leads to the formation of Ama in the intestine. The formed Ama gets absorbed and distributed to all parts of the body. Doshas react with Ama and both get vitiated which is considered as severe condition as it is responsible for developing all types of diseases in the body.

According to conventional medicine the factors involved in pathogenesis of RA are genetic susceptibility, primary exogenous arthritogen, autoimmune reactions in joint components and mediators of the joint damage. Langhana literally defined as whatever is capable to reduce the body is known as Langhana. As per Ayurvedic point of view, indigestion is the major cause of the disease Amavata and thus for normalizing digestion mechanism, proper rest to digestive system is needed which can be done by systematic fasting. Therefore, Langhana is the foremost step in treatment of Amavata. Moreover, it is understood that if digestive system is not working properly then it may affect absorption of medicines and thus result in low effect. It is known that in low function of digestive system is common diseased condition. Therefore, providing a digestive medicine and stimulating digestion is expected to avoid deficiency of necessary cellular components as well as to increase strength of body. The medicines which have these properties are narrated under Deepan-Pachana category in Ayurveda. In present work Nagaramothachurna which having Tikta, Katu, Kashaya Ras, Katu Vipaka and Shita, Laghu, Ruksha Guna and useful for Pitta-

Kaphaghna drug was utilized for Deepan-Pachana purpose. Nagaramothachurna also have Anti-inflammatory, Antimicrobial, Antispasmodic, Anti-diarrhoeal and Anti-obesity actions which are also expected during management of Amavata. Previous work has also evaluated efficacy of Dipan-Pachan in Amavata.

Swedana (fomentation therapy) is defined as whatever cures stiffness, heaviness and coldness of body is Swedan or fomentation therapy. BahyaSnehana i.e. Abhyanga also have similar actions. These therapies are recommended to provide relief from joint pain and swelling. It can be interpreted that few portion of medicament utilized for Abhyanga and Swedana purpose get absorbed through skin in reach to systematic circulation and produces actions mentioned in classical texts and can be correlated to analgesic and anti-inflammatory activity.

Basti is chief Panchakama procedure used in Ayurveda. The pharmacodynamics of systemic effect of Basti may be understood through absorption mechanism, concept of system biology, neural stimulation mechanism, and excretory mechanism. The active principles of the Basti drugs may be absorbed by active transport and diffusion because they are mainly water soluble and other nourishing Basti contain hypo-osmotic solution facilitating absorption into the blood.

All the cells/ tissue in the body are inter connected, Basti by eliminating morbid content of large intestine will definitely put a positive impact on the other system of body help in maintaining health as whole. Neurogastroenterology helps us to understand relation between gut's brain and CNS by this we can explore systemic effect of Basti easily. The cleansing action of Basti is related with the facilitation of excretion of morbid substances responsible for the disease process into the colon, from where it is evacuated. Pharmacodynamics outcome of Basti Karma may be due to functioning of the one or combined effect of all the four mechanism. Considering these actions Bruhatasaidhavadi tail Basti in stage II was administered.

Virechana (Purgation therapy) is regarded as the best one among all the therapeutic measures for Pitta i.e. the factors responsible for enzymatic actions at cellular level. Yogindranatha Sen mentions that during shodhana process doshas become 'Dravibhuta' (Liquify), so that they can be expelled out easily. By evaluating the number of Vega during shodhana, one can understand the proportion of Doshas, which are liquefied. During shodhana if Vegas produced are more in number, then it indicates that doshas in the body are having more Drava guna. One can easily understand that if liquid property is increased in excess then it enters the Amasaya. Hence, more and more weakening of Agni will happen. Thus, during the UttamaVaigikiShuddhi, Agni will use more time to return to normal position, so maximum days (8 days) are attributed to it. Hence, the Samsarjana Krama is arranged in proportion to Suddhi done during shodhana. There is no reference but few Ayurveda pioneers claims that Virechana karma helps in treating Autoimmune diseases such as Amavata. Therefore, in stage II, ErandatailaVirechana was given. Castor oil is extracted from the attractive and ornamental Castor seeds by cold press method. It is one among the most commonly used oil since the prehistoric times for cleansing the colon, reproductive system and as a powerful detoxifying agent. ErandaTaila have valuable therapeutic properties such as Anti-inflammatory, anti-infectious, anti-rheumatic,

fungicidal, laxative, immune stimulant, insecticidal, anti-viral, labor inducing, anti-allergic, anthelmintic, rejuvenative, anti-aging, germicidal, disinfectant, and analgesic are the major remedial attributes.

Conclusion:

Langhana, Dipanapachana, Sarvangbahyasnehana, Nitya Virechan karma and Basti karma have significant impact in not only treating Amavata but also reducing its complications. The observed significant effect of therapy in studies population indicates that the concept mentioned for treatment of management of Amavata is very effective. However, as the studied sample size was small hence similar studies on larger sample size are needed for establishing strong scientific evidence of efficacy of concept of management of Amavata.

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