

## A REVIEW ARTICLE ON AMAVATA W.S.R. RHEUMATOID ARTHRITIS

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### ABSTRACT

*Amavata* is made up of a mixture of two words, *Ama* and *Vata*. The ailment is often due to derangement of *Agni*, like *Jatharagni*, *Dhatvagni* and *Bhutagni*, etc. ensuing in the production of *Ama* and this *Ama* circulates in the complete body by means of the vitiated *Vata* and receives positioned in the *Shleshmasthanas* (*Amashaya*, *Ashtisandhi* etc) inflicting pain, stiffness and swelling over the small and big joints making a person lame. The scientific presentation of *Amavata* closely mimics with the unique range of Rheumatological issues referred to as Rheumatoid Arthritis in accordance with their similarities on medical features Rheumatoid Arthritis (RA) is a continual inflammatory, unfavourable and deforming symmetrical polyarthritis related with systemic involvement. *Amavata* is one of the challenging disorders for the clinicians due to its chronicity, incurability, problems and morbidity. In allopathy remedy are suggested NSAIDS, steroids and DMARD, which offers the symptomatic relief, however those has more side effect. The *Ayurvedic* treatment not only devoid such type of sick effect, but also presents a higher way by using treating *Agni* and *Ama* at its by using treating *Agni* and *Ama* at its roots. The concepts of administration of *Amavata* are *langhana*, *Swedana*, *Dravyas* having *tikta*, *katu rasa*, *deepan pachana* as *Shamana chikitsa*. The first specified description of *Amavata* as a sickness is observed in *Madhav Nidan*, so the existing study offers with systemic assessment of *Amvata* w.s.r. Rheumatoid Arthritis from all the classics of *Ayurveda* and its management.

**Keywords:** *Amavata*, *Ama*, *Langhan*, *Swedan*, *Virechan*, *Basti*, Rheumatoid Arthritis.

### INTRODUCTION

In the today's stressful way of life, the food plan as well as the regimes of human beings has modified a lot. This leads to the slow feature of *Agni*. When *Ama* and *Vata* simultaneously get vitiated and enters the *Trika* and *Sandhi* ultimately main to *stabdhatata* (stiffness) of the body, the circumstance is known as *Amavata*. *Acharaya Madhavkara* has clearly cited the *Roopas* (sign & symptoms) of *Amavata* in *Madhav Nidana*. The

*Pratyatma Laksana* (Main symptoms) are *Gatrastabdhatata*, *Sandhishula*, *Sandhishoth*, *Sparshasahyata* and *Samanya Laksana* (General symptoms) are *Angmarda*, *Aruchi*, *Trishna*, *Alashya*, *Gaurav*, *Jvara*, *Apaka*, *Angasunnata*. In modern Rheumatoid arthritis (RA) is a long-term autoimmune disorder that specially influences joints. Its consequences warm, swollen, and painful joints. Pain and stiffness regularly worsen following rest. Most com-

monly, the wrist and arms are involved, with the identical joints usually concerned on both facets of the body. The ailment may additionally also influence other parts of the body. This can also result in a low red blood corpuscles count, inflammation round the lungs, and inflammation around the heart. Fever and low energy might also be present.

**Aims and Objective** – To study the aetiopathogenesis, sign and symptoms and treatment of *Amavata* W.S.R. Rheumatoid Arthritis.

**Material and Method** – For this study literary method which include the references of *Amavata* and rheumatoid arthritis has been collected from the Ayurvedic and modern texts.

**Prevalence-** Epidemiological data provide proof of a regular upward shove in autoimmune sickness all through Westernized societies over the last decades Researchers have identified

80-100 distinctive autoimmune ailments and suspect at least 40 additional illness of having an autoimmune basis. The overall world prevalence is 0.8% and regularly increases to 5% in ladies over the age of 70. RA is two to three instances extra frequent in women in contrast to men. The prevalence of rheumatoid arthritis in India in person has been mentioned to differ from 0.5 to 3.8% in women and from 0.15 to 1.35% in men<sup>1</sup>.

**Nidana of Amavata** (Etiology)<sup>2</sup>– *Acharaya Madhavkara* has clearly stated the *Nidana* (causative factor) of *Amavata* in *Madhav Nidana*

➤ **Viruddhahara (Antagonistic diet)** -The dietetic articles which are unwholesome for the normal *Dhatu* (tissue elements) and *Doshas* of the body and tend to disagree with the system are known as *Viruddha*. This *Viruddha Ahara* is most common etiological factor for most of the diseases similar is the case with the disease *Amavata*. It is most important factor responsible for *Amavata*. *Charaka* described the eighteen type of *Virudha Ahar* Along with this concept of “*Ashta Vidha Ahara Viseshayatana*” and “*Dwadasha Pravichara*” should also be kept in mind, while taking the meal. Both factors also play the major role in the manifestation of disease.

➤ **Viruddha cheshta (Erroneous habit)**- As the term indicates it includes the activities which are antagonist to the normal physiology of the body. The body is unable to cope with these activities thus, causing the production of disease. In our classics, *Viruddha Cheshta* has not been clear-cut described. It causes the vitiation of *Agni* and ultimately leads to the production of *Ama*, plays the major role in the manifestation of the disease. *Vega Vidharana*, *Diwaswapna*, *Ratri-jagarana*, *Ati-vyayama*, *Ati-vyavaya*, *Visam Shayya Shayana* etc. can be considered as *Viruddha Cheshta* for the disease

➤ **Mandagni (Diminished Agni)**- The disturbance in the functioning of *Agni* in the body leads to various ailing states via formation of *Ama*. Thus, faulty digestive mechanism at the level of GIT otherwise termed as *Mandagni* is largely responsible for the formation of *Ama*.

➤ **Nischalata (Sedentary habit)**- physical inactivity is responsible for *Kapha Vriddhi* which results in *Agnimandya* and consequently leads to the formation of *Ama* which is main pathogenic factor for the manifestation of disease.

➤ Exertion immediately after taking *snigdha* are the main etiological factor of *Amavata*.

RA is an autoimmune condition which, which means it's caused by the immune system attacking healthy body tissue; however, it is not yet known the exact cause, some genetic and environmental factors affect the risk for RA.

➤ Genetic factor- RA is strongly associated with genes of the inherited tissue type major histocompatibility complex (MHC) antigen HLA-DR4 is the major genetic factor implicated – the relative importance varies across ethnic groups .

➤ Environmental factors- Smoking is an established risk factor for RA in Caucasian populations, increasing the risk three times compared to non-smokers, particularly in men, heavy smokers, and those who are rheumatoid factor positive.

**Samprapti of Amavata (Pathogenesis)**<sup>3</sup>- When a person of sedentary habits with hypo functioning digestive mechanism indulge in incompatible diet and reg-

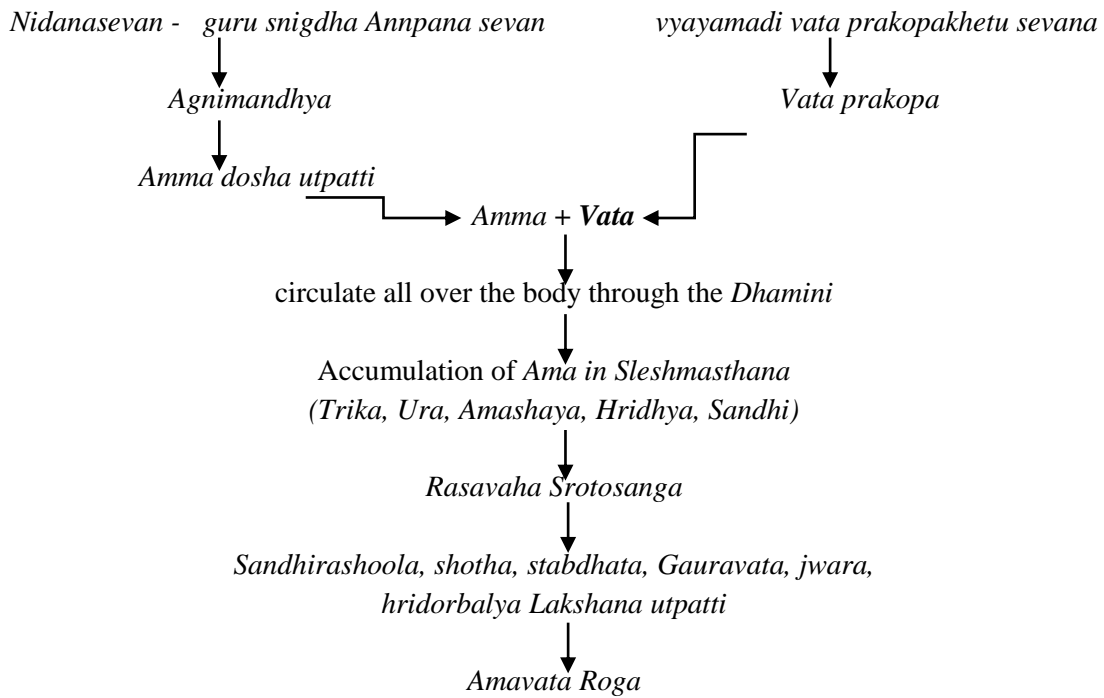
imen (*Virrudhaahara – vihar*) or does physical exercise after taking fatty food the *Ama* is formed and propelled by *Vayan Vayu* and reaches the site of *Sleshma*. Where this *Amarasa*, get vitiated by *Vata*, *Pitta*, and *Kapha* & then it is circulated (all over the body) through the vessels (*Dhamini*). Then it 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*.

**Samprapti Gatka<sup>4</sup>-**

*Dosha– Vata Kapha pradhanTridoshaja, Amadosha.*  
*Dushya- Rasa, Rakta, Mamsa, Asthi, sandhi, Snayu, Kandara.*  
*Srotodusti– Sanga, Vimargagaman.*  
*Udbhavsthana (origin) – Amapakvasayottha.*  
*Adhistan– Sarvasandhi (Whole body)*  
*Rog Marga- Madhyam Rogmarga*  
*Vyadhi Shvabhava– Aashukari, kastaparda*  
*Agni- Agnimandhya.*

**Diagrammatic Presentation of Samprapti of Amavata:-**



**Roopa (sign and symptoms)-<sup>5</sup>**

- *Sandhi shoola* - Pain in multiple joints mainly bilaterally symmetrical
- *Sandhi shotha* - Swelling in multiple joints
- *Gatra stabdhata* - Stiffness in the body and joints (mainly morning stiffness)
- *Angamarda* - Body ache, myalgia
- *Aruchi* - Anorexia
- *Apaka* - Indigestion
- *Trishana* - Thirsty
- *Gourav* - Heaviness in the body

- *Aalasya* - Lethargy
- *Angashunata* - Swelling in the body
- *Jwara* - Fever
- *Angavaikalya* - Deformities in joints
- *Jaadhyata* - Due to deformity limited movement in joints, weakness in grip

**Joints involvement in R.A. <sup>6</sup>-** The joints involved most frequently are-

- Finger joint (40%) -MCP and PIP
- Shoulder joint (20%)
- Foot joint (20%)

- Wrist joint (15%)

#### Joint deformity in R.A.<sup>7</sup>-

- ❖ **Swan neck deformity** - Hyperextension at PIP joint and flexion at DIP joint.
- ❖ **Boutonniere deformity** (buttonhole deformity) - flexion of PIP joint and extension of DIP joint of the hand.
- ❖ **Z-deformity**-Hyperextension of the interphalangeal joint, fixed flexion and subluxation of the metacarpophalangeal joint gives a "Z" appearance to the thumb.
- ❖ **Ulnar deviation**

- ❖ **Cockup deformity** of great toe is characterized by persistent extension of the first metatarsophalangeal joint.

- ❖ Synovitis at the wrist may cause carpal tunnel syndrome.

**Diagnosis**<sup>8</sup>- Diagnosis of RA should be considered in patient with bilateral, symmetric, inflammatory, polyarthritis involving small and large joints, with sparing of the axial skeleton except the cervical spine.

**Criteria for the Diagnosis** – 2010 ACR and EULAR diagnostic criteria for rheumatoid Arthritis.

#### Joint involvement Score

1. One large joint (shoulder, elbow, hip, knee, ankle)	0
2. Two to ten small joints	1
3. One to three small joints (MCP, PIP, MTP, thumb wrist)	2
4. Four to ten small joints	3
5. > ten joints (at least one small joint)	5

#### Serology

1. Negative RF and anti- CCP antibodies	0
2. Low positive RF or Anti – CCP (Antibodies ≤ 3 times upper limit of normal)	2
3. High positive RF or anti- CCP antibodies (>3 times upper limit of normal)	3

#### Acute phase reactants

1. Normal CRP and ESR	0
2. Abnormal CRP and ESR	1

#### Duration of symptoms

1. < Six weeks	0
2. ≥ Six weeks	1

Total score ≥ 6 is indicative of definite rheumatoid arthritis.

#### Marker of active phase of disease-

- AOCD (Anemia of chronic disease)
- Raised level of ESR.
- Raised level of CRP.
- Increased Platelet count.
- Decreased Synovial fluid viscosity.

**Chikitsa sidhanta**<sup>9</sup>–Chakradatta was first inventor, who described the principles of treatment for Amavata which are *Langhana*, *Swedana*, drugs having *Tikta Katu Rasa* and *Deepana* action, *Virechana*, *Snehapana*

and *Anuvasana* as well *Ksharabasti*. Some of the important *Amavata* (R.A.) *Nasak* the drugs which are used can also be *Guggulu*, *Vati*, *Kwatha* are as follows:

#### Description of various *Upkrama*:

1. **Langhana**: any procedure that generates a sense of lightness in the body is *langhana*. *Langhana* is the first line treatment in *Rasa pradoshaja vikaras* and in *Amashyotha vyadhis*. *Amavata* is a *Rasa pradoshaja vyadhi* and *Ama* is formed within *Amashaya*. In *langhana* there is no food available for digestion. hence *Agni* starts digesting *Sama*

*Dosas*. By this *Dosa Kshaya* occurs and *Agni vrudhi* occurs.

2. **Swedana:** that which induces sweating and relieves *Stambha*, *Gaurava* and *Sheeta*. *Amavata* is a *Vata Kapha Pradhan Vyadhi* having *Stambha*, *Gaurava* and *Sheeta* as *Pradhan Lakshanas*. *Swedana* indicated here is - *Ruksha Swedana (Valuka and Pottli)*
3. **Pachana/Tikta and katu Dravya prayoga:** That which digests *Ama* and increases the *Agni*. *Tikta Rasa* is *Akasha* and *Vayu Mahabhuta Pradhan* and is best *Ama Pachaka* as well as *Agni Deepan*. *Katu Rasa* is *Vayu* and *Agni mahabhuta Pradhan*. *Chhedana* and *lekhana* properties help to cure *Dosa Sammurchhana* and *Srotobhishyanda*.
4. **Deepana:** Such drugs don't have ability to digest *Ama*, but they intensify *Agni*. *Agnimandya* is the main causative factor responsible for the formation of *Ama*. As such both the actions go hand in hand. *Deepana* drugs do perform *Pachana* action and vice versa.
5. **Virechana:** Though *Virechana* is the main line of treatment in *Pitta Dusti*, but at the same time it is also useful in *Vata and Kapha dusti*. *Mrudu samshodhana* is also the line of treatment of *Vata Dosa*. *Shodhana* is contraindicated in *Samavstha*, hence *Deepana Pachana* are must pre procedure. *Virechana* brings about *Kosta shudhi* and hence *Agnivrudhi*, *Srotoshodhana* and *Vatanulomana*.
6. **Snehana:** As it aggravates *Ama* so contraindicated in *Amavstha*. But to remove the *Dosa sanga* & to pacify the *Vata Dosa* *Snehana* is required. *Eranda taila* is a *vyadhi pratyanyika* *Sneha* in *Amavata*.
7. **Basti:** *Basti* is the main treatment for *Amavata* and for *Vata vyadhi*. *Basti* is said as *Ardha Chikitsa* & sometimes *Sampoorna Chikitsa*, because it controls the *Vata Dosa* which is *Pradhana* among the *Tridosas*.
8. **Anuvasana:** Here is no other medicine other than *Taila* which can pacify *Vata*. Here *Saindhavadi taila* is used for *Anuvasana Basti*. Any other if *Taila* used here aids in the *lakshana vrudhi* rather than pacifying them. Hence only those *Tailas* which are processed with *Amapachana Dravyas*

are to be used here. Plain *Eranda taila* can also be useful. But even with these *Taila Basti* to be started after proper *Deepana Pachana* otherwise *Amavrudhi* will lead to *lakshana vrudhi*.

9. **Asthapana:** It pacifies *Vata*, at the same time *Basti* drags all the *Tridosas* from *Pakvashaya*. *Dashamula Kshara Basti* & *vaitarana Basti* are used here. *Kshara* does *Ama Pachana* and *Dashmula* being *Shothaghana* and *Laghana* reduces both the symptom

#### **Churnam (3-5 gm)**

1. *Nagaramotha Churnam*
2. *Vaiswanara Churnam*
3. *Sata Pushpadi Churnam*
4. *Hingvadi Churnam*
5. *Chitrakadi Churnam*
6. *Devadarvadi Churnam*
7. *Pancha kola Churnam*
8. *Amritadi Churnam*
9. *Ajamodadi Churnam*
10. *Bhallatakadi Churnam*

#### **Guggulu (250-500mg)**

1. *Sinhanad Guggulu*<sup>10</sup>
2. *Shiva guggulu*
3. *Yogaraja Guggulu*
4. *Mahayograj Guggulu*
5. *Tryodashang Guggulu*<sup>11</sup>

#### **Kwatha (40ml)**

1. *Rasnadi Kwatha*
2. *Rasna Saptaka Kwatha*
3. *Dashmoola kwatha*
4. *Sunthyadi Kwatha*

#### **Rasa Aushadhies**

1. *Amavatariras*.
2. *Amavatarivatika*.
3. *Amavateswararas*.
4. *Vatagajendraras*

**Treatment according to modern science**<sup>12</sup>-The goal of treatment for rheumatoid arthritis is to reduce the inflammation in the joints, relieve pain, prevent or slow down joint damage, reduce disability and enable you to be as active as possible. So, drugs for rheumatoid arthritis.

Rest and splitting of the joints should be instituted in the acute stage of illness. Active and passive physiotherapy help in mobilisation and prevention of contractures.

Firstly, we start from NSAIDS to relieve pain and pathology, but after a 6-month treatment there is no relieve then DMARDS should be given methotrexate is the drug of choice. Indication for the use of Glucocorticoid therapy will be given below.

### Drugs for RA-

#### A. Nonsteroidal Anti-inflammatory drugs (NSAIDs) –

Aspirin, indomethacine, fenamides, Celecoxib, rofecoxib.

#### B. Disease modifying anti-rheumatic drugs (DMARDs) -

##### 1. Non biological agent- they target inflammatory pathway –

D-Penicillamine, Hydroxychloroquine, Sulfasalazine, Methotrexate

##### 2. Biological agent – they target cytokines and cell synthesis-

Anti TNF alpha Antagonist -Infliximab, Etanercept, Adalimumab

IL 1 Receptor antagonist- Anakinra

Anti-CD 20 Antibody – Rituximib

JAK - 1, JAK- 3 inhibitor- tofacitinib

JAK-1 JAK -2 inhibitor- baricitinib

#### C. Immunosuppressive drug- Leflunomide

#### D. Glucocorticoid therapy – indication-

Pleural effusion

Pericarditis

Eye involvement

Vasculitis

Mononeuritis multiplex

When disease is not controlled by NSAIDs and DMARDs

## DISCUSSION

*Ama* means undigested food which stays inside our body and cause many diseases. It is the root cause of nearly all diseases. It produced mainly because of *Mandaagni*. *Amavata* closely resemble with rheumatoid arthritis according to their sign and symptoms.

The treatment goal for diseases is to maintain the *Agni* of the patient and relieves the pain and swelling in joint. So, in treatment first *Langhana* is advised which help in *Agni* improvement and after that *Deeapan Pachana* is done with *Tikta* and *Katu Rasa*. To pacify the *vata Sneha Pana Swedana* and *Basti* are advised. No doubt allopathic system of medicine has got an important role to play in overcoming agony or pain, restricted movement and crippling caused by the articular disease. Drugs are available to ameliorate the symptoms due to inflammation in the form of NSAIDS and the long-term suppression is achieved by the DMARDs. But most of the NSAIDS have gastrointestinal side effects whereas DMARDs have marrow, renal and hepatic suppression. Hence, the management of this disease is merely insufficient in other systems of medicine and patients are continuously looking with a hope towards Ayurveda to overcome this challenge.

## CONCLUSION

*Amavata* is a complicated of disease, pathogenesis of which lies in era of *Ama* after *Mandagni*. This *Ama* alongside with vitiated *Vata* and *Kapha dosha* consequences in *Dosha-Dushya* combination, as a result producing the *Nidus* for signs of *Amavata* to occur. The sickness *Amavata* can be effectively compare to Rheumatoid arthritis. The purpose of the treatment in *Amavata* is to minimize *Ama* through its metabolism (*Amapachana*) and to normalise the two vitiated *Vata* and *Kapha Dosa*. Chronicity makes this disease difficulty for the treatment.

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