

## “BASIC PRINCIPLES OF AYURVEDIC MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)”

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### ABSTRACT

Amavata is one of the most common diseases occurring especially after 35-40 years of age. It has been correlated with rheumatoid arthritis of modern medicine. Treatment with modern system of medicine does not correct it completely and provide symptomatic relief only while Ayurveda focuses on complete treatment of amavata with its scientific principles of management like avoidance of etiological factors (food, drugs or activities producing amavata), langhana (partial or total fasting, therapy bringing lightness in the body or reducing the weight), swedana (rukshasveda and upnaha sveda), use of drugs having tikta-katu rasa and dipana property (drugs with bitter-pungent taste and stomachic properties), virechana ((Purgation therapy), snehpana (oral administration of butter oil, oil etc.) and anuvasana basti (rectal administration of medicated liquid materials). This article reviews the basic principles of management of Amavata in Indian system of medicine.

**KEYWORDS:** Amavata, Rheumatoid Arthritis, Ayurveda.

### INTRODUCTION

Amavata (can be correlated with Rheumatoid arthritis) is a very common disease now a day. In Ayurveda, it is said that when the virulent Ama (an immature rasa formed due to weak agni in amashaya) circulates in the whole body propelled by the vitiated vata causes srotosanga (obstruction in channels) and gets deposited in the trika pradesh and sandhisthana resulting in Amavata which is characterized by gatrastabdhatata due to the combined effect of excessively formed ama and prakupita vata seated in trikasandhi.<sup>[1]</sup>

**Nidana (Etiological factors)**

The causative factors of Amavata include viruddhahara like samyogaviruddha, sanskaraviruddha, manaviruddha etc, viruddhachesta (like exercise in indigestion), mandagni (causative factor of ama leading to srotorodha and vataprakopa), nischalatva (sedentary life), and vyayama after snigdha bhojana (exertion immediately after the intake of unctuous food).<sup>[2]</sup>

**Purvarupa (Prodromal symptoms)**

The purvarupa of Amavata has not been clearly mentioned anywhere in the classics however the symptoms like cephalgia and bodyache may be considered as purvarupa of Amavata.<sup>[3]</sup>

**Rupa (Sign and Symptoms)**

It includes general sign and symptoms like angamarda (bodyache), aruchi (anorexia), trisna (thirst), gaurava (heaviness), jvara (fever), apaka (indigestion), angasunyata (numbness) and when the disease gets advanced, it produces specific symptoms like pain and swelling having nature of scorpion sting in joints of hand, feet, ankle, knee, hip etc.<sup>[4]</sup>

**Samprapti (Etiopathogenesis)**

The ama is formed if a person with mandagni is exposed to etiological factors. This ama circulates in the body by vitiated vata with predilection for slesma sthana like amashaya, sandhi, kantha and ura. Here it vitiated further in excess due to preexisting doshas and reaches dhamani where it vitiated again and produces sroto-abhisyanda and sroto-rodha due to its excessive unctuous nature resulting in general weakness and heaviness in precordial region.<sup>[5]</sup>

**Bheda (Types)**

On the basis of doshik involvement, it can be classified into seven types, viz. vataja, pittaja, kaphaja, vatapittaja, vata-kaphaja, pittakaphaja and sannipataja.<sup>[6]</sup>

**Upadrava (Complications)**

Besides pain and oedema in different joints of both limbs, it produces mandagni, lalasrava, aruchi, gaurava, daha, bahumutrata, trishna, chhardi, bhrama, murchha etc.<sup>[7]</sup>

**Sadhyasadyata (Prognosis)**

Dominancy of single dosha in amavata indicates its easy curability while involvement of two or three doshas make it difficult to cure.<sup>[8]</sup>

**CHIKITSA SIDHANTA (Principles of management)**

Ama and Vata have the opposite properties (ama is guru, snigdha, sthira, sthula and pichhila while the vata is laghu, ruksha, chala, sukshama and vishada) except sheeta guna therefore any treatment adopted will oppose each other i.e. on treating vata, ama will be vitiated and vice-versa. So a very careful approach is needed for the treatment.

In Ayurveda, the line of treatment of Amavata includes langhana, swedana, drugs having tikta-katu rasa and dipana property, virechana, snehpana, anuvasana basti with saindhavadi taila and kshara basti.<sup>[9]</sup> Rukshasveda and upnaha are also have been advised along with above measures by Bhavaprakasha and Yogaratnakara.

The line of treatment clearly indicates that first the pachana of ama, then restoration of agni and finally control of vata dosha should be done.

**1. Langhana (Partial or total fasting, therapy bringing lightness in the body or reducing the weight)**

Upavasa (no consumption of food materials) is the main type of langhana (which brings lightness in the body) useful in amavata because it prevents further production of ama. Along with upavasa, the use of drugs having the langhana properties (Laghu, Ushana, Tikshana Ruksha, Vishada, Sukshama, Khara, Sara and Kathina) will also aid in pachana of ama and provide strength to the agni, thus corrects the mandagni.<sup>[10]</sup> After the removal of ama and achievement of normal agni, langhana should be stopped to avoid further vitiation of the vata dosha and then vata dosha (nirama vata) should be controlled. Thus langhana produces feeling of lightness, proper excretion of faeces, flatus and urine, thirst and appetite as well as reduces the symptoms produced due to presence of ama.

**2. Svedana (Fomentation therapy)**

It has been indicated mainly in cases of gaurava, jadya, sheeta, stambha, and shoola which are the predominant features of Amavata. It causes perspiration and removes coldness, stiffness and heaviness of the body. In amavata, to remove amadosha, rukshasvedana with the help of baluka (hot sand) and gurupravarana (covering the whole body with thick blanket etc) has been advocated.<sup>[11]</sup> Hot baluka swedana digests the ama present in affected area, dilates the channel, and absorbs kapha dosha. Thus it removes srotorodha (obstruction of channels) and clears the channels resulting in relief in symptoms due to ama dosha. In the chronic

condition of amavata, snigdha sveda should be employed to overcome rukshata and balakshaya produced by vatavridhi.

### **3. Tikta-Katu and Dipana Dravyas (Drugs with bitter-pungent taste and stomachic properties)**

The drug with tikta-katu rasa and dipana properties digest ama dosha, restores normal agni (dipana), pacify excessive kledaka kapha as well as brings the pakva dosha to the kostha from the shakha.<sup>[12]</sup> However these can increase the vata dosha so the drug having vataghna property too (e.g. Shunthi which pacifies vatadosha due to its snigdha property and madhur vipaka) should be selected.

### **4. Virechana (Purgation therapy)**

Dosha becomes nirama and gets moved from shakha to the kostha after the use of langhana, svedana and dipana-pachana karma with the drugs having tikta-katu rasa. Now virechana with suitable drug should be performed to remove doshas leena in srotas because leena dosha can aggravate again. By virechana, dosha are eliminated from the body. Virechana is the only treatment for the diseases like amavata arising due to viruddhahara.<sup>[13]</sup> The castor oil has been said to be one of the best drug for virechana in amavata because it causes virechana as well as removal of vata dosha.

### **5. Snehapana (Oral administration of butter oil, oil etc.)**

Charaka has clearly stated that in cases of asthi majjagata vata, medicated sneha should be used externally as well as internally.<sup>[14]</sup> In amavata snehapana should be administered after ama pachana (i.e. in nirama stage of the disease). Its administration pacifies provocation of vata which may arise due to langhana and the use of drugs with tikta-katu rasa. So a sneha which is processed in drugs with hot potency and having pungent-bitter taste acts effectively against the both (ama and vata).

### **6. Basti (Rectal administration of medicated liquid materials)**

It is believed as complete treatment of vata dominant disorders. Both type of basti (anuvasana and asthapana) are useful in amavata as anuvasana basti regulates the vitiated vata by snehana karma as well as removes the rukshata of the body while asthapana basti eliminates the dosha from the body and thus cures symptoms like vibanadha, anaha etc.

## SOME IMPORTANT REMEDIES FOR AMAVATA

There are many useful formulations described for amavata in Ayurveda. Some of them are singhnad guggulu, brihata singhnada guggulu, yograj guggulu, hingradi churna, shatyadi kwatha, rasnapanchak kwatha, rasnsaptaka kwatha, shunthyadi kwatha, dashmuladi kwatha, nagara churna, panchkola churna, amritadi churna, vaishvanara churna, pathyadi churna, brihat saindhavadi taila etc.<sup>[15]</sup>

### Pathya (Beneficial food/drugs and activities)

Katu-tikta dravya, yava, kulattha, raktashali, shayamaka, kodrava, purana shali, purana sastika, patola, karavellaka, vastuka, shigru, karvellaka, varuna gokshura, nimba patra, lashuna and shunthi, ushna jala, gomutra, takra and mastu, purana madya, jangala maansa, bhallataka, vridhadaruka, rukshasveda with baluka pottali.<sup>[16]</sup>

### Apathya (Harmful food/drugs and activities)

Dadhi, matsya, guda, ksheera, masa, upodika, anupa mamsa, tila taila, dusta jala, sita jala, viruddhahara, vegavidharana, visamasana, viruddha chesta, snigdha abhyanga, purvavata, ratri jaagarana.<sup>[17]</sup>

## CONCLUSION

From above review, it can be concluded that any drug or diet having katu-tikta rasa, ushna veerya, vata-kaphahara and amapachana action can be used to manage amavata and the drugs or diet having madhura, amla rasa, guru, picchila, atisnigdha, abhisyandi guna, sheeta veerya and which causes provocation of vata, kapha and formation of ama are contraindicated. So it is clear that Ayurveda provides scientific management of amavata and it can be managed effectively using the basic principles of management and practices of pathya-apathya described in Ayurveda but it must be under the supervision of well qualified and experienced Ayurvedic physician.

## REFERENCES

1. Madhavakara. Amavata nidanam. Madhavanidanam. In: Narendranath Shastri (Ed.). Motilal Banarasidas Prakashan, 2009; 424.
2. Madhavakara. Amavata nidanam. Madhavanidanam. In: Narendranath Shastri (Ed.). Motilal Banarasidas Prakashan, 2009; 424.
3. Bangasena. Amavata rogaadhikara. Bangasena Samhita. In: Ram Kumar Rai (Ed.). Prachya Prakashan, 2010; 321.

4. Madhavakara. Amavata nidanam. Madhavanidanam. In: Narendranath Shastri (Ed.). Motilal Banarasidas Prakashan, 2009; 426.
5. Madhavakara. Amavata nidanam. Madhavanidanam. In: Narendranath Shastri (Ed.). Motilal Banarasidas Prakashan, 2009; 424.
6. Madhavakara. Amavata nidanam. Madhavanidanam. In: Narendranath Shastri (Ed.). Motilal Banarasidas Prakashan, 2009; 427.
7. Madhavakara. Amavata nidanam. Madhavanidanam. In: Narendranath Shastri (Ed.). Motilal Banarasidas Prakashan, 2009; 426.
8. Madhavakara. Amavata nidanam. Madhavanidanam. In: Narendranath Shastri (Ed.). Motilal Banarasidas Prakashan, 2009; 426.
9. Chakrapani dutta. Amavata chikitsa, Chakradutta. In: Ramanath Dwivedi (Ed.). Chaukhambha Sanskrit Bhavan, 2015; 166.
10. Agnivesha. Langhanabrimhaneeya. Charaka samhita. In: Gangasahaay Pandey (Ed.). Chaukhambha Sanskrit Sansthan, 2007; 289.
11. Byadgi P S, Pandey A K, A Text book of kayachikitsa, New Delhi, India: Chaukhambha Publications, 2014; 416.
12. Agnivesha. Vividhashitapeeteeya. Charaka samhita. In: Gangasahaay Pandey (Ed.). Chaukhambha Sanskrit Sansthan, 2007; 433.
13. Agnivesha. Atryabhadrakapeeya. Charaka samhita. In: Gangasahaay Pandey (Ed.). Chaukhambha Sanskrit Sansthan, 2007; 365.
14. Agnivesha. Vatavyadhi chikitsa. Charaka samhita. In: Gangasahaay Pandey (Ed.). Chaukhambha Bharti Acadamy, 2009; 707.
15. Chakrapani dutta. Amvata chikitsa, Chakradutta. In: Ramanath Dwivedi (Ed.). Chaukhambha Sanskrit Bhavan, 2015; 166-172.
16. Govindadas sena. Amvata Chikitsa Prakaran. Bhaisajya Ratnawali. In: Rajeshwar Dutta Shastri (Ed.). Chaukhambha Prakashan, 2015; 631.
17. Govindadas sena. Amvata Chikitsa Prakaran. Bhaisajya Ratnawali. In: Rajeshwar Dutta Shastri (Ed.). Chaukhambha Prakashan, 2015; 631.