

Nidanpanchatmak study and Ayurvedic management of Amavata w. s. r. to Rheumatoid arthritis.

Laturkar Shashikant B.*¹, Jaiswal Suryapraksh K.², Jaiswal Mamta S.³

1. P. G. Scholar,
2. Professor & P. G. Guide & H.O.D.
3. Assistant Professor,

Dept of Kayachikitsa, D.M.M. Ayurved College, Yavatmal, Maharashtra, India.

*Corresponding author: laturkarshashikant@gmail.com

Abstract -

Amavata is term derived from words Ama and Vata. The word Ama is the condition in which various ailments in system creates toxic effects. The Ama when combines with Vatadosha and occupies shleshmasthan (Asthisandhi) results in painful disease Amavata. The clinical presentation of Amavata closely related with one of the rheumatological disease called Rheumatoid Arthritis. Amavata is the particular type of disease which is mentioned in Ayurveda since the period of Madhavkara (16th century A.D.) under the category of vatakapahaja disorders. Nidan of Amavata narrated by Madhavkara are Virrudhahara, Mandagni, Exercise after heavy meal etc. Amavata is one of the challenging disease for clinicians due to its chronicity, incurability, complications and morbidity. Allopathic treatment provides symptomatic relief but the underlined pathology remain untreated due to absence of effective therapy and also giving rise to many side effects,

toxic symptoms and adverse reactions. In Ayurveda Langhan, Ruksha sweda, Tikta katu Dipan, Virechan, Basti etc, are the treatment protocol for Amavata and these protocols are very helpful to reduce symptoms of Amavata.

Keywords: Aamvata, Ama, Vata, Langhan, Ruksha sweda, Virechan, Basti.

Introduction –

RA is a chronic, systemic, inflammatory disorder of unknown etiology that primarily involves joints with characteristic features of persistent inflammatory synovitis usually peripheral joints in a symmetrical distribution.

The 1987 revised criteria for the classification of RA

- 1) Morning stiffness** – stiffness in and around the joints lasting 1 hr before maximal improvement.
- 2) Arthritis of 3 or more joint areas** – At least 3 joint areas observed by a physician simultaneously, have soft tissue swelling or joint effusions, not just bony overgrowth.

3) Arthritis of Hand joints – Arthritis of wrist, metacarpophalangeal joint or proximal interphalangeal joint.

4) Symmetric arthritis – Simultaneous involvement of same joint areas on both sides of the body.

5) Rheumatoid nodules – subcutaneous nodules over bony prominences, extensor surfaces or juxtaarticular regions observed by a physician.

6) Serum Rheumatoid factor- Demonstration of abnormal amounts of serum rheumatoid factor by any method for which the result has been positive in less than 5% of normal control subjects.

7) Radiographic changes – Typical changes of RA on posteroanterior hand and wrist radiographs that must include erosions or unequivocal bony decalcification localized in or most marked adjacent to the involved joints.

Symptomology of RA -

Symptoms produced in this disease are local as well as systemic.

Among local symptoms pain, swelling and stiffness in joints.

Pain is intense and like scorpion sting.

Joints involved are hand, foot, cervical, sacrum, knee, hip and ankle joint.

Systemic symptoms are bodyache, loss of taste, malaise, thirst, lack of enthusiasm, heaviness in precordial region, constipation, fever, indigestion etc.

Manifestation of RA

1) SYSTEMIC :-

Fever

Weight loss

Fatigue

2) Haematological :-

Anaemia

Thrombocytosis

Eosinophilia

3) Vasculitis :-

Ulcers

Digital arteritis

Pyoderma gangrenosum

4) Musculoskeletal :-

Muscle wasting

Bursitis

Osteoporosis

5) Ocular :-

Scleritis

Episcleritis

Scleromalacia

6) Cardiac :-

Pericarditis

Myocarditis

Endocarditis

Conducting defects

7) Pulmonary :-

Pleural effusions

Bronchiolitis

Fibrosis

8) Neurological :-

Cervical cord compression

Compression neuropathies

Peripheral neuropathy

Corelation with modern disease

Amavata - Rheumatoid arthritis

Amavata is a condition explained in Laghutrayees but not in Brihatrayees.

First explained in Madhav Nidana by Madhavkara.

Later books like Yogratnakara, Bhaishya ratnavali, etc quoted the shlokas of Madhava Nidana to explain the disease amavata without much change.

Formation of ama

The word Ama in ordinary parlance means unripe, uncooked, immature, undigested or unprocessed substance.

In context it is the consequence of impaired functioning of digestive fire.

According to Vagbhata, due to hypo functioning of digestive fire, first dhatu (rasa) is not properly formed. As a result the taken food material undergoes

fermentation which is retained in stomach.

This state of rasa is called Ama. Vijayrakshita in the chapter on amavata stated that due to poor strength of digestive fire, a residue of taken food material is left behind undigested at the end of digestion and it is known as Ama which is the root cause of diseases.

Further he adds, that some describe Ama as improperly digested food while some say it is accumulation of mala (waste products).

Etiological factors of Ama

Madhavkara has described

1. Viruddhahara (unwholesome diet)
2. Viruddhacheshta (erroneous habits)
3. Mandagni (diminished agni)
4. Nishchalata (sedentary life)
5. Exertion immediately after taking snigdha ahara

1) Viruddhahara (unwholesome diet)

Factors which provoke doshas but do not eliminate them out of the body are called viruddha.

A few examples of mithya aahar are
Preervatives in food

Beverages

Fast food, packed food, street food

Sweets, chewing gum, pan masala etc.

2) Viruddhacheshta (erroneous habits)

The habits, which exert unfavourable effect on body humors are called viruddhachestha.

Following factors are considered in viruddhachestha

Vega vidharana

Vega udirana

Diwaswap

Ratrijagarana

Ativyayama

Vishamshayyasana

Ativyavaya

3) Mandagni (diminished agni)

It is the root cause of all disease.

It includes hypo – functioning of various forms of dehangi (i.e. jatahrgni, bhutagni, dhatwagni)

The ingested food is digested by all these types of agni to form poshaka dhatus.

Mandagni leads to formation of ama which causes strotorodha and result in reduced dhatuposhana in turn causing dhatukshaya.

This dhatukshaya leads to vataprakopa.

4) Nishchalata (sedentary life)

Nishachalatwa causes kaphavruddhi ultimately leading to agnimandya .

5) Exertion immediately after taking snigdha aahara

After consumption of food, normally most of blood circulation is supplied to the digestive system.

If a person starts exercise or exertion immediately after taking food especially rich in snigdha guna, circulation of blood will be turned to skeletal muscles, resulting in hampered digestion and absorption which leads to Ama formation .

Also exercise after taking food causes vataprakopa which affects the metabolism and assimilation of ahara.

Charakacharya has very elaborated view regarding causative factors of Ama.

He says that not only food taken in excess quantity cause production of Ama but in excess quantity cause production of Ama but heavy, cold, dry, impure diets may also cause Ama.

Abstinence from food, frequent fasting, irregular diet habits, indulgence in incompatible food items, wasting of tissues due to diseases, unfavorable changes in place, climate, season, suppression of natural urges cause

impairment of digestive fire which fails to digest even the most easily digested light food.

This disease also has a relation with mind.

According to Ayurveda mind is one of the three realms of life (mind, body, soul).

It is commonly seen that RA attacks women mostly. It shows that there is some emotional reason also. whether these are responsible for causing it or for aggravation of this disease.

Charaka indicates mental factors causing Ama like anger, greed, jealousy, grief, fear etc.

When individual afflicted with these mental states takes even wholesome food in proper quantity, becomes unable to digest.

Pathogenesis of Amavata

The toxin Ama is carried by imbalance vata and reaches kapha predominant sites like joints, stomach etc.

The toxin being sticky in nature blocks microchannels (strotas) which nourish the body.

When this Ama accumulates in the joints, it produces the disease Amavata. Simultaneously it spreads all over spaces, pores, in the in the cells which allow nutrients to flow through and nourish the body tissues, get partially blocked this leads to decreased supply of nutrients to body gets lowered, appetite reduces and body becomes weak.

The Ama which gets harboured in the joints acts like a foreign substance and triggers the immune system.

This leads to inflammation of linings of joints.

Classification of Amavata-

Madhavkara explained Amavata according to predominance of doshas which are as follows

1) Ekdoshaja

Vataja

Pittaja

Kaphaja

2) Dwidoshaja

Vata – pittaja

Pitta – kaphaja

Kapha – vataja

3) Tridoshaja

Harit classified Amavata into following four types on the basis of clinical manifestation

1) **Vishtambhi** – gatra – gaurava, aadhamana, bastishool

2) **Gulmi** – Jathargarjana (bowel sounds), gulmavatpeeda, katijadata.

3) **Snehi** – Gatrasthigata, jadya, mandagni, and excretion of vijjala and snighdha ama

4) **Sarvangi** – Excretion of peeta, shyama, vijjala ama, shrama, klama

Again it can be classified according to

1) Severity

Samanya Amavata – symptoms are less severe

Pravridha - symptoms are severe and associated with upadrava

2) Chronicity

Navin Amavata – upto 1 year of onset

Jeerna Amavata- more than 1 year

Treatment

In the management of Amavata the foremost work is to stop the production of Ama in the body by potentiating the body fire.

This will reduce the toxins, which are causing inflammation in the body.

Once metabolism is under control, next step is to remove the deposited wastes

from the body i.e. purification of body system .

Line of treatment for the management of amavata is

Langhana (lightness therapy)

Shodhana therapy (bio – purification measure)

Shamana (treatment for subsiding the symptoms)

1) Langhana

It is the first measure that has been advised for the management of Amavata, which is considered to be an Amashayotha vyadhi and also Rasaja vikara. It has been described that sama dosa cannot be eliminated from the body until and unless Ama attains pakva from and for this purpose Langhan is contraindicated in Vatavridhhi, but is indicated in Amavata. Hence care should be taken to stop the Langhan as soon as nirama vata condition is achieved. Langhan creates hunger reflex in patients . It includes abstinence from food or taking food which are light and easily digestible like giving green gram, bearly soups. This process removes heaviness from the body.

2) swedana (fomentation)

It is very useful mode of treatment in Amavata especially in the form of dry fomentation (ruksha sweda)

Dry fomentation is done using sand or rock salt packet.

Dry fomentation relieves pain also.

Upanaha (poltice) of non – un ctious substance are also effective.

Swedana have been specially indicated in the presence of stambha, gaurav and shula, this constitutes the predominant feature of Amavata. In this disease ushna jalapan is a kind of internal swedana which is also indicated because this is

deepan, pachana, jwaraghna, strotoshodhak. Swedana also helps in liquefying doshas and aids in their transportation from shakha to kostha so that they can be eliminated by shodhana therapy.

3) Deepana

Deepana cause potentiation of digestive fire.

For this bitter and pungent drugs or herbs are used like chitraka (plumbago zeylanica), shunthi (zingiber officinalis), maricha (piper nigrum) etc.

These drugs have agnivardhaka property due to their laghu, ushna and tikshna guna and due to these gunas they possess amapachana, so kaphahara and vatahara karma. Thus these drugs increase Agni, digest Ama, removes excessive kledaka kapha, prevents further production of Ama.

4) Virechana (purgation)

Purgation therapy removes toxins from gastro- intestinal tract. Castor oil is used specially for purgation.

After Langhan, Swedana, Tikta Katu Deepan dravyas, doshas attain nirama avastha and may require elimination from the body by shodhana . Generally vamana precedes virechana but in Aamvata, the patients should be subjected to virechana therapy because of following possible reasons –

- a) Production of Ama is the result of Avarana of pitta shaman by kledaka kapha, thus hampering the digestive activity of pachak pitta. Virechana helps in this condition through two ways, It removes the aavarana produced by kledaka kapha. It is the most suited therapy for the sthanika dosha pitta.

- b) Symptoms of Amavata like Anaha, Vibandha, Aantrakujan, Kukshishula etc. are indicated of pratiloma gati of vata. This is best conquered by virechana, while vamana is likely to aggravate these features.

5) Snehapana (ingestion of liquid unctuous substance)

Various oils specially prepared with rasna (pluchea lanceolata), dashmool (root bark of 10 plants), nirgundi (vitex nigundo) are used for this purpose. Specially castor oil to be used in treatment of RA.

Reduction of bala of the patient is the resultant of the shodhan therapeutic measures employed and nature of the disease itself. This is also effectively controlled by the administration of sneha, as the latter is described to be the best Balavardhak regimen.

Snehapana has also been prescribed in the cases of Asthimajjagata vata as the involvements of these dhatus are quite evident in Amavat. Since snehana pacifies the vitiated vata due to its inherent vatanuloman effect, it is strongly indicated in Amavata, when there is predominance of vatadosha in its nirama stage.

6) Basti

Basti is half of the whole treatment. Anuvasana as well as Niruha have been given in Amavata.

Anuvasana basti removes the dryness of body caused by Amahara treatment, alleviates vata dosha, maintains the function of Agni and nourishes the body. Niruha basti eliminates Doshas brought into the kosta by Langhanas and allied therapeutics. In addition to the generalized effects, Basti produces local beneficial effects also by removing

Antrakujana, Vibandha etc. saindhavadi and bruhat saindhavadi taila have been advocated for anuvasana and ksharbasti for asthapana.

Shamana chikitsa mentioned in the treatment of Amavata -

1) Lepa

Shatapushpadi lepa

Himasradi lepa

2) Kwath

Rasnadi dashmool Kwath

Rasna saptaka Kwath

Rasna panchak Kwath

Rasnadi Kwath

Maharasnadi Kwath

3) Churna

Amrutadi churna

Shatpushpadi churna

Hingwadya churna

Vaishvanar churna

Punarnavadi churna

Alambushadi churna

4) Modaka and pinda

Ajmodadi modak

Rason pinda

Maharason pinda

5) Guggul

Vatari Guggul

Yograj Guggul

Simhanad Guggul, Apar simhanad

Guggul, Shiva guggul

6) Ghrita and Taila-

Shunti ghrita

Prasarini taila

Bruhat saindhavadi taila

7) Rasa yog

Aamvateshwar rasa

Aamvatari rasa

Aamvatari gut

Aamvateshwar rasa

Conclusion

Amavata is a condition where stabdhata of the body occurs due to lodging of vitiated Ama and Vata in Trikasandhi. It

is caused due to Virrudharaha, Virrudhachestha, Mandagni, Snigdha, Bhuktavat annam Vyayamam etc.

Amavata is Amashayostha Vyadhi so treatment given in Amavata is first Langhan then Swedana . Tikta Katu Dipan dravyas, Virechana, Snehapana and Basti .Which has ultimate goal to achive Amapachana, Vatashamana and Srtrotoshodhana, Sthana Balya chikitsa.

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