"A LITERATURE REVIEW ON AMAVATA WITH SPECIAL REFERENCE TO RHEUMATOID ARTHRITIS"

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ABSTRACT

According to Ayurveda, Agni performs a first-rate position in preserving the equilibrium of the body, the impairment of which ends up within side the formation of Ama. So, any factors either dietary, environmental or psychological which causes impairment of Agni become responsible for the formation of Ama also. The Ama is a causative factor for many diseases including Amavata. It is disease of Rasavaha strotasa. Amavata can be correlated to Rheumatoid Arthritis based on the similarities in clinical manifestation. Rheumatoid Arthritis is the most commonly diagnosed systemic inflammatory arthritis occurring throughout the world with a prevalence rate approximately 0.8% worldwide. In Indian sub-continent it is 0.5-0.75%. The incidence of Rheumatoid Arthritis increases between 25 and 55 years with a female to male ratio 3:1. In allopathy are suggested NSAIDS, steroids and DMARD, which offers the symptomatic relief, however those has more side effect. Ayurvedic management of Amavata comprises of Langhana, Swedana, and use of katu, tikta dravya, Deepana, Virechana, Snehapana and Basti, giving prior importance to the causative factor Ama. In Madhav Nidan, the first specified description of Amavata is given, so the existing study offers with systemic assessment of Amavata with special reference to Rheumatoid Arthritis from all the classics of Ayurveda and its management.

KEYWORDS: Amavata, Ama, Langhan, Swedana, Agni, Rheumatoid Arthritis.

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INTRODUCTION

According to Ayurveda, Agni performs a main position in preserving the equilibrium of the body, the impairment of which ends within side the formation of Ama. So many factors like dietary, environmental, or psychological which causes impairment of Agni which is responsible for the formation of Ama also. Amavata is caused when the Ama with help of Vata moves quickly and get lodged in Dhamanis and in Kaphosthanas, especially Sandhi’s. The disorder Amavata is first defined via way of means of Acharya Madhvaka has really referred to the Roopas of Amavata in Madhav Nidana. The Pratyatma Laksana are Gatrastabdha, Sandhishula, Sandhishoth, Sparshasahyata and Samanya Laksana are Angamarda, Aruchi, Trishna, Alasya, Gaurav, Jwara, Apaka, Angasunnata. In cutting-edge RA is a long-time period autoimmune sickness that's specifically impacts joints. Its results warm, swollen, and painful joints. Pain and stiffness frequently worsen following rest. Most commonly, the wrist and hands are involved, with the same joints typically involved on each sides of the body. The sickness might also additionally moreover additionally affect different components of the body. This also can bring about a low pink blood corpuscles count, infection across the lungs, and infection across the heart. Fever and coffee strength can also be present. Amavata defined in Ayurvedic classics is like Rheumatoid Arthritis in diverse means.

In 1591 Guillaume Baillou, the French medical doctor wrote first e-e book on Arthritis named Rheumatism” to describe a circumstance characterized through inflammation, soreness, stiffness within side the muscles & ache in & across the joints.

In 1859, sir, Alfred Garrod, the London physician, cash the medical term “Rheumatoid Arthritis” & the first reference is made in scientific literature. The onset is greater often in the course of 4th & fifth many years of lifestyles with 80% of sufferers growing sickness among the age of 30-forty years. Women are greater affected than men. Studies recommend that genetics & environmental effects are crucial within side the susceptibility to R.A. In cutting-edge remedy play a crucial position in overcoming ache of pain, restrained movement & incapacity because of the disease. Simultaneously prolonged use of allopathic medicines is not only giving rise to many facet effects, poisonous symptoms & destructive reactions even inclusive of many natural impairments.

MATERIALS AND METHODS

For this examine literary technique which consist of the references of Amavata and rheumatoid arthritis has been accumulated from the Ayurvedic and cutting-edge texts.

Nidana (Etiology)¹— Acharya Madhvaka has described the Nidana (causative factor) of Amavata in
Madhav Nidana.

विरुद्धाहारचेष्ट्यं मन्दावनिश्वलस्य च।
सिद्धं भुक्तवतो ह्यात्र व्यायमं कुर्वतस्थः ॥

1. **Viruddhahara** (Antagonistic diet) - The dietetic articles which can be unwholesome for the everyday *Dhatu* (tissue elements) and *Doshas* of the frame and have a tendency to disagree with the gadget are called *Viruddha*.

2. **Viruddha cheshta** (Erroneous habit) - As the time period shows it consists of the sports which might be antagonist to the regular body structure of the body. The frame is not able to address those sports thus, inflicting the manufacturing of disease.

3. **Mandagni** (Diminished *Agni*) - Due to disturbance withinside the functioning of *Agni* withinside the frame results in numerous unwell states thru formation of *Ama*.

4. **Nischalata** (Sedentary habit) - bodily inaction is accountable for *Kapha Vridhdi* which leads to *Agnimandya* and consequently leads to the formation of *Ama* which is main factor for the manifestation of disease.

5. Exertion right away after taking *snigdha ahara* are the primary etiological component of *Amavata*.

6. Genetic factor - RA is strongly associated with genes of the inherited tissue type (MHC), HLA-DR4 is the primary genetic issue implicated – the relative significance varies throughout ethnic groups.

7. Environmental factors - Smoking is a risk factor for RA in this populations, increasing the risk 3 instances in comparison to nonsmokers, mainly in men, heavy smokers, and people who’re rheumatoid aspect positive.

**Samprapti** (Pathogenesis)² –

वायुप्रधान: स्तलेखस्थानैः स्थायीः प्रधानतः //
तेनात्यथविद्यते धृततः प्रतिपद्धतः //
वात-पिता-कफैः स्ववर्धितः सोकारजं सर्वः //
सोतांस्वस्वस्थितिवित्तः नानवर्णां सतपिते ||

जनयत्याशु दौर्लियं गौरिं हृदयस्य च ||
व्याधनमाश्रयो ह्येि आमसंज्ञो दारुर्णः //

युगपालितान्तर्कसाधिप्रवेशको सत्रं च कुर्वतो गात्रामावात: स उच्यते //
When a person of sedentary life style, digestive mechanism indulges in incompatible diet and regimen (Viruddhahara – vihar) or does physical workout after taking fatty meals the Ama is shaped and propelled through Vayan Vayu and reaches the web website online of Sleshma. This Amarasa, get vitiated through manner of way of Vata, Pitta, and Kapha & then it is circulated to the everywhere in the body via the vessels. Then it accumulates within the small channels and joint pores. It renders the sufferers vulnerable and produces a sense of heaviness & stiffness in complete body. Ama is the motive of such a lot of distressing diseases. When this angry Ama simultaneously afflicts the (pelvic and shoulder) girdles, and distinctive joints making the body stiff, this condition is called Amavata.

**Nidan seven**

- Vyayamadi vata prakopakhetu sevan
- Guru snigdh Annpana sevan
- Ama Prokop
- Agnimandya
- Ama dosha Utpatti
- Amavata Roga

**Accumulation of Ama in Sleshmasthana**

(Amashyaya, Shir, Kantha, Sandhis, Ura, Amashaya, Hridhya, Trika)

**Rasavaha Srotosanga**

- Sandhirashoola, stabdhata, Gauravata, shotha, jawar, hridorbalya Lakshana Utpatti

**Samprapti Gatka**

- Dosha– Vata Kapha pradhanTridoshaja, Amadosha.
- Dushya- Rasa, Rakta, Mamsa, Asthi, sandhi, Snayu, Kandara.
- Srotodusti– Sanga, Vimargagaman.
- Udbhavsthana (origin) – Amapakvasayottha.
- Adhishthan– Sarva sandhi (Whole body)
Rog Marga- Madhyam Rogmarga

Vyadhi Shvabhava– Aashukari, kastaparda

Agni- Agnimandhya.

Roopa (sign and symptoms)⁴-

अंगमदोऽरुवचस्तृष्णाः ह्यालस्य गौरवं ज्वरः ।
अपाकः शून्ताः ज्वारानाम् आमवातस्य लक्षणम् । ।

Angamarda, Aruchi, Trishana, Alasya, Gourav, Jwara, Apaka, Sandhi shola, Sandhi Shotha, Gatra stabdhata, Angavaikalya and Jaadhyata this is sign and symptoms of amavata.

Joints involvement in R.A.⁵ - The joints involved most frequently are-

➢ Finger joint (40%) -MCP and PIP
➢ Shoulder joint (20%)
➢ Foot joint (20%)
➢ Wrist joint (15%)

Joints deformity in R.A.⁶ –

❖ Swan neck deformity - Immoderate extension of the PIP joint and flexion of the DIP joint.

❖ Boutonniere deformity (buttonhole deformity) - Flexion of the PIP joint and extension of the PIP joint of the hand.

❖ Z-deformity- Excessive extension of the interphalangeal joint, fixation of flexion, and subluxation of the metacarpophalangeal joint give the thumb a “Z” appearance.

❖ Ulnar deviation

❖ Cockup deformity is characterized by persistent extension of the first
metatarsophalangeal joint.

❖ Inflammation of the inner lining of the wrist can also cause carpal tunnel syndrome.

**Diagnosis** - The diagnosis of rheumatoid arthritis should be considered in patients with bilateral symmetrical polyarthritis affecting the small and large joints and sparing the axial skeleton except for the cervical spine.

**Criteria for the Diagnosis** – American criteria for the diagnosis of rheumatoid arthritis (EULAR 2010).

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joints Affected</td>
<td></td>
</tr>
<tr>
<td>1 Large Joint</td>
<td>0</td>
</tr>
<tr>
<td>2-10 Large Joint</td>
<td>1</td>
</tr>
<tr>
<td>1-3 Small Joint</td>
<td>2</td>
</tr>
<tr>
<td>4-10 Small Joint</td>
<td>3</td>
</tr>
<tr>
<td>&gt;10 Joints (at least 1 small joint)</td>
<td>5</td>
</tr>
<tr>
<td>Serology (at least 1 test should be done)</td>
<td></td>
</tr>
<tr>
<td>Negative RF or ACPA</td>
<td>0</td>
</tr>
<tr>
<td>Low positive RF or ACPA</td>
<td>2</td>
</tr>
<tr>
<td>High positive RF or ACPA</td>
<td>3</td>
</tr>
<tr>
<td>Duration of symptoms</td>
<td></td>
</tr>
<tr>
<td>&lt; 6 Weeks</td>
<td>0</td>
</tr>
<tr>
<td>&gt;6 Weeks</td>
<td>1</td>
</tr>
<tr>
<td>Acute Phase reactants</td>
<td></td>
</tr>
<tr>
<td>Normal CRP and ESR</td>
<td>0</td>
</tr>
<tr>
<td>Abnormal CRP and ESR</td>
<td>1</td>
</tr>
</tbody>
</table>

Total score ≥ 6 is indicative of definite rheumatoid arthritis.

**Prakar (Types)**

पितालात्साधाराण च साशूलं घनानागम्य !
सिमितुः गुरुकणूः च कफदुष्टं तमादिशेत् ॥

1. Vataj
2. Pitta anubandhi
3. Kapha anubandhi

Updav (complication) ⁹:

तृट्छवदिभ्रममभिािश्च हृद्ग्रहं विविर्द्धताम् ॥

जाज्ञान्तकृजनमानाहं कश्चक्ष्यानुपद्रवानु ॥

Trushna, chardi, bhram, murcha, hurdhgrah, malavashtambha, antrakunjan, aadhman this is Pradhan updav of amavata. Other updav can also find in amavata.

Chikitsa Sidhanta ¹⁰

लंघनं स्वेदनं वतक्तद्व नावन कट भवन ॥

विरेचनं िेहपानं र्स्तयश्चामारुते ॥

रूक्षः स्वेदो विधातव्यो िालुकापोटलैस्तथा ॥

उपनाहाः कर्त्व्यास्तेवपि स्थेवविवियिा ॥

Yogratnakara became first defined the concepts of remedy for Amavata that are Langhana, Swedana, drugs having Deepana and Tikta Katu Rasa action, Virechana, Snehapana and Anu Vasana as well Ksharabasti. Some of the critical 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 treatment that creates a feeling of lightness in the body is called Langhana. Langhana is the first line treatment in Rasa pradoshaja vikaras and Amashyotha vyadhi. Amavata is
Rasa pradoshaja vyadhi and Ama appears in Amashaya. There is no digestible food in Langhana. Therefore, Agni starts digesting the Sama Dosas. This is why Dosa Kshaya and Agni Vrudhi appear.

2. Swedana: In Swedana, sweating was produced in the bodies and souls of Stambha, Gaurav and Sheeta. Amavata is Vata Kapha Pradhan Vyadhi with Stambha, Gaurava and Sheeta and Pradhan Lakshanas. The Swedana shown is Ruksha Swedana (Valuka and Pottli).

3. Pachana with Tikta and katu Dravya prayoga: Tikta Rasa to Akasha is Vayu Mahabhuta Pradhan, on the coast of Ama Pachaka with Agni Deepan. Mais the Rasa de Vayu is Agni Mahabhuta Pradhan. Chhedana and Lekhana districts lie between Dosa Sannmurchhana and Srotobhishtyanda. So, that's it as far as Ama and Agni are concerned.

4. Deepana: These drugs do not 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: Although Virechana is the principal line of remedy for Pitta Dusti, it's also beneficial for Vata and Kapha Dusti on the identical time. Mrudu Samshodhana is likewise a line of remedy for Vata Dosa. Shodhana is contraindicated in Samavstha, so Deepana Pachana ought to be done earlier than the procedure. Virechana reasons Kosta Shudhi after which Agnivrudhi, Srotoshodhana and Vatanulomana.

6. Snehana: Snehan is contraindicated in Amavata because it is aggravating of amavastha. But to remove the Dosa sanga & to pacify the Vata Dosa Snehana is required. Eranda taila is a vyadhi pratyanika Sneha in Amavata.

7. Basti: Basti is the main treatment for Amavata and for Vata vyadhi.

8. Anuvasana: Here is no other medicine other than Taila which can pacify Vata. Here Saindhavadi taila is used for Anuvasana Basti.

9. Asthapana: It pacifies Vata, at the same time Basti drags all the Tridosa from Pakvashaya. Dashamula Kshara Basti & vaitaran Basti are used here.
Pathyaapathyā

1. Pathya11

यव: कुलथा: श्यामाका: कोद्रवा रक्तशालय: |
वस्तुकं शिशु वर्षीभु: कारवेल्लं पटोलकम् ||
आदर्कं तपतारं च लशुनं तक्रसंक्षिप्तम् |
जांगलाः तथा मांस सामवालगदे द्वितम् ||

In amavata take full rest. In ahara Dravya yav, kulathya, kodo, nachni, in shudradhanya - Rakta shali, shashtik, shigru, karla, Punarnava, parval, adrak, lahsun, jangum mansrasa, and ushnodak.

2. Apathya12

दधिमित्युग्मक्षीषौपदिकामामधिपक्षम् |
दुर्लीयं पूर्ववातं विरूच्यान्यशानानि च ||
असात्म्यं बेगरोधं च जागरं विषमासरम् |
वर्जयदेमवातातः गूवीभिष्णुदकानि च ||

Dahi, Matsya, Guda, Dugda, udadl, virudhashan, asatmaya bhojana, vishaashana, ratrijagrana, divaswap, vegvidharan and marutsevan this is apathyā in amavata.

Treatment according to modern science13 - The aim of treatment for RA is to reduce the inflammation in the joints, relieve pain, prevent, or sluggish down joint damage, lessen incapacity and allow you to be as energetic as possible. Rest and splitting of the joints should be instituted in the acute stage of illness. Active and passive physiotherapy help in mobilization and prevention of contractures. Firstly, we start from NSAIDS to relieve pain and pathology, but after a 6-month treatment there is no relive 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, indomethacin, Celecoxib, fenimides, roficoxib.

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

1. Non biological agent- they target inflammatory pathway –Hydroxychloroquine, D-Penicillamine, Sulfasalazine, Methotrexate

2. Biological agent – they target cytokines and cell synthesis

Anti TNF alpha Antagonist - Etanercept, Infliximab, Adalimumab

- IL 1 Receptor antagonist- Anakinra
- JAK - 1, JAK- 3 inhibitor- tofacitinib
- Anti-CD 20 Antibody – Rituximab
- 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

The meaning of *Ama* undigested food which stays inside our body and cause many diseases. It is the basis reason of almost all diseases. It produced specifically due to Mandagni. *Ama* intently resemble with rheumatoid arthritis in step with their signal and symptoms. The remedy purpose for illnesses is to hold the *Agni* of the affected person and relieves the ache and swelling in joint. So, in remedy first *Langhana* is suggested which assist in *Agni* development and after that *Deepan Pachana* is finished with *Tikta* and *Katu Rasa*. To pacify the vata *Sneha Pana Swedana* and *Basti* are advised.
Allopathic medicinal drug has been given a critical position to play in overcoming soreness or pain, restrained motion and crippling as a result of the articular disease. Drugs are to be had to ameliorate the signs and symptoms because of irritation within side the shape of NSAIDS and the long-time period suppression is performed with the aid of using the DMARDs. But the NSAIDs have gastrointestinal aspect consequences while DMARDs have marrow, renal and hepatic suppression. Hence, the control of this ailment is simply inadequate in different structures of medicine and sufferers are constantly searching with a wish toward Ayurveda to triumph over this challenge.

CONCLUSION

This Ama at the side of vitiated Vata and Kapha dosha results in Dosha-Dushya combination, as A quit end result producing the Nidus for signs and symptoms and signs and symptoms of Amavata to occur. Amavata is a complex of disease, pathogenesis of which lies in technology of Ama after Mandagni. Amavata can be successfully in contrast to Rheumatoid arthritis. The cause of the remedy in Amavata is to decrease Ama via its Amapachana and to normalize the 2 vitiated Vata and Kapha Dosa. Chronicity makes this illness problem for the treatment.

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