Applied Aspect of Chikitsa Sutra (Principle of Treatment) of Amavata (Rheumatoid Arthritis)

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Abstract
Certain diseases by its nature are difficult to manage and among those is Āmavāta. Though the term Āmavāta has been used by Charaka in various contexts but Mādhava Nidāna is the first to describe it as an independent disease. Later Chakradatta described Chikitsā Sutra of Āmavāta which comprises of langhana (lightening therapy), svedana (sudation), dipana- pāchana (appetizer and digestive drugs), tikta-katu (diet and drug articles having bitter and pungent taste with digestive action), virechana (purgation therapy), Snehana (unctuous therapy on achieving the nirāma stage) and basti (enemata therapy). Generally chikitsā sutra briefly describes the principles of the treatment pertaining to that particular disease but it further requires expounding so that its each component may be applied in judicious way to cure the disease. For instances, out of ten types of langhana, the vyāyāma (exercise) is contraindicated and similarly out of shodhana measures Vamana has no role in the treatment of Āmavāta. Therefore for better understanding, this article attempts to explore and define all the aspects of each component of Chikitsā Sutra of Āmavāta, and on that basis plans a judicious treatment for its cure.

Keywords: Āmavāta (rheumatoid arthritis), Chikitsā Sutra (principle of treatment), Chikitsā (treatment)

Introduction:
The word Āmavāta is used by Charaka in various contexts but Mādhava Nidāna is the first to describe it as an independent disease. Āmavāta is characterized by stiffness and pain having dominance of Vāta where āma is always associated with it.

In Āmavāta, features of low digestive power (Agniṁandya) such as loss of appetite, indigestion, heaviness of body and lethargy are also present and simultaneously āma causes swelling, pain and tenderness of joints of hand, feet, head, ankle, sacrum, knee and thigh. In hands, it starts from wrist and then involves inter-phalangeal joints. Due to pain and stiffness, the patient does not move the fingers which after some time leads to wasting of the finger muscles due to disuse atrophy. This swelling on the finger joints and wasting in the inter-phalangeal muscles gives an appearance of spindle, thus termed as spindle-shaped joints. It is a slowly progressive disease and if not treated properly may lead to contracture and deformity of the joints.

Principal of Treatment of Āmavāta
As āma is present in its pathogenesis from the beginning to the end, therefore the main aim of the treatment is to manage āma. Following measures are indicated in the chikitsā sutra of āmavāta (Chakradatta & Yogaratnakara), each of which is discussed in detail:

- **Langhana** (lightening therapy)
- **Svedana** (sudation)
- **Dipana** (appetizer and digestive drugs)
- **Tikta-katu** (diet and drug articles having bitter and pungent taste)
- **Virechana** (purgation therapy)
- **Snehana** (unctuous therapy on achieving the nirāma stage)
- **Basti** (enemata therapy)
- **Upanaha** (Poulitce without Sneha)
**Langhana (Lightening Therapy)**
The measures which produce lightness in the body are langhana. Out of the seven shaman (pacifying) measures described by Vágbhata for langhana, six measures viz. Upavāsa (fasting), dipana (appetizer), pāchana (digestive), pipāsā (restricted water intake), māruta (air bath) and ātapa (sun bath) are useful in the treatment of Āmavāta. Role of each of these measures in the treatment of Āmavāta is as follow:

**Upavāsa (Fasting):** Impairment of digestion is the main event in the pathogenesis of Āmavāta. The fasting gives rest to stomach and other digestive organs which help in improving their functions. It also helps in digestion of āma.

Fasting once for whole or half day in a week is ideal, but if not possible then skipping of breakfast, lunch or dinner is advised or at least light diet must be taken. Heavy foods or foods difficult to digest should always be avoided.

**Pipāsā (Limited Water Intake):** Drinking of limited quantity of water just to quench the thirst is advised. It is so because excessive taking of liquid dilutes the already diminished agni (gastric enzymes) of the patient, hence further lowers the digestion and causes increase in the condition. Hot water improves the agni and digests the āma, so it is advised to use lukewarm water for all purposes.

**Māruta (Air Bath):** Exposure to cold or direct air is not good, because cold air as well as direct or eastern air increases Vāta which is not advisable in this condition. But hot air as in sudation or in sun bath is good.

**Ātapa (Sun Bath):** Exposing to sun is beneficial. It causes both invisible and visible sweating, improves the Agni and provides energy and enthusiasm.

**Dipana and Pāchana**
Along with langhana the digestive and appetizer drugs which improve the digestion and digest the āma should also be added. For this purpose the drugs like chittraka, dried ginger, garlic, panchakola, shadushna etc are administered usually on empty stomach with the lukewarm water.

Panchakola contains equal quantity of five drugs having appetizing and digestive actions viz. pippali (Piper longum), pippalimula (root of Piper longum), chavya (Piper chava), chitraka (Plumbago zeylanica) and nāgaram (Zingiber officinale). When black pepper is added to panchakola then it is known as shadushna. Decoction of either Panchakola or Shadushna is given in the dose of 15 ml twice a day for digestion of āma on empty stomach.

**Śnehana**
Generally śnehana is contraindicated in āma, but above mentioned treatments comprises of hot and dry components may make the body dry which may cause provocation of Vāta. Therefore after achieving the nirāma state or when body starts showing the symptoms of dryness, śneha may be given.

For internal śnehana medicated oil such as saṁdhvādi taila or rasona ghṛita may be used.

**Massage:** Rubbing of the affected joints as done in massage, increases pain and swelling of the inflamed joints, therefore it should be avoided. Oil massage is contraindicated in āma stage. However, vishagarbha taila may be applied gently on the affected joint particularly prior to subjecting of Svedana.

Vishagarbha taila comprises of dhattura (Datura metel), kānji, kalka of kushtha, vachā, black pepper, visha, purified seeds of dhattura and rock salt. It may be applied externally even in āma state particularly prior to sudation, but it should be applied gently on the tender and swollen joints so that no discomfort is caused to the patient.

**Svedana (Sudation)**
Ruksha sveda, is specifically either in the form of sand or hot water bag is advisable in the cases of Āmavāta. However on getting the nirāma state, nādi sveda may be used for sudation of multiple involved joints as of hand or feet.

Patra Pinda Sveda, particularly with leaves of Nirgundi or castor plant has been reported beneficial in providing relief in swelling and pain in the recent studies. The leaves of Nirgundi or castor plant are cut in small pieces and made soft by little frying in oil, which then made to a bag by putting in a cloth. This warm bag is used for sudation of the involved parts.
Similarly, Churna Pinda Sveda is performed by making Pottali (bag) of the heated powder of drugs like Rasnā, Vachā, Shunthi for the sudation of the affected joints.

Lavana Pinda sveda is done by using the hot bag comprises of course powder of Rock salt (Saindhava)

**Shodhana**

Shodhana is contraindicated in Āma stage and generally vamana, rakta-mokshana and nasya seem to have no direct role in the treatment of Āmavāta. Therefore only virechana and basti can be undertaken for shodhana that also on achieving the nirāma state after āma-pāchana by digestive drugs.

**Virechana (Purgation Therapy)**

Virechana has important role in the management of Āmavāta. After achieving of nirāma state by fasting and administering the digestive drugs, internal snehana may be done with saindhavadi or brihat Saindhvādi taila (Bhāva Prakāśa) till samyaka snjgdha lakshana are achieved. Thereafter, on the three gap days, mrudu abhayanga and svedana or only Ruksha Sveda of whole body is done depending upon the status of the patient or disease.

On the day of virechana, a combination of purgative drugs such as trivrit, āragvadha, haritaki, castor oil etc is given. However, use of drastic purgatives like jayapāla, though indicated in the patients having hard bowel habit (krura koshtha) may be avoided.

**Rechana with Castor Oil:** Purgation with castor oil is very much useful in the treatment of āmavāta. It can be given once or twice in a week or daily. 5 to 10 ml of castor oil alone or with Shunthi powder can be given on empty stomach. It is considered very effective in providing relief to the patient. As it is a Sneha Virechana there is no need of prior Snehana.

**Basti (Enema Therapy):**

Generally niruha basti (detoxifying enema) is indicated in āmavāta and Anuvāsa Basti is contraindicated. However in case of excessive dryness if necessary, one Anuvāsa Basti with saindhavadi taila can be given in between the courses of Niruha Basti. Generally two types of Niruha Basti viz. Kshāra Basti and Vaitarana Basti are prescribed with significant relief, the details of which are as follow:

**Kshāra Basti:** In Āmavāta specifically Kshāra Basti is indicated. It comprises of dashamula kvātha, cow’s urine, Saindhava, Saumpha, Imali and Guda. It is administered once a day on empty stomach preferably in forenoon continuously for three days; then a gap of three days is given and again three Kshāra Basti are given in the same way. In this manner its three to seven courses are prescribed according the response and condition of the patient (Chakradatta- Niruha Adhikāra-31)

**Vaitarna Basti:** it is similar to the Kshāra basti; only difference is that in Vaitarana basti, Tila Taila or Saindahavadi Taila is used in addition to above mentioned ingredients of Kshāra Basti (Chakradatta- Niruha Adhikāra-31)

**Single Drugs for Āmavāta**

**Haridrā (Curcuma longa):** Turmeric/curcuma.

Dose: 5gm powder twice a day made into paste by adding honey on empty stomach.

**Lashuna/Rasona (Alium sativum):** 5 gm paste made from its pealed cloves mixed in buttermilk, twice a day.

**Shunthi (dried zinger):** 5gm powder twice a day made into paste by adding honey.

**Castor oil:** 10 to 20 ml at 9 am on empty stomach. It causes 2 to 4 loose motions which stops automatically; thereafter in lunch only liquid diet such as Peya (liquid rice) or Vilepi (rice) is given. In the night light diet may be taken. It can be taken continuously for a week and may be repeated after a gap of one week.

**Pippali (Piper longum):** 3 to 5 gm powder twice a day made into paste by adding honey.

**Rāsnā (Pluchea lanceolata):** 5 gm powder twice a day made into paste by adding honey.

**Erandamula:** Root of castor plant (Ricinus communis) may also be given in the dose of 3 to 5 gm powder twice a day made into paste by adding honey. It is also given in decoction form in the dose of 20 ml twice a day.

**Chopachini (Smilax glabra):** China root is also given in the dose of 3 to 5 gm powder twice a day made into paste by adding honey.
**Gorakhamundi** (*Sphaeranthus indicus*): It is also given in the dose of 3 to 5 gm powder twice a day made into paste by adding honey.

**Nirgundi** (*Vitex nirgundo*): It is also given in the dose of 3 to 5 gm powder twice a day made into paste by adding honey.

**Bhallātaka** (*Samecarpus anacardium*): Bhallātaka provides significant relief to the patients of Āmavāta but it causes rashes and itching in some patients particularly of Pitta Prakriti (which are reversible after immediate withdrawn of the treatment), therefore it should be used very cautiously under the supervision of the physician.

However, *Yogaratnākar* has advised to mix the equal quantity of powders of Bhallātaka, sesame seeds and Haritaki, which is made to bolus by mixing with jaggery. It is to be taken in a dose of 1 gm two times a day with water. In some studies it has been reported that Bhallataka administered in this form has very little chance of side effect.

Other preparation to reduce the side its effects is mixing of equal quantity of powders of *tila* (Sesamum indicum), *dhān yakā* (Coriandrum sativum) and jaggery with *shuddha bhallataka*. Its dose is 1 gm two times a day with water.

**Guggulu** (*Commifora mucul*) and other Preparations

**Yogaraja Guggulu**: It is an herbal preparation containing 50% of guggulu. Its other ingredients are *panchakola*, *hingu*, white and black cumin, *pāthā*, *katuki*, *ativish* etc.

**Mahā Yogarāja Guggulu**: It comprises of half the portion of *shuddha guggulu* along with a number of herbs useful for Āmavāta.

**Simhanāda Guggulu**: It is an herbal preparation containing 50% of guggulu which is prepared in castor oil, therefore more useful in the patients of Āmāvāta having constipation.

**Gokshurādi Guggulu**: Its main ingredients are guggulu and gokshura along with *trikatu*, *triphala* and *mustaka*. It is mainly indicated in *prameha*, *pradara*, *mutrakriecha*, *shukra dosha*, *ashmari*, *vāta roga* and *vātārakāta*.

**Triphala Guggulu**: It contains five parts of Guggulu, three parts of *Triphala* and one part of *Pippali*. It is specifically indicated in fistula in ano, inflammation, piles and Gulma.

**Shallaki** (*Boswellia serrata*): It is to be given 250 mg to 500 mg dose three times a day with lukewarm water after meal. As availability of Guggul is decreasing therefore in place of it Shallaki is being used with about the same effectiveness.

**Rāsā Panchaka Kvātha**: It comprises of rāsnā, amritā, devadāru, nāgara and erandamula taken in equal parts. The dose of the decoction is 20 ml twice a day morning and evening on empty stomach.

**Rāsā Saptaka Kvātha**: It comprises of rāsnā, amritā, devadāru, gokshura, punarnāvā, āravadvāha and erandamula taken in equal parts. The dose of the decoction is 20 ml twice a day morning and evening on empty stomach.

**Pain Killer**
- *Pippali-Mula* (Root of *Piper longum*)
- *Nirgundi* *Vitex nirgundo*)
- *Rasana* (*Pluchea lanceolata*)
- *Godanti*

**Rasayana**
- *Ashvagandhā*
- *Bhallātaka Yoga*
- *Vardhamāna Pippali Rasāyana*
- *Guduchi*
- *Lashuna*

**Lepa (External Application)**
The lepa prepared from *shatapushpā*, *vachā*, *shanthi*, *gokshura*, bark of *varuna*, *punarnavā*, *devadāru*, *shati*, gorakhamundi, *prasārini*, *arani* and *madanaphala* by mixing in Kānji is to be applied on the affected joints.

Other Lepa prepared from *Hinsra* (Hainsa), root of castor plant, bark of *sahijana* and mud of *balmika* (anthill) in cow’s urine is found very effective.

**Upanāhā (Poultice)**: Hot poultice prepared without adding oil or ghee is advised in Āmavāta. *Yogaratnākara* recommends the use of poultice prepared from the powder of *Ahinsrā*, root of *Kuchalā*, *Shigru* and anthill soil made into paste by adding cow’s urine.
Treatment of Contracture in Āmavāta

Due to severe pain and tenderness of the affected joints, patient does not move the affected joints. On the long run it results in contracture and deformity of the joints.

For easing contractures prasārini taila internally may be given. Prasārani taila is prepared in castor oil by adding paste and decoction of Prasārini (Paederia foetida).

Externally after doing very gentle massage with Prasārini oil, sudation should be done and during sudation gently slight movements of the contracture should be tried.

Decoction of Prasārini made in jiggery water administered orally in dose of 20 ml twice a day is also useful for reducing the contractures of Āmavāta.

Pathya

The diet and drugs having bitter and pungent taste are preferred. Brinjal, bitter-gourd (karvellaka), barley, old rice, soup of kulattha, horse gram, peas, ginger, garlic, onion, hot water, drum stick (shigru) paravala, vastuka and koradusha are beneficial.

Apathya

Milk, curd/yogurt, fish and meat of aquatic animals, jaggery, black gram (māsha), pastries, upodika leaves, exposure to eastern wind, viruddha and asāmya and heavy food articles, viscous (picchila) vegetables, vishamāshana (irregular food habit), suppression of natural urges, night awakening, day sleep and polluted water are harmful for the patient of rheumatoid arthritis.

Conclusion:

Though Amavata is difficult to manage, judicious and holistic approach with diet, life style intervention and continuous use of drugs, a good control of disease is achieved with improvement of quality of life.

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On the fourth day purgation with castor oil may be given in the morning on empty stomach and peyā in the lunch and vilepi in the dinner may be given.

From 5th to 10th day onward rāsnā-saptaka kvātha with adding godanti & pippalimula in it along with Guggulu preparation orally may be given. Simultaneously patra-pinda sveda may also be done. During whole of this period light diet is advised.

For Virechana internal Snehana with saindhavadi taila may be done from 11th to 14th day and 15th to 16th may be kept as gap day. During these days light, liquid and hot diet is to be given. In these gap days dry sudation is to be done after applying vishagarbha taila. On 17th day classical virechana is performed and three days samsarjana krama may be done by giving peyā, vilepi, akrita and krita yusha.

On 21st day onward again shamana chikitsā mentioned above may be given for three weeks. From seventh week onward kshāra basti may be given for three days and after a gap of three days again three days course of kshāra basti may be repeated; such three more courses of the basti may be given and if required during the gap days anuvasana basti with saindhvadi taila may be given. Thereafter the patient may be kept again on shamana drugs mentioned above for a month or so. During this period svedana after applying the vishgarbha taila may be done and if contracture is there it may be opened gently and gradually during the svedana therapy. adhikara. Published by Chaukhamba Sanskrit Series office Varanasi. P277-293
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