



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

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Access this article on online: www.japs.co.in

Published by International-Academy of Ayurveda-Physicians (IAAP),
5HB, Gandhinagar, Jamnagar-361 002, Gujarat, India

Date of submission: 2-3-2014; Date of Revision: 8-4-2014; Date of Acceptance: 1-5-2014

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 *langhna*, 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. *Amavata* is characterized by stiffness and pain having dominance of *Vāta* where *Āma* is always associated with it.

In *Āmavata*, features of low digestive power (*Agnimāndya*) 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* (Poultice without *Sneha*)

Langhana (Lightening Therapy)

The measures which produce lightness in the body are *langhana*. Out of the seven *shaman* (pacifying) measures described by Vāgbhata 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 *chitraka*, 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.

Snehana

Generally *snehana* 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, *sneha* may be given.

For internal *snehana* medicated oil such as *saindhvādi taila* or *rasona ghrīta* 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 administrating the digestive drugs, internal *snehana* may be done with *saindhavadi* or *brihat Saindhvādi taila* (*Bhāva Prakāsha*) till *samyaka snigdha lakshana* are achieved. Thereafter, on the three gap days, *mridu abhayanga* and *svedana* or only *Ruksha Sveda* of whole body is done depending upon on 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 koshta*) 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 *āmavata* and *Anuvāsana Basti* is contraindicated. However in case of excessive dryness if necessary, one *Anuvāsana 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*, *Saunpha*, *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 Adhikra-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 peeled 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): 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 withdrawal of the treatment), therefore it should be used very cautiously under the supervision of the physician.

However, *Yogarātnākar* 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 *Bhallātaka* 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*), *dhānyaka* (*Coriandrum sativum*) and jaggery with *shuddha bhallātaka*. Its dose is 1 gm two times a day with water.

Guggulu (Comifora mucul) and other Preparations

Yogarāja Guggulu: It is an herbal preparation containing 50% of *guggulu*. Its other ingredients are *panchakola*, *hingū*, white and black cumin, *pāthā*, *katuki*, *ativishā* 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 *Āmavāta* having constipation.

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

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 *Guggulu* is decreasing therefore in place of it *Shallaki* is being used with about the same effectiveness.

Rāsnā 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.

Rāsnā Saptaka Kvātha: It comprises of *rāsnā*, *amritā*, *devadāru*, *gokshura*, *punarnavā*, *āragvadha* 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*, *shunthi*, *gokshuru*, 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.

Upanāha (Poultice): Hot poultice prepared without adding oil or ghee is advised in *Āmavāta*. *Yogarātnākara* 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. *Prasārini 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 *asātmya* 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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A regimen starting with first three days *langhana* in the form of skipping of a meal or light diet is advised. Simultaneously, *panchakola* decoction in the dose of 10 ml once a day is given and dry sudation of the involved joints may be done after gently applying *vishagarbha taila*.

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* 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 *vishagarbha taila* may be done and if contracture is there it may be opened gently and gradually during the *svedana* therapy.

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Cite this article as: Mandip R. G. Applied aspect of chikitsa sutra (principle of treatment) of amavata (rheumatoid arthritis). Journal of Ayurveda Physicians and Surgeons. 2014;1(2):37-42.

Source of support : Nil, Conflict of interest: None declared