Ayurvedic Management of Chronic Arthritis

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What is Arthritis

Arthritis is a generic name given to a wide range of inflammatory diseases including infective, degenerative and immunological disorders of connecting tissue system in general and joints in particular.

However, Rheumatoid Arthritis, Osteoarthritis and Gouty arthritis form the major chunk.
Pain of severe degree being the main symptom with progressive destruction of the joints with crippling and deformities, arthritis poses an unavoidable clinical situation and prolonged morbidity warranting an active care.
Present Status

The management of arthritis is largely palliative focusing on medicinal control of inflammation and pain besides orthopedic care to prevent and manage the deformity of joints.

Aspirin, corticosteroids and a range of non-steroidal anti-inflammatory drugs form the main stake of medication besides certain disease modifying agents many of which have serious side effects.

As such an optimumaly safe and adequately effective medication with considerable ‘Cure’ potential is yet to be discovered. Ayurved is one of the potential researechable areas in this context.
Major Arthritic Conditions Described in Ayurved

- *Amavata* akin to Rheumatoid Arthritis
- *Sandhivata* akin to Osteo Arthritis
- *Vata Rakta* akin to Gouty Arthritis
- *Krostu Shirsha* akin to Ac. Synovitis of knee
- *Urustambha* akin to Ac. Myopathy & Muscular Rheumatism
- *Kati Shula, Pristha Shula* akin to chronic Lumbago
**SANDHIVATA**

*Sandhivata* is a chronic degenerative disease of pure *Vatic* origin (*Nanatmaja*). It clinically resembles osteoarthritis. The incidence of this disease is presently rising world over because of faulty life style. It can be treated by *Nidana Parivarjana*, life style management, *Rasayana* therapy and certain *Panchakarma* therapy measures which are claimed to arrest the degenerative changes & help in joint repair.
**AMAVATA**

*Amavata* is a clinical entity vividly described by Madhavakara in 9th Century AD with well defined aetiopathogenesis and clinical presentation with specific emphasis on Ch. Enteropathy, *Mandagni* and *Ama* playing the central role. This condition is strikingly comparable to Rheumatoid Arthritis as known today.
Sandhivata

Amavata
Amavata vs. Sandhivata

These two classically described arthritic conditions in Ayurveda are fundamentally different from each other and resemble RA and OA respectively. Amavata is an inflammatory disease involving all the three Doshs embedded with Ama. While Sandhivata is a pure Vatic disease with dry degeneration of joints. Hence line of management is very different.
Classification of Amavata

1- Forms of presentation

- **Acute form**: Dominated by GIT upset, divergent systemic manifestations & Acute generalized inflammatory condition of connective tissue system.

- **Chronic & Advanced**: Dominated by Chronic Poly-arthritis & crippling

2- Tridoshic variants

Vatolvana, Pittolvana, Kapholvana, Sannipataja
Ayurvedic Approach to Amavata and RA

AETIOLOGICAL FACTORS

- LOWERING OF AGNI (BIOFIRE)
- FORMATION OF AMA (AUTO TOXIN)
- REACTION & BLOCKADE OF BODY CHANNELS
- SOTHA (INFLAMMATION OF JOINTS)

TREATMENT STRATEGIES

- NIDAN PARIVARJAN (ELIMINATION OF CAUSE)
- FORMATION OF AMA
- PROMOTION OF AGNI & AMA PACANA
- BIOPURIFICATION BY PANCHAKARMA
- SPECIFIC PALLIATIVE TREATMENT, DRUGS
- DIET AND EXERCISES
Pathogenesis of Rheumatoid Disease

Enteropathy → Antigens of GIT origin → Circulation in Blood → Antibodies

Rheumatoid Disease

Immuno Inflammation in connective tissue system

Antigen Antibody Reaction
Pathways of Mandagni & Ama State

Faulty Life Style & incompatible diet → Mandagni → Ajirna

- Annaja Ajirna
- Rasaja Ajirna

- Ama Anna
- Ama Rasa Ama Dhatu

Acute GIT Diseases viz

- Visucika
- Alasaka
- Vilambika

Chronic Systemic Amaja Diseases viz. Amavata
What is Ama

‘Ama’ represents a wide range of predigested, pre-metabolized and pre-assimilated products of digestive system available as Ama-Anna, Ama-Rasa or Ama Dhatu present locally at GIT level or systemically in circulation or in tissues. Ama because of its heavier molecules, whenever present in the system it inherently obstructs the micro-channels and membrane system i.e. Srotamsi. And it acts like a foreign body and hence is antigenic in nature leading to auto-immune reaction.
Detecting *Ama* state in the body

1. Presence of clinical signs & symptoms of *Ama* state.
2. *Sama-Nirama Pariksa* of Stool by *Mala Tarana Vidhi*
3. Plasma Chemistry to detect the presence of materials simulating *Ama*
4. Stool examination for presence of undigested food particles & other forms of *Ama* Materials
5. Measurement of systemic antigenicity of the body with the help of non-specific antibody titers.
Chronicity of a Disease

Mala-Adaptation

Pathology ↔ Physiology

Sroto-Distortion

Ojo-Distortion

Panch Karma

Rasayana

Incurable (Asadhya)
Principles of Treatment

1. Nidan Parivarjan/ elimination of cause.
2. Langhan, Deepan, Pachan to promote Agni.
3. Appropriate Elimination of Ama by Selective Sodhan.
5. Use of Medication for Pain & Inflammation.
7. Local care of Inflamed Joints.
8. Exercise & Physiotherapy.
9. Samshaman Treatment with specific drugs.
10. Rehabilitative procedures and long follow-ups.
The Samsodhan Effect

Human body is composed of innumerable channels which provide circulation of nutrients, energies and impulses as well as medicaments when ever used. There is inherent tendency of blockade and distortion of these channels which form the foundation of all Pathology. Hence there is a need of periodical bio-purification of these channels. The entire therapeutic technology of Panch Karma Therapy is designed to achieve this goal.
Developing Evidence for Efficacy of Ayurvedic treatment

- Promoting *Agni* and Exhausting *Ama*.
- Relieving systemic Manifestations of *Ama* state
- Relieving inflammation & Swelling of Joints
- Monitoring Immune status & degree of Immune Disorder
- Improve functional ability of joints
- Relieving Pain & Stiffness.
Most Potential Anti-Arthritic Plant Drugs

1. **Ardraka** (Zingiber officinale)
2. **Bhallataka** (Semicarpus anacardium)
3. **Eranda** (Ricinus communis)
4. **Guggulu** (Commiphora wighty)
5. **Haridra** (Curcuma longa)
6. **Katuka** (Picrorrhiza kurroa)
7. **Nirgundi** (Vitex nigundo)
8. **Rasna** (Pluchea lanceolata)
9. **Rasona** (Allium sativum)
10. **Yastimadhu** (Glycyrrhiza glabra)
Changes in Inflammatory Index in patients of Rheumatoid Arthritis (n=35)

<table>
<thead>
<tr>
<th>Group</th>
<th>Initial BT</th>
<th>Ist Follow up</th>
<th>IInd Follow up</th>
<th>IIIrd Follow up</th>
<th>d BT-AT</th>
<th>t/p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>7.2 ± 3.86</td>
<td>7.6 ± 3.89</td>
<td>8.4 ± 3.92</td>
<td>8.7 ± 3.98</td>
<td>-1.5 ± 1.90</td>
<td>--</td>
</tr>
<tr>
<td>Amavatari</td>
<td>7.3 ± 4.62</td>
<td>6.6 ± 4.86</td>
<td>5.2 ± 4.42</td>
<td>4.5 ± 3.94</td>
<td>2.8 ± 3.08</td>
<td>t=2.87 p&lt;0.05</td>
</tr>
<tr>
<td>Amavatari + Panch Karm</td>
<td>7.1 ± 2.68</td>
<td>5.1 ± 2.52</td>
<td>4.3 ± 2.43</td>
<td>3.6 ± 2.46</td>
<td>3.5 ± 4.12</td>
<td>t=3.79 p&lt;0.01</td>
</tr>
<tr>
<td>Drug/Placebo</td>
<td>--</td>
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<td>t=2.87 p&lt;0.05</td>
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</tbody>
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Pattern of Withdrawal of Analgesics in Patients of RA (n=35)

Dose of Analgesics/Day

- 1 TDS
- 1 BD
- 1 OD
- NIL

BT
AT
Changes in Mean Symptom Grade after Treatment

1. Sandhi Saruja Śotha
2. Vrascika Vadanā
3. Agnimandya
4. Praseka
5. Aruci
6. Gaurava
7. Utsāha Hāni
8. Vairasya
9. Dāha
10. Bahumūtratā
11. Kukṣhikathinatā
12. Süla
13. Nidrā Viparyaya
14. Triṭa
15. Chardi
16. Bhrama
17. Murccha
18. Hrida Graha
19. Kostha Badd hat
20. Jvara
Conclusion

Arthritis of a wide range of Aetiology form an important category of chronic illness warranting active and urgent care because of severe degree of pain and progressive crippling associated with this disease. The current treatment of Arthritis is mostly palliative and ‘Good’ treatment of arthritis is yet to be discovered.

The Ayurvedic texts describe several types of arthritic conditions. *Amavata* vis-a-vis Rheumatoid Arthritis is described in details where *Mandagni* and *Ama* state play the central role. The sheet anchors of the Management of *Amavata* are promotion of *Agni* and use of anti-inflammatory medications. *Sandhivata* vis-à-vis Osteoarthritis is a pure vatic degenerative disease and is treated with Panchkarma and Rasayana with good results.
Thank You