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 nonsteroidal 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 researchable 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
- Figure 1 Kati Shula, Pristha Shula akin to chronic Lumbago

SANDHIVATA

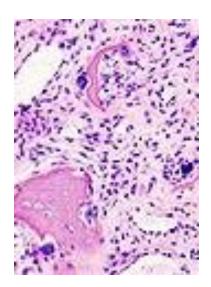
Sandhivata is a chronic degenerative disease of pure *Vatic* origin (*Nanatmaja*). It clinically resembles osteoarthritis. The incidence of this disease is presently rising world over because of faulty life style. It can be treated by Nidana Parivarjana, life style management, Rasayana therapy and certain 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

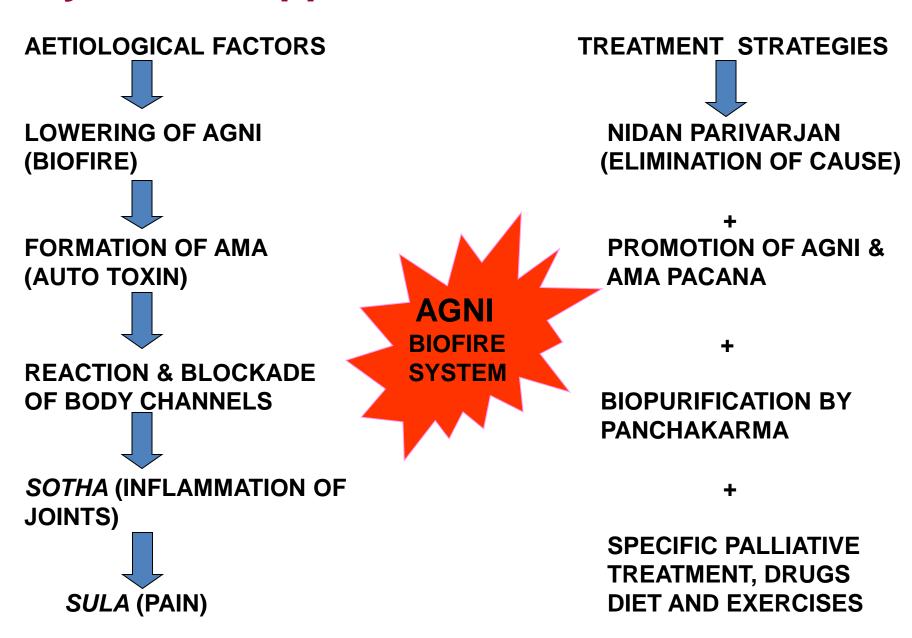
1- Forms of presentation

- □ 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

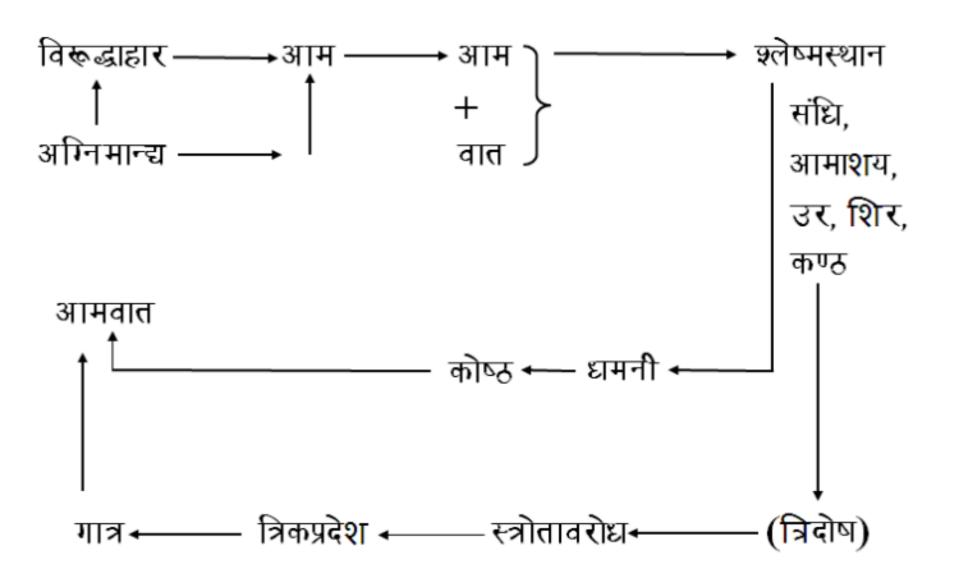
2- Tridoshic variants

Vatolvana, Pittolvana, Kapholvana, Sannipataja

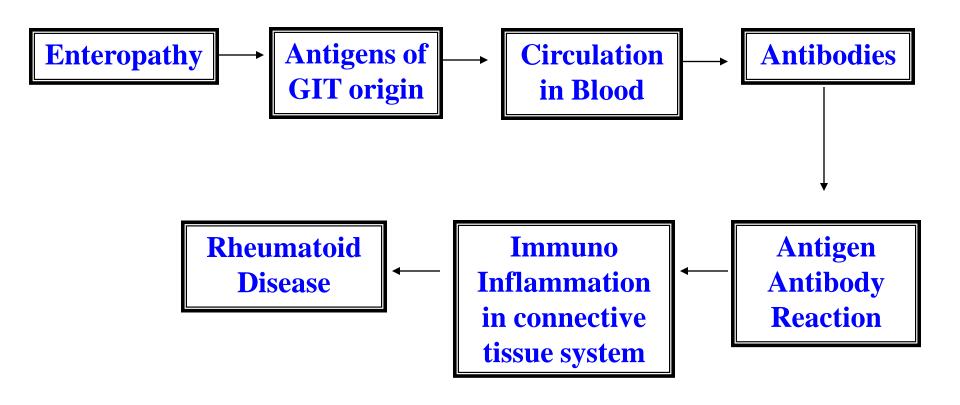
Ayurvedic Approach to Amavata and RA



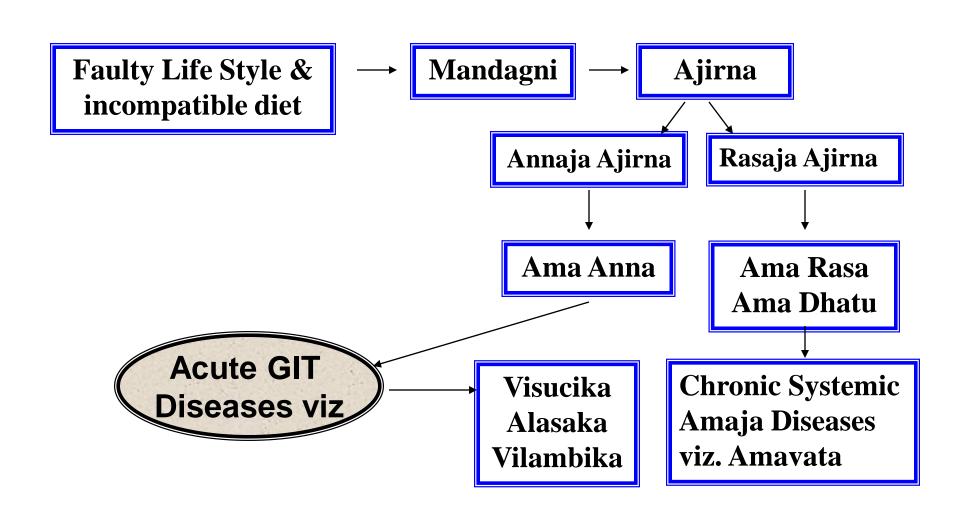
आमवात-सम्प्राप्ति



Pathogenesis of Rheumatoid Disease



Pathways of Mandagni & Ama State



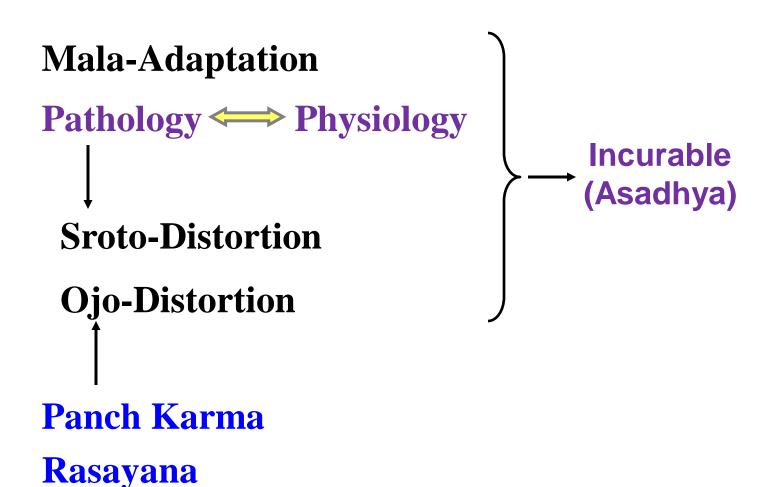
What is Ama

'Ama' represents a wide range of predigested, premetabolized 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



Principles of Treatment

- 1. Nidan Parivarjan/ elimination of cause.
- 2. Langhan, Deepan, Pachan to promote Agni.
- 3. Appropriate Elimination of Ama by Selective Sodhan.
- 4. Dietary Restrictions advocating Katu, Tikta, Usna, Laghu.
- 5. Use of Medication for Pain & Inflammation.
- 6. Snehana, Swedan, Vasti in chronic Niramawastha.
- 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)
- Haridra (Curcuma longa)
- 6. Katuka (Picrorrhiza kurroa)
- 7. Nirgundi (Vitex nigundo)
- 8. Rasna (Pluchea lanceolata)
- 9. Rasona (Allium sativum)
- 10. Yastimadhu (Glycyrrhiza glabra)



Ashwagandha



Guggulu



Ardrak



Haridra



Noni



Amalaki



Praval

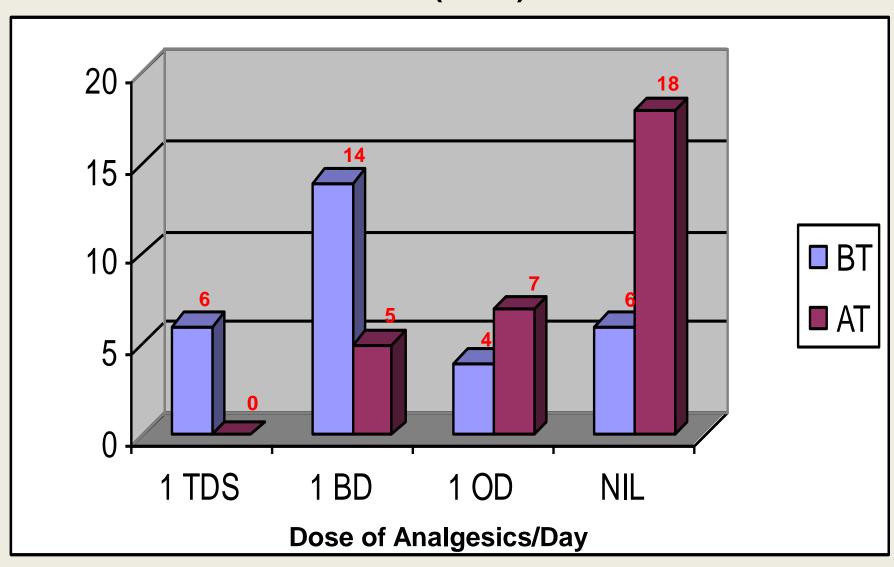


Hadjoda

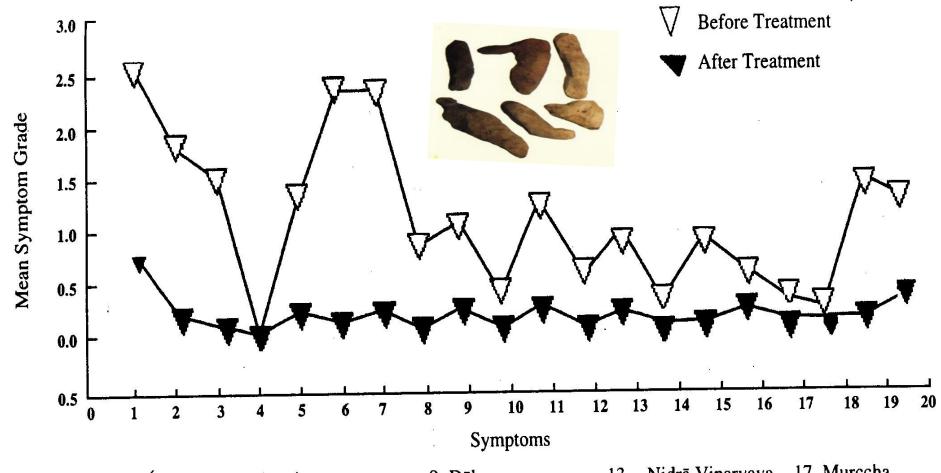
Changes in Inflammatory Index in patients of Rheumatoid Arthritis (n=35)

Group	Initial BT	Ist Follow up	lind Follow up	IIIrd Follow up	d BT-AT	t/p
Placebo	7.2 ± 3.86	7.6 ± 3.89	8.4 ± 3.92	8.7 ± 3.98	-1.5 ± 1.90	
Amavatari	7.3 ± 4.62	6.6 ± 4.86	5.2 ± 4.42	4.5 ± 3.94	2.8 ± 3.08	t=2.87 p<0.05
Amavatari + Panch Karm	7.1 ± 2.68	5.1 ± 2.52	4.3 ± 2.43	3.6 ± 2.46	3.5 ± 4.12	t=3.79 p<0.01
Drug/ Placebo						t=2.87 p<0.05

Pattern of Withdrawal of Analgesics in Patients of RA (n=35)



Changes in Mean Symptom Grade after Treatment



- 1. Sandhi Saruja Śotha
- Vrascika Vadanā
- 3. Agnimandya
- 4. Praseka

- Aruci
- 6. Gaurava
- Utsāha Hāni
- Vairasya

- 9. Dāha
- 10. Bahumūtratā
- 11. Kukshikathinatā
- 12. Sūla

- Nidrā Viparyaya
- Trita 14.
- Chardi
- Bhrama 16.

- 17. Murccha
- 18. Hrida Graha
- 19. Kostha Badd hat
- 20. Jvara

Conclusion

Arthritides 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