Scope of Lifestyle in Care of Patients of Amavata (Rheumatoid Arthritis)

Dr. Ramesh Kant Dubey¹ Dr. Sushil Kumar Dubey²

¹Reader, Dept. of Swastha Vritta, Govt. Ayurvedic College & Hospital, S.S. University Varanasi U.P.
²Assistant Professor, Deptt. of Kriya Sharir, Faculty of Ayurveda, I.M.S. BHU, Varanasi U.P.

*Corresponding Author: Dr. Ramesh Kant Dubey, Reader, Dept. of Swastha Vritta, Govt. Ayurvedic College & Hospital, S.S. University Varanasi U.P.

Abstract: In Rheumatoid arthritis (RA) there is chronic inflammation of multiple peripheral joints symmetrically along with systemic and multi-system features and its etiology is not known. The synovial inflammation causes cartilage destruction and bone erosions subsequently leading to changes in joint integrity. RA is prevalent in 0.8 percent of population affecting women three times more often than men. The prevalence of RA increases with age and sex differences diminish in older age group. RA generally occurs in fourth and fifth decades of life and 80 percent of all patients developing the disease are between the ages of 35 and 50. Many risk factors like lifestyle-related factors, such as diet, smoking and obesity have been associated with an increased risk of RA. RA resembles with Amavata. Although the concept of Ama had been elaborated well in previous Ayurvedic texts like Charaka Samhita, Amavata has been described in detail for the first time in Madhava Nidana. Amavata is characterized by simultaneous vitiation of Ama and Vata which in turn enter into different joints causing inflammation, pain and stiffness leading to decreased mobility of joints. Lifestyle factors like Viruddha Ahar –Vihar, lack of exercise and doing exercise after taking fatty meals and so on have been described as etiological factors leading to production of Vata and subsequent development of Amavata. Ayurveda advises use of proper Ahar-Vihar in the form of Ashthaharvidhi Visheshayatanani, Dwadasha Ashanapravicharanani, Dinacharya, Ratricharya, Ritucharya and Sadvritta. These measures prevent from formation of Ama and help to maintain equilibrium of Doshas. Yoga having a holistic approach is effective not only in promotion of health but it also has preventive and curative potential. The practice of yoga involves specific physical postures (asanas), breath regulation (pranayamas), concentration (dharana), and meditation (dhyana). Yogic practices like Shavasana, Yoga Nidra, Dhyana and Pranayama have anti-stress role and also help to manage pain. The present article is an attempt to explore the role of modification in lifestyle in care of patients of Amavata (rheumatoid arthritis).

Keywords: Prevention, Ahar, Vihar, Rheumatoid arthritis, Amavata, Yoga

1. INTRODUCTION

Rheumatoid arthritis (RA), having etiology unknown presents with chronic inflammatory synovitis most commonly involving peripheral joints in a symmetric distribution along with a variety of systemic manifestation. Due to synovial inflammation there is destruction of cartilage and erosions of bone which subsequently lead to changes in joint integrity. RA is prevalent in 0.8 percent of population and women have been found to be affected three times more often than men. There is increase in prevalence of RA with age and sex differences diminish in older age group. RA is generally the disease of fourth and fifth decades of life and 80 percent of all patients developing the disease are between the ages of 35 and 50. Many risk factors like lifestyle-related factors, such as diet, smoking and obesity have been associated with an increased risk of RA.¹

RA resembles with Amavata described in Ayurvedic texts. Amavata as a disease entity has been described in detail for the first time in Madhava Nidana. It is characterized by simultaneous vitiation of Ama and Vata which in turn enter into different joints causing inflammation, pain and stiffness leading to decreased mobility of joints. Lifestyle factors like Viruddha Ahar –Vihar, lack of exercise and doing exercise after taking fatty meals and so on have been described as etiological factors...

¹Experimental Reference
leading to production of Ama along with vitiation of Vata and subsequent development of Amavata. The main lifestyle interventions found effective for RA are physical exercise, appropriate diet, Ayurveda advocates appropriate Ahar (diet)-Vihar (lifestyle) and Aushadhi (medicine) for management of disease and there is a detailed description of Ahar-Vihar in the form of Ashtaharvidhi Visheshayatanani (eight principles of taking diet), Dwadasha Ashanapravicharana (twelve principles of taking diet), Dinacharya (daily regimen), Ratricharya (night regimen), Ritucharya (seasonal regimen) and Sudvritta (good conduct). These measures prevent from formation of Ama and help to maintain equilibrium of Doshas.

Due to its holistic approach, Yoga has health promotive as well as preventive and curative potential. The various practices of Yoga consist of specific physical postures (asanas), breath regulation (pranayam), concentration (dharana), and meditation (dhyana). Yogic practices like Shavasana, Yoga Nidra, Dhyana and Pranayama reduce stress and also help to manage pain. Various researches have proved that appropriate diet, lifestyle and Ayurvedic daily and seasonal regimes as well as Yogic practices are useful as non pharmacological measure for rheumatoid arthritis (RA).

**Nidana (Etiology) of Amavata (Rheumatoid Arthritis)**

**Nidana (etiological factors)** of Amavata available in Ayurvedic texts can be described as under:

1. **Aharatmaka – (Related to Diet)**

   Incompatible/Unwholesome dietary regimen is known as Viruddahara one of the important etiological factors of Amavata. As per opinion of Vagbhata the term ‘Viruddha’ denotes the factors which cause Dosha Ukesha (vitiation) in the body without eliminating them from the body. Chakrapani has mentioned, although Viruddha drug and diet cause Doshotkleshan (vitiation of Dosha) but do not expel them out from the body. Chakrapani further opines that factors which act against the shareera dhatu (or Dosha) or vitiate the Shareera Dhatu are known as Viruddha.

2. **Viharatmaka – (Related to lifestyle):**

   These include various lifestyle factors which have unfavorable effect on Dosha and also cause Utklesha (vitiation). For example, Viruddha Chesta (incompatible movement) such as:
   
   (1) Snigdha Bhjanottara vyayama. (Exercise after consumption of fatty meals)
   (2) Vega Dharana (Suppression of natural urges)
   (3) Sheetodaka Snana (Cold water bath)
   (4) Sheetoshna Vyatysa (Use of Sheeta & Ushna alternately)
   (5) Vishama Shaiya Shayana (Sleeping in uncomfortable bed)
   (6) Nidra Viparyaya (Divya Swapna, Ratri Jagarana)

Vişaya Rakshita, the commentator of Madhava Nidana, considers the combination of both the factors (vyayama & Snigdha Bhajan) to be responsible for formation of Ama. Intake of Snigdha Ahar produces large quantity of Kapha during the ‘Pratham Avastha Paka’. Vyayama drives Dosha from Kostha (digestive system) to Shakha, Asthi and Marma (peripheral s. bones and vitals) thus helping in the circulation of Ama Dosha and generation of the disease.

Intake of food causes extra load on gastro intestinal tract (G.I.T.) and there is increased supply of blood to G.I.T.to fulfill it. Exercising after taking food, increases the blood circulation toward skeletal muscles for fulfilling the oxygen demand of the muscles, thereby hampering the digestion and absorption which leads to production of Ama.

Vega dharana (suppression of natural urges) is responsible for “Mala sanchaya” in the body, which also produces Ama (Mala sanchaya rupa Ama) thus generating the disease.

Divya Swapna (day sleep) in case of Nidra Viparyaya, aggravates Kapha which causes Srotarodha and impaired digestion (Mandagni) leading to formation of Ama and later on the disease. Ratri jagarana (awakening in night) causes Vata Prakopa. Similarly an uncomfortable bed also causes vitiation
Scope of Lifestyle in Care of Patients of Amavata (Rheumatoid Arthritis)

of Vata. Seetoshna Vyatyasa causes vitiation of Swedavaha Srotas which is controlled by Samana Vayu. Swedavaha srotas after getting affected leads to vitiation of Samana vayu which in turn produces Jatharagnimandya and in turn Ama.

3. Manasika (Related to mind)–

The various psychological factors such as Kama (desire), Krodha (anger), Shoka (grief), Bhaya (fear) and Chinta (anxiety) indirectly affect Agni and cause production of Ama.

4. Others

These include Mandagni (decreased digestive power), Nischalatwa (lack of exercise), Nidanarthaka Vyadhi (a disease causing the other), and all other Vata vitiating factors.

2. Risk Factors for Rheumatoid Arthritis

Although the etiology of RA is unknown, it is hypothesized to be caused as a manifestation of the exposure to an infectious agent in a genetically susceptible host. The various risk factors of RA are mentioned in Table NO 1.

Table 1. Risk Factors of Rheumatoid arthritis

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Between 35 and 50 yrs.</td>
</tr>
<tr>
<td>Gender</td>
<td>Women are affected about 3 times more than men</td>
</tr>
<tr>
<td>Family history</td>
<td>The risk increases in those with relatives having RA.</td>
</tr>
<tr>
<td>Heavy Smoking</td>
<td>A very strong risk factor for RA.</td>
</tr>
<tr>
<td>Urbanization</td>
<td>Increases the risk of RA</td>
</tr>
</tbody>
</table>

Samprapti (Pathogenesis) of Amavata (Rheumatoid Arthritis)

Mandagni (diminished digestive power) caused by exposure to etiological factors (Nidana) leads to production of Ama (undigested matter) which enters into Rasa Dhatu and in turn gets mixed with Doshas (Vata Predominant) and further circulates in Dhamani and later on accumulates in the site of Kha Vagunya (defective channel) especially at sites of Kapha Dosha e.g. in Sandhi causing Shotha (inflammation) and pain.

Samprapti Chakra (Cycle of Pathogenesis Amavata)

Nidana sevana (exposure to etiological factors)
↓
Mandagni, (Decreased digestive power)
↓
Formation of Ama (production of undigested matter)
↓
Doshotpatti in rasa
↓
Mixing of Ama with doshas
↓
Circulation of ama-dosha in dhamani
↓
Sthana samshraya at sandhi (localization in joints)
Scope of Lifestyle in Care of Patients of Amavata (Rheumatoid Arthritis)

↓

Dosha lakshana utpatti (signs and symptoms)

↓

Amavata (with specific lakshana)

**Prevention of Amavata (Rheumatoid Arthritis)**

Ayurveda aims at preserving health and managing the diseases. While treating individual characteristics like Prakriti, Satva Satmya, Sara, Samhanana and so on are given much importance. 17

Trayopstambha (three sub pillars of life) consists of three important factors for healthy life viz. i) Ahar, (food) ii) Vihar (lifestyle) and iii) Brahmacharya (controlled sexual desire). 19 The diet should be taken as per rules like Ashtaharvidhi Visheshayatanami 20 and Dwadasha Ashanaprvicharana 21 and lifestyle should be regulated by appropriate specific regimens such as Dinacharya 22, Ratricharya 23, Ritucharya 24 and Sadrtrrta 25.

Treatment measures available for RA include pharmacological, non pharmacological and surgical. Surgical interventions may help improve function of damaged joints and to relieve pain only in advance stage. Reduction of inflammation and pain, preservation of function, and prevention of deformity are the primary objectives in treating rheumatoid arthritis. Disease-modifying antirheumatic drugs (DMARDs) should be started at the earliest and their dose should be adjusted with the aim of suppressing disease activity. 26

3. **ROLE OF AHAR (DIET) AND VIHAR (LIFESTYLE)**

In prevention and management of diseases, Ahar (diet) and Vihar (lifestyle) are highly important in Ayurveda. The diet has been called as Mahabhaishajya (the super medicine) in the Kashyap Samhita which shows its importance. 27

The rule for taking food is that one part of the stomach be kept for solid food, the second part for liquids and the third part is left empty for the Doshas. 28 Taking food simply on the basis of the quantity is not beneficial. The eight factors – Prakriti, Karana, Samyoga, Rashi, Dusha, Kala, Upayoga, Samstha and Upayokta are responsible for the complete benefits. 29

Yogratnakara and Bhaishajya Ratnavali have mentioned Pathya (Beneficial dietary and lifestyle factors) in Amavata (RA) as Purana Shali and sashthika Shali (varieties of old paddy), Yava (barley), Pancha kola siddha annapana (food mixed with Pippali, Pippalamoola, Chavya Chitaka and Shunthi), Kodrava (Kodo millet), Kulatha (horse gram), Ushna jala (warm water), Purana madya (old alcoholic preparation), Gomutra (cow urine), Patola (snake gourd), Karavellaka (bitter gourd), Shigru (drum stick), Varuna, Gokshura, Nimbajpatra, Lahashuna, Ardraka (ginger), Takra and Mastu, Takrasiddha lavamamsa, and Jungala mamsa (types of meat) while Apathya (avoidable dietary and lifestyle factors have been mentioned as Masha (black gram), Upodika (Indian spinach), Anoopta Mamsa (meat variety), Matsya (fish), Dahi (curd), Dushita jala (polluted water), Tila taila (sesame oil), Sheeta jala (cold water), Viruddha Ahara (incompatible food), Vegavidharana (suppression of urges) and Vishamashana (irregular food). 30, 31

In Amavata langhan (fasting) is an important treatment measure. 32 Evidences have shown that fasting followed by a vegetarian diet and a Cretan Mediterranean diet can alleviate pain, but it cannot improve stiffness and physical function, when compared to an ordinary diet. 33 Diet habits and obesity have been found to be linked to disease activity in RA, and 50% of the patients have been reported to be overweight or obese at disease onset. 34 Mediterranean diets consist of fish, monounsaturated fats from olive oil, fruits, vegetables, whole grains, legumes/nuts, and moderate alcohol consumption. 35.

In a study, Intake of Cretan med-diet for three months reduced pain of 1.4 points on a scale from 0 to 10. Semi-fasting followed by 13 months of vegetarian diet also helped to reduce the pain by 1.9 points. RA risk increased by 2-3 times in persons taking less amounts of fruits. A randomized trial demonstrated that pomegranate juice reduced principal inflammatory indexes in R.A.There is protection with modest consumption of alcohol. The risk of RA increases 20 times in smokers who have a genetic predisposition. Radiographic progression is also very greater in smokers. 36 There is
some evidence that if one takes certain food like fish, olive oil, cooked vegetables lifelong, the severity and incidence of RA may decrease. Skoldstam and colleagues in their clinical trial have observed that there is decrease in physiological markers of RA, improvement in physical functioning along with quality of life in patients of RA with suitable dietary modification. Some researches have shown that Mediterranean-type diet along with a 6 week cooking course intervention helped to decrease pain, stiffness, and increased quality of life at a 6 month follow-up in comparison to a control group.37

4. ROLE OF VYAYAMA (EXERCISE) IN PREVENTION AND MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)

Vyayama, a body activity in appropriate amount provides strength and stability to the body.38 It produces lightness, stability, efficiency and tolerance in the body and helps to improve Agni and causes Kshyā of vitiated Dosha.39

Vyayama is not advisable to emaciated persons with excessive sexual activity, weight lifting and traveling on foot and suffering from any grief, fear, exhaustion. It also is not indicated for children, old persons and Vata Prakriti. Exercise is not suitable if a person is hungry and thirsty also.40 Exercise conditions the skeletal muscles and also decreases oxygen consumption for the same workload. It also reduces heart rate for any level of exertion.41 In a randomized controlled trial it has been found that long term high intensity weight bearing exercises help in preventing the progression of radiological joint damage of the hands and feet in patients with RA, in comparison to the effects of usual care physical therapy. These exercises may protect the joints of the feet.42

Patients of RA doing long-term regular exercise (e.g., ≥ 20 minutes, ≥ 3 times a week) reported less fatigue and disability than those doing no exercise. In RA patients performing aerobic exercise there is less pain, fatigue, and depression and improved grip strength and walk time than control group.43

5. ROLE OF YOGIC PRACTICES IN PREVENTION AND MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)

Yoga, the Indian practice of physical postures and breathing techniques has holistic effect on body and mind. Long term practice of Yoga decreases joint pain and increases joint flexibility and decreases stress and tension and leads to sound sleep. Yogic practices include Asanas (body poses) and Pranayama (breathing practices) Dhyana (meditation). Regular practice bhastrika, Kapalbhati, Bhramari, Nadishodhana Pranayama and Asanas like Dhanurasana, Ushtrasana Konasana, Uttanapadasana and so on are effective in prevention and management of arthritis. These help to increase flexibility, reduce pain, improve function and decrease stress.44

Bukowski et al., found that on using Yogic practices there is improvement in joint flexibility and strength of knee joint as well as in quality of life in patients of osteoarthritis. Hatha Yoga help to reduce pain and increase routine and spare time activities in cases of OA.45 Researches have proved that Yoga is a safe and highly effective in increasing physical efficiency and mental health. Yoga besides having its own effects also has benefits of other forms of exercises. It increases muscle strength and flexibility, leads to respiratory tolerance and promotes balance.46, 47 Overall body energy is increased by Yogic practices, mental energy is increased and positive feelings like alertness and enthusiasm are induced and there is reduction in negative feelings like anxiety and aggressiveness.48, 49

6. DISCUSSION AND CONCLUSION

Health has many dimensions like physical, mental social and so on.50 Modern medical science is concerned more with pharmacological interventions while Ayurveda has holistic approach with equal focus on all the aspects of an individual while managing a disease. With the modern medicine, managing infectious diseases have become easier to a large extent; although emerging resistance to antibiotics is posing a new threat to the humanity but prevention and management of chronic and non communicable diseases is a big challenge to the medical science.

In such scenario non pharmacological measures and lifestyle modification have become important. Role of Ayurveda is highly significant in this area. Effect of diet and lifestyle factors have been well advocated not only in etiopathogenesis of diseases in Ayurveda but also in their management. Rules
for taking diet and managing a lifestyle for healthy body and mind are described in detail in ancient Ayurvedic texts.\(^\text{51}\)

Yoga has also been found useful in enhancing physical efficiency and mental health.\(^\text{52}\) It also helps to decrease joint pain besides increasing their flexibility and preventing from harmful effects of stress.

Rheumatoid arthritis (RA) is an autoimmune disease which is characterized by chronic inflammation in large and small joints symmetrically along with systemic features. Non-pharmacological modalities (including lifestyle interventions) are appreciated well in chronic diseases like R.A. Diet and lifestyle regulations are important aspects of Ayurvedic management of diseases which if follows early in life can help to prevent progression of diseases like Amavata (R.A.) to advance stages and also help to improve the quality of life by reducing pain and increasing mobility. Yoga is also having important role in increasing physical activity and reducing stress.

**REFERENCES**


[8] Ibid, Sutra Sthana, Chapter 8/17-29

[9] “Dr. Sushil Kumar Dubey1, Dr. Ramesh Kant Dubey2, Dr Anurag pandey Scope of Modification in Lifestyle in Care of Patients of Essential Hypertension Journal of Emerging Technologies and Innovative Research (JETIR) July 2018, Volume 5, Issue 7”


Scope of Lifestyle in Care of Patients of *Amavata* (Rheumatoid Arthritis)


[19] Ibid, Sutra Sthana, Chapter 1/35

[20] Ibid, Vimana Sthana, Chapter 1/21


[23] Ibid, Chapter 5


[25] Ibid, Sutra Sthana, Chapter 8/17-29

[26] ‘Current medical diagnosis and treatment (2016 E BOOK, P P 822 ).’

[27] ’Teary P.V., English translation and commentary on Kashyap Samhita, Chaukhambha Vishvabharti, Varanasi, 2002. Khilsthana, Chapter 4/5-6’


International Journal of Medicinal Plants and Natural Products (IJMPNP)
Scope of Lifestyle in Care of Patients of *Amavata* (Rheumatoid Arthritis)


Citation: Dr. Ramesh Kant Dubey and Dr. Sushil Kumar Dubey "Scope of Lifestyle in Care of Patients of Amavata (Rheumatoid Arthritis)" International Journal of Medicinal Plants and Natural Products (IJMPNP), vol 10, no. 1, 2024, pp. 15-22 DOI: https://doi.org/10.20431/2454-7999.1001002.

Copyright: © 2024 Authors. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.