Editorial

Rheumatoid arthritis: *Ayurvedic* perspectives

We have great pleasure in placing the first issue of *ASL-Musculoskeletal Diseases* before the *Ayurvedic* community. In one way, this is the first journal dedicated to a clinical specialty in the field of *Ayurveda*. Musculoskeletal Diseases make up a large chunk of the number of patients that come to *Ayurvedic* physicians for consultation. There is a lot of data that can be generated just from the ongoing clinical practices on musculoskeletal diseases. *ASL-Musculoskeletal Diseases* was conceived to serve as a platform to report and showcase the strengths and limitations of *Ayurveda* in handling musculoskeletal diseases. We hope that this journal will help to bring good science to back up the medicines and treatments that *Ayurveda* offers for the management of musculoskeletal diseases so that informed decisions can be taken in clinical practice and new directions can be discovered for research and innovation.

In spite of the clinical exposure to musculoskeletal diseases, the number of research papers published from the field of *Ayurveda* on this clinical specialty is rather scarce. Submission of research papers exclusively on a clinical specialty area is negligible when we look at publication trends in existing research journals. This fact becomes explicitly evident when we consider the long wait to launch the first issue of the journal after the call for papers was announced. It took more than a year to get a handful of papers that could make up the inaugural issue of the journal. For this reason, *ASL-Musculoskeletal Diseases* will be published only twice a year. To make up for the long wait between the publications of issues, *ASL-Musculoskeletal Diseases* has adopted an Online First publication Policy, where the accepted paper will be immediately published ahead of print on the journal website before allocation to a particular issue.

Access this article online	
Quick Response Code:	Website: www.msd.ancientscienceoflife.org
	DOI: 10.4103/0000-1112.111926

We have a new baby and there are the teething problems. As the journal turns into a toddler in the next few issues, we really hope that it will receive good nourishment in the form of high quality submissions that reflect authentic clinical experience and good science. Moreover, we hope that the journal will serve as a platform for dialog between researchers and practitioners in not only the field of *Ayurveda* but also in other allied disciplines in the realm of healthcare.

This editorial begins with a debate to stimulate dialog between physicians in the *Ayurvedic* community. As the adage goes, "Physicians should engage in dialog with each other"–(*bhiṣak bhiṣajā saha saṃbhāṣeta*).[1] We focus on rheumatoid arthritis (RA) and the *Ayurvedic* understanding of the disease. Is RA mentioned in the *Ayurvedic* texts at all? How do *Ayurvedic* physicians approach the diagnosis of the disease and chalk out a plan of treatment? We would like to sketch some initial thoughts on this subject to initiate a conversation.

RA is a long-term inflammatory disease primarily involving the joints of the body. It may also affect other organs.

The etiology of the disease is not well understood. However, the diagnostic criteria for RA are well developed and help identify the condition in clinical practice.

Typically, the disease begins slowly and affects the smaller joints first. The symptoms are mild joint pain associated with stiffness and fatigue. Symmetrical involvement of joints is a characteristic sign of RA, as is morning stiffness. Other joints get affected in due course of time. RA seems to have been known to *Ayurveda* since centuries, and *Ayurvedic* physicians treat the condition, albeit scientific studies have not yet generated undisputable evidence supporting efficacy of *Ayurvedic* interventions in RA.

There are two schools of thought regarding the understanding of RA from an *Ayurvedic* perspective. One school equates RA with the condition described in *Ayurveda* as *Āmavāta.* The other school equates it with the condition described as *Vātarakta* in *Ayurveda*.

These opinions have developed over a period of time based on the experiences of clinicians and the accounts in the classical texts. However, the issue has not been taken up for a formal debate or discussion to arrive at a conclusion that is objective and logical.

The larger section of the *Ayurvedic* community considers RA to be *Āmavāta*, while a smaller section of *Ayurvedic* physicians, especially from the tradition of *Ayurveda* in Kerala, prefer to correlate RA with *Vātarakta*. Those who consider *Āmavāta* to be RA correlate *Vātarakta* with gouty arthritis. The *Ayurvedic* Pharmacopoieia of India equates *Āmavāta* with Rheumatism and *Vātarakta* with gout.[2]

It is important to note at this juncture that *Āmavāta* appears as a well-defined clinical entity only around the 8th or 9th century CE in the textbook on diagnostics known as *Mādhavanidānam*. This name does not occur in the earlier textbooks like *Caraka Saṃhitā*[1] or *Suśruta Saṃhitā*[3] or even in the works of *Vāgbhaṭa*-the *Aṣṭāṅga Hṛdaya*[4] or *Aṣṭāṅga Saṃgraha*.[3]

For the above reason, many clinicians argue that there is no room for debate on this issue. In the period of *Caraka*, *Suśruta* and *Vāgbhaṭa*, RA would have been correlated with the syndrome of joint diseases described in *Ayurveda* as *Vātarakta*. Whereas, after *Mādhava's* period,[5] RA has been described more specifically as *Āmavāta*. Those who follow *Caraka's* school of thought consider RA as *Vātarakta* and those who follow *Mādhava's* consider RA as *Āmavāta*.

The clinical presentation of *Āmavāta* and *Vātrarakta* converge and diverge with respect to certain characteristic clinical features. Moreover, there are overlaps and deviations in the treatment protocol of both these conditions. Therefore, it is necessary to engage in debates and discussions to bring clarity in the understanding of RA from the perspective of *Ayurveda*.

There are two basic approaches that can be adopted to resolve the conflicting views on the identity of RA from the point of view of *Ayurvedic* nosology. One approach would be to compare the clinical features of RA with those of *Āmavāta* and *Vātarakta*. The other approach would be to compare the efficacy of the treatments for *Āmavāta* and *Vātarakta* in the management of established cases of RA.

Systematic studies comparing the clinical features of RA with that of either *Āmavāta* or *Vātarakta* are not available. There are many published clinical studies that have evaluated the efficacy of *Ayurvedic* treatment in the management of RA. It would be an interesting exercise to find out how many of these studies treated RA as *Āmavāta* and *Vātarakta* as well as compare the outcomes of treatment based on the differences in diagnosis.

We would like to nurture a healthy debate on the identity of RA from an *Ayurvedic* perspective, and, beginning with this issue, we would present some key arguments for discussion with the participation of the readers of the journal. To begin with, we can look at the onset of RA in comparison with the descriptions of Āmavāta and Vātarakta. The onset of RA is insidious and the development of signs and symptoms happens slowly over weeks and months, with exception of some cases that progress rapidly. In some cases, general symptoms like malaise, fever, fatigue, loss of appetite, weight loss, muscle aches, and weakness of energy can manifest before the joints are affected.

RA primarily affects the joints of the hands, wrists, elbows, knees, ankles, and feet. Shoulders, hips, and jaw can also be affected. In very chronic conditions, the vertebrae of the neck may also be affected. It is a typical sign of RA for joints to be affected symmetrically. Affected joints become stiff, inflamed, swollen, and painful. Stiffness of joints, especially in the morning, that improves as the day passes, is a characteristic of RA.

Let us look at the signs and symptoms of *Āmavāta* as described by *Mādhava*. According to *Mādhava*, *Āmavāta* progresses in at least three distinct stages. In the first phase, there is a build-up of *Āma* in the body, which can be understood as a byproduct of improper or defective metabolism. This condition may produce symptoms of *Āma* in general and makes the person susceptible to *Āmavāta*. When such an individual indulges in unwholesome activities that make the joints vulnerable, the disease manifests.

Vāta and *Kapha* get deranged simultaneously and affect the *Trika Sandhi* (joints of the hip and low back or neck and shoulder) and causes generalized stiffness of the body.

Body ache, fever, fatigue, heaviness, swelling of body parts, loss of appetite, and thirst are the general signs of *Āmavāta*. When this condition aggravates, the joints of the hand, feet, head, ankle, low back, knee, and hip joints are affected with swelling and pain of a severity comparable to that by a scorpion bite.

In comparison, *Vātarakta* is caused by diet and habits that vitiate *rakta* and *vāta*. A process of *vidāha* (akin to inflammation) that happens in the blood due to

Table 1: Comparison of onset and clinical features of rheumatoid arthritis, *Āmavāta*, and *Vātarakta*

Rheumatoid arthritis	*Āmavāta*	*Vātarakta*
Slow onset in most cases	Slow onset, not specified as a characteristic feature	Slow onset and progress is a typical characteristic similar to the spread of rat's poison. (*pādayormūlamāsthāya kadācidhastayorapi, ākhoriva viṣam kruddham kṛtsnam deham pradhāvati)*
First affects fingers and toes of hand and feet	First affects the *Trika Sandhi*, which may be the joints in lumbosacral region or the cervical region *(yugapat kupitāvantastrikas andhipraveśakau)*	Specifically mentioned that joints of hands and feet are affected first, especially fingers and toes *(sthānam tasya karau pādāvaṇgulyau sarvasandhayaḥ)*
In some cases, general symptoms manifest before joints are affected	Typically, general symptoms manifest before joints are affected	Cutaneous manifestations may be seen in prodromal stage. Typically starts with joint afflictions
Typically, joints are affected in symmetrical fashion	Symmetrical involvement of joints not specified	Joints of both limbs affected at the same time (see the usage *pādayoḥ mūlaṃ* and *hastayor* indicating involvement of both limbs at same time and also *karau pādau* and *aṇgulyau* meaning hands and fingers on both sides)
Morning stiffness of joints is a key symptom	Stiffness of whole body is a characteristic sign, morning stiffness not specified. Not specified whether the stiffness affects the joints (*kurvato gātramatyartham stabdham)*	Stiffness is one of the signs. Morning stiffness not specified
In the initial stages, there are remissions and flare ups	Remissions and flare ups are not characteristic signs	Remissions and flare ups are characteristic signs

faulty diet coupled with bad lifestyle is the underlying pathology in *Vātarakta*. The *Caraka Saṃhitā* mentions explicitly that *Vātarakta* first affects the joints of the hands and feet, especially the joints of the fingers, and then later affects the other joints. *Vāgbhaṭa* and *Mādhava* point out that it predominantly affects the feet and sometimes the hands and spreads to other joints slowly, just like rat poison. The commentators mention that the allusion to rat's poison is to point out the slow progress of the disease, although it is difficult to comprehend what is meant by rat's poison here. It is interesting to note that *Caraka* mentions the hands first, whereas *Vāgbhaṭa* and *Mādhava* point out that the joints of the feet are affected first.

Another important feature in the onset of *Vātarakta* is repeated flare ups and remissions for some time before the disease establishes. The descriptions of *Vātarakta* indicate that joints of both legs and both hands get affected simultaneously. This seems to point to the symmetrical involvement of the joints. We have summarized the typical descriptions of the onset of RA, *Āmavāta*, and *Vātarakta* in Table 1.

This preliminary discussion shows the need for a more careful examination of the conditions *Āmavāta* and *Vātarakta* based on textual descriptions and the features of RA. We hope to continue the discussion in the next issue of the journal and solicit comments from the *Ayurveda* community.

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How to cite this article: Manohar R. Rheumatoid arthritis: *Ayurvedic* perspectives. ASL Muscuskel Dis 2013;1:1-3.