



A systematic review on the role of *Sattvavajay Chikitsa* in the *Manodaihik Vyadhies* (psychosomatic diseases) w. s. r. to *Amavata* (rheumatoid arthritis).

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Abstract-

Optimal health conceived in Ayurveda is perfect synchronization of body, mind and soul i.e. a psychosomatic approach of health. Rheumatoid Arthritis (RA) is a chronic progressive and disabling autoimmune disease that causes inflammation⁽¹⁾ (swelling) and pain in the joints, the tissue around the joints, joint deformity and other organs. The RA has been described as *Amavata* in Ayurveda, in which the vitiated *Vata* and *Ama* afflicts the lining of the joints, causing *Shula* (pain) & *Shotha* (swelling). Studies have shown that a number of disorders are associated with *Aamvata* including depression, anxiety, fatigue, social stigma, disability and reduced quality of life. *Sattvavajaya Chikitsa* (SC- Ayurveda psychotherapy) has the psycho spiritual approach and is exclusively meant for the mind and its related attributes. The current study aimed at reviewing psychosomatic aspects of *Amavata vyadhi* and effectiveness of the *Sattvavajay chikitsa*

over it.

Keywords

Amavata, Rheumatoid Arthritis, Depression, a
Sattvavajay chikitsa.

Introduction-

Rheumatoid arthritis was well known to ancient Indian physicians as *Amavata* *Madhavakara* was the first author who has described *Amavata* as a separate disease entity in his text '*Madhav -Nidan*'. Due to a wide spectrum of disease, much prevalence in the

society and lack of effective medication, the disease is being chosen for the study. Treatment given for *Amavata* include DMARDs (Disease Modifying *Antirheumatic* Drugs), NSAIDS, Steroids and symptomatic treatments according to modern medicine. These drugs are not for cure and directed towards improving quality of life only. They have various side effects

on the immune system and body.

Aims and Object

SC has two main principles. Almost all techniques derived from SC have its base in these following two principles. Both these principles undertake to diffuse the emotional imbalance by changing the attitude toward the whole situation.

1. **Assurance to the patient of the return of lost objects or persons** – Empathically, emotional support is given to the patients who are in grief or sudden loss. It declares that when a person is stressed by the loss of some desired subject, he should be treated by supplementing the same, if not at least through a minimal empathy or consolation.
2. **Inducement of emotions opposite to those associated with a patient's distress** Substitution or replacement of emotions with opposite ones is another novel method induced by SC. It is advised that if the patient has developed psychosis due to emotional disorders such as excessive Kama (lust or affection or desire) ⁽²⁾, *Bhaya* (fear), *Krodha* (anger or aversion), *Harsha* (happiness), *Irshya* (jealousy), and *Lobha* (greed), he/she should be treated by inducing the opposite nature of the respective attained emotions. For example, “Kama” (affection) toward alcohol may be alleviated by inducing “Krodha” (aversion) toward that affection and vice versa. ⁽³⁾

Material And Method

The SC permits the physician’s

interference with the patient's mind control. This can be achieved in various ways. These ways are termed as “methodology” of SC. By following these methodologies, SC not only negates the negative thoughts but also endeavors to replace them with positivity

1. *Chintya* - Regulating the thought process
2. *Vicharya* - Replacing the ideas
3. *Uhya- Channelling* the presumptions
4. *Dhyeya* - Polishing the objective
5. *Sankalpa*- Proper guidance or advices for taking right decisions

Observation

As per Ayurveda though *Amavata* is mentioned as *Atidarun* (more troublesome to patients and very hard to treat)⁽⁴⁾. *Charaka* mentioned that when psychic or somatic disease becomes chronic due to their intensity they may get combined with each other⁽⁵⁾. *Amavata* patients are more prone to have anxiety, depression and cognitive impairment compared to the general healthy population. Those mental health conditions contribute to less responsiveness to treatment and higher disease activity in RA mainly due to fatigue and bodily pain. Medications used in RA can improve anxiety and depression to a certain extent but not completely⁽⁴⁾. Therefore, it is important to determine the most appropriate tool to optimize the care of *Amavata* patients. Based on a literary context and clinical sight of *Amavata* features, it has been revealed that clinicians generally identify and treat only the physical symptoms of *Amavata* while its psychological aspects have remained unexplored. Treatment plays a key role in controlling the *Amavata*. Combination of *yuktivyapashraya chikitsa* and *Sattvavajay*

Chikitsa (non- pharmacological treatment) may play a better role during treatment of Psychosomatic diseases like *Aamvata*. *Sattvavajaya Chikitsa* (SC- Ayurveda psychotherapy) has the psychospiritual approach and is exclusively meant for the mind and its related *attributes*. The main intention is to replace negative thoughts into positivity with a focus on *Pratipaksha bhavana* (thinking thoughts of opposite quality). The current study aimed at reviewing psychosomatic aspects of *Amavata vyadhi* and effectiveness of the *Sattvavajay chikitsa* over it. ⁽⁶⁾

Result

Amavata is one of the crippling diseases causing serious agonizing painful conditions.

Chronicity in *Amavata* leads man to a measurable condition as the severe pain makes the person disabled and confined him to bed. As the disease progresses, the patient gets worse because a larger number of joints get affected and cardinal and general signs and symptoms become more severe. In the *privridha avastha* (later stage) pain may begin to migrate from place to place with a *Vrischika Damshvat Vedana* (intense stinging type of pain) *Sarvajam Sandhishotha* (swelling all over body), *Utsahahani* (lack of enthusiasm) and burning sensation may be present. ⁽⁷⁾

Being diagnosed with *Amavata*, patients can generate a range of feelings and emotions. *Sattvavajay Chikitsa* has a potential to redefine the art and science of ancient psychotherapy and provide a new dimension in *Aamvat*. *Sattvavajay chikitsa* triggers the consciousness and acts at the level of judgment and discriminates the negative/maladaptive thoughts, brings firmness, strength, stability, and finally restrains the mind. Physicians can use the

following Domains of SC in the management of *Aamvat*. ⁽⁸⁾

1. *Dhyan* (Getting to know self) - It provides support to the patients of *Amavata* to develop an insight . With the use of this, patients can improve their behavioral control. They become mature at an emotional level, adapt better with the situations and feel free from the fear of future health consequences. ⁽⁹⁾
2. *Vigyan* (The textual knowledge)- It gives knowledge to understand the nature of illness and improve her coping capabilities. Misconception of the disease will be avoided and with a better understanding of the disease, it will be easy to develop a positive attitude towards its management. It will be helpful to generate better coping skills, to adopt proper prophylactic measures and produce good rapport with doctors. ⁽¹⁰⁾
3. *Dhairya* (Maintenance of mental balance even when one is under stress)- patient develops better coping abilities and Better interperson relationships. With the help of this tool , the attitude of the *Amavata* patient changes from negative to positive. Thereby improves the quality of patients *Ayu* (life). ⁽¹¹⁾
4. *Smruti* (Recalling the objects of past experience)- The hidden conflicts which are the primary source of an emotional illness are exposed. Thereby, all *mana* related pathologies can be treated. ⁽¹²⁾
5. *Samadhi* (Restraining the mind from worldly objects and meditating on the spiritual dimension of personality)- By achieving higher level of awareness and Mental tranquility, patient resists to do the prime *hetu* of *Mana* pathologies i. e. *prajnaparadha* (Faulty *ahar- vihar* causing *Aamvat*). Thereby stopping the further process of disease. ⁽¹³⁾

Discussion -

The review of ancient *Ayurvedic* literature on *manodaihik siddhanta* indicates that the psychosomatic approach in Ayurveda has been established before the study of modern psychology. The *Ayu* (Life) process is composed of a composite entity consisting of *Sharira* (Physical body), *Indriya* (developed sensory apparatus), *Sattva* (mind) and *Atma* (the conscious element). The state of health and or disease i.e. *arogya* and *Vyadhi* are described in relation to this four dimensional life process – ‘*Sharirendriya Sattvatma Samyoga*’ and hence everything is psychosomatic. For all *manasika vikaras*, *Alpha Satva*⁽¹⁴⁾ is the most important part. An excited *vata* depresses the mind and gives rise to feelings of helplessness, delirium, fear, etc. This suggests Ayurveda is perhaps the earliest Medicare system to have an understandable concept about psychosomatic approach²⁷. A psychosomatic disorder, by definition, is a stress disorder whose principal cause is psychological in origin but its manifestations are mostly observed in the body. Stress is a nonspecific response of the body to any demand made upon it. Such a response consists of a series of endocrine, *neurohumoral* and metabolic changes with associated physiological alterations involving entire body parts and systems able to varying degrees.

According to *Ayurvedic* literature *Asatmaindriyarthasamyoga*, *prajnaparadha* and *parinam* are the causative factors for the manifestation of disease related to psychosomatic phenomena. A number of psychic factors like *krodha* (anger), *shoka* (grief), *bhaya* (fear), *harsha* (joy), *vishad*

(sadness), *irsha* (envy), *mano daina* etc. are included as the causative factors for the manifestation of different psychiatric disease as well as psychosomatic diseases.
(15)

In the pathogenesis of *Amavata*, Due to *prajnaparadha* (adaptation of Faulty *ahar vihar* habits mentioned in the *nidanas of Amavata*), *vata* and *aam* are simultaneously vitiated. In the production of *Aam* and vitiation *vata*, some psychic factors like *bhaya Krodh*, *irsha* etc. are responsible. On this basis, As disease progression occurs, The roles of emotional factors like *vishad* (Depression) add on to their role. *Charaka* considered *vishad* (depression) to be the important factors among the *nanatmaja vata vyadhi*. Impact of pain in patients with *Amavata* raises a key role for manifestation of anxiety & depression. Pain, physical disability & restriction of activities are associated with changes in *manas* pathologies and results in anxiety, Depression etc. Due to these, again *Vata* vitiated and *Aam* produced.

Conclusion-

Sattvavajaya Chikitsa of Ayurveda is the fundamental approach of Ayurveda for treating psychiatric and psychosomatic problems, which can be placed on broader footings, also for the cure of physical diseases, as most of the diseases are associated with some form of stress and all the patients need supportive therapies like assurance etc. This therapy involves several dimensions, many of them have been discussed in this article, but many references are available in *Ayurvedic* classics and ancient Indian literature which

need to be explored further and practically utilized to provide new leads in the psychiatric practice today. It has potential to provide a new dimension to the therapeutic approach for treating psychiatric and psychosomatic problems and also to redefine the art and science of psychotherapy.

Sattvavajay Chikitsa of Ayurveda may be considered as a best therapy to treat *manas* pathologies with much broader base and much better applicability. Given the high prevalence and the serious *manodaihik lakshanas* and their complications associated with *Aamvata*, clinicians should pay considerable attention to this condition and ensure that patients receive adequate *sattvavajay* interventions along with *yuktivyapashraya* treatments. Additionally, it is suggested that health care providers, through providing psychosocial education and support, should improve coping strategies of *Amavata* patients.

Acknowledgement

Mental health problems may remain despite reduced measures of inflammation systemically and within joints. Studies show that Depression is two times more common in RA patients than in the general population, and intriguingly a bi-directional relationship with RA. Chronic inflammation impairs the physiological responses to stress including effective coping behaviors, resulting in depression, which leads to a worse long-term outcome in RA. The subjective measures in RA can be influenced by low mood and depression in RA patients. In RA, quality of life (QoL) is significantly decreased because of pain, fatigue and disability, causing mood change in the form of anxiety and

depression. Observational studies have described a high prevalence of depression and anxiety in RA. Major depressive disorders (MDDs) are detected in 17% of RA patients, and local and systemic inflammation plays an important role in anxiety and depression. Depression, according to the World Health Organisation Global Burden of Disease Study, is the most pressing issue in the middle-aged population. RA patients report the effect of the disease on their mental well-being and frequently describe tearfulness, irritability, frustration, anxiety and depression.

Patients and physicians report anxiety and depression differently. One thousand fifteen pairs of RA patients and their physicians completed the anxiety/depression questionnaires; 38.4%, 9.9% and 67.1% cases of anxiety/depression were reported by the patients only, physicians only and both patients and physicians respectively.

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