

A CASE STUDY ON AMAVATA (RHEUMATOID ARTHRITIS)

Akanksha Gwale^{1*}, Rajesh Jain² and Sanjay Srivastava³¹Post Graduate Scholar, Dept. of Rognidan Evum Vikriti Vigyan, Pt., Pt.KLS Govt. (Auto.)

College and Institute, Bhopal.

²lecturer, Department of Rognidan Evum Vikriti Vigyan, Pt.KLS Govt. (Auto.) College and

Institute, Bhopal.

³Professor and HOD, Department of of Rognidan Evum Vikriti Vigyan, Pt., Pt.KLS Govt.

(Auto.) College and Institute, Bhopal.

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*Corresponding Author

Akanksha Gwale

Post Graduate Scholar,
Dept. of Rognidan Evum
Vikriti Vigyan, Pt., Pt.KLS
Govt. (Auto.) College and
Institute, Bhopal.

ABSTRACT

Madhavakara gives a detailed description of *Amavata* in the *Madhavanidana*. It is a disease of *Madhyam roga marga* as it affects *Sandhi*. In *Amavata*, the direct interaction between *Ama* and *Vata dosha*. Additionally, it obstructs the *Rasvaha* and *Asthivahastrotas*, results in joint inflammation, deformity, and immobility in the fingers, feet, ankles and knee, along with generalized stiffness throughout the body. In modern, the sign and symptoms are similar with Rheumatoid arthritis. Rheumatoid arthritis is a chronic, progressive autoimmune arthropathy and characterized by bilateral symmetrical involvement of joints with some systemic clinical manifestations.^[1] In this case study, A 48years old female, *Amavata* (Rheumatoid arthritis) patient were registered from the O.P.D. & I.P.D. of Pt. khushilal sharma government ayurveda hospital, bhopal. The patient was came with the chief complaints of morning stiffness more than 1 hour, pain alongwith

stiffness in metacarpophalangeal joints, wrist joint, knee joint, ankle joints bilaterally since 4 years. In this case, patient was treated with Ayurvedic drugs. Ayurveda is an ancient scientific medical knowledge in the world. So many Ayurvedic managements had been described in the Ayurvedic classical books for the treatment of *Amavata* (Rheumatoid arthritis). Such Ayurvedic management i.e. *Deepana Pachana*, *Baluka Sweda*, *Snehapana*, *virechan* along with *Shaman Chikitsa* mentioned by *Acharya Chakradutta*, has been selected for this case study on the management of *Amavata* (Rheumatoid arthritis). A patient who has

been diagnosed is treated with *Simhanad Gugglu*, *Chitrakadi vati*, *Ajmodadi churna*, *snehpana*, *sarwang abhyanga* and *swedan*, *virechanakarma*. The end of the treatment contributed to a decrease in overall symptoms.

KEYWORDS: Amavata, Rheumatoid arthritis, *Baluka Sweda*.

INTRODUCTION

Amavata is first described as separate disease in *Madhava Nidana*, where it is mentioned that *Mandagni* plays an important role in the manifestation of the disease.^[2] *Agni* is necessary in normal physiology for both digestion and the creation of a *Poshaka rasa*. *Ama*, or *Apakwa ahara rasa*, is formed in *Amashya* due to an *Agnimandya* state. Combining *Ama* with the vitiated *Vatadosha* in *Sleshmasthan*, thus it obstructs the *rasa vaha* and *Asthivahastrotas*, culminating in “*Amavata*” which manifests as *Sandhi Shotha*, *Shoola*, *Sparshaasahatwa*, and *Gatrastabdhata*. The clinical characteristics of *Amavata* are similar to those of Rheumatoid arthritis in modern medical science, which is a chronic inflammatory autoimmune disease involving multiple joints of the body. Involvement of joints restricts the normal body movements which may lead to contracture of muscle and permanent deformities.^[3] In modern medicine, the treatment of the disease includes steroids and immunomodulator drugs together with nonsteroidal anti-inflammatory drugs (NSAIDs).^[4] Further, discussed patient is a known case of *Amavata* showing morning stiffness more than 1 hour with classical symptoms *Angamarda* (Bodyache), *Aruchi* (Anorexia), *Trishna* (Thirst), *Alasya* (Lethargy), *Jwara* (Fever) *Apaka* (Indigestion), *Shunata* (swelling), *Sandhishula* (pain in joints), *Stambha* (Stiffness), with positive RA factor and raised erythrocyte sedimentation ratio (ESR) and was treated according to principles of treatment of *Amavata*. The principles of treatment of *amavata* are *langhan*, *snehana* and *swedan*, drugs having *tikta*, *katu rasa*, *deepan pachan*, *snehapana* and *virechanakarma*.^[5] The patient showed good response in short span of time and could completely stop the use of allopathic medicines.

CASE REPORT

A 48-year-old female patient visited the OPD 63833 of Pt. Khushilal Sharma Govt. Ayurveda hospital with the complaints of morning stiffness more than 1 hour, pain alongwith stiffness and soreness in the metacarpophalangeal joint of both hands, referred to as *Shoola*. She gradually started to experience the same stiffness and pain in her wrist and knee joints. Later, she intermittently had *shotha* or swelling over the afflicted joints. The elbow and ankle joints

eventually started to suffer from it as well. The patient was having difficulty in moving and carrying out her everyday tasks.

Personal History

1. Ahara- Samishra (mixed diet)
2. Vihara-Diwaswapna
3. Nidra- Alpa nidra
4. Mala Pravritti: Samyukta
5. Mutra pravritti: Samyaka (Satisfactory)
6. Vyasana: Tea (2-3 times a day)

EXAMINATION

Ashtavida Parikshna

1. Nadi: 78/min
2. Mala: Malavashtmbha
3. Mutra: 3 to 5 time in day, 1 to 2 times in night
4. Jihva: Sama
5. Shabda: Prakrut
6. Sparsha: Ushna
7. Drik: Prakrut
8. Akriti: madhyam

SYSTEMIC EXAMINATION

On examination, the patient was found to be aware and well-oriented to time and place. The patient's circulatory, respiratory, and central neurological systems were clinically normal. The per abdomen examination revealed no abnormalities.

LOCAL EXAMINATION

On assessment of the musculoskeletal system, pitting oedema was discovered on both wrist joints, knee joints, and the face. Tenderness was felt on the wrist and metacarpophalangeal joints.

ASSESSMENT CRITERIA

Amavata (Rheumatoid arthritis) was diagnosed on the basis of symptoms described in *Ayurveda* and criteria fixed by ACR- Eular Classification criteria for Rheumatoid Arthritis 2010.

Table 1: Showing 2010 ACR/EULAR classification criteria for RA.

1.Joint distribution (0-5)>10 joints	Score 6
2. Serology (0-3) High RA factor	3
3.Symptoms duration (0-1)>6weeks	1
4.Acute phase reactants High ESR	1

Total score ->6 defines RA

Table 2: Showing Musculoskeletal system.`

	B/L Knee Joint	B/L Wrist Joint
Swelling	Present	Present
Deformity	Absent	Absent
Tenderness	Present	Present
Temperature	Warmth	warmth
Range of Movement	Painful and restricted	Painful

TREATMENT PLAN

fter taking proper history, patient was admitted in IPD of Pt. Khushilal Sharma Ayurveda hospital. The interventions include *Baluka Sweda*, *Deepana Pachana*, *Snehapana*, *Virechankarma* along with *Shaman Chikitsa* (conservative treatment). *Shaman Chikitsa* (conservative treatment) viz. *Simhanad Guggulu* 2tab (500mg) twice a day, *chitrakadi vati* 2tab (500mg) twice a day for *Sandhishoola & Sandhishotha* and *Ajmodadi churna* twice a day is given for *Deepana-Pachana*. *Vaishvanara churna* 5gm with lukewarm water was given at bedtime being as *Vatanulomana*. Then after 3 days, after the assessment of agni, *Abhyantara Snehapana* was started by consuming increasing amounts of *Panchtikta ghris* for 7 days. It prepare the body for *shodhan karma* this facilitates the movement of *doshas* located in peripheral tissues into the *koshṭa* (bowel), where they can be readily eliminated. Then after 7 days, *Bahya Snehana* and *Swedana* was done for 3days. In order to get the body ready for the *virechan* process, the patient was advised to fast starting the night before. Then in early morning, after sarwang snehana and swedan, *Virechanakarma* was done by administration of kwath dravya (haritaki50gm, Aragwadh50gm, trivrut50gm, kutki 50gm)200ml and 100 ml castor oil at 10 am (*Pitta Kala*) on the 14th day. About 4 hour later, *Virechana Vega* was started, and total 24 *Vega* (passed stool) were observed till the evening along with 1time vomiting. From 15th day onward, *Sansarjana Krama* was started by

prescribing *Peya* (preparation of rice and water) and *Vilepi* (preparation of rice) and so on successively for 5 days. From 4th day onward, diet with least spices was suggested. After completion of the *Sansarjana Krama*, by 7th day the patient was put on the routine diet. Care was taken not to consume the known allergic food.

Table 3: Showing material for Management of Aamvata as.

Dravya	Dose
<i>Chitrakadi vati</i>	250mg BD
<i>Simhnada guggulu</i>	250mg BD
<i>Rheumayog gold</i>	2BD
<i>Ajmodadi churna</i>	5gm
<i>Vaishwanar churna</i>	5gm

Table 4: Showing Panchakarma Management of Aamvata as.

Day 1 – Day 5	<i>Ruksha swedan</i>	<i>Baluka swedan</i>
Day 1- Day 5	<i>Deepan pachan</i>	<i>Ajmodadi churna, chitrakadi vati</i>
Day 6 – Day12	<i>snehapana</i>	<i>Panchtikta ghrut</i>
Day 6		<i>Ghrut 40ml</i>
Day 7		<i>Ghrut 80ml</i>
Day 8		<i>Ghrut 120ml</i>
Day 9		<i>Ghrut 160ml</i>
Day 10		<i>Ghrut 200ml</i>
Day 11		<i>Ghrut 240ml</i>
Day 12		<i>Ghrut 280ml</i>
Day 16	<i>virechanakarma</i>	<i>Virechan kwath (Haritaki, Aragwadha, kutki, trivrut, draksha+ eranda tail)</i>

OBSERVATION AND RESULT

Patient got relief in Swelling and tenderness within 7days. Rest improvement in all symptoms found within 10 days. After 20 days follow up there is nearly nil of all symptoms. we monitored the patient for the next three months on a 15-day cycle. I found that there is occasionally pain in knee joints. We can consider it typical, based on the patient's age and chronic condition.

LAB INVESTIGATION

Table 5: Showing Laboratory values before and after treatment.

Sr.No.	BT	AT
ESR	36mm 1 st Hr.	18 mm 1 st Hr.
R.A FACTOR (Qualitative)	positive	positive
R.A FACTOR (Quantitative)	353.5 IU/ml	174.6 IU/ml

Grading of Sandhishoola (pain)

Sr.no.	Severity of pain	Grade
1.	No Pain	0
2.	Mild Pain	1
3.	Moderate, but no difficulty in movement	2
4.	Pain with difficulty in moving the body parts.	3

Grading of Sandhishotha (swelling)

Sr.No.	Severity of Swelling	Grade
1.	No swelling	0
2.	Slight swelling	1
3.	Moderate swelling	2
4.	Severe swelling	3

Grading of Sparshasahatwa (tenderness).

Sr.No.	sparshasahatwama	Grade
1.	No tenderness	0
2.	Subjective experience oftenderness	1
3.	Wincing of face on pressure	2
4.	Wincing of face and withdrawal of the affected part on pressure	3

Assessment criteria	Before treatment	After treatment
Sandhi Shoola	Grade 3	Grade 1
Sandhi Shotha	Grade 2	Grade 0
Sandhi stabhdata	Grade 4	Grade 1

DISCUSSION

Amavata is one of the most common issue in present era. As Amavata is an Amapradoshaja vikara. It is a disease of Madhyam roga marga as it affects Sandhi. Over indulgence in sweets and sour foods, irregular eating patterns, sleep deprivation during the day, and sedentary lifestyles are examples of inappropriate eating and physical behaviors that can impair digestion and metabolism and result in the formation of Ama (improperly processed intermediate metabolic products). These behaviors are also evident in the patient. This Ama caused degenerative changes in the body, impacting other tissues such as muscles and cartilages, and worsening metabolism as it spread throughout the body. Due to the presence of Ama, balukasweda has been administrated. It helps in pacifying vitiated Vata Dosha thus leads to relieve pain and stiffness. Deepan pachan enhances the Agni-Bala (digestive and metabolic capacity), reduces the clinical manifestations of Amavata (Rheumatoid arthritis) and helps in breaking the Samprapti (pathogenesis) of Amavata. Snehana swedan helps to open up the channels of the body and soften the accumulated toxins, making them easier to

eliminate. Virechankarma is the best therapy for the *Sthanika Pitta Dosha*, it may be accountable for *Agnivardhana* and the evacuation of *Ama*, the primary cause of this condition. The assessment of the patient before and after treatment was taken which showed improvements in Pain and Shoth.

CONCLUSION

In this study we are discussing on a 48year old female patient having *Amavata*. When she came at the hospital, she complained of both knee joint, wrist joint discomfort, stiffness in the joint, local warmness and swelling across both knees, wrist joint, metacarpophalangeal joint, ankle joint along with morning stiffness, dry mouth, fever (on and off), and loss of appetite with anorexia, headache, and constipation for 5-6 months, with RA factor positive and increased ESR. And the study findings are positive. After the treatment, there was noticeable improvement in *Sandhi shotha*, *Sandhi shula*, *Angamarda*, *Aruchi*, and *Gaurava*.

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