

## MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS): A CASE STUDY

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### ABSTRACT

The man is precious creature on the earth. He want to go for diversified to enjoy the life. For such activities harmony of musculoskeletal system is the minimum requirement. Now days *amavata* is a major health problem in 25 years and above age. Amavata is the disorder mentioned in *madhavidana samhita*. In disease *Amavata*, *ama dosha* is being directed into joints by the vitiated *Vata dosha* and affects the *shleshma sthanas* (Joints, Heart etc.) resulting in inflammation of joints. Due to this restriction of movement and persistent unendurable pain confined patient to bed with limited working area. A 40yrs old female patient presenting with pain & tenderness in bilateral knee, ankle, wrist joints, morning stiffness, anorxia, mild fever. She is having classical symptoms of *amavata*, hence diagnosed as *amavata*.

She was brought to Govt. Ayurved Hospital, Nanded. Patient was treated with an integrated approach of *Ayurveda*. Patient shows significant improvement in symptoms (*Lakshanas*) and pathological investigations.

**KEYWORDS:** Amavata, Ama, Shleshma Sthanas, Rheumatoid arthritis.

### INTRODUCTION

*Amavata* is now-a-days a commonest disorder occurring due to changes in the lifestyle. In this disease young aged people are mostly affected and the patients are gradually crippled physically as well as mentally due to bad prognosis of the disease. *Amavata* is one of the commonest disorders caused by the impairment of *agni*, formation of *ama* and vitiation of

*vata* As in *Ayurveda*, treatment is aimed towards complete cure from disease leading to reversal to healthy state and not merely the absence of symptoms, it has best answers to many diseases where modern medical science fails to give results. *Amavata* can be a best example. *Ayurvedic* treatment of *Amavata* leads to break in pathogenesis (Samprapti bhanga) of the disease and hence provides complete cure. The treatment is safer, cost effective and traditionally proven.

**Present History:** A female patient aged about 40 years old, housewife, Hindu by religion approach to hospital with complain of

Sr. No	Symptoms	Duration since
1.	Pain and tenderness in B/L knee, ankle, wrist joint	4 months
2.	Morning stiffness	4 months
3.	Restricted movements of joints	2- 3 months
4.	Mild fever	10 days
5.	Anorexia	10 days

**Past history:** Patient was well before 6 months. Then she had an episode of fever with joint pain and severe stiffness. She was admitted in a private hospital for treatment. She got relief for few days but again symptoms appeared. Hence she approached to Hospital for treatment. No H/o any other major medical or surgical illness.

### General Examination

G.C.- Moderate

Febrile (100.2 degree F)

Pulse – 82/min, Regular

BP – 126/ 80 mm Hg

### Systemic examination

RS – Clear, air entry equal bilaterally

CVS – S<sub>1</sub> S<sub>2</sub> Normal.

CNS – Conscious, well oriented.

### Astwidha Parikshan

*Nadi* : 82/min

*Mala* : *Vibandha*

*Mutra* : *Sadaha*.

*Jivha* : *Sama*

*Shabda : Ksheena*

*Sparsha : Ushna*

*Druka : Pandu*

*Aakriti : Krisha*

### Joint examination

Inspection: Swelling over bilateral wrist and knee joints.

Palpation: Local temperature over all joints

Tenderness over bilateral knee, wrist and ankle joint

Percussion: No abnormal sound heard on percussion over joints.

### Pathological Reports

Hb- 9.0gm%

WBC- 8500/mm<sup>3</sup>

E.S.R. (Wintrobe method) - 45 mm at the end of an hour,

RA factor (Agglutination method) – Reactive

CRP (Titration turbilatex method) – 35mg/l

BSL (Random) - 88mg/dl

**Treatment Given:** This patient was admitted for 20 days in IPD for treatment purpose.

At first,

Sr.no	Yoga	Dose	Duration
1.	<i>Shunthi Siddha Eranda Sneha kwatha</i>	40 ml	3 days. Morning period

After *Pachana* by *Shunthi* and *Eranda Sneha*,

Following medicines given—

Sr. No	Treatment Plan		Dose and Anupana	Duration
1.	<b>Shodhana chikitsa</b>	1. <i>Vaitaran Basti</i> <sup>[1]</sup>	350ml <i>Bhojana paschata</i>	Total 14 days (2 sittings)
2.	<b>Shamana chikitsa</b>	1. <i>Gud Shunthi Yoga</i>	5gms Bd <i>Koshna jala</i>	20 days
		2. <i>Simhanada Guggulu</i> <sup>[2]</sup>	250 mgs 2 tds, <i>koshna jala</i>	20 days
		3. <i>Rasnapanchaka Kwatha</i> <sup>[3]</sup>	20 ml Bd, <i>koshna jala</i>	20days
		4. <i>Guduchi + Kiratatikta + Musta churna</i>	3 gms Bd <i>Koshna jala</i>	20 days
		5. <i>Eranda Bhrishta Haritaki Churna</i>	3gms HS	20 days

			<i>Ushna jala</i>	
3.	<i>Sthanika chikitsa</i>	<i>1.Valukapottali Sweda</i>	BD	20 days

Patient was discharged from IPD after 20days of treatment and continued on *Shamana chikitsa* and *sthanika chikitsa* for another 10 days. Follow up did 2 times in 10 days in OPD of Hospital. Result were assess according to assessment criteria.

#### Assessment Criteria for Treatment

<i>Sandhi Graha</i> (Stiffness)		Grade
1	No stiffness	0
2	Stiffness lasting from 5 mins. to 2 hr.	1
3	Stiffness lasting from 2hr. to 4 hr.	2
4	Stiffness lasting from more than 4 hr.	3

<i>Sandhi Shool</i> (Joint Pain)		
1	No pain	0
2	Occasional Pain	1
3	Pain during Excess Work	2
4	Constant pain disturbing Routine	3

<i>Sandhishotha</i> (Joint Swelling) (According to joint Involvement)		
1	No joint Involve	0
2	1-3 joints involve	1
3	4-6 joints involve	2
4	More than 6 joints	3
<i>Sparsh Asahishnuta</i> (Tenderness in joints)		
1	No Tenderness	0
2	Patients says Tenderness	1
3	Winching of Face on touch	2
4	Does not Allow to touch	3

<i>Agnimandya</i> (Anorexia)		
1	Samyak kshudha	0
2	Desire to eat twice a day	1
3	Desire to eat only once a day	2
4	No Desire to eat/Drink	3

#### RESULT

After 1 month of treatment there is excellent improvement of symptoms (*Lakshanas*) and markers of inflammation also markedly decreased.

Sr. No		Before Treatment	After Treatment (Gradations)
1	ESR	45 mm at the end of hour	22 mm at the end of hour
2	<i>Sandhi shula</i>	3 <sup>rd</sup> grade	2 <sup>nd</sup> grade
3	<i>Sandhi shotha</i>	2 <sup>nd</sup> grade	1 <sup>st</sup> grade
4	<i>Sparshasahishnuta</i>	3 <sup>rd</sup> grade	2 <sup>nd</sup> grade

5	<i>Agnimandya</i>	2 <sup>nd</sup> grade	1 <sup>st</sup> grade
6	<i>Sandhi Graha</i>	3 <sup>rd</sup> grade	2 <sup>nd</sup> grade

## DISCUSSION

*Amavata* is the diseased mainly caused by two entities. One is *ama* and other is *vata*.<sup>[4]</sup> Hence, proper treatment of *ama* and *vata* *chikitsa* is important in this disease. As told in classics, there is '*vrischikadanshavata vedana*'<sup>[5]</sup> in *amavata*. Patients can not bear the pain and the disease become *krichra sadhya* in nature.

In this patient of *amavata*, firstly, *shunthi siddha eranda sneha* was given, because *shunthi* is of *deepana pachana* properties, it reduces the *agnimandya* and also helpful in *amapachana*. *Eranda sneha* is best for *amavata* disease. *Anulomana* of *dosha* takes place by this *yoga*.

After *anulomana*, *shodhana chikitsa*, i.e. *Vaitarana basti* is given (*Saindhav, Guda, Tailaa, Chinch, Gomutra*) to patient in two sittings of total 14 days. *Vaitarana basti* is told by *Chakradutta* for *Amavata vyadhi*.

In *shaman chikitsa*, *Simhanada guggulu* is selected because it is mentioned in *Amavata adhikara*. It contains *triphala, gandhaka, guggulu* and *eranda taila*. It's said about this *yoga* that '*amavatam jayedapi vaidyavivarjita*'.

*Rasnapanchaka kwatha* is given as it works on *saptadhatugata ama* and *vata dosha*. *Tikta rasatmak dravyas* like *guduchi, musta* and *kiratata tikta* are given for *jwara shamana* and *dosha pachana*. *Gud shunthi yoga* is selected for *agnidipana* purpose.

## CONCLUSION

*Amavata* is the chronic inflammatory disease affecting to mankind. Many patients with symptoms of *amavata* visit OPDs regularly. *Shodhana, shaman* as well as *bahya chikitsa* is useful in *amavata* disease. As it is mainly inflammatory disease, *virechana* is told by classics for *amavata*. *Vaitarana basti* or *kshara basti* are the *tikshna bastis* indicated in *amavata* for *amapachana* because *ama* is one of the main entities involved in the pathogenesis. Proper treatment according to *prakriti* and *vikriti parikshana* surely helps in management of *amavata*.

**REFERENCES**

1. Shri chakrapani virachita Chakradatta, Niruha adhikara, Published by Khemraj Shrikrishnadas Prakashan, Mumbai.
2. Bhaishjya Ratnavali by Shri Govinda Das, Chaukhamba Prakashan Varanasi.
3. Sharangdhar samhita of Pandita Sharangadharacharya, Hindi commentary 'DIPIKA' by Bramhanand Tripathi, kwatha kalpana adhayaya, madhyama khanda, Chaukhamba Surbharati Prakashan, Varanasi.
4. Madhavkar Virchit, Madhavnidanam, with Madhukosh Vyakhya and Hindi Commentary By Shri Yadunandan Upadhya, Poorvardha, Amavata Nidan adhyay Chaukhmbha Prakashan Varanasi.
5. Madhavkar Virchit, Madhavnidanam, with Madhukosh Vyakhya and Hindi Commentary By Shri Yadunandan Upadhya, Poorvardha, Amavata Nidan adhyay Chaukhmbha Prakashan Varanasi.