

AYURVEDIC MANAGEMENT OF RHEUMATOID ARTHRITIS (AMAVATA) - A CASE REPORT

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ABSTRACT

Rheumatoid Arthritis (RA) is a continual inflammatory, unfavorable and deforming symmetrical polyarthritis related with systemic involvement. It is a chronic immune-inflammatory systemic disorder commonly encountered in day-to-day clinical practice and affects 7.3% of worldwide population. *Amavata* is one of the challenging disorders for the clinicians due to its chronicity, incurability, problems and morbidity. *Amavata* is caused by *Ama* and its association with *Vata* at *Kaphasthana* (joints). It is an outcome of *Agnidushti*, *Amotpatti* and *Sandhivikruti*. The scientific presentation of *Amavata* closely mimics with the unique range of Rheumatological issues referred to as Rheumatoid arthritis in accordance with their similarities on medical features. Many people in society are unaware about the disease and its complications which is responsible for lifelong joint deformities. The *Ayurvedic* treatment not only devoid such type of sick effect, but also presents a higher way by using treating *Agni* and *Ama* at its roots by using treating *Agni* and *Ama* at its roots. The concepts of administration in *Amavata* are *Langhana*, *Swedana*, *Dravyas* having *Tikta*, *Katu Rasa*,

Deepana, *Pachana* as *Shamana Chikitsa*.

Case Summary: A 33 years old female patient having 67.65kg body weight, housewife, of *Vata-PittajaPrakriti*, residing in urban area, approached with the complaints of multiple joints pain mainly in second and third metacarpophalangeal joints of both hands along with

swelling in minor joints, stiffness in the body and joints (Mainly morning stiffness), raise of temperature especially at evening lethargy and lack of appetite for the past 6months. Due to deformity, there was limited movement in joints and also sleep was disturbed due to increased pain at night. Sometimes symptoms were so severe that the patient was unable to stand or walk even after taking analgesics. She was diagnosis with rheumatoid arthritis (*Amavata*) on the basis of signs and symptoms. The diagnosis was confirmed by performing routine blood investigations and some specific investigations such as rheumatoid factor, erythrocyte sedimentation rate (ESR), immunoglobulin E (IgE), and C-reactive protein (CRP). The patient was given with *Deepana*, *Pachana*, *Basti*, *AmavataharaShamana Aushadis* (Oral medications). Significant improvement was observed after 1 month of treatment in terms of reduced in RA factor.

KEYWORDS: *Amavata*, *Ama*, Rheumatoid arthritis, *Agnidushti*, *Sandhivikruti*, *Basti*, *Shamana*.

1. INTRODUCTION

In the today's stressful way of life, the food plan as well as the regimes of human beings has modified a lot. This leads to the slow feature of *Agni*. When *Ama* and *Vata* simultaneously get vitiated and enters the *Trika* and *Sandhi* ultimately main to *Stabdghata* (Stiffness) of the body, the circumstance is known as *Amavata*. *Acharaya Madhavkara* has clearly cited the *Roopa* (Sign & symptoms) of *Amavata* in *Madhava Nidana*. The *Pratyatma Lakshana* (Main symptoms) are *Gatrastabdghata*, *Sandhishhula*, *Sandhishhotha*, *Sparshasahyata*.

In modern Rheumatoid arthritis (RA) is a long-term autoimmune disorder that specially influences joints. Its consequences warm, swollen, and painful joints. Pain and stiffness regularly worsen following rest. The overall world prevalence is 0.8% and regularly increases to 5% in ladies over the age of 70. The prevalence of rheumatoid arthritis in India in person has been mentioned to differ from 0.5 to 3.8% in women and from 0.15 to 1.35% in men. Women are affected approximately three times more often than men. In Ayurveda, *Nidana Parivarjana* (Avoidance of causative factors) is considered as the first and foremost line of management for any disease. So, this study included *Shodhana* and *Shamana Chikitsa* as mentioned in *Ayurveda*.

2. Patient information

A 50-year-old female patient approached *Swasthavritta* Outpatient department of SDM Ayurveda Hospital, Hassan with complaints of multiple joint pain mainly in second and third metacarpophalangeal joints of both upper limbs along with swelling in multiple joints, morning stiffness in the whole body, lethargy and lack of appetite for the past 6 months. This was associated with disturbed sleep at night. She was on allopathic treatment frequently which included NSAIDs and combination of analgesic and antidepressants which relieved her symptoms. But on discontinuing the medication symptoms used to recur. The diet history included usual consumption of curd, spicy and oily food and meat twice in a week.

3. Timeline

Table 1: Timeline of the case.

Date	Relevant medical history
March 2023	Acute onset of pain in multiple joints mainly in metacarpophalangeal joints. Gradual development of stiffness in joints mainly during morning hours.
April 2023	Swelling in multiple joints, Due to deformity limited movement in joints.
May 2023	Disturbed sleep due to increase pain in night. Started allopathic treatment. (indomethacin and tramadol)
June 2023	Symptoms re-appeared after discontinuing medication. Consulted in outpatient department of <i>Ayurveda</i> hospital.
July 2023	Admitted for therapy.

4. Clinical findings

On general examination she was moderately nourished having normal vital signs. Other parameters like pallor, icterus, central cyanosis, digital clubbing and local lymphadenopathy were absent. On physical examination, tenderness, swelling and stiffness of bilateral knee joints. Local temperature-Raised. Range of movement-Restricted and painful. Laboratory parameters-Hb: 8.0 gm%, E.S.R: 90 mm/hr, CRP:72.0mg/L and other parameters within normal limit.

5. Diagnostic assessment

The diagnosis of RA (*Amavata*) is done based on the American Rheumatism Association laboratory investigations and *Lakshanas* of *Amavata*.

American Rheumatism Association (A.R.A.) Criteria for Diagnosis.

Sl. No.	Parameter	Present	Absent	Duration
1	Morning stiffness (>one hour)	+	-	4months
2	Arthritis three or more joints area	+	-	6 months
3	Arthritis of hand joints	+	-	6 months
4	Symmetrical arthritis	+	-	6 months
5	Rheumatoid nodules	-	+	-
6	Presence of Rheumatoid factor	+	-	6 months
7	Radiological changes (Hand & Wrist)	+	-	6 months

6. Therapeutic intervention

Table 2: Timeline of intervention.

Date	Intervention	Dose
19/7/23 To 24/7/23	<i>SarvangaParisheka- Dashamoola Qwatha added with Dhanyamla Valuka sweda (Till Amalakshana subsided) Panchakola Phanta</i>	OD BD 30ml-0-30ml
25/7/2023	<i>Sadyovirechana with avipattikara churna+haritaki churna+honey</i>	10grams each Honey-Q.S
26/7/2023 To 04/08/2023	<i>Sarvanga parisheka –Dashamoola Qwatha added with Dhanyamla Valuka sweda Janu upanaha with Rasna+shunti +Devadaru+Nirgundi taila Vaitarana basti Anuvasana basti with G.H taila Vaitarana basti- Saindhava- Guda- Sneha-G.H taila Chincha- Gomutra</i>	OD BD OD 60ml 10grams 25grams 40ml 40grams 120ml

Total number of Virechana Vegas were 11.

Samsarjanakrama, Pathya – Apathya and Nidana Parivarjana are advised.

Table 3: Shamana (Discharge medicine).

26/5/23	1) <i>Simhanada Guggulu</i> 2) <i>Brihatvatichintamani plain</i> 3) <i>Maharasnadi Kashaya</i> 4) <i>Mahavishagarbha Taila</i>	2-0-2 after food with warm water 20ml-0-20ml after food with 30ml warm water after food 20ml-0-20ml after food with 30ml warm water For external application
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7. Outcomes

Improvements were observed in *Lakshanas* of *Amavata* and RA factor after *Shodhana* and *Shamana Chikitsa*.

Table 4: Outcomes.

Parameter	Before treatment	After treatment	1 month after treatment
<i>Shota</i>	Present	Reduced	Absent
<i>Shoola</i>	Present	Reduced	Reduced
<i>Stabdhata</i>	Present	Reduced	Absent
ESR factor	90	45	30
CRP	Positive	Negative	Negative

8. DISCUSSION

Chakradatta was the first, who described the *Chikitsa Siddhanta* for *Amavata*. It includes *Langhana- Rukshana Rupi Langhana*, *Deepana Pachana*, *Swedana*, *Snehapana*, *Virechana* and *Anuvasana* as well as *Kshara Basti*. *Yogaratanakara* has added *Upanaha* without *Sneha*, to these therapeutic measures.

In this case, *Rukshanarupi Langhana*, *Deepana*, *Pachana*, *Snehapana* and *Virechana* were adopted.

Mode of action of intervention

Deepana pachana

Deepana Pachana was done with *Panchakola phanta*. *Panchakola* by its *Laghu Guna*, *Katu Rasa*, *Katu Vipaka*, *Ushna Veerya* does *Kapha Vata hara* and does *Deepana* and *Pachana*.

Dhanyamla parisheka

Amavata is a disease mainly due to the indigestion of food resulting *Ama*. *Dhanyamla* is having *Laghu Guna* (Light) and easy to digest. The predominant *Rasa* of *Dhanyamla* is *Amla rasa* (Sour taste). Therefore *Dhanyamla* is capable in enhancing *agni* (Digestive power) and digests the *Amarasa*. In addition to that *Deepana*, *Jarana* and *rochana* properties of *Dhanyamla* helps to digest the *Ama* and enhances the appetite. In *Amavata Chikitsa Sutra* (Treatment schedule), it is advised to prescribe *Ruksha sweda*. *Dhanyamla* is having *Laghu* and *teekshna* properties. Therefore *Dhanyamla Parisheka* is a kind of *ruksha Sweda*. These properties mitigate both *kapha* and *vata* *Doshas*.

Valuka sweda

Valuka sweda contains *Ruksha*, *Ushna Guna* which liquefies the dosha and *Ama* thus increases the blood circulation and decreases the *sandhishotha* (Inflammation) and *sandhishoola* (Pain)

Virechana

After *Langhana*, *Swedana* and *Shamana Chikitsa*, the *Doshas* attain *Nirama* stage, get liquefied and reach *Koshta*, from where they have to be eliminated through the nearest route. So, *Virechana* which is form of *Shodhana* is done for the elimination of *Pitta*, *Kapha* and for *Anuloma* of *Vayu*. *Virechana Dravya* possesses *Ushna*, *Teekshna*, *Sukshma*, *Vyavayi*, *Vikasi Guna*. *Virechana* was given with *avipattikara churna* and *haritaki churna*.

Vaitarana basti

Vaitarana basti by their *laghu* (Lightness), *ruksha* (Dryness), *ushna* (Hotness) and *tikshna* (Sharpness) *guna* reaches to *pakwashaya* which is the main seat of *vata dosha* and destroys *vata dosha*. From there it reaches to whole body. *Sneha dravya* present in *basti* by its *sukshma guna* enters into *sukshma srotas* to reach the *grahani*. Here, it acts on *samana vayu*, which lies in the near the seat of the *jatharagni* leads to ignition of *jatharagni*. So *Vaitarana basti* performs the function of *Apana anulomana* and hence increases the *jatharagni* which are the main cause of *amavata*.

Janu upanaha

Poultice (Lepa) Medicated paste is prepared to be applied over joints affected in *Amavata* which also relieves inflammation present in joints.

Shamana chikitsa

Simhanada Guggulu has *Laghu*, *Ruksha*, *Ushna*, *Tikshna* properties. Majority drugs of *Simhanada Guggulu* have *Deepana* (Enzyme activating), *Ama-Pachana* (biotoxin neutralizing), *Shothaghna* (Oedema reducing), *Shoolaghna* (Analgesic), *Jwaraghna* (Antipyretic), *Balya* (Energy enhancing) and *Amavatahara* (Anti-rheumatic) properties. It enhances the *Agni-Bala* (Digestive and metabolic capacity), alleviates the *Ama* (Biotoxins) and prevents the further *Ama* (Biotoxins) formation into the body. This reduces the clinical manifestations of *Amavata* (Rheumatoid arthritis) and helps in breaking the *Samprapti* (Pathogenesis) of *Amavata*.

Brihat vata chintamani rasa is considered as vata prakopakashamaka aushadhi. Due to the presence of swarna bhasma, loha bhasma and other ingredients having Vata shamaka properties helps in relieving pain. It also have excellent rejuvenative and anti aging properties.

Maharasnadi Kwatha has *Amapachana*, *Deepana*, *Vatahara* and *Shulaghna* properties which help in breaking *Samprapti* and relieving symptoms of *Amavata*.

Mahavishgarbha Taila contains *Dhatu* (*Datura metel* Linn), *Vatsanabha* (*Aconitum ferox*), *Eranda* (*Ricinus communis*) and *Vatahara* drugs. These drugs have *Vedanasthapana*, *Shothahara*, *Swedajanana*, *Deepana* and *Pachana* properties which help to relieve the pain by *Vatashamana* and causes *Amapachana* on local application.

9. CONCLUSION

Adoption of classical *Chikitsa Sutra* of *Amavata* will help better in the management of typical rheumatoid arthritis (RA).

10. Patient perspective

Patient was satisfied with the treatment in terms of reduced in the stiffness of joints, pain, swelling of multiple joints and also improved sleep.

11. Patient consent

Informed consent for publication of this case study has been obtained from the patient.

12. Conflict of interest

There are no conflicts of interest

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