



## A CASE STUDY ON AYURVEDIC MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)

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## ABSTRACT

*Amavata* is a very painful condition in day-to-day life. It is a chronic disorder related to especially *sandhistanas* (joints). It can be compared with Rheumatoid Arthritis (R.A.). In modern medicine, R.A. is treated with steroids and various NSAIDS which has multiple side – effects. In Ayurveda, *Amavata* is caused due to impairment of *Agni* (indigestion) and vitiation of *Vata dosha* which form ‘*Aama* - The untransformed, non-assimilated component in the digestive process.’ *Amavata* is a *madhyama rogamarga* disease and causes severe pain, stiffness and is difficult to treat. Hence, there are chances of recurrence. For this, in Ayurveda, both *Shamana* and *Shodhana* treatments are explained very well. In this case study, the patient was dependent on steroids and her physiological functioning body was hampered. By Ayurvedic intervention (*Shodhana* and *Shamana Chikitsa*) we have effectively manage the disease by gradually tapering the steroids and ultimately stopped. The sequential treatment plan is effectively used in this case.

**Keywords:** *Amavata, Aama, Shamana, Shodhana.*

## INTRODUCTION

The words 'Aama' and 'Vata' unite to form the word 'Amavata'. This suggests the predominance of these 2 factors in the pathogenesis of Amavata. It can be compared with Rheumatoid Arthritis. The worldwide prevalence of R.A. is estimated between 0.3 % to 1 % and common in women of developed countries<sup>(1)</sup>. In India, the prevalence is estimated to be 0.75 %<sup>(2)</sup>. In Ayurveda, Aama – the untransformed, nonassimilated component in the digestive process is lodged in *Kapha sthanas* especially 'sandhi' (joints). According to Acharya Madhavakara, vitiated vata and Aama simultaneously moves into *sandhis* leading to *stabdhata* (stiffness) and severe pain in the extremities<sup>(3)</sup>. Amavata presents in different forms like *samanya*, *pravruddha*, *jeerna* (chronic), *Nava* (newly diagnosed), sometimes Vata dominant, sometimes Aama dominant. In Amavata, symptoms of Aama are seen all over the body. Aggravated and vitiated Vata dislodges Aama to the *kaphasthanas* (places) mainly *Amashaya*, *Sandhi* (joints), *Uraha* (chest region), *kantha*, *shirah* (head) and produces symptoms such as *Angamarda* (body ache), *Aruchi* (tastelessness), *trushna* (thirst), *Aalasya* (laziness), *Gaurava* (heaviness), *Jwara* (fever), *Apaka* (indigestion), *shotha* (inflammation), *shunata* (swelling of body parts)<sup>(4)</sup>. Amavata can be presented as acute or chronic or drug dependent. It is difficult to treat drug-dependent diseases. Sometimes we must taper the dose or stop the drug with appropriate protocol and then start Ayurvedic treatment. Acharya Yogaratnakara explained the principal treatment of Amavata as *langhana* (fasting), *swedana* (steam) in the form of both dry and wet, *deepana* (ignition of digestive fire), *virechana* (purgation), *Snehapana* (internal medication in the form of oil/ghee/bone marrow), *Basti* (medicated drug administered through the anal region)<sup>(4)</sup>

### Case Report

A 54-year-old female patient came to our OPD complaining of pain and swelling at both metacarpophalangeal joints, pain and stiffness of both wrist joints mainly right side, knee joint pain, pain and swelling of both ankles joint for 14 years. These symptoms increased for 5-6 years. Also, she had complaints of

body ache, heaviness, laziness and anorexia for the last 10 days.

**History of Present Illness:** The patient was without any symptoms before 14 years then she had complaints of pain and swelling of both metacarpophalangeal joints followed by pain and swelling of both knee joint, wrist joint and ankle joint. The patient had taken allopathy medicines which includes steroids results in some pain relief. After few years, the same complaints repeated, and the intensity of pain was increased. The patient was dependent on steroids. For complete relief, the patient came to our hospital for Ayurvedic treatment.

**History:** The patient had no history of high blood pressure, Diabetes mellitus, Asthama and epilepsy.

**Surgical History:** Hysterectomy in 2005.

**Medical History:** Patient had taken –

- Tablet Folitrix 10 mg (once a week)
- Tablet Homin (once daily)
- Tablet Pantin 40mg (once daily)
- Tablet HCQ 300mg (once at night)
- Tablet Zinvita (once at night)
- Tablet Nuxib (as per need)
- Tablet Fevimax –Z (once at night)

The patient was dependent on steroids for 5 years. When we started our Ayurvedic treatment, we tapered the dose of steroids in such a way that the time interval between the two doses of the tablet (steroid) was increased gradually and ultimately stopped. Since then, the patient was without steroids.

**Family History:** The patient's mother had paralysis for 4 years and grandmother had *Sandhigatavata*.

### Clinical findings:

1. General Examination - Pulse – 86/minute (Vata dominance, heavy), Blood pressure – 110/80mmofHg, Respiratory rate- 20/minute, Temperature – 97.2<sup>0</sup>F, Height – 148 cm, Weight – 60.830 kg, Oxygen saturation – 99%
2. *Ashtavidha Pariksha:* *Nadi* – 86/minute (vata dominance, heavy), *Mala* – once a day, proper consistency, yellow, *Mutra* – 5-6 times per day, once a night, *Jivha* – white. Coated, *Shabda* –

- Proper, *Sparsh* – not too hot or cold, *Druka* – pale, *Aakruti* – medium stature
3. *Prakruti* – Vata dominance pitta
  4. *Srotasa* Examination
  5. *Samprapti* (Pathogenesis)

**Table 1:** Examination of *Srotasa* (Channels)

<i>Srotasa</i>	<i>Darshan</i> (inspection)	<i>Sparshan</i> (Palpation)	<i>Prashna</i> (Questions)
<i>Annava</i>		<i>Udara</i> - <i>Alpa Gaurava</i>	<i>Anannabhilasha</i> (Anorexia)
<i>Rasava</i>	<i>Panduta</i> (pallor), <i>Raukshya</i> (dryness)		<i>Chintadhikya</i> (excessive thought), <i>Shabda asahishnuta</i> (discomfort while hearing a sound), <i>Angasada</i> (body ache) <i>Daurbalya</i> (weakness)
<i>Mansava</i>			<i>Sandhivedana</i> (joint pain)
<i>Asthiva</i>	Swelling of both metacarpophalangeal joint, wrist joint, ankle joint, knee joint.	<i>Ushna</i> (hot), <i>Sparshasahatva</i> (pain on palpation)	Pain at both metacarpophalangeal joint, wrist joint, knee joint, ankle joint
<i>Manova</i>			Stress, Fear.

**Factors –**

- *Dosha* – Vata – Vyana, Samana, Pitta – Pachaka, Sadhaka, Kapha-Shleshaka, kledaka
- *Dushya* – Rasa, Rakta, Mamsa, Asthi
- Affected *Srotasa* – *Annava*, *Rasava*, *Rakatvaha*, *Mamsava*, *Medovaha*, *Asthiva*
- *Rogamarga* – *Madhyam*
- *Udbhavasthana* – *Amashaya*
- *Vyaktasthana* – *Sandhi* (joints)
- *Roga swabhava* – *Chirakari* (Chronic)

**Investigation:** RA Factor – positive, C-Reactive Protein – Positive (7.68 mg / L), ESR – 62 mm/hr., All other routine blood investigations were within the normal limit.

**Diagnosis:** Based on the presentation of symptoms, pathogenesis and investigations, the diagnosis was considered as *Amavata*. (*Jeerna Avastha*- chronic).

**Assessment:**

1. Grading of *Sandhishoola* (Pain)

- No pain - 0
- Mild pain - 1
- Moderate, but no difficulty in moving - 2
- Much difficulty in moving the body parts - 3

2. Grading of *Sandhishotha* (swelling)

- No swelling - 0
- Slight swelling - 1
- Moderate swelling - 2

Severe swelling - 3

3. Grading of *Sparshasahatva* (tenderness)

- No tenderness - 0
- The subjective experience of tenderness – 1
- Winching of the face on pressure - 2
- Winching of face and withdrawal of the affected part on pressure- 3
- 4. Gradation of walking time (for 25 feet in several seconds)
- 15-20 seconds - 0
- 21-30 seconds - 1
- 31-40 seconds - 2
- More than 40 seconds - 3

**Material and Method (Treatment Plan) –**

- After being treated with other pathies and having no significant result, the patient came to our hospital for Ayurvedic treatment. The disease was *chirakari* (chronic) and *dosha* is deep-seated (*leena dosha*) and in *Saama avastha*<sup>(5)</sup>.
- For that, we first performed *Pachana karma* with *Abhyantar chikitsa* (internal medicine) then panchakarma treatments like *Sarvang Abhyanga* (whole-body massage), *Bashapa Sweda* (steam), *Patrapottali sweda* according to *doshadhikya*, *dushya*, *rugna bala* etc.
- After *Pachana karma*, along with internal medicine, *Sarvang abhyanga*, *Bashpa sweda* we went

for *Sthanik pinda sweda*, *Anuvasana Basti* with *Doshotkleshana taila*<sup>(6)</sup> and later on *Prasarani Taila*<sup>(7)</sup> with intermittent *Niruha Basti* of *Bruhat Erandmooladi*<sup>(8)</sup>

- Meanwhile, we tapered the steroid and then stopped.
- On discharge, the patient had advised the internal medicine to maintain the health.

**Table 2:** *Abhyantar Chikitsa* (Internal Medicine) for Pachana

Day	Medicines used for treatment
D <sub>1</sub> - D <sub>40</sub>	<i>Suvarnalakshmvilas Rasa</i> <sup>(9)</sup> 125 mg, Morning – evening each with honey
	<i>Amapachaka vati</i> 500 mg, thrice a day with warm water
	<i>Poonarnava churna</i> <sup>(10)</sup> 250 mg, thrice a day with warm water
	<i>Deodara Churna</i> <sup>(10)</sup> 250mg, thrice a day with warm water
	<i>Sukumar kashaya</i> 2 tablespoons thrice a day along with warm water.

**Table 3:** Panchakarma treatment for *Pachana* and After *Pachana*

Day	Panchakarma Treatment	Drug used
D <sub>30</sub> - D <sub>41</sub> (After <i>pachana</i> )	<i>Sarvanga Abhyanga</i> (whole body massage)	<i>Prasarani Taila</i> (oil) <sup>(7)</sup>
	<i>Bashpa sweda</i> (steam)	<i>Dashamoola kwatha</i> (decoction)
D <sub>30</sub> -D <sub>35</sub>	<i>Patrapottali sweda</i>	<i>Erandapatra</i> + <i>Nirgundi patra</i> + <i>Prakshepa</i> ( <i>Deodara churna</i> + <i>Rasna churna</i> + <i>Mishreya</i> + <i>Prasarani Taila</i> )
D <sub>35</sub> -D <sub>41</sub>	<i>Sthanika Pinda sweda</i>	<i>Dashamoola-Ashwagandha siddha ksheerodana</i>
From D <sub>30</sub>	<i>Anuvasana</i> (oil) <i>Basti</i>	<i>Doshotkleshana Taila</i> 60 ml 7 <i>Basti</i> given), <i>Prasarani Taila</i> 60 ml (7 <i>Basti</i> given)
	<i>Niruha</i> (decoction) <i>Basti</i>	<i>Bruhata Erandmooladi</i> 400 ml (2 <i>Basti</i> given)

**Table 4:** *Abhyantara* treatment as *Rasayana* (*Rejuvenation*)

Day	Medicine used
D <sub>41</sub> (On discharge this medicine will continue for the next 30 days.)	Capsule <i>Dhanwantar</i> 101 2 Cap. Early in the morning
	<i>Ashwagandha churna</i> <sup>(10)</sup> 500 mg thrice a day
	<i>Deodar churna</i> <sup>(10)</sup> 250 mg thrice a day
	Tablet <i>Tapyadiloha</i> <sup>(9)</sup> 250 mg trice a day
	<i>Suvarnalakshmvilas Ras</i> <sup>(9)</sup> 125 mg Morning – evening each with honey.
	<i>Sukumar kashaya</i> 2 tablespoons thrice a day along with warm water.

## Observation and Result

### 1. Assessment of *Sandhishoola*

Name of Joint	Left		Right	
	BT	AT	BT	AT
Metacarpophalangeal joint	2	1	2	1
Wrist joint	3	1	2	0
Knee joint	2	0	2	0
Ankle joint	2	0	2	0
Shoulder joint	2	1	2	1

## 2. Assessment of Sandhishotha

Name of Joint	Left		Right	
	BT	AT	BT	AT
Metacarpophalangeal joint	2	1	2	1
Wrist joint	2	1	1	0
Knee joint	1	0	1	0
Ankle joint	2	0	2	0

## 3. Assessment of Sparshasahatva

Name of Joint	Left		Right	
	BT	AT	BT	AT
Metacarpophalangeal joint	1	0	1	0
Wrist joint	2	1	2	0
Knee joint	1	0	1	0
Ankle joint	2	0	2	0

## 4. Assessment of walking time

Criteria	BT	AT
Walking Time (For 25 feet in several seconds)	2	1

**Follow up:** The patient came for follow up after one month. The above-mentioned complaints were reduced and had 70 % relief. The patient had advised taking the same internal medicine which was given on discharge along with some healthy diet including black rasene, almond etc. for the next 21 days.

## DISCUSSION

The patient is suffering from joint pain for the last 14 years. She had taken allopathy medicines for that but had no significant result. Then patient came to our hospital for Ayurvedic management. During the examination, we found that the patient was in *Saama avastha* and had *leena* (deep-seated) dosha. Also, the patient was *sukumara* and having less *dhatu bala*. So first we performed *Pachana karma* (digestion of elevated dosha and aama). For that, we used *Amapachaka vati* which acts on *pachakagni* and helps to digest the *Aama*. *Poonarnava churna* and *Deodar churna* used both were acts as *Shothaghna* (anti-inflammatory), *Vata-kaphahara* (elimination of *Vata* and *Kapha dosha*), *deepana* (ignition of digestive fire). These medicines were used along with *Sukumara kashaya* which was for *Deepana karma* (ignition

of Agni-digestive fire), *Bruhana karma* (nourishment) and *Shothaghna* (Anti-inflammatory) and *Vata-ghna*. Also, we used *Suvarnalakshmvilas rasa* which acts on *leena dosha* (deep-seated) and in *jeerna samprapti* (prolong pathogenesis), *Vata –Kapha* dominance and acts as an immunomodulator, cardioprotective, anti-inflammatory and did *dhatuposhana* (nourishment) and *Rasayana karma*(rejuvenation). Along with internal medicines we used panchakarma treatment. For *pachana* (digestion of *Aama*) we used *patrapottali sweda* (*Erandapatra + Nirgundi patra + Deodara churna + Rasna churna + Mishreya + Prasarani Taila*) along with *Sarvanga abhyanga* (*Prasarani taila*) and *Bashpa sweda*. *Prasarani taila* acts on *sira, snayu sthambha* (muscles stiffness) and release that *stambha* and decrease the vitiated *Vata dosha*, hence it was used for both *Abhyanga* and *patrapottali sweda*. *Bashpa sweda* (steam) with *Dashmoola* decoction is done to counteract *stambha*(stiffness) and *Gaurava* (heaviness) results in pacification of *vata* and reduction in joint stiffness. *Patrapottali sweda* results in *dhatugata Aama pachana*. After *pachana*, we hold *patrapottali sweda* and starts *sthanik pinda sweda* (*Dashmoola churna +*

*Ashwagandha churna + Ksheerapaka + Odana*) which pacifies *Vata* in joints and strengthens *Snayu* (muscles) and *kandara* (tendon) and gives nourishment along with *sarvanga snehana* and *Bashpa sweda*. For *leena dosha* (deep-seated), we used *Doshotkleshana basti* which stimulate and liquifies the *dosha* and does *shakha koshata gati* –the transformation of vitiated *dosha* from extremities towards abdomen. After *shakha koshata gati*, we used *Bruhata erandamooladi niruha* for the elimination of vitiated *doshas* from *koshta* (abdomen). After *Doshotkleshana Basti*, we started *Prasarani taila matra basti* for rest of *pachana* and *Bruhana* karma. From this treatment, the patient got 70 % relief. To maintain the status of the patient we used the same internal medicine including Capsule *Dhanwantar 101* as *snehana* for a longer period and *Tapyadi loha* for *Bruhana* (nourishment) and *Rasayana karma* (rejuvenation)

## CONCLUSION

As *Amavata* is difficult to treat, a sequential treatment plan is effectively used in this patient. In this case, the patient was *sukumara* with *madhyam bala* and the disease was in *jeerna avastha* (chronic). So, we used treatments that did *Pachana*, *Vatashamana*, *Bruhana* and *Rasayana karma* for a longer time. The patient has got 70 % relief from this treatment.

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