

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 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 50 years old female patient having 60kg 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 multiple joints, stiffness in the body and joints (mainly morning stiffness), lethargy and lack of appetite for the past 4 years. 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*, *Sandhishula*, *Sandhishotha*, *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 4 years. 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
May 2021	Acute onset of pain in multiple joints mainly in metacarpophalangeal joints. Gradual development of stiffness in joints mainly during morning hours.
August 2021	Swelling in multiple joints, Due to deformity limited movement in joints.
September 2021	Disturbed sleep due to increase pain in night. Started allopathic treatment. (indomethacin and tramadol)
March 2023	Symptoms re-appeared after discontinuing medication. Consulted in outpatient department of <i>Ayurveda</i> hospital.
May 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: 11.4 gm%, E.S.R: 28 mm/hr, TGL: 233mg/dl, RA: 80 IU/ml 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)	+	-	1 year
2	Arthritis three or more joints area	+	-	1 year
3	Arthritis of hand joints	+	-	6 months
4	Symmetrical arthritis	+	-	6 months
5	Rheumatoid nodules	-	+	-
6	Presence of Rheumatoid factor	+	-	3 years
7	Radiological changes (hand & wrist)	+	-	6 months

6. Therapeutic intervention

Table 2: Timeline of intervention.

Date	Intervention	Dose
17/5/23 To 19/5/23	<i>Sarvanga Udwartana</i> followed by <i>Parisheka- Dashamoola Qwatha</i> added with <i>Dhanyamla</i> (Till <i>Amalakshana</i> subsided) <i>Panchakola Phanta</i>	OD 30ml-0-30ml
20/5/23 To 22/5/23	<i>Snehapanawith IndukantaGhrita</i> (Till <i>Samyak Snigdha Lakshanas</i> observed)	Day 1-60ml at 7:15AM Day 2- 90ml at 7:15AM Day 3- 110ml at 7:15AM
23/5/23 And 24/5/23	<i>Sarvanga Abhyanga</i> with <i>Brihat Saindhavadi Taila</i> followed by <i>Dashamoola Qwatha</i> and <i>Dhanyamla Parisheka</i> .	OD
25/5/23	<i>Sarvanga Abhyanga</i> with <i>Brihat Saindhavadi Taila</i> followed by <i>Dashamoola Qwatha</i> and <i>Dhanyamla Parisheka</i> . <i>Virechana</i> with <i>Trivrit Lehya - TriphalaKashaya</i> -	OD 80gms 50ml

Total number of *Virechana Vegas* were 15.

Samsarjanakrama, Pathya – Apathya and *Nidana Parivarjana* are advised.

Table 3: Shamana (Discharge Medicine).

26/5/23	1) <i>Simhanada Guggulu</i> 2) <i>Maharasnadi Kashaya</i> 3) <i>Mahavishagarbha Taila</i>	1-0-1 before food with warm water 20ml-0-20ml after food with 30ml warm water 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	Absent	Absent
<i>Shoola</i>	Present	Reduced	Reduced
<i>Stabdhat</i>	Present	Reduced	Absent
ESR factor	32	28	15
RA factor	197	163	80
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*.

Udwartana and Dhanyamla Parisheka

Udwartana pacifies the *Kapha Dosha*, does *Sroto Shodhana*. *Parisheka Swedana* provides *Mriduta* (softness), *Laghuta* (lightness) and *Agnideepti* (increase of digestive power) of body. The vitiated *Vata-Kapha* is pacified by *Dhanyamla* due to its *Ushna Guna*.

Snehapana, Sarvanga Abhyanga

Sneha pacifies vitiated *Vata* gives *Mrudutwa* to the body and removes the obstruction of the *Malas*.

Snehapana is contraindicated in *Amavata*, but when the *Doshas* become *Nirama*, *Kevala Vatahara* treatment is indicated. In *Kevala Vata*, *Sneha* is the prime remedy. *Doshas* can be brought from *Shakha* to *Koshta* by *Vridhhi* and *Vishyandana*. *Snehana* and *Swedana* help in this aspect and bring the *Dosha* to *Koshta* before *Shodhana*. *Snehapana* is done with *Indukanta Ghrita*.

Sarvanga Abhyanga was done with *Brihatsaindhavadi Taila* which is indicated in *Amavata* conditions. Based on the properties of ingredients, acts as *Kapha-Vata Shamaka, Shoolahara* and *Shotahara*.

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 *Trivrit Lehya*.

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*.

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 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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