



## Research Article

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### MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS) THROUGH AYURVEDA PRINCIPLE: A CLINICAL CASE STUDY

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#### ABSTRACT

Amavata is a disease in which vitiation of Vata Dosha and accumulation of Ama takes place in joints. Vitiating vayu circulates Ama all over body through Dhamnies which takes shelter in shleshmasthanas. Symptoms of Amavata show more resemblance with Rheumatoid arthritis based on clinical presentation. Rheumatoid arthritis is managed by DMARDs (Disease modifying anti-rheumatic drugs) and corticosteroids, but still remains a challenging problem to the medical field as it won't completely cures the disease. In Ayurveda detailed description for management of amavata mentioned. Chakrapanidatta has described the treatment principles and line of management for amavata which includes, Langhana (fasting), Swedana (sudation) use of drugs of Tikta (bitter) and katu (Pungent) Rasa, Deepan drugs (Stimulating hunger) Virechan (Purgation Therapy), anuvasanabasti (enema) are beneficial in the management of Amavata. We hereby present case study with regards to a patient who has been successfully treated for 15 days with follow up for next 15 days. The combined interventions included internal medications i.e. Amrutadi Guggul, Avipattikar Churn, Amrutarishta, Erandtail with Sunthi Qwath, externally Snehan with vishgarbha tail and Valukapottali sweda (Sudation with heated sand pack). Internal medications were continued for another 15 days. Subjective and objective assessment criteria including ARA (American Rheumatoid Association) criteria for diagnosing Rheumatoid Arthritis were assessed before and after treatment to see the effect of line of management. Satisfactory clinical improvement in the symptoms was reported after one month of Ayurvedic treatment which improving the quality of life.

**Keywords:** Amavata, Rheumatoid Arthritis, Dosha, Dhamnies, Shleshmasthanas, Snehana.

#### INTRODUCTION

Amavata is disease of asthivaha and rasavahasrotas. It is mainly formed due to Ama and vitiation of vata dosha. The ama is carried by the provoked vata and placed in shleshmasthanas creating features like Angamarda, Aruchi, Alasya, Sandhiruk, Sandhishotha<sup>1</sup>.

It makes life glum and crippling due to unknown cause, claiming the maximum loss of human working capacity. The indications of RA most closely resemble with amavata as mentioned in Ayurvedic texts. Rheumatoid Arthritis (RA) is a chronic, immune inflammatory systemic disease which affects synovial joints with extra articular manifestations.<sup>2</sup>

The disease is a artefact of vitiation of tridosha through ama and vata are the starting factors in the pathogenesis.<sup>3</sup> Chakrapanidatta has described the principles and line of management for amavata.<sup>4</sup> Langhana (fasting), Swedana (sudation) use of drugs of Tikta (bitter) and katu (Pungent) Rasa, Deepan drugs (Stimulating hunger) Virechan (Purgation Therapy), anuvasanabasti (enema) are beneficial in the management of Amavata. Treatment by administering the best available modern medicine has limitations due to their adverse effects like- NSAIDs (Non-steroidal anti-inflammatory drugs) have adverse effects on GIT (gastrointestinal tract) and DMARDs (Disease modifying anti rheumatoid drugs) on hepatic renal and bone marrow suppression. Ayurveda provides a safe, economic and effective treatment of RA. A treatment protocol based on principles of Ayurveda was designed and administered to patient of amavata which is

presented as a case study. Worldwide prevalence of RA is estimated between 0.3% and 1% and is commonly seen in women in developed countries.<sup>5</sup>

#### MATERIALS AND METHODS

##### Place of study

Mahatma Gandhi Ayurved College Hospital and Research Centre Salod (H), Wardha, Maharashtra

##### Case Report

A 52 year female patient with MRD no 1700020589 was admitted in female Kayachikitsa ward.

##### History of present illness

A female patient aged 52 years developed signs and symptoms of amavata like Aruchi (anorexia) Angamarda (malaise) Alasya (tiredness) Gaurava (heaviness) Jwara (Fever) on and off since 1 year; bilateral pain and stiffness over metacarpophalangeal joints, wrist joint elbow joint right shoulder, knee and ankle joint since 1 year; morning stiffness more than 1 hour since 6 months. Swelling over left knee, ankle and wrist joint since 3 weeks, she was facing difficulty in performing her day to day activities due to pain. She had undergone treatment for 3 months but didn't get satisfactory relief. So patient visited with these complaints to Kayachikitsa OPD for further management.

### Past History

No any history of Diabetes, Hypertension, Rheumatic heart disease, Gout, and any chronic disease.

### Family history

Mother of patient had history of rheumatoid arthritis.

**Table 1: Personal History**

Diet	Mixed diet	Appetite	Poor
Bowel	Constipation	Bladder	Normal
Sleep	Disturbed	Allergy and addiction	Nil

**Table 2: Ashtavidha Pariksha**

Nadi (Pulse)	80/minute pitta pradhan	Mala (stool)	Saam 1 time a day
Mootram (Urine)	Samyak (3-4 times a day)	Jivha (tongue)	Saam
Shabda (Speech)	Spashta	Sparsh (Touch)	Normal but warmth over wrist and knee joints
Drik (Eyes)	Mild pallor	Akruti (Built)	Madhyam

**Table 3: Vital Parameters**

Pulse	80/minute	Blood Pressure	120/70 mmHg
Temperature	99F	Respiratory rate	20/minute

### Systemic Examination

CNS - Conscious oriented  
CVS - NAD  
RS - NADP/A - Soft non tender

On inspection swelling was present on wrist joint, left ankle and knee joint, with restriction of movement on palpation tenderness was present in MCP joints of hands ,ankle joints, knee joints.

### Blood investigations

Before treatment: Hb – 8.8 gm%, ESR – 136 mm Hg at the end of 1st hour, RA reactive, CRP -90.77 mg/dl. Uric acid - 4.57 mg/dl, TLC, DLC, LFT and KFT were within normal limit, HIV non-reactive.

**Table 4: External and internal treatment given**

Amrutadi Guggul	500 mg twice a day after meal
Avipattikar Churn	5 gm twice a day after meal
Amrutarishta	20 ml twice a day after meal. All for 15 days
Erand tail 10 ml + Sunthi Qwath 30 ml	at night for 7 days started on 10th day.
Bahayasnehan	Vishgarbha tail for 15 days
Valukapottalisweda	15 days

**Table 5: Contents and properties**

Drug	Formulation composition
Amrutadi Guggul <sup>6</sup>	Guduchi, Ela, Vyavidangchurn, Bibhitak, Amlaki, Haritki, Shudh Guggul
Avipattikar Churn <sup>7</sup>	Pippali, Sunthi, Marich, Amlaki, Haritki, Bibhitaki, Nagarmotha, Vidlavan, Vaividang, Ela, Tejpatra, Lavang, Nishoth, Sugar
Amrutarishta <sup>8</sup>	Guduchi, Dasmool, Gud, Jirak, Pittapapda, Saptaparna, Sunthi, Pippali ,Marich, Nagarmotha, Nagkeshar, Kutki, Atis, Indrayava, Dhatkipushpa
Erandtail + Sunthiqwath <sup>9</sup>	Erand, Sunthi

**Criteria for Assessment**

**Table 6: Grading of Subjective Criteria**

Grade	0	1	2	3	4
Angamarda (Malaise)	No Angamard	Occasional Angamarda but patient is able to do usual work	Continuous Angamarda but patient is able to do usual work	Continuous Angamarda which hampers routine work	Patient is unable to do any work
Aruchi (Anorexia)	Normal desire for food	Eating timely without much desire	Desire for food, little late than normal time	Desire for food only after long intervals	No desire at all
Trsna (Thirst)	No feeling of thirst	Frequent feeling of thirst but quench with normal amount of liquids	Satisfactory quench after increased intake of fluids but no awakening during nights	Satisfactory quench after increased intake of fluids with regular awakening during nights	No quench after heavy intake of fluids
Alasya (Tiredness)	No tiredness	Starts work in time with efforts	Unable to start work in time but completes the work	Delay in Start of work and unable to complete	Never able to start the work and always likes rest
Gourava (Heaviness)	No feeling of heaviness	Occasional heaviness in body but does usual work	Continuous heaviness in body but does usual work	Continuous heaviness which hampers usual work	Unable to do any work due to heaviness
Sotha (Swelling)	No swelling	<10% increased circumference of the affected joint	>10% increased circumference of the affected joint	>20% increased circumference of the affected joint	-
Sthamba (Stiffness)	No stiffness	0 to 10 min	10 to 120 min	2 to 8 hours	>8 hours
Sandhi shoola (Joint Pain)	Occasional	Mild pain of bearable nature	Frequent moderate pain but no difficulty in joint movement	Slight difficulty in joint movement due to severe pain, requires medication and may remain throughout the day	Severe pain with more difficulty in moving the joints, disturbing sleep and requires strong analgesics <sup>10</sup>

**Table 7: Grading of Objective Criteria**

Grade	0	1	2	3
Fatigue	Not there	Full time work despite fatigue	Patient must interrupt work to rest	Fatigued and requiring long term rest
Grip strength	200mmHg or more	199 to 120mmHg	119 to 70mmHg	Under 70mmHg
Wintrobe method ESR (in 1st hour)	0 to 20	21 to 35	36 to 50	>50
Hemoglobin (g%)	12.5 or more	12.4 to 11	10.9 to 9.5	<9.5
General function	All activity without difficulty	Most activity but with difficulty	Few activity cares for self	On chair and bed
Patients estimate	Fine	Almost well	Pretty Good	Pretty bad
Physicians estimate of RA activity	Inactive	Minimally active	Moderately active	Severely active
Foot pressure (in Kg)	25 to 21 Kg	20 to 16 Kg	15 to 10 Kg	<10 Kg
Walking time (25 feet in seconds)	15 to 20 Sec	21 to 30 Sec	31 to 40 Sec	>40 Sec <sup>11</sup>

**RESULTS**

**Table 8: Assessment chart -Subjective Criteria**

Features	BT	AT	Follow up
Angamarda	3	1	1
Aruchi	3	2	0
Trishna	2	1	0
Alasya	3	1	0
Gourava	3	2	1
Angashotha	2	1	0
Stambha	3	2	1

BT: Before Treatment, AT: After Treatment

**Table 9: Sandhishoola**

Left		Name of the joints involved	Right	
BT	AT		BT	AT
3	0	Metacarpophalangeal	3	1
2	0	Wrist	1	0
3	1	Knee	2	2
3	1	Ankle	2	1
3	0	Elbow	2	0

**Table 10: Objective Criteria**

Parameters	BT		AT
Fatigue	2		1
Gripping strength (in mm of hg)	Left	3	2
	Right	3	2
Wintrobe ESR (in 1st hour)	3		2
Hemoglobin (g%)	3		2
General function	2		0
Patients estimate	3		1
Physicians estimate of RA activity	2		0
Foot pressure (in Kg)	Left	3	1
	Right	3	1
Walking time (in sec)	3		1

## DISCUSSION

Amavata is mainly caused due to vitiation of Vata Dosha and formation of Ama, Mandagni is the main reason of ama formation<sup>12</sup> so chief purpose of treatment is to reduce Ama by Amapachan (its metabolism) and to normalise the vitiated Vata and Kaphadosa. Amavata is considered to be an Amasayothavyadhi and Rasaja vikara. Langhan the first line of treatment for amavata helps in pacification of ama.<sup>13</sup> In the presence of stambha, Gaurava and sholaswedana has been indicated<sup>14</sup>.

Amrutadi Guggul is poly herbal classical Ayurvedic medicine. This formulation is blood purifier and laxative which balances deranged vata.

Avipattikar churn is poly-herbal powder preparation which is effective on for burning ama which is the main cause of all disease it helps in improving digestion and cures constipation. It stimulates the liver to secret bile which is vital for fat digestion and absorption and also balances, kapha, reduces vata also pacifies pitta and kapha dosha gives relief in pain, excess pitta and blood disorders. It is astringent, appetizer and improves digestion.

Amrutarishta prepared from Amruta that is Guduchi which is jwarghana and Ampachak. This Arishta is beneficial in various types of Jwara especially in the stage of Dhatugatajwara. Ingredients like musta, parpat, Ativisha, Katuka, helps in Aampachan and Agnivardhan presence of Dashmool helps in Vatashman and Rasayan Action.

Erand tail is kashaya, Madhur and katu rasatmak, Madhur vipaki and usna viryatmak which subdues vata and kapha and increases pitta helps in amapachan relieves angamarda having bhedaniya property i.e. purgative and destroys faeces, Rechana i.e. cleans excess doshas, Snehpaga i.e. moistening and cures dryness and reduces vata.

Sunthi kwath is katu rasatmak, ushna veerya, katu vipaki and laghu ushna, teekshna gunatmak having deepana, Pachana,

Anulomana, Amvataghna, Shoolhar, Amadosahar, Agnimandyahara, Vibandhara and Hridya.

In Amavata Ruksh sweda has been advocated in the form of valukapottali due to the presence of Ama. It helps in pacifying vitiated vatadosha thus leads to relieve pain and stiffness.

## CONCLUSION

Above case study showed Amavata can be effectively treated by using external and internal medicine which reduces the symptoms like stiffness and swelling thus improving mobility helps in checking autoimmune pathologies. But it's a single case study hence a large scale study is necessary to prove efficacy.

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