



## Management of *AMAVATA* (RHEUMATOID ARTHRITIS) through the concept of *Vyatyasa Chikitsa*: A case report

\*Dr. Sudhanva Koodur \*\* Dr. Niranjan Rao \*\*\* Dr. Padmakiran C

\*1<sup>ST</sup> PG Department of Panchakarma, SDM College of Ayurveda, Udupi.

\*\* Professor and HOD Department of Panchakarma, SDM College of Ayurveda, Udupi.

\*\*\* Associate professor, Department of Panchakarma, SDM College of Ayurveda, Udupi.

### Abstract

*Amavata* is a disease due to *Agni maandya* induced *Amotpatti* and *vata prakopa*. So, to correct this, *Amahara and Vatahara chikitsa* is required simultaneously. *Ushna, teekshna, Ruksha-Amahara Chikitsa* along with *Snigdha-Vatahara* line of treatment needs to be adapted. Therefore, *Rukshana and Snehana* will yield good results. Rheumatoid arthritis is the disease where most symptoms have close resemblance with *Amavata*. *Amavata* has usual presentations like *Angamarda, Aruchi, Trushna, Alasya, Gourava, Jwara, Apaka, Shoonanga*. But in some unusual presentations where there is *Saama Kapha* along with *Vaata, Vedana, Ruja in Trika, Agnidorbalya, Aruchi, Gourava, Utsahahaani, Vitvibaddhata* are seen. As mentioned in the treatment of *Avarana*, here also *Vyatyasa Chikitsa* is done. So, in order to balance *Saama Kapha* and *Vata*, *Vyatyasa chikitsa* is adopted. In order to tackle *Bahudoshavastha, Vaitarana basti(Kaala basti)* given as a *Shodhana chikitsa*. To remove *Kapha Avarana-Ushna Teekshna Chikitsa* like *Alepa, Dhanymladhara. Kati Basti* to alleviate *Vata* though it is *Snigdha*, it acts as *Vyatyasa Chikitsa*. With this principle a male patient aged about 31 years who was diagnosed as *Amavata/Rheumatoid arthritis* was treated with *Vaitarana basti, Dhanymladhara, Alepa* and *Kati basti* for a period of 7 days which showed significant reduction in the symptoms of *Amavata* along with Rheumatoid factor.

**KEY WORDS:** *Amavata, Ama, Vyatyasa Chikitsa.*

### **Introduction:**

*Amavata* is a *Vyadhi* occurring due to the accumulation of *Ama* with *Prakupita Vata* in body over a long period of time. Production of *Ama* occurs due to *alpa bala of Agni*. Due to various causes<sup>1</sup> like *Viruddha Ahara* and *Vihara, Mandaagni, Nischalata* etc, there will be *Agni maandya* and incapable of processing of food. So due to this, the food that is consumed will neither be in its food form nor it is converted into *Dhatu*. In this stage whenever a person indulges in *Vata prakopaka Ahara* and *Vihara*, the *Prakupita Vata* will carry this *Ama* into the circulation or *Srotases* and settles or lodges in a place where there is obstruction to the movement of *Vata* or *Khavaigunya*. This led to *Saama Dosha* symptoms starting from *Ruja in Trika pradesha, Aalasya, Gourava, Vitvibaddhata*. Rheumatoid arthritis is an autoimmune disorder where mainly joints are involved. Also, many

clinicians have elicited most similar symptoms of RA in Amavata disease. This disease if untreated may lead to permanent irreversible damage. Today's modern system of approach to RA in long run leads to many complications on other systems like immunological effect, Skin, AVN, Infertility, Early Degenerative changes and connective tissue disorders. Here *Ayurvedic* system of approach assures better quality of life and true remedy for the disease. Rheumatoid Arthritis affects between 0.5 and 1% of adults in the developed world with between 5 and 50 per 100,000 people newly developing the condition each year.

In the management-*Vaitarana basti* has indications like *Shoola, Anaha, Amavatahara*. So, it can be used directly in *Amavata*. Ingredients like *Saindhava, Gomutra, Chinchha*, will do the *Amahara* and *Tila* and *Guda* will act upon *Vata Dosha* and *Vatahara* effect is seen. *Basti* will act upon *Vata Dosha* directly. *Dhanyamla* is one such medication which alleviates *Vata* and *Ama* together due its *Ushna* and *Teekshna, Ruksha Guna*. As there is *Rakta dushti*, milder form of *Swedana* like *Sarvanga parisheka* and *Alepa* are selected. *Sarvanga dhara* will penetrate through skin due to *Sukshma guna*, and the *Ushna, Teekshnata* of medication reaches to the *Leena Dosha* and *Dushya*. *Alepa* is having all the *Ushna, Vaatakaphahara* and *Pramaathi* drugs. So *Dhanyamladhara* and *Alepa* helps to correct *Agnidushti* at the level of *Dhaatvagni* and relieve *Amavata*. All the above said treatments cause *Rukshata* in the body which may lead to the further *Vatavruddhi*. Hence *Vyatyasa Chikitsa* and to counter balance *Vatavruddhi, Snigdha Upakrama-Kati basti* is selected along with these treatments to alleviate the aggravated *Sthanika Vata in Trika pradasha*.

#### CASE REPORT:

A male patient aged about 31 years came with the complaints of Heaviness of body, lethargic to do work, reduced appetite and Low backache. Patient was apparently healthy 8 months back. He was having irregular food habits and sedentary lifestyle with very less work, gradually noticed reduced appetite with tastelessness, laziness to work, heaviness of body without increase in weight. As he continued to do same lifestyle, he also noticed pricking, non-radiating type of pain in the low back which used to aggravate in morning hours<sup>6</sup> after getting up from bed for about 3 hours. Patient did not have usual symptoms like *Trushna, Shoonata, Bahumutrata, Chardi, Bhrama, Murcha, Saruja Shotha in Hastha Pada Shiras*. Patient noticed temporary relief of low back pain after a hot water bath. So, he consulted nearby allopathic hospital and there he was given oral analgesics. As days passed the pain got worsened and was disturbing his routine activities. So, he came to our hospital for treatment. Patient had no relevant family history of such complaints.

Examination of the patient is given below.

**Table 1** Examination (*Ayurvedic*)

<i>Nadi</i>	75/min
<i>Mutra</i>	<i>Pitavarna</i>
<i>Mala-</i>	<i>Dourgandhya, Vitvibaddhata(hard bowel)</i>
<i>Jihva-</i>	<i>Saama</i>
<i>Shabda-</i>	<i>Prakruta</i>
<i>Sparsha-</i>	<i>Sheeta</i>
<i>Druk-</i>	<i>Praakruta</i>
<i>Prakruti-</i>	<i>Vatapradhana tridosha</i>
<i>Aharashakti, Vyayama Shakti</i>	<i>Madhyama</i>
<i>Sara, Satmya, Samhanana, Satmya-</i>	<i>Madhyama</i>

Table 2 : General examination

Pallor	Absent
Icterus	Absent
Lymph nodes	No abnormalities detected
Clubbing	Absent
Oedema	Absent

### *Systemic examination*

<i>RS</i>	<i>NVBS heard</i>
<i>CVS</i>	<i>S1S2 heard, no murmur</i>
<i>CNS</i>	<i>HMF intact</i>

### **Personal history:**

Appetite	Reduced
Bowel	once per day. Strains to pass bowel.
Micturition:	Regular 5 to 6 times per day.
Sleep	Sound

*Saama dosha laxanas:*

<i>Dosha</i>	<i>Laxanas</i>	Before treatment	After treatment
<i>Vata</i>	<i>Agnisada, Vedana, nistoda</i>	Present	Reduced
<i>Kapha</i>	<i>Kshut vighatakrit</i>	Present	Not present

### Specific tests:

SLR test	Negative
Coin pick test	Negative
Schober test: Negative	Negative

Haemetological report: on 27/07/2021 (before treatment)

RA factor	positive 33.5 IU/ml (upto 20)
ESR	12 mm/hr
ASO	positive 383.5 IU/ml(upto 200)
CRP	Negative

On 01/11/2021(after treatment and first follow up)

RA	Negative 18 IU/ml
CRP	Negative
ASO	Negative 180

### Diagnosis: *Amavata*

Treatments given:

As IPD procedures- following procedures were done for 7 days from 27/07/2021 to 04/08/2021

1. *Alepa* - *Alepa* is prepared by 10 drugs among them 5 wet drugs- *Agnimantha, Nirgundi, Tulasi, Papata, Bandha* leaves are used. 5 dry drugs- *Lashuna, Lavanga, Sarshapa, Maricha, Haridra* are used. They all are taken and grinded well and made into a paste. Applied all over the body except above neck region and kept for 4 hours and after drying it is washed with hot water.
2. *Dhanyamladhara*- *Dhanymla* is prepared in the classical method and heated over mild flame and when it reaches body temperature, it is poured over the body for 20 minutes and *Samyak Swinna Laxanas* were attained. Proper care was taken to avoid *Atiyoga* of *Swedana* and its complications.
3. *Kati basti*- Blackgram powder is taken and dough is prepared. Patient is asked to lie down in prone position and Dough is taken and a wall is built to form a circular pit in the low back region so as to retain the oil in it. Luke warm *Mahanarayana Taila* is poured into it and kept replacing with Luke warm oil for about 20 minutes.

Sl.no	Days	Observations:
1.	Day-0 27/7/2021	Pain in the low back radiating to left lower limb. RA factor 33iu/ml-positive. ASO- 383.5 IU/ml-positive.
2.	Day-1 28/07/2021	Heaviness of body slightly reduced-H4. But there is no change in pain P4.
3.	Day-2 29/07/2021	Heaviness reduced further H3.
4.	Day-3 30/07/2021	Appetite improved with reduced pain P3.
5.	Day-4 31/07/2021	Feeling lightness of legs H1. Coldness of legs reduced and feeling of warmth.
6.	Day-5 01/08/2021	Pain in the low back reduced significantly P2.
7.	Day-6 02/08/2021	Feeling lightness of body H1, less stiffness in low back.
8.	Day-7 03/08/2021	Significant reduction in the low backache P1.

4. *Vaitarana Basti(Kaala basti)- Abhyanga and Swedana* is done prior to the Basti procedure. Patient is made to lie down in left lateral position. Then enema is given by inserting a well lubricated catheter in to the anal canal by pushing the medications inside.

As Oral medications on Discharge: from 04/08/2021 to

1. *Chitrakasava* 15ml-15ml-15ml
2. Flexofen 1-1-1
3. *Gandharvahastadi erandam taila* 15 ml with Shunti Qwatha 20ml HS

Pain – Scoring indicates the extreme limits of parameter with no pain of P 0 to maximum pain of P 5.

P1- Mild Annoying pain

P2- Uncomfortable, troublesome pain.

P3- Distressing, miserable pain.

P4- Intense pain.

P5- Worst possible, unbearable pain

Heaviness of body- scores indicating minimum to the maximum from H0 to H5.

H1- Dominant lightness of body with enthusiasm to work.

H2- Heaviness in any of the extremities.

H3- Heaviness of extremities with heaviness of trunk region.

H4- Heaviness of whole body.

H5- Heaviness of whole body with disability to work.

**Result:**

Symptomatically Patient felt relief from *Trika Shoola, Gouravata, Agnisada. Sthambha, Sheetata*. Also, there was reduction in the inflammatory markers.

Haemetological report: on 27/07/2021 (before treatment)

RA factor- positive 33.5 IU/ml (upto 20)

ESR- 12 mm/hr

ASO-positive 383.5 IU/ml(upto 200)

CRP- negative

On 01/11/2021(after treatment and first follow up)

RA- negative

CRP- negative

ASO- negative

**Discussion:**

In *Madhava Nidana*<sup>4</sup> it is clearly mentioned that the *Amavata* includes *Saruja Shotha in Trika Sandhi* along with other parts. *Amavata* has *Ama* and *Vata* involvement which needs *Amahara* and *Vatahara Chikitsa* simultaneously. *Ushna, Teekshna, Ruksha-Amahara Chikitsa* along with *Snigdha-Vatahara* line of treatment needs to be adapted. Therefore, alternate *Rukshana and Snehana* will yield good results.

*Vaitarana Basti* is having the *Ushna and Amahara* drugs like *Chincha, Gomutra* etc. and its *Phalashruthi* directly says about its action against *Amavata*. *Basti* is selected because it is the apt treatment for *Vata dosha*<sup>5</sup>. *Dhanyamladhara* is one of the *Swedana* procedures which is practiced widely in *Panchakarma* treatment protocols. *Gourava, Sheetata, Angamarda, Alasya*, are the main *Laxanas* of *Amavata* pacified by *Dhanyamla* while *Swedana* is the main line of treatment for *Vata Dosh*a told by *Acharya Vagbhata*.

In this case of *Amavata*, the patient is young and in the initial phase of the disease. *Amavata* has *Swedana-Langhana* as its main course of treatment. *Vaitarana basti, Alepa and Dhanymla* by its nature and method of preparation alleviates *Vata, Kapha and Ama*. Here *Kati Basti* being a *Sneha* will act over *Vata Dosh*a in *Trika Pradesha* and balances it. With this principle *Vaitarana Basti (Kaala), Alepa, Dhanymladhara, Kati basti* were given in a patient of *Amavata* showed promising results.

**Conclusion:**

Based on the treatment principle that *Ruksha and Snigdha Chikitsa* should be adopted in *Saama Kapha Vata* condition of *Amavata*, when a male patient aged about 31 years who was diagnosed as *Amavata* (Rheumatoid Arthritis), was given *Vaitarana Basti, Alepa, Dhanyamladhara and Kati Basti* treatment along with other treatment modalities, showed promising results in the patient.

**References:**

1. *Madhukosha with Vidyotini* (Hindi), (13thed) Commentary by *Sri Vijaya Rakshitha and srikantadatta* on “*Madhava Nidana*” of *Acharya Madhava*, Varanasi: *Chaukhamba Sanskrit Sanstha*; 2001. P-571-577.

2. Chakrapani datta (English),(2<sup>nd</sup> ed) Chakradatta by Chakrapanidatta, English translation by Prabhakar Rao, Varanasi: Chaukhamba Orientalia, 2018.P-709-710.
3. Vagabhatta, ashtanga hridayama, commentary by arundatta, edited by brahmaanand tripathi, 1st edition. Chaukhambha prakashana Varanasi 2009. Sutra sthana 12/15, pg no. 198.
4. Madhavakara, Madhava Nidana. Madhukosha Sanskrit commentary by vijayarakshita, srikanthdatta and vidyotini hindi commentary by sudarsana sastri edited by yadunandana upadhyay. Chaukhambha prakashana Varanasi. Revised edition reprint 2009. Nidana sthana. 25/5,Pg no 509.
5. Vagabhatta, ashtanga hridayam, commentary by arundatta, edited by brahmaanand tripathi, 1st edition. Chaukhambha prakashana Varanasi 2009. Sutra sthana 1/15, pg no. 28.
6. AJ Landre-Beauvais (1800). La goutttheasthenique primitive (doctoral thesis). Paris. Reproduced in Landre-Beauvais AJ (March 2001).” The first description of rheumatoid arthritis. Unabridged text of the doctoral dissertation presented in 1800”. Joint, Bone, Spine. 68 (2):130-43. Doi: 10.1016/S1297-319X (00)00247-5. PMID11324929.

