



‘A CASE STUDY – AN AYURVEDIC APPROACH TOWARDS AMAVATA (RHEUMATOID ARTHRITIS)’

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Abstract-

Amavata” is a *krichrasadhya* disorder which affects the daily life of an individual. It is a disease of *Madhyam roga marga*. It is a common disorder which is produced due to vitiation of *vata dosha* along with aggravation of *ama* in body. The etiopathogenesis of the disorder is it disturbs digestive fire causing impairment & accumulation of bio toxin(*ama*) in *shleshmasthanana*, further it blocks the *rasa vaha* and *asthivahastrotas* and which results ultimately into “*Amavata*”. On the basis of clinical manifestation “*Amavata*” can be co-related with Rheumatoid Arthritis. As according to Modern science Rheumatoid arthritis is a chronic symmetrical arthritis with systemic involvement having symptoms like – involvement of small and large joints, stiffness, pain, swelling, deformity etc. The modern science management involves – Non – steroidal anti – inflammatory drugs, Glucocorticoids, DMARD’s etc. The long term use of these drugs has some side effects along with temporary relief. Due to this reason the *Chikitsa siddhanta* of *acharya chakradutta* was applied by using *katu – tikta dravya, deepan – pachana dravya, various vata kapha shamka dravya, snehana –swedana* procedure. By doing these modalities “*Amavata*” was successfully treated and marked improvement with the help of subjective and objective parameters. During this treatment no adverse reaction was found.

KEYWORDS:– *Amavata, shleshmasthanana, Rheumatoid arthritis, Ama.*

INTRODUCTION

“*Amavata*” is a disorder of *Madhyam roga marga* along with the involvement of *asthivaha* and *rasavaha strotas*. It is derived from two major pathogenic constituents – “*Ama*” and “*Vata*” i.e it is due to vitiation of *Vata dosha* and *ama*. The *Prakupita Vata dosha* carries *ama* & accumulate it in *Sleshmasthanana (thrik sandhi)*.^[1] and different *Dhamani* resulting into *Strotavrodha*. It further ends into severe pain in joints (*Sandhi shool*), swelling (*Sandhi shotha*), fever (*Jwara*), stiffness (*Stambhta*) and deformity.^[2] along with other associated symptoms like Body ache, Anorexia, Drowsiness, indigestion etc. In contemporary science Rheumatoid

Arthritis can be correlated with *Amavata* on the basis of clinical presentation. The Rheumatoid Arthritis is a disorder in which inflammatory synovitis persists.^[3] It involves peripheral joints in a symmetrical distribution. Before the appearance of synovitis, there is involvement of some non-articulate features also like anorexia, weakness and other musculoskeletal symptoms.

The Prevalence rate of this disease is 0.5% – 1% of the population and Male – Female ratio is 1:3.^[4] It is developed in the age group of 35 – 50 years in 80% cases. This dreadful disease has been increasing day by day and the numbers of patients suffering from this disorder are fond of better line of treatment. The management of contemporary science includes immunosuppressant therapies, Glucocorticoids, NSAID's etc. These medications have no curative use and only target is to improve the quality of life of the patient. Also these drugs are more prone to cause toxicity in the body. In *Ayurvedic* texts detail description had been mentioned for the management of *Amavata*. According to *Acharya Chakradutta* the line of treatment of *Amavata* includes *Langhan*, *Swedana*, *Virechana*, *Snehpana*, *Basti*, *Deepaniya dravya* and *Katu – Tikta rasa dravya*.

MATERIAL AND METHOD

• Case report

A female Patient about the age group of 45 year visited in OPD of *Kayachikitsa* with OPD no. – 1454/4645 at LOKNETE RAJRAMBAPU PATIL AYURVED MAHAVIDYALAYA, ISLAMPUR. Here the complaints presented by her are – Multiple joint pains especially B/L knee joint and shoulder joint since 2 years, Difficulty in walking and standing, Morning stiffness more than 60 minutes and joint swelling, Unable to put pressure on foot.

• History of present illness

Patient was asymptomatic 18 years back than she developed joint involvement especially small joints of hand along with morning stiffness. Due to this condition she faces difficulty in working. Also she developed B/L pain and swelling in knee joint, shoulder, wrist joint and ankle joint. There was restricted movement of interphalangeal joint, knee joint, wrist joint, ankle joint along with some other associated symptoms like – weight loss, anorexia, heaviness, indigestion, muscle weakness. To get relief from these complaints, she went for allopathic treatment as well as homeopathic treatment. The analgesics were also taken by patient during severe pain. When she took medications she got temporary relief but when she withdrew it, again similar symptoms were developed.

• History of past illness

No Relevant Past history of DM, HTN or any other chronic disease. There is H/O taking NSAID'S and Homeopathic treatment

• Family history

Maternal Aunt – H/O RA.

• Personal history

- ✓ Marital status – Married.
- ✓ Occupation – Teacher.
- ✓ Diet – Vegetarian.
- ✓ Appetite – Low.
- ✓ Sleep – Disturbed due to pain.
- ✓ Bowel – Normal 1 – 2 times / day.
- ✓ Micturition – 3 – 4 times / day.
- ✓ Addiction – No addiction.
- ✓ Menstrual history – a) Regular b) Menarche – 15 years. c) Duration of cycle – 4 to 5 days.
d) Interval – 30 days. e) Bleeding – 2 to 3 Pads / day, no clot and foul smell.

❖ General examination

- ✓ Patient was conscious and stressed due to pain.
- ✓ Blood Pressure – 130/80 mm of Hg.
- ✓ Respiration rate – 18/min.
- ✓ Pulse rate – 78/min.
- ✓ Weight – 65 kg.
- ✓ Temperature – Afebrile.
- ✓ Built – Lean.

❖ Examination of locomotor system

- ✓ Inspection – Joint was prominent, Muscle wasting was present.
- ✓ Movement – Restricted movement of interphalangeal joint, MCP joint, knee joint, wrist joint and ankle joint.
- ✓ Pain – B/L knee joint, wrist joint, PIP joint, MCP joint and ankle joint.
- ✓ Swelling – Present over Interphalangeal joint, Metacarpophalangeal joint and B/L knee joint.
- ✓ Crepitation – Present in B/L knee joint.
- ✓ Tenderness – B/L knee joint, shoulder joint, wrist joint, PIP joint, MCP joint.
- ✓ Joint deformity – Present – Proximal interphalangeal joint (right hand) of index – middle finger – ring finger, PIP joint (left hand) of index – middle finger, Proximal interphalangeal joint was flexed and distal joint was extended (Boutonniere deformity).
- ✓ Local rise of temperature – Present.

✓ Gait – Limping.

❖ Ashtavidha pariksha

- 1) *Nadi* (Pulse) – 78 / min.
- 2) *Mala* (Stool) – *Nirama* (1 – 2 times / day).
- 3) *Mutra* (Urine) – *Prakritika* (3 – 4 times / day).
- 4) *Jihva* (Tongue) – Coated.
- 5) *Shabda* (Voice) – *Prakritika*.
- 6) *Sparsha* (Touch) – *Shamshitoshana*.
- 7) *Drika* (Eyes) – *Prakritika*.
- 8) *Aakriti* (Body shape) – *Krishha*.

❖ Dashvidha pariksha

- 1) *Prakriti* (Constitution) – *Vata kapha*.
- 2) *Vikriti* – *Vata pradhana Kapha anubandha, Dushya – Rasa*.
- 3) *Sara* – *Asthisara*.
- 4) *Sehnana* – *Madhyama*.
- 5) *Satva* – *Madhyama*.
- 6) *Satmaya* – *Sarwarasa*.
- 7) *Pramana* – *Hina*.
- 8) *Vaya* – *Madhya awastha*.
- 9) *Ahara Shakti* – *Avara*.
- 10) *Vyamshakti* – *Avara*.

❖ Assessment criteria

- 1) Subjective criteria
- 2) Objective criteria



1) Subjective criteria

✓ Table no.1

S. No.	Symptoms	Severity	Grade
1.	Pain	<ul style="list-style-type: none"> • No Pain • Mild Pain • Moderate Pain • Severe Pain 	0 1 2 3
2.	Stiffness	<ul style="list-style-type: none"> • No Stiffness • 5min – 2 hrs • 2 hrs – 8 hrs • >8hrs 	0 1 2 3
3.	Swelling	<ul style="list-style-type: none"> • No Swelling • Mild Swelling • Moderate Swelling • Severe Swelling 	0 1 2 3
4.	Tenderness	<ul style="list-style-type: none"> • No Tenderness • Mild Tenderness • Moderate Tenderness • Severe Tenderness 	0 1 2 3

2) Objective criteria

➤ Investigations –

- Hb.
- ESR.
- RA Factor.
- CRP.
- Serum Uric Acid.

❖ Chikitsa

1) *Nidana parivarjana.*2) *Bahya Chikitsa* (External treatment)

Table no. 2

S. No.	Procedure	Duration.
1.	<i>Valuka seweda</i>	15 days
2.	<i>Erenda sneha for abhayanga</i>	15 days

1) *Abhayantra chikitsa* (Internal treatment)

Table No. 3: Medication given in 1st visit.

S. No	Medicine	Anupaan	Dose	Duration
1.	<i>Sinhanada Guggulu</i>	Luke warm Water	1 TDS	7 days
2.	<i>Maharasnadi kadha</i>	Luke warm water	10 ml BD	7 days

1) Follow up – After 15 days

2) Pathya – Apathya –

• Pathya –

✓ *Aharaja* – *Yava, Kultha, Ginger, Garlic, Shigru*, warm water.

✓ *Viharaja* – *Pranayam, Yoga*, exposure in sunlight.

• Apathya –

✓ *Aharaja* – Black gram, Fast food, Curd, *Rajmah*, Uncooked food.

✓ *Viharaja* – *Diwaswapana, Vegdharna*, exposure to cold, *Ratrijagrana*, Stress.

❖ 3) OBSERVATION AND RESULT

❖ Subjective parameter

Table no. 4

S. No.	Symptoms	Severity	BT	AT	BT	AT
2.	Stiffness	<ul style="list-style-type: none"> • Knee joint • Ankle joint • Shoulder joint • Wrist joint • IPJ & MCPJ 	Left		Right	
			3	0	2	1
			3	0	3	0
			3	0	3	0
			3	0	3	0
			3	0	3	0

Table no. 5

S. No.	Symptoms	Severity	BT	AT	BT	AT
3.	Swelling	<ul style="list-style-type: none"> • Knee joint • Ankle joint • Shoulder joint • Wrist joint • IPJ & MCPJ 	Left		Right	
			3	1	3	0
			3	0	3	0
			2	0	3	0
			3	0	3	0
			3	0	3	0

Table no. 6

S. No.	Symptoms	Severity	BT	AT	BT	AT
4.	Tenderness	<ul style="list-style-type: none"> • Knee joint • Ankle joint • Shoulder joint • Wrist joint • IPJ & MCPJ 	Left		Right	
			3	1	3	1
			3	0	3	0
			2	0	3	0
			3	0	3	0
			3	0	3	0

Table no. 7

S. No.	Investigations	BT	AT
1.	Hb	12.5 gm/dl	11.5 gm/dl
2.	ESR	12 mm/hr	10 mm/hr
3.	RA Factor	105.5 Iu/ml	82.80 Iu/ml
4.	CRP	Positive	Negative
5.	Serum Uric Acid	5.3 mg/dl	8g/dl

2) Objective parameter

❖ DISCUSSION

The characteristic feature of *Amavata* was first mentioned by *Madhava Nidana* but its *Chikitsa* was first described by *Acharya Chakradutta*. The clinical manifestation of RA can be co-related with *Amavata*. In this case Patient presented with complaints of multiple joint pain, morning stiffness, difficulty in walking, difficulty to put pressure on foot, swelling over B/L knee joint. In *Chikitsa* of *Amavata* the first line of treatment is “*Langhana*”,^[5] as *Amavata* is a *rasaja* and *amaja vikaar* along with *vata dosha* predominance. In *Chikitsa* part external as well as internal treatment was given and its mode of action is given below

• External treatment

- ✓ *Valuka sweda* – It was done due to the presence of *ama*. The vitiated *Vata dosha* get pacify and hence subside pain as well as stiffness.
- ✓ *Eranda sneha*- oil help in relieving pain and also have *shothahara* properties.

• Internal treatment

- ✓ *Sinhnada Guggulu*^[7] – It has following properties –
Shoolahara, shothahara, vata anulomana, rasayana effects, *deepan, ama pachana, balya*, also enhances the digestive and metabolic capacity.
- ✓ *Maharasnadi kashaya*^[7] – It is *vata hara, shoolahara, deepaniya, ama pachana, anti-oxidant* etc.

❖ CONCLUSION

The *vata dosha* and *ama* are major constituents of *Amavata*. Also the Prevalence rate of *amavata* has been increasing day by day. In this study, the above said treatment has received positive response towards subjective and objective parameters. Hence it is concluded that the treatment according to *Chikitsa siddhant* of *Chakradutta* is effective in *Amavata*.

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