



AYURVEDIC MANAGEMENT OF RHEUMATOID ARTHRAITIS – A CASE STUDY.

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Abstract

Rheumatoid arthritis (RA) is the most common persistent inflammatory arthritis which is destructive and deforming in nature. It mainly involves small joints though effect any joint and symmetrical in nature. There is a presence of circulating anti globulin antibodies and is a multifocal disease with complex genetic and environmental factors including possible infections. Rheumatoid arthritis (RA) is estimated to affect approximately 0.24 to 1 percent of the population and to be twice as common in women compared with men. RA has a predilection to affect women, in whom incidence and prevalence rates of RA are twice as high as in men. The lifetime risk of developing RA is 3.6 percent in women and 1.7 percent in men.¹ Rheumatoid arthritis treatment options include medications, reduction of joint stress, physical and occupational therapy, and surgical intervention. Most people who have rheumatoid arthritis take some type of medication. Medications for RA typically fall into five categories: Non-steroidal anti-inflammatory drugs (NSAIDs); steroids; disease-modifying anti-rheumatic drugs (DMARDs); biologics; and Janus kinase (JAK) inhibitors.²

Prognosis of the disease is also very bad and disease is progressive and lead to joint deformities. It is observed that rheumatism is an autoimmune disorder, which is among the collagen disorders having strong and significant parlance with *Amavata*. It is become *Kasthtasadhya* or *Yapya* to treat due to *Madhyam Rogamarga*. So we may correlated Rheumatoid arthritis with *Amvata*.

A 56 year old female patient with the symptoms of *Sarvang sandhi shoola evem shotha, Asane evam Gamne Kashtata, Daurbalyata, Udar gauravata, Aruchi, Mandagni, and Jwara* visited OPD of *Panchkarma* department of Akhandanand Ayurveda hospital. So, I used *Ksharabasti* along with oral administration of *Shaman Chikitsa* to treat the patient and excellent results were observed in the patient.

Keywords: *Amvata, Shaman chikitsa, Ksharabasti, Kasthtasadhya*

Introduction

Rheumatoid Arthritis is a chronic inflammatory destructive and deforming polyarthritis. It is more prevalent in women than male in the ratio of 3:1. The etiology of Rheumatoid Arthritis is not fully understood. It is complex genetic and environmental factor including possible infection. Joint inflammation in rheumatoid arthritis begins with the proliferation of synovial macrophages and fibroblast after a trigger incident possibly autoimmune or infectious. As the time passes further joint destruction take place and development of systematic complication occurs.

In the present time due to modern life style, hectic schedule, stress, and many such reason incidence of disease are increases. One of them is *Amvata*.³ *Ama* is the condition in which various elements in system create toxic effect. The *Ama* when combines with *Vata Dosha* & occupies *Sheleshmasthan* a (*Asthi*) results in painful disease *Amavata*.⁴

Amavata is one of the crippling diseases claiming the maximum loss of human power. It is not only a disorder of the locomotor system, but is also a systemic disease and is named after its chief pathogenic constituents, which are, *Ama* and *Vata*. The main causative factor, *Ama*, is caused due to malfunctioning of the digestive and metabolic mechanisms. In pathogenesis of *Amvata*, *Virudhha Ahar* and *Mandagni* are the main causative factor. Later on *Pitta* and *Kapha Dosha* are also involve. In *Amavata*, *Ama* and *Vata Dosha* are key elements but, contradictory in their characteristics, there is difficulty in planning the line of treatment. Dearrangement of the *Kapha dosha*, especially *Shleshak kapha* in the *Amavata*, which produces joint pain and swelling with tenderness, can be correlated with rheumatoid arthritis and derangement of the *Pitta dosha* along with *Ama* taking shelter in the *Avalambak Kapha sthana*, which can be correlated with Rheumatic fever because of the cardiac involvement, due to repeated fever, resulting in rheumatic heart diseases.

In *Ayurveda*, *Nidanparivarjana* is the foremost management. *Amavata chikitsa* described by *Chakradatta* is *Dipan, Tikta, Katu Rasa, Kshara basti, Vaitaran basti, Saindhavadi Anuvasana Basti* and many *Yogas*.⁵

In present study, *Ksharabasti, Simhanad guggulu, Trikatu churna, Dashmoola Kwath* were given to the patient and excellent results were observed.

CASE REPORT

- *Jwara* since 4 month
- *Mandagni* since 6 month
- *Aruchi* since 6 month
- *Udar Gauravata* since 1 years
- *Daurbalyata* since 2 years
- *Sarvang Sandhi shoola evem Shotha* since 8 years
- *Asane evam Gamne Kashtata* since 8 years

PAST HISTORY

Patient was asymptomatic before 8 years. Then gradually above sign and symptoms started. Patient took contemporary treatment for long time but no result were found. Hence, patient came to Gov. Akhandanand Ayurveda hospital.

Not K/C/O- DM/ Allergy/ HTN

GENERAL EXAMINATION

Built – Thin and lean

Jihva – Sama

Nadi – Kaphaja

Dosh – Kaphapradhana Vata

Dushya – Ashthisandhi

B.P- 124/80 mm of hg.

P.R – 72/ min

Body temp- 100 F

Table No:1 INVESTIGATION

<u>Reports</u>	<u>Before treatment</u>	<u>After treatment</u>
Anti CCP	100 AU/ml	69 AU/ml
Ra factor	172.51IU/ml	140 IU/ml
CRP	80 mg/L	35 mg/L
H.B	9.8 gm %	9.4 gm %
ESR	48mm/hr	30 mm/hr
Neutrophils,%	63.5 %	60.1%
Eosinophils %	1.9 %	2.0 %
Basophils %	0.2 %	0.1 %
Lymphocytes%	15.4 %	32.6 %
Monocytes %	19 %	5.2 %

Table no:2 MANAGEMENT

DATE	SHAMANA	PANCHKARMA
15/03/2021 to 14/04/2021	1)Simhanad guggulu 2-2-2 2)Trikatu churna 2gm (before meal) 3)Dashmoola Kwatha 40 ml (BD) empty stomach with Eranda Sneha	1) (a) Kshara Basti – 200ml (After meal) (b) Anuvasan Basti with Saindhavadi Tail- 40ml (after food) [Anuvasana basti follow after 3 days of Kshara basti every time] 2) Valuka Sweda 3 times /day

Table No:3 Procedure & its contents

Procedure name	Contents
<i>Kshara Basti</i>	<i>Guda</i> – 30gms <i>Saindhava</i> – 10 gms <i>Chincha</i> – 60 gms <i>Shatahva</i> – 20 gm <i>Gomutra</i> – 60 ml Water – 20 ml

DISCUSSION

1) *Kshara Basti* –

Kshara has the property of *Lekhana* and *Vishoshana*, which are antagonistic to *Ama* and is very much required in the conditions like *Amavata*.⁶ Thus keeping this view in mind *Eranda Taila Anuvasana* was given in the format of *Karma Basti*. *Eranda* has a typical property of *Ama Pachan*.⁷ *Chincha* to be taken in *Kshara basti* should be in *Pakva* stage that is having *Vata - Kapha Shamaka* property.⁸ Regarding *Purana Guda* to be used, it is *Laghu*, *Pathya*, *Annabhishyandi*, *Agnivardhaka* and *Vata-Pittaghna*.⁹ *Saindhava* due to its *Sukshma* and *Tikshna*¹⁰ property helps the *Basti* dravya to reach up to the molecular level. It is capable of liquefying the viscid matter and breaking it into minute particles. Thus solves both the purpose; to curing the disease and to purify the body. *Chincha*, *Gomutra*, *Shatahva*, has anti-oxidant and anti-inflammatory properties, which reduces inflammatory process in the body.¹¹

2) *Saindhavadi Taila*

This oil content have *Vatakaphashamak*, *Deepan*, *Bhedana*, *Amasodhana*, *Srotovisodhana*, *Sothahara*, Digestive, Hepatoprotective, Laxative properties.

3) *Dashmoola Kwatha*

Balya (increase strength), *Ama nashak* (removes toxins), *Svashahara* (treats asthma), *Deepana* (enhances stomach fire), *Pachana* (helps in digestion), *Rochana* (stimulates appetite), *Hikkanigrahana* (controls hiccups), *Kantya* (relieves sore throat), *Triptighna* (relieves pseudo-satiation), *Kanthya* (improves voice), *Kapha-Vatahara* (treats *Kapha* and *Vata* imbalances), *Rasayani* (rejuvenates the whole body), *Anulomana* (improves breathing), *Kasahara* (Relieves cough), *Shothahara* (treats pain and inflammation) and *Jwarahara* (reduces fever).

4) *Trikatu Churna*

Trikatu chiefly works by stimulating 'Agni', i.e. the digestive fire, improves the assimilation of nutrients in the body and reduces *Kapha*. It is also famed as a rejuvenator and tonic which helps pacify the aggravated *Kapha* in the respiratory and digestive tract and also regulates the path for the *Vata*, thus reducing bloating and abdominal distension.

5) *Simhanad Guggulu*

It is mostly indicated for use in the following conditions which include, *Amavata* (relieves arthritis), *Vranaropana* (wound healing), *Dahahara* (relieves burning sensation), *Deepana* (enhances stomach fire), *Pachana* (helps in digestion), *Rochana* (stimulates appetite), *Vamana* (prevents nausea and vomiting), *Amahara* (treats indigestion), *Balya* (improves muscle strength), *Kasahara* (Relieves cough), *Shwasha* (relieves breathing difficulties), *Jvara* (useful in fever), *Anulomana* (improves breathing), *Kustha* (treats skin disorder), and *Krimihara* (relieves intestinal worms).

6) Valuka Sweda

Relief from pain, Inflammation, swelling and stiffness. The improvement in the symptom of *Sthambha* (stiffness) can be attributed to the major factors i.e reduction of pain in joints and referred areas and due to increased nourishment to the joints. *Sthambha* and *Shoola* are because of *strotorodha* due to *Aam*, *Kapha*. *Shoolanashaka* is the main property of the *Swedana*. *Valuka* have *Ushna* and *Lekhana Guna*.

Conclusion

Basti is the main treatment modality among *Panchakarma* procedure, specially indicated in *Vata Vyadhi*. *Khara basti* is proved to be an effective therapy in *Amavata*. Because *Ama* and *Vata* are the main culprit in disease formation and *Kshara basti* directly effect on *Ama* and *Vata* by *Dosha Pratyhanika* as well as *Vyadhi Pratyhanika chikitsa*. Before administration of *Kshara Basti* the assessment of *Prakruti*, *Kala*, *Satwa*, *Vyadhiavasta*, *bala of Roga* and *Rogi* is very much essential. *Kshara Basti* should always be better followed by *Anuvasana Basti* on same day to avoid *Vata Prakopa* and other complications.

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