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MANAGEMENT OF *AMAVATA* (RHEUMATOID ARTHRITIS) WITH *DWIPANCHMOOLADI TAILA MATRA BASTI* AND *RASONADI KWATHA*- A CASE STUDY

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ABSTRACT

Amavata stands out as the most prevalent and debilitating form of joint disorder, characterized as a disease affecting the *Rasavaha Shrotasa*. The pathogenesis of *Amavata* arises from the combination of *Ama* and aggravated *Vata* due to improper dietary habits. Clinical manifestations of *Amavata* include joint pain, swelling, stiffness, fever, and overall weakness, closely resembling rheumatoid arthritis. This chronic degenerative disease primarily affects connective tissues, particularly the joints. This case study deals with a 39 years old female patient known case of *Amavata* (RA) for 3 and ½ years, having symptoms *Sadhishool* (Joint Pain), and *Sandhishotha* (Joint Swelling) associated with *Gaurav* (Feeling of heaviness in body), *Stabdhata* (Morning stiffness), *Aruchi* (Loss of appetite) and *Avipaka* (Indigestion). In this case, *Dwipanchmooladi Taila Matra Basti* and *Rasonadi Kwatha* were administered.

KEYWORDS: *Amavata, Dwipanchmooladi Taila, Rasonadi Kwatha,* R.A.

INTRODUCTION

Amavata is made up of two words *Ama* and *Vata*. The incomplete or improper digestion of food due to decreased digestive function results in the formation of undigested and contaminated essence, known as *Ama*. It can vitiate the *Dosha*. *Ama* circulates in the whole body and causes disease where *Shrotovaigunya* is present. Exaggerated

Vata transmits the *Ama,* which gets accumulated in *Sleshmasthana* (joints) where it produces features like *Sandhiruk*, *Sandhishotha*, *Stabhdata*, *Angamarda*, etc. The characteristics of *Amavata* resembles to Rheumatoid arthritis (RA). It is a chronic multisystem disease of unknown etiology characterized by persistent inflammatory synovitis, usually involving peripheral joints symmetrically. RA occurs in 0.5-1.0% of the population. It is more common in females than in males. The female-to-male ratio is 3:1. The increased incidence of disease is seen between 25 and 55 years of age. It remains stable until age 75, after which it gradually declines.[1] In 2019, 18 million people worldwide were living with RA, about 70% of people living with RA were women, and 55% were older than 55 years.[2] 13 million people with RA experienced severity levels (moderate or severe) that could benefit from rehabilitation.[3] While It is a systemic autoimmune disease that affects multiple body systems, the joints of hands, wrists, feet, ankles, knees, shoulders, and elbows are most often affected.[4]

Amavata is challenging to treat because its causative factors, *Ama* and *Vata,* are fundamentally opposite and require distinct treatments for correction. *Acharya Chakrapani* introduced the fundamental approach to treating *Amavata*. This approach encompasses techniques such as *Langhana*, *Swedana*, administration of medications with *Katu Tikta Rasa* and *Deepana* action, *Virechana*, *Snehapan*, *Anuvasana Basti* and *Kshar Basti*.[5] Keeping the principle of treatment in mind we have given *Rasonadi kwatha*[6] which is said to be best for the management of *Amavata* and it consists of *Rasona, Nirgundi, and Shunthi*. These are *Katu Tikta* in *Rasa* and have well-known *Deepana, Pachana,* analgesic, and anti-inflammatory properties.[7,8,9,10,11,12,13,14,15] *Basti Chikitsa*, one of the *Panchkarma* procedures, is considered best for *Vata Shaman.* Here we have administered *Matra Basti* with *Dwipanchmooladi Taila*[16] which has *Deepan, Pachan, Shoolhar,* and *Shothahar* properties.[17,18,19,20]Here a case of *Amavata* (Rheumatoid arthritis) reflecting the results with the above mentioned composition.

MATERIAL AND METHODS

Particulars of patient:

Name- XYZ

Gender- Female

Age- 39 yrs.

Address- Jamalpur Haridwar

Reg. No. – 4160/21818

Religion- Hindu

Maritalstatus- Married

D.O.A.-28/11/23

D.O.D. – 7/1/24

Chief complaint:

- Multiple joint pain since 3 years 6 months
- Moring stiffness >1 hr since 3 years 6 months
- Swelling in B/L hand joints since 1 month
- Generalised body weakness since 1 month

- Loss of appetite since 1 month

History of present illness:

According to the patient, she was asymptomatic 3 and ½ years ago. However, she suddenly developed a fever and multiple joint pain, which subsided with medication. After one month, she began experiencing pain in her bilateral hand joints along with morning stiffness. Gradually, the pain extended to her elbow, ankle, knee, and hip joints. The patient also reported intermittent swelling over the past three years, accompanied by generalized body weakness, loss of appetite, and indigestion. Upon further inquiry, the patient detailed factors that exacerbated and alleviated her symptoms. She noted increased pain and stiffness during the winter, in the mornings, and while at rest, with relief obtained through movement, during the summer, and by applying a hot water bottle. The patient initially received allopathic treatment from a physician, which provided temporary relief. However, the symptoms recurred upon discontinuation of the treatment. The patient also took Ayurvedic treatment (medicine only) from some Ayurvedic physician, but on discontinuing medication symptoms recurred. After that patient came for Ayurvedic intervention at the Gurukul campus of Uttarakhand Ayurveda University in Haridwar.

History of past illness: No P/H of HTN, DM, and Thyroidism.

Menstrual history: Regular cycle with a normal duration of 3-5 days.

Previous treatment history:

Patient took following treatment before coming to Gurukul Ayurvedic Hospital-

Tab. Nucoxia 90 mg SOS

Tab. folitrax 20 mg once in a week

Folic acid 5 mg O.D.

Tab. HCQ 200 mg 1 HS

Tab. *Singhnaad Guggulu* 2 BD

Rasnasaptak Kwatha 40 ml BD

Agnitundi Vati 2 BD

Personal history:

Appetite- Decreased

Bowel- Constipation

Urine- Normal

Sleep- disturbed (due to pain)

Addiction- Not any

Diet- Non-vegetarian

General Examination

Pallor - Present

Edema - Present (over B/L wrist joint and MCP joints)

Blood pressure – 120/80mmHg

Pulse Rate – 85/min

Weight – 58kg

Systemic Examination

CNS – NAD

CVS – NAD

GIT – Mild abdominal distension present

***Asthvidha* and *Dashvidha Pareeksha* –** NAD

Articular Examination

i. Inspection:

Joints Involved: Wrist Joint, MCP, PIP, DIP, Elbow, Ankle, Knee, and Hip Joints.

Symmentry: Symmetric presentation in both upper and lower limb

Movements: B/L restricted

Swelling: Over B/L wrist and MCP joints

Redness: Not seen

Deformity: Not seen

ii. Palpation:

Temperature: Not raised

Rheumatoid nodules: Not present

Differential Diagnosis: *Amavata* (RA), *Vatrakta* (Gout), *Sandhivata* (Osteoarthritis)

Final Diagnosis: Amavata (Rheumatoid arthritis)

The diagnosis was based on symptoms described in Ayurvedic classics and the criteria established by the American Rheumatology Association in 1987.

- Morning stiffness lasting for > 1 hour
- Arthritis of 3 or more joint areas
- Arthritis of hand joints
- Symmetrical arthritis
- Presence of rheumatoid nodules
- Presence of rheumatoid factor
- Radiological changes

The first 4 criteria must be present for 6 weeks or more. Diagnosis of Rheumatoid arthritis is made with 4 or more criteria.

Investigation Done:

Hb – 12gm/dl

TLC – 6,270 cumm

DLC - **N**- 67.2%, **L**-25.1%, **E**-3.2%, **M**-3.1%, **B**-% 1.4

ESR - 39 mm/hr

RA Factor – 32.6 IU/ml

C- reactive protein – 10.8 mg/dl

S. Uric acid – 2.5 mg/dl

Therapeutic intervention:

a) *Rasonadi Kwatha* 80 ml B.D. for 40 days (orally)

b) *Dwipanchmooladi Taila Matra Basti* (60 ml), 3 courses of 10 days with 5 days gap between each cycle

Assessment of result:

The result was assessed on the basis of subjective parameters, functional parameters and biomedical parameters. The difference observed before and after the whole treatment accordingly and compared as shown in the table below.

Improvement in subjective parameters:

S.N.	Subjective parameters	Grade (BT)	Grade (AT)
1	***Sandhishool* (Wong-Baker faces pain rating scale)**	4	2
2	***Sandhishotha***	0	0
3	***Gaurav***	2	0
4	***Jwara***	1	0
5	***Aruchi***	2	0
6	***Stabhdta***	2	1
7	***Sparshasahyata***	2	1
8	***Avipaka***	2	0

Improvement in functional parameters:

S.N.	Functional parameters	Grade (BT)	Grade (AT)
1	**Walking time**	0	0
2	**Grip strength**	2	1
3	**Foot pressure**	0	0

Improvement in biomedical parameters:

S.N.	Biomedical parameters	BT	AT
1	**Hb%**	12	12.8
2	**ESR**	39	28
3	**CRP**	10.8	9.1
4	**RA Factor**	32.6	33.2

DISCUSSION

Since *Ama* and *Vata Dosha* are the primary causes of the disease, the treatment approach adopted in this case is *Vatahara* and *Aamapachaka Chikitsa. Acharya Chakradatta* suggests medicines with *Deepana-Pachana* qualities and a predominant *Katu Rasa* should be used to treat *Amavata*. Numerous medications with these characteristics are mentioned in classical texts. Based on this perspective, *Rasonadi Kwatha* and *Dwipanchmooladi Taila* were choosen for present case study.

Rasonadi Kwatha has been coated as the very effective compound for *Amavata* in *Bhaisajya Ratnavali. Rasonadi Kwatha* consists of *Rasona, Shunthi*, and *Nirgundi* combinedly these all are *Katu*, and *Tikta* in *Rasa* and have *Deepana Pachana* Properties. Its *Ruksha* and *Ushna* qualities characterize the formulation, making it an effective *Amapachaka*. thereby addressing the primary cause of the disease which is *Ama*, along with that, this combination also has analgesic, anti-inflammatory, and immunomodulating properties which are well-established in previous research work.

Dwipanchmooladi Taila Matra Basti is described in the *Bhaisajya Ratnavali* under the section of *Amvatadhikar. Acharyas* have mentioned those medicines with *Deepana*, *Ama-Pachana*, and *Vatashamaka* properties are beneficial in treating *Amavata*. With this understanding, *Dwipanchmooladi Taila* was selected for *Matra Basti. Basti* is a primary procedure recommended for balancing *Vata Dosha*, and oil *(Taila)* is considered the best *Sneha* for passify *Vata Dosha*. *Dwipanchmooladi Taila* breaks the pathogenesis of *Amavata,* as in this formulation *Tila Taila* is processed with *Dashmoola* which is *Ushna Teekshna* in nature and *Katu, Tikta* in *Rasa* with *Shothahar*, and *Shoolhar* properties. *Amla Dadhi* has *Snigdha Ushna Guna* and *Deepan Pachan* properties which make this oil *Amapachak* and *Vatashamak*.[21] *Kanjika* enhances the *Agni* and remove the obstruction from *Shrotas* by its *Teeksna Guna*.[22] Hence *Dwipanchmooladi Taila* may be effective to break the pathogenesis of *Amavata* by acting on both factors *(Ama & Vata)* responsible for disease manifestation.

CONCLUSION

This case study illustrates that treating *Amavata* (Rheumatoid arthritis) with *Dwipanchmooladi Taila Matra Basti* and *Rasonadi Kwatha* significantly relieved the symptoms and improved the quality of life of the patient. The combination of these *Ayurvedic* interventions effectively alleviated pain, reduced inflammation, and enhanced mobility. Additionally, there was notable improvement in associated symptoms such as anorexia, indigestion, constipation, and generalized weakness. It can be concluded that this combination of intervention is very effective in treatment of *Amavata* (Rheumatoid arthritis).

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