



ISSN 2456-3110

Vol 7 · Issue 4

May 2022

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

**JAIMS**

An International Journal for Researches in Ayurveda and Allied Sciences



**Maharshi Charaka**  
Ayurveda

**Indexed**

## Effect of some Ayurvedic Anti-Rheumatic preparation supplemented with *Masooradi Yoosha* in *Amavata* (Rheumatoid Arthritis) : A Case Report

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### ABSTRACT

*Amavata* is a sickness that develops when the *Vata Dosha* connected with *Ama* becomes aggravated. Aggravated *Vata* circulates *Ama* throughout the body via *Dhamanias*, seeks refuge in the *Shleshma Sthana* (*Amashya*, *Sandhi*, and so on), and manifests as *Angmarda*, *Aalasya*, *Gaurav*, *Jwara*, and other symptoms in tiny and large joints, deforming the person. In modern parlance, it simulates rheumatoid arthritis. *Chakradatta* explains *Langhan* as the first component of *Amavata's Chikitsa Sutra*. Pain and swelling in various joints, as well as morning stiffness lasting more than 60 minutes, were reported by a 50-year-old female patient. *Simhanada Guggulu* and *Rasnasaptak Kashayam*, as well as *Masooradi Yoosha* as *Pathya*, were prescribed as part of a 30-day integrative intervention. The Rheumatoid Factor qualitative and CRP qualitative was positive before treatment and found negative after treatment. Anti-CCP was >100 U/ml before treatment and it lower down to 73 U/ml after treatment. *Simhnada Guggulu* with *Anupana* of *Rasnasaptak Kashayam* followed by *Masooradi Yoosha* as *Pathya* showed remarkable relief in symptoms and serological markers such as RA factor qualitative, CRP qualitative, Anti-CCP and ESR. Diet is an effective modality in the management of *Amavata*.

**Key words:** *Masooradi Yoosha*, *Simhnada Guggulu*, *Amavata*, *Rheumatoid Arthritis*, *Case Report*

### INTRODUCTION

*Amavata* as a separate disease entity firstly described by *Aacharya Madhavkara*. He has given description about *Nidana*, *Samprapti*, *Lakshana*, *Doshanubandhta*, *Sadhyata-Asadhyata* of disease. *Vata Dosha* is important in the manifestation of disease in *Amavata*.

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Submission Date: 15/03/2022 Accepted Date: 25/04/2022

#### Access this article online

Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

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*Kapha* and *Vata Doshas* are vitiated as a result of poor lifestyles and eating habits, causing *Agni* to be hampered, resulting in *Mandagni* (weak digestion). *Mandagni*, which aids in the development of *Ama* (metabolic poison) within the *Amasaya*, also slows down body metabolism (gastrointestinal tract). The key causative component in the appearance of *Amavata* is the formation of *Ama* and *Vata Prokopa*. Undigested *Ahara Rasa Ama* when mixes with *Vata*, it flows fast through the *Dhamanis* and accumulates at various *Kapha* locations, causing *Shoola* throughout the body, joints, loss of taste, thirst, lack of enthusiasm, heaviness, fever, Indigestion, and swelling of bodily parts, particularly joints.<sup>[1]</sup> *Amavata* is a *Rasa Dushtijanya Vikara*. It can be correlated with Rheumatoid Arthritis to some extent in modern medicine.

Rheumatoid Arthritis (RA) is a chronic auto-immune disease affecting primarily the joints<sup>[2]</sup> It is

characterized by stiffness and soreness in the joints, which are warm and swollen. Both sides of the body's joints are commonly involved. Around 0.5 to 1% of the world's population is affected with RA.<sup>[3]</sup> Prevalence in women is three to five times more in women.<sup>[4]</sup> People in middle age group are more affected.

A complicated interplay between genes, environmental and hormonal circumstances, and the immune system causes this illness. Antigens from the environment, whether in the form of food or pathogenic organisms, pass through the gut. The intestinal microbiota has an effect on metabolic balance and the immune system.<sup>[5]</sup> The link between the gastrointestinal microbiota and the immune system has been largely studied.<sup>[6]</sup>

Dietary patterns have been proposed as a feasible way to alleviate or possibly prevent autoimmune disorders by reversing intestinal dysbiosis.<sup>[7]</sup> Thus, Diet and nutrition plays an important role in the management of disease. The economic burden of RA is high in terms of direct and indirect costs, including modern drug treatment.<sup>[8]</sup>

In modern science, NSAIDs (nonsteroidal anti-inflammatory medicines), analgesics, and other medications are commonly used; however hepatic and hematological toxicity necessitates continuous monitoring. Where as in Ayurvedic science, *Acharya Chakradatta* first described the management of *Amavata* which undertake *Langhana*, *Swedana*, use of *Tikta* and *Katu Dravya*, *Dipana*, *Virechana*, *Snehapana* and *Basti*.<sup>[9]</sup>

The Ayurvedic diagnosis was made as *Amavata*. The major goal of treatment was to alleviate the disease's symptoms. Present study shows that *Amavata* can be managed successfully with correct approach of *Pathya* and medicines. The treatment is cost effective as well.

## CASE REPORT

A 50-year-old female, married, Hindu by religion, who was a teacher by profession and lived in an urban area presented to *Swasthavritta* OPD no. 21 at National Institute of Ayurveda, deemed to be university, Jaipur Rajasthan (Registration Number 153134) with the chief

complaint of pain in all major and minor joints for the past one and half years. During the pain episode, it was associated with stiffness, swelling, burning in the soles, constipation, loss of appetite, heaviness of the body, weakness, and feverishness, as well as increased frequency of micturition.

## History of present illness

Patient was asymptomatic one and half years back. Suddenly she developed pain in wrist joint and later involvement of multiple joints followed by fever on and off. In starting pain was mild in nature and subsided without medications. After six months she noticed stiffness in the fingers of both the hands which used to present during morning hours and subsided by the activity. Gradually she also started feeling pain in low back region. She began to have pain in waist, elbow, shoulder, knee and ankle joints on both sides over time. The severity of pain started increasing and sometimes swelling and stiffness also present in all major and minor joints. She hasn't taken any kind of medication for this until she presented to our OPD. There was no history of Hypertension, Diabetes Mellitus, and Thyroid disorders. Her mother was diagnosed with Rheumatoid Arthritis.

## Clinical Findings

Patient was alert, focused, and spoke properly, however she had a dull complexion. Pallor, icterus, clubbing, lymphadenopathy, and cyanosis were all absent. Oedema was found on bilateral knee joints. At the time of the first visit, the patient's pulse rate was 86 beats per minute, and her blood pressure was 150/100 mmHg. She complained of a lack of appetite, constipation, sleep disturbances, and increased micturition (12 times a day). Her dietary history revealed that she enjoyed spicy meals (*Katu* and *Tiktta Rasa* predominant diet) and tea (3-5 times per day normal size cup). Any type of addiction was not reported the patient. Menopause was started 3 years back.

*Pitta-Kapha Prakrit*, *Madhyama Sara*, *Madhyama Samhanan*, *Madhyama Satamya*, *Madhyama Satva*, *Avara Aharashakti* and *Jaranashakti*, *Avara*

*Vyayamashakti*, and *Madhyamavastha* was all suggested by a tenfold examination of the patient.

### Diagnosis of the disease

Patient was registered in NIA OPD on 11/01/2022 with a provisional diagnosis of *Amavata*. Considering the history, and clinical examination. She was advised for laboratory investigations Hb% (g/dl), ESR, TLC, RA factor Qualitative, CRP Qualitative and Anti-CCP (U/ml) on that day and to report at an interval of 7 days or report as and when required for assessment. Before treatment EULAR score was 8 ( $\geq 6/10$  is needed for classification of a patient as having definite RA). On the basis of history, clinical examination and investigations final diagnosis of *Aamvata* was made and following treatment was started from date 20/01/2022. She completed the treatment on 09/02/2022.

### Treatment Plan

In this present study, Ayurvedic established anti-rheumatic medicines *Simhanada Guggulu* and *Rasnasaptaka Kwatha* with *Masooradi Yoosha* as *Pathya* was given.

### Detail of Intervention

Drug	<i>Simhanada Guggulu</i>	<i>Masooradi Yoosha</i>
Preparation	<i>Avaleha</i> form	Liquid (Luke warm)
Dose	1.5gm	<i>Yoosha</i> was prepared with 100gm of raw ingredients
Time	Twice (morning and evening), empty stomach	Twice (morning and evening) food
Route	Oral	Oral
Duration	21 days	21 days
<i>Anupana</i>	<i>Rasnasaptaka Kwatha</i> (40ml)	-

### Method of preparation of *Yoosha*

*Yoosha* was prepared as per mentioned in *Sharangdhara Samhita*.<sup>[13]</sup> 100-gram raw ingredients of *Yoosha* added with sixteen times of water boiled on

medium heat up to the one fourth reduction. After completion of intervention (15 days), she was advised *Pathya*<sup>[14]</sup> which is following-

Ahara	Guna
<i>Raktashali</i>	<i>Laghu, Deepana, Pathya, Ruchikara, Vatahara</i>
<i>Yava</i>	<i>Ruksha, Lekhana, Kapha-Vatahara</i>
<i>Kulattha</i>	<i>Ruksha, Ushna, Laghu, Kapha-Vatahara</i>
<i>Kodrava</i>	<i>Grahi, Ruksha, Kaphahara</i>
<i>Shigru</i>	<i>Ushna, Deepana, Pachana, Pathya, Vata-Kaphahara</i>
<i>Patola</i>	<i>Deepana, Pachana, Pathya, Kaphahara, Jwaranasaka</i>
<i>Adraka</i>	<i>Agnideepana, Bhedana, Kapha-Vatahara</i>
<i>Lashuna</i>	<i>Deepana, Pachana, Kapha-Vatahara, Rasayana</i>
<i>Jeeraka Siddhatakra, Sunthi Siddha Takra</i>	<i>Deepana, Kapha-vatahara</i>

### Assessment of Disease

- For the assessment of disease activity DAS-28 ESR score was calculated. (Assessed by standard DAS 28-ESR Score Questionnaire)
- For the functional assessment hand grip in mm of Hg, foot pressure in kg, walking time in seconds were measured.
- For assessment of functional status (disability) measures, disability index was calculated. (Assessed by The Indian Health Assessment Questionnaire used to calculate disability index for Rheumatoid arthritis patients)
- Pain (*Sandhishoola*) - Grading for pain was done using VAS - scale. Grading was 5 before treatment and it was reduced to 1 after treatment. Grading 5 denotes dreadful while grading 1 denotes distress in VAS-scale.

- Hematological Assessment.

### Outcome Measures

She was feeling more active than before. The grading before treatment was 05 on VAS Scale which reduced to 01 after treatment. There was improvement in DAS-28 score (4.20), disability index (0.33), hand grip (260mm of Hg), foot pressure (45kg), walking time (9sec.) after treatment. In laboratory test's RA factor CRP were found to be negative after treatment. ESR reduced to 18 mm/hour after treatment. Anti-CCP lowered down to 73 U/ml.

### Hematological Assessment

SN	Investigation	Before Treatment (11/01/2022)	After Treatment (18/02/2022)
1.	Hb% (g/dl)	11.2	13
2.	ESR (mm/hour)	21	18
3.	TLC	7.7	11
4.	RA factor Qualitative	Positive	Negative
5.	CRP Qualitative	Positive	Negative
6.	Anti-CCP (U/ml)	>100	73.00

### Disease Activity Assessment

SN	Parameter	Before Treatment (11/01/2022)	After Treatment (18/02/2022)
1.	DAS-28 Score	6.05	4.20
2.	Disability index	1.16	0.33
3.	Hand grip (mm of Hg)	200	260
4.	Foot pressure (kg)	20	45
5.	Walking time (sec.)	19	9

### DISCUSSION

*Amavata* is one of the most prevalent disorders in today's world. There is no such thing as a cure-all

therapy. *Ayurvedic* medicine, on the other hand, can help patients live a better life. Consumption of *Nidanans (Viruddha Ahara, Nischala Chesta)* such as *Krodha, Shoka, Bhaya, Chinta*, and others causes *Agni* to deviate from its regular stage, resulting in *Mandagni*. The main cause of *Ama* development is *Mandagni*. *Vata Dosh*, on the other hand, is vitiated as a result of *Vataprokopa Nidana*. Through the vitiated *Vatadosha*, this morbid *Ama* flows throughout the body. The *Sleshma Sthana* of the body is reached by this *Ama*. Here *Ama* blends with all the three *Doshas*. The vitiated *Ama* causes *Srotoabhisandana* and *Srotorodha*. *Amavata* is produced when vitiated *Vata* and *Ama* enter the joints, creating stiffness.<sup>[15]</sup>

*Ama* and *Vata* are two main pathological factors in the manifestation of disease having opposite characteristics to one another. Only *Sheet Guna* is shared by the two. Therefore, while dealing with *Amavata's* patient extra care should be taken. Line of treatment involves *Pachana* of *Ama*, restoration of *Agni*, and finally control of *Vata*. Most of the contents present in *Simhnada Guggulu* and *Rasnasaptaka Kwatha* has properties like, *Katu Tikta Rasa, Ushna Veerya, Katu Vipaka, Sukshma, Sara, Ruksha Guna, Deepana Pachana, Kapha-Vatahara* Properties. *Masooradi Yoosha* has property of *Agnideepana, Langhanakaraka*, best in alleviating *Vatika* disease. Most of the *Dravyas* of these drugs and *Yoosha* has properties like anti-inflammatory, anti-oxidant, free-radical scavenging, anti-pyretic, analgesic, *Rasayana*, immune-modulator etc.<sup>[16-20]</sup>

*Pathya* is a term used in *Ayurveda* to define a specific diet for various diseases. According to *Ayurveda*, derangement of *Agni* (digestive capacity) causes lots of new ailments, the primary cause of which is the production of vitiated *Doshas, Ama*, and *Dhatu* malnourishment. As a result, *Agni's* restoration is critical. *Pathya* is beneficial to patients, while *Apathya* is harmful, according to *Sabdakalpadruma*. *Chikitsa* and *Pathya* are synonyms. *Pathya Ahara* nourishes all *Dhatu* and decreases *Doshas* that are vitiated. The patient was prescribed *Pathya*, which is referenced in *Ayurveda* texts, based on *Dosha* predominance in *Amavata*.

**CONCLUSION**

Ayurvedic established anti-rheumatic medicines while used with *Masooradi Yoosha*, showed a significant result in symptoms, functional parameters, objective parameters etc. *Masooradi Yoosha*, being a *Pathya Aahara* fulfilled first line of treatment *Langhana* mentioned by *Acharya Chakradatta*.

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**How to cite this article:** Kirti Chouhan, Monika Yadav, Anita, Ravi Kumar. Effect of some Ayurvedic Anti-Rheumatic preparation supplemented with Masooradi Yoosha in Amavata (Rheumatoid Arthritis) : A Case Report. *J Ayurveda Integr Med Sci* 2022;4:141-145.

**Source of Support:** Nil, **Conflict of Interest:** None declared.

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