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Successful management and withdrawal of conventional medicine in *Amavata* patient (Seropositive Rheumatoid Arthritis) with an Ayurvedic intervention: A Case Report

Archana Shukla¹, Kundan Wasnik², Rama Kant Yadava³

^{1,2}Post Graduate Scholar, Department of Kayachikitsa, All India Institute of Ayurveda, New Delhi, India.

³Associate Professor, Department of Kayachikitsa, All India Institute of Ayurveda, New Delhi, India.

ABSTRACT

Amavata (~Rheumatoid arthritis) is the most common condition among chronic inflammatory joint diseases. It occurs due to impairment of *Agni* (digestive fire), formation of *Ama* (bio-toxin) and vitiation of *Vata Dosha*. The produced *Ama* is carried by the aggravated *Vata* which gets deposited in the *Shleshmasthanas* (*Asthi - sandhi*) and produces "*Amavata*". The clinical features of *Amavata* are identical to Rheumatoid arthritis. In Conventional medicines NSAIDs, DMARDs, JAK inhibitors and corticosteroids plays a major role in the treatment of this condition; but they have serious adverse effects and have limitations for long-term therapy. Conventional drugs only provide temporary control to the pain but the possibility of further damage to joints remains the same because the root cause of the disorder remains unattended. This issue increases the urge to research the new possibilities of drugs that have predictable efficacy and a low toxic profile in this debilitating disorder. Ayurveda focuses on treating the root cause and breakdown of pathogenesis with the help of modalities like *Langhana*, *Swedana*, and use of drugs having *Tikta*, *Katu Rasa* and *Deepana* property, *Virechana*, *Snehapana* and *Vasti*. These procedures help in *Amapachana*, *Vatashamana*, and *Strotoshodhana* and have lesser side effects. Present case study was done on the female patient of *Amavata* in which the successful withdrawal of the DMARDs and NSAIDs were done with the help of Ayurvedic medicine.

Key words: *Amavata*, *Ama*, *Rheumatoid Arthritis*, *NSAIDs*, *DMARDs*, *Case Report*

INTRODUCTION

With the modernization of society, most of the dietary habits, lifestyles, and environment have been changing due to this several lifestyle disorders start occurring in people. The increased number of cases of *Amavata* (~Rheumatoid arthritis) is one of the outcomes. It is the most common condition among chronic inflammatory joint diseases. In this joint becomes tender, painful, stiff, and restricted movements are also observed.^[1]

Address for correspondence:

Dr. Archana Shukla

Post Graduate Scholar, Department of Kayachikitsa, All India Institute of Ayurveda, New Delhi, India.

E-mail: archanashukla9643@gmail.com

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Madhavakar (700AD) was the first one who mentioned the *Amavata* as an independent disease entity.^[2] *Amavata* is *Madhyama Roga Marga* disease, as it involves *Marma* (~vital points of body), *Asthi* (~bones) and *Sandhis* (~joints). *Amavata* occurs due to vitiation of *Tridosha* (~three regulatory functional factors of the body) though *Ama* (~bio-toxin) and *Vata* (~biophysical force) are the initiating factors in its *Samprapti* (~pathogenesis). Here the produced *Ama* is carried by the aggravated *Vata* through the *Dhamanis* (~tubular vessel) and gets deposited in the various joints and produces features like *Angamarda* (~body ache), *Aruchi* (~Unwillingness towards meal), *Alasya* (~weakness), *Sandhi Ruk* (~joint pain), *Sandhi Shotha* (~joint swelling) etc.^[3] *Amavata* is sometimes equated with RA (Rheumatoid Arthritis) due to the resemblance of the clinical features. RA is a chronic, progressive, inflammatory systemic disease affecting the synovial joints with extra-articular manifestations.^[4] The prevalence of this disease in India is around 0.15 to 0.38% in men and 0.5 to 0.38% in women.^[5] Women

are getting more affected approximately 3 times more often than men. The onset of the disease is more frequent during the 4th and 5th decade of life with 80% of patients developing the disease between the ages of 35 to 50 years due to this the national economy is getting badly affected. About 10% of the patient will have an affected first-degree relative.^[6] It is a very challenging disease for physicians due to its chronicity, incurability, severe morbidity and crippling nature. In Conventional medicines regimen NSAIDs (Non-steroidal anti-inflammatory drugs), DMARDs (Disease modifying anti-rheumatoid drugs), JAK inhibitors and corticosteroids are used. However, they have serious adverse effects and have limitations for long-term therapy.^[7] NSAIDs have adverse effects on GIT gastrointestinal tract and DMARDs cause hepatic, renal and marrow suppression. Corticosteroids cause fluid retention, hypertension, hyperglycemia, obesity, upset stomach, etc.^[8] These drugs only temporarily control the pain, but the possibility of further damage to the joint remains the same because the root cause of the disorder remains unattended. This issue increases the urge to research the new possibilities of drugs that have predictable efficacy and a low toxic profile in this debilitating disorder. *Langhana* (~intermittent fasting), *Swedana* (~sudation therapy), use of *Tikta* (~bitter) *Katu* (~pungent) drugs & *Deepana* (~appetizer) drugs, *Virechana* (~purgation) and *Anuvasana Basti* (~therapeutic unctuous enema) is the line of treatment for the management of *Amavata*.^[9] *Ayurveda* focused on treating the root cause and breakdown of pathogenesis and also has lesser side effects. In the case discussed below *Ayurvedic* medication regimen not only improved the quality of life but also able to get rid of the use of steroid medicines and managed the disease condition.

Patient Information

A 46-year-old female patient visited the Musculoskeletal & Rheumatology (Kayachikitsa) O.P.D. on 27/09/2021 having UHID No. 526111 with chief complaints of *Shoola* (~ pain), *Shotha* (~ swelling) and *Sthambha* (~ stiffness) in the morning in multiple joints from past 4 years. She also had complaints of *Klama* (~Fatigue), *Aruchi* (~Unwillingness towards meal),

Gaurava (~Feeling of heaviness in the body), *Mutradaha* (~Burning Micturition) and *Malasanga* (~ Incomplete evacuation of the bowel). The patient had a history of Hypothyroidism for 7 years for which she was taking a 25mcg Thyroxin tablet and her TFT (Thyroid function test) profile was within the normal limit. She also had a history of spontaneous abortion with normal menstrual cycle history. There is no history of T2DM (Type 2 Diabetes Mellitus)/ HTN (Hypertension) / CAD (coronary artery disease)/ T.B (tuberculosis)/ Seizures/ IBD (Irritable Bowel Disease)/ Psoriasis/ Chikungunya Fever but in family history patient's sister had history of undifferentiated arthritis. The patient was apparently well before 8 years ago but after her second abortion she developed *Sharira Balakshaya* (~ Generalized weakness) and *Shoola* (~ pain) in bilateral upper and lower limbs for this she had taken some multivitamins and calcium supplements along with NSAIDs for around 3 -5 months and got relief. The symptoms relapsed again after 4 years and she developed complaints of *Sandhi Shoola* along with *Shotha* and *Sthambha* in the morning, she visited the hospital and there she got diagnosed with RA and NSAIDs along with DMARD's started the treatment. She took this medication for around 4 years but didn't get much relief, one of her friends suggested *Ayurveda*. Knowing the minimal side effects of the *Ayurvedic* medication she wanted to take the *Ayurvedic* treatment so she came to the OPD for the treatment of the disease.

Clinical Findings

On examination, the *Prakriti* of the patient is *Vata Kaphaja* while *Nadi* (~pulse) had the predominance of *Vata Pitta*. The tongue of the patient was coated showing the presence of *Ama*. The eye movement of the patient was normal and his speech was clear. The patient had moderate built with a BMI of 21.5 kg/m². The vitals of the patient were normal with pulse rate 70/min and blood pressure 120/80 mmHg and afebrile. There was no pallor, icterus, clubbing, cyanosis and lymphadenopathy. The patient was conscious and well-oriented to time and place. Systemic examination was done and no abnormality was detected. In the musculoskeletal examination of joints inspection,

there was bilateral involvement of joints (i.e., symmetrical), and swelling was present at wrist joint, ankle joint and knee joint. Swelling was also present in right hand 3rd, 4th & 5th PIP and left-hand 3rd & 5th MCP (metacarpal) joints. No change in colour was seen. On palpation tenderness was present over bilateral wrist joint, ankle joint, knee joint and also on the right-hand 3rd, 4th & 5th PIP (Proximal Interphalangeal) and left-hand 3rd & 5th MCP joints. Range of motion of B/L wrist joint and knee joint was restricted. Local rise of temperature was also noted. A detailed *Aaturbala Pramana Pariksha* (~examination of the strength of the patient) is given in following table.

Table 1: Aaturbala Pramana Pariksha (examination of the strength of the patient).

1.	<i>Prakruti</i> (Constitution of the Body)	<i>Vata Kaphaja</i>
2.	<i>Sara</i> (Quality of Tissue)	<i>Madhyama Sara</i>
3.	<i>Samhanana</i> (Body Built)	<i>Madhyama</i>
4.	<i>Pramana</i> (Anthropometric Measurement)	<i>Madhyama</i> (Height 154 cm, Weight 51 kg, BMI 21.5 kg/m ² Normal)
5.	<i>Satmya</i> (Adaptability)	<i>Madhyama</i>
6.	<i>Satva</i> (Mental Strength)	<i>Madhyama</i>
7.	<i>Ahara Shakti</i> (Food Intake and Digestive Capacity)	<i>Madhyama</i>
8.	<i>Vyayamshakti</i> (Exercise Capacity)	<i>Avara</i>
9.	<i>Vaya</i> (Age)	<i>Yuva</i>
10.	<i>Desha</i> (Habitat)	<i>Sadharana</i>

Timeline

Table 2: Detailed timeline of the events

Date	Event and status of complaints in course of treatment
2017 - 2018	Patient went to Nizam's Institute of Medical Sciences (Hyderabad T.S) for the complaint of multiple joint pain, there she was diagnosed as

seropositive RA patient. The doctor prescribes following medicine –

1. Tablet Folitrex - 7.5mg two tablet OD (once in a week)
2. Tablet Folvite - 5mg OD (alternate days)
3. Tablet HCQ - 200mg HS
4. Tablet Pantop - 40mg OD
5. Tablet Naproxen - 250mg SOS
6. Tablet Tryptomer - 10mg HS

As patient doesn't get any relief from this treatment, so doctors change the dose of Tablet Folitrex from 7.5mg (two tablet) once in a week to 10 mg, two tablet once in a week

2018 - 2021	During this time period patient was taking allopathic medicine from the AIIMS, Delhi where initially patient was on dose of 20mg Folitrex tablet once in a week, on seeing symptomatic relief the dose was reduced to 17.5mg once in a week
27/09/2021	As patient doesn't get any significant relief from the allopathic medicine, so she wants to discontinue this medication and start the ayurvedic treatment, so she visited the Musculoskeletal & Rheumatology (Kayachikitsa) O.P.D.

Diagnosis

As per the standard diagnostic criteria for RA, the EULAR (2010) Score of the patient is 9/10 and the RA factor and Anti-CCP are also positive. Not only this patient also had the cardinal features of RA which are pain, swelling, and morning stiffness in the joints, joint involvement is bilateral and in extra-articular feature, fatigue was present. According to *Ayurveda* the *Pratyatma lakshanas* of *Amavata* such as *Sandhi Shoola* (~ Pain), *Sandhi Shotha* (~ Swelling) and *Sthambha* (~ Stiffness) are present not only this some features of *Samanya lakshanas* like *Aruchi* (~ Unwillingness towards meal), *Gaurav* (~ Feeling of heaviness in the body) and *Shoontanganama* (~ Swelling) was also present.

Therapeutic Intervention

As the patient is not willing to get admitted to the IPD ward for the *Shodhana Chikitsa* (~ Purification Therapy)

hence, decided to give *Shamana Chikitsa* (~palliative treatment) on the OPD basis. The medicine prescribed are given in the following table. Along with the oral medicine *Baluka Swedana* is also advised to the patient for first seven days.

Table 3: Medicine prescribed

27/09/2021	1. <i>Chitrakdi Vati</i>	250 mg	TID before meal	Luke warm water
	2. <i>Amritarishta</i>	20ml	BID after meal	Equal amount of luke warm water
	3. <i>Vaishwanar Churna</i>	3gm	BID after meal	Luke warm water
11/10/2021	1. <i>Simhnaad Guggulu</i>	500mg	BID before meal	With <i>Dashmoola Kwath</i>
	2. <i>Dashmoola Kwath</i>	10gm/30ml	BID before meal	
	3. <i>Ajmodadi Churna</i>	5gm	BID after meal	Luke warm water
	4. <i>Ashwagandh arishta</i>	20ml	BID after meal	Equal amount of luke warm water
	5. <i>Panchaguna Taila</i>	L/A	SOS	
25/10/2021	1. <i>Simhnaad guggulu</i>	500mg	BID before meal	With <i>Dashmoola Kwath</i>
	2. <i>Dashmoola kwath</i>	10gm/30ml	BID before meal	
	3. <i>Ajmodadi Churna</i>	5gm	BID after meal	Luke warm water

	4. <i>Chandraprabha Vati</i>	250 mg	BID after meal	Luke warm water
	5. <i>Ashwagandh arishta</i>	20ml	BID after meal	Equal amount of luke warm water
	6. <i>Panchaguna Taila</i>	L/A	SOS	
8/11/2021	1. <i>Simhnaad guggulu</i>	500mg	BID before meal	With <i>Dashmoola Kwath</i>
	2. <i>Dashmoola kwath</i>	10gm/30ml	BID before meal	
	3. <i>Ajmodadi Churna</i>	5gm	BID after meal	Luke warm water
	4. <i>Chandraprabha Vati</i>	250 mg	BID after meal	Luke warm water
	5. <i>Ashwagandh arishta</i>	20ml	BID after meal	Equal amount of luke warm water
	6. <i>Panchaguna Taila</i>	L/A	SOS	
10/12/2021	1. <i>Simhnaad guggulu</i>	500mg	BID before meal	Luke warm water
	2. <i>Dashmoola kwath</i>	10gm/30ml	BID before meal	
	3. <i>Ajmodadi Churna</i>	5gm	BID after meal	Luke warm water
	4. <i>Shirahshooladi Vajra Rasa</i>	250 mg	BID after meal	Luke warm water
	5. <i>Ashwagandh arishta</i>	10ml	BID after meal	Equal amount of luke

				warm water
	6. <i>Panchaguna Taila</i>	L/A	SOS	
10/01/2022	1. <i>Simhnaad guggulu</i>	500mg	BID before meal	<i>Rasana-eranada di Kwath</i>
	2. <i>Rasana-eranadadi Kwath</i>	10gm/30ml	BID before meal	
	3. <i>Ajmodadi Churna</i>	5gm	BID after meal	Luke warm water
	4. <i>Shirahshoola di Vajra Rasa</i>	250 mg	SOS	Luke warm water
	5. <i>Ashwagandh arishta</i>	15ml	BID after meal	Equal amount of luke warm water
	6. <i>Panchaguna Taila</i>	L/A	SOS	
7/02/2022	1. <i>Aswagandha Churna</i>	5gm	BID after meal	Luke warm water
	2. <i>Panchaguna Taila</i>	L/A	SOS	

Follow-up and outcome

Table 4: Follow-up and outcome measures

Date	Follow up and outcome
11/10/2021	<ul style="list-style-type: none"> ▪ Ama lakshanas were subside ▪ <i>Shoola & Shotha</i> were also reduced ▪ Feeling of heaviness in the was reduced ▪ Appetite increases <p>The main course of treatment was started and advised to visit opd after 15 days</p>
25/10/21	<ol style="list-style-type: none"> 1. Reduction in <i>Shoola & Shotha</i> in multiple joints 2. <i>Sthambha</i> still persists

	<ol style="list-style-type: none"> 3. <i>Mutradaha</i> was irregular on /off 4. No pain killer and corticosteroid has been taken <p>Advised to continue the same medication with one new addition and asked the patient to visit the OPD after 15 days with investigations.</p>
8/11/2021	<p>The patient got significant relief and RA factor and Anti-CCP becomes negative, advised to continue the medication with few additions and visit after one month or SOS.</p> <ol style="list-style-type: none"> 1. Reduction in <i>Shoola</i> in multiple joints of body. 2. <i>Shotha</i> gets almost resolved from all the joints except the left wrist joint. 3. <i>Sthambha</i> in morning time still persists but the duration has been shortened. 4. Patient no longer feel fatigue 5. <i>Mutradaha</i> was on /off 6. <i>Malasanga</i> from last 2-3 days 7. No pain killer and corticosteroid has been taken till now
10/12/2021	<ol style="list-style-type: none"> 1. Patient feels better from the treatment 2. Quality of life improved 3. <i>Shoola</i> and <i>Shotha</i> gets almost resolved from all the joints 4. <i>Sthambha</i> in morning still persists 5. Pain in cervical region and occipital region of head 6. <i>Mutradaha</i> is also reduced <p>Advised to continue the same medication along with the withdrawal of some medicines according to the present complaints and asked to visit the OPD after one month.</p>
10/01/2022	<ol style="list-style-type: none"> 1. Pain in multiple joints increases 2. Headache still persists 3. No use of pain killer and steroids from last 3 months <p>This time we slightly change the treatment and advised to visit OPD after one month.</p>
7/02/2022	<ol style="list-style-type: none"> 1. No other complaints as most of the complaints subsides

	2. Minimum medicine has been provided to the patient
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The outcome of the treatment on various objective as well as subjective parameters were given in the table no. 4 and 5.1,5.2 & 5.3 respectively.

Table 5: Effect on Objective Parameters

Blood Investigations	27/09/2021	8/11/2021
Hb	11gm/dl	11.9gm/dl
ESR	50mm/hr	30mm/hr
CRP	Negative	Negative
RA Factor Quantitative	50 IU/mL	18.60IU/mL
Anti-CCP	20 U/mL	<0.40 U/mL

Table 6.1: Effect on Ama Lakshanas

Ama Lakshanas	27/09/2021	11/10/2021
1. <i>Srotorodha</i> (~ Obstruction to the channels cell pores)	Present	Absent
2. <i>Bala Bhramsa</i> (~ Loss of strength)	Present	Present
3. <i>Gaurava</i> (~ Feeling of heaviness in the body)	Present	Absent
4. <i>Anilmudhata</i> (~ Inactivity of Vata)	Present	Absent
5. <i>Alasya</i> (~ Lassitude)	Present	Present
6. <i>Apakti</i> (~ Indigestion)	Present	Absent
7. <i>Nishthiva</i> (~ Expectoration of Sputum)	Absent	Absent
8. <i>Malasanga</i> (~Accumulation of waste materials in the body)	Present	Absent
9. <i>Aruchi</i> (~Unwillingness towards meal)	Present	Absent
10. <i>Klama</i> (~Fatigue)	Present	Present

Score	9/10	3/10
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Table 6.2: Assessment of Amavata Lakshanas

Lakshanas	1 st visit	2 nd visit	3 rd visit	4 th visit	5 th visit	6 th visit	7 th visit
<i>Shoola</i> (~Pain)	3	2	1	1	2	1	0
<i>Shotha</i> (~Swelling)	3	2	1	1	0	0	0
<i>Sthambha</i> (~Stiffness)	3	2	2	2	2	1	0
<i>Sparshashta</i> (~ Tenderness)	3	2	1	0	0	0	0
<i>Jwara</i> (~ Fever)	1	0	0	0	0	0	0
<i>Vrishchika Danshavata Vedana</i>	3	2	2	1	1	0	0
<i>Agnidaurbalya</i>	2	1	1	1	0	0	0
<i>Aruchi</i> (~Unwillingness towards meal)	2	0	0	0	0	0	0
<i>Gaurav</i> (~Feeling of heaviness in the body)	3	2	1	1	0	0	0
<i>Utsaah Hani</i>	3	2	1	1	0	0	0
<i>Mukha-Vairasya</i> (~Altered taste of mouth)	3	0	0	0	0	0	0
<i>Vibandha</i> (~ Constipation)	3	0	1	1	0	0	0
Score	32	15	11	9	5	2	0

Interpretations of scoring

0 = Absent

1 = Mild

2 = Moderate

3 = Severe

Table 6.3: Visual Analogue Scale Score

	1 st visit	2 nd visit	3 rd visit	4 th visit	5 th visit	6 th visit	7 th visit
VAS Score (out of 10)	10	8	5	2	8	5	2

Intervention Adherence and Tolerability

The patient was strictly adhered to the advised medications and tolerates the administration of *Ayurvedic* medications. No adverse reaction was complained by the patient during the course of whole treatment.

DISCUSSION

Amavata is a type of complex of disease, whose pathogenesis starts due to generation of *Ama* formed due to *Mandagni*. This produced *Ama* further causes the vitiation of *Tridoshas* and results in manifestation of *Amavata*. In pathogenesis of Rheumatoid Arthritis there is formation of auto-antibodies and we can equate this situation with the formation of *Ama*. So, the main aim of treatment of *Amavata* is to reduce *Ama* by *Ama Pachana*. In this patient the treatment planned under three stages *Deepan Pachana*, *Shamana Chikitsa* and *Rasayana Chikitsa*.

The patient presented with the symptoms of *Shoola*, *Shotha*, *Aruchi*, *Gaurava*, *Klama*, *Malasanga* which suggested the presence of *Amavastha* in the body to reduce the *Ama* and to minimize the side effect of modern medicine *Pachana* and *Deepana* planned with the drugs *Chitrakadi Vati*, *Amritarishta* and *Vaishwanar Churna* along with *Baluka Swedana* for first seven days. Both the drugs *Chitrakadi Vati*^[10] and *Vaishwanara Churna*^[11] having the property of *Deepana* and *Pachana* along with this the *Anulomana Karma* by which it reduces the complaints of *Aruchi*, *Gaurava*, *Malasanga* and patient felt energetic. *Amritarista* corrects the *Rasa* metabolism and thus reduced the *Ama*. It also having the antimicrobial

activity and hence able to cure various infectious diseases^[12] with this activity it minimized the previous side effect of conventional medication. The use of *Lavana* (~salt) and *Kshara* (~alkali) along with *Hinga* (*Ferula northex*), *Ajamoda* (*Apium graveolens* Linn) and *Chavya* (*Piper retrofractum* Vahl) in *Chitrakadi Vati*. *Vaishwanara churna* also contains *Saindhava*, *Ajamoda*, *Yavani* (*Trachyspermum ammi* Linn), *Haritaki* (*Terminalia chebula* Retz) with their *Ushna* (~hot), *Tikshna*, *Sara* and *Anuloma* properties they remove the obstruction in *Srotas* and helps in proper circulation of tissue as well as improves the digestion. The complaints of pain and swelling also reduced.

Baluka Swedana was used as part of external treatment. *Baluka Swedana* is a type of *Ruksha Swedana* having *Ruksha* and *Ushna* properties and is mainly used in *Kaphaja Vikaras* & *Amaja* condition. It helps in *Shoshana* (digestion and drying) of *Ama* present in *Sleshma Sthana* (joints) and thus decreases the stiffness & pain of the joint it also acts as *Shothahara* (~anti-inflammatory) and heaviness in the body.^[13]

After that main course *Shamana Chikitsa* were started which *Vyadhi Pratyhanika* medications which includes *Simhnaad Guggulu*^[14] along with *Dashmoola Kwath*^[15], *Ajmodadi Churna*.^[16] Along with this for generalized weakness and vitiated *Vata* management *Ashwagandharishta* added and *Panchaguna Taila* along with *Baluka Swedana* advised.

Simhnaad Guggulu having *Vedanastapana* (~analgesic), *Deepana-Pachana*, *Rasayana* (~rejuvenation) and *Medhya* (~intellect enhancer) *Karma* hence, it has *Vatakaphashamaka*, *Amapachaka*, *Srotoshodhaka* properties which helps in breaking the pathogenesis of *Amavata*. It is having *Agnivridhikara* (~improves digestive fire) with *Tikta* and *Katu Rasa* it possesses the antagonistic properties to that of *Ama* and *Kapha* and digest *Ama Rasa* as well as inhibits the excessive production of *Kapha*. Because of *Ushna Virya*, it does not allow the *Ama* to linger at the site of pathogenesis and to create *Srotorodha*. It reduces *Srotorodha* and pain. By virtue of *Shoshana* and *Pachana* property of *Katu*, *Tikta Rasa*, and *Ushna Virya*, it absorbs excessive *Dravta* which leads to

Samyaka Yuktamagni. Due to *Ushna Virya* and *Katu Vipaka* of *Simhanad Guggulu*, *Vatashamana* occurs. After *Samyaka Yuktamagni* and *Vatasamana Amavata*, *Vyadhi Shamana* occurs.^[17] It possesses anti-arthritic activities due to prevention of breakdown of connective tissue, decreased capillary permeability and improvement of immune system.^[18] also, it acts as *Rasayana* and improves immunity. It also possesses the property of *Rasayana* and thus rejuvenate the damaged tissues and provides effect for the longer duration of time.^[5]

Dashamoola Kwatha having the property of *Vatahara* and *Shothahara* and it mentioned in the *Amavatarogadhikara* and according to the patient condition this chosen for the pain management.

Ajamodadi Churna having *Vedanahara* property and mentioned in various conditions such as RA, sciatica, joint pains. It possesses the property of *Kapha Vatashamaka* and thus minimize the obstructive conditions and with anti-inflammatory^[19] actions it reduced the condition of RA. And also having *Anulomaka* property which subsides the condition of *Vibandha* during the whole treatment.

Along with all this treatment to avoid the extra vitiation of local *Vata Dosha Panchaguna Taila* for local application had advised for its instant pain-relieving activity with *Ushna* and *Snigdha* Guna. Sometimes some other medicines were also added and subtracted according to the patient conditions which includes *Chandraprabha Vati*^[20] for the burning micturition, *Shirashshooladi Vajra Rasa* for the headache.

After ensuring a marked reduction in pain, swelling and stiffness along with the noteworthy improvement in the quality of life and increased status of *Agni*, *Aswagandha Churna*^[21] was added for rejuvenation and immunomodulatory action.

Patient complaints subsided within 4 months of treatment and the quality of life of the patient was also improved. During the whole treatment course, the patient did not take any conventional medication.

CONCLUSION

For the management of *Amavata* according to the disease stage by assessing the status of *Ama*, *Dosha*,

Dushya, *Agni* and *Srotasa*, before directly going for the *Vyadhi Pratyhanika* treatment need to minimize the *Ama* by *Deepana*, *Pachana* and *Srotoshodhana* for the proper tissue metabolism and then *Vyadhi Pratyhanika* for the *Shamana* purpose and then ensuring the disease condition *Rasayana Chikitsa* helps to counter the autoimmune diseases like RA and improves the quality of life and with proper Ayurvedic regimen chances to take conventional medication minimizes.

DECLARATION OF PATIENT CONSENT

Authors certify that they have obtained a patient consent form, where the patient/ caregiver has given his/her consent for reporting the case along with the images and other clinical information in the journal. The patient/ caregiver understands that his/ her name and initials will not be published and due efforts will be made to conceal his/ her identity, but anonymity cannot be guaranteed.

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