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A case study on *Amavata* (Rheumatoid Arthritis)

Azara Qureshi¹, Riyanka Kumari²

¹Assistant Professor, Babe Ke Ayurvedic Medical College and Hospital, Daudhar, Moga, Punjab, India.

²Assistant Professor, Babe Ke Ayurvedic Medical College and Hospital, Daudhar, Moga, Punjab, India.

ABSTRACT

Aama and *Vata* are the chief pathogenic factors responsible for the *Aamavata*. It is the disease of *Madhyam Rogamarg*. *Asthi* and *Sandhi* are the chief sites for the manifestation of cardinal symptoms such as *Sandhishool*, *Sandhisotha*, *Sandhigraha*. Based on clinical symptomatology it can be correlated with the disease "Rheumatoid Arthritis" in modern texts. Present case, female patient aged 48 years having history of pain and morning stiffness in multiple joints for one year, swelling in both hand and wrist joints for 2 months, Intermittent low-grade fever for 2 months was registered in our OPD. Complete history and clinical evaluation lead to the diagnosis of *Aamavata*. Considering the signs and symptoms, patient was treated on the line of *Aamavata*. *Langhana*, *Deepana-Pachana*, local *Ruksha Swedana* were done along with oral drugs for 30 days. Before starting the treatment, the grading was done on the basis of subjective criteria and after treatment, the grade was reduced. There was no side effect observed during and after the treatment. Therapy gives significant relief in symptoms of *Aamavata*.

Key words: *Aamavata*, *Aama*, *Vata*, *Rheumatoid Arthritis*, *Langhana*, *Pachana*, *Ruksha Baluka Swedana*.

INTRODUCTION

In the present time due to modern life style, unhealthy eating habits, hectic schedule and stress, incidence of *Ama* related diseases are increasing. One of the most common disease is *Amavata*. In *Ayurveda*, *Madhavkar* (700 A.D.) first mentioned *Amavata* as a separate disease.^[1] The word *Amavata* has two components i.e., *Ama* and *Vata*. These two components contribute to the morbidity and disease process in *Amavata*. The main causative factor *Ama* is formed due to malfunctioning of the digestive and metabolic mechanisms. *Ama* with *Vata* gets localized in the body

tissues and joints resulting in pain, stiffness, swelling, tenderness etc. and presents as a *Amavata* disease.

The features of *Amavata* are much identical to Rheumatoid Arthritis. The disease is chronic, progressive, autoimmune disorder characterized by bilateral symmetrical involvement of joints with some systemic clinical manifestation. In global scenario, more than one million people are affected by rheumatic disorders and one fifth of these are severely disabled. The prevalence of the disease is approximately 0.8% of the total population worldwide (range 0.3% to 2.1%) with male and female ratio of 1:3. The onset is most frequent during the fourth and fifth decades of life, with 80% of patients developing the disease between age group of 35 and 50.^[2]

CASE REPORT

A 48 years old female patient presented with one year history of pain and stiffness in multiple joints, swelling in hand and wrist joints with intermittent low-grade fever. Initially, pain was started from both hands and wrist joints and progressively it involved bilateral shoulder joints, knee joints and ankle joints. Pain was pricking and severe in nature. It was aggravating on

Address for correspondence:

Dr. Azara Qureshi

Assistant Professor, Babe Ke Ayurvedic Medical College and Hospital, Daudhar, Moga, Punjab, India.

E-mail: azraqureshi998@gmail.com

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cold exposure & by rest and relieved by physical activity, hot fomentation & on exposure to sunlight. Along with joint pain, she had stiffness in multiple joints which was more in morning hours and after inactivity and lasts for about 1-2 hour. Patient also told that she developed swelling in bilateral hands and wrist joints. Also, she had complained of loss of appetite. She gave no history of fatigue, weight loss, diarrhoea. She had no history of Diabetes, Hypertension or any other major illness in the past.

Examination

General Physical Examination

Patient was fully conscious, cooperative and well oriented to time, place and person at the time of history taking. She had moderate built and appeared to be of his age. There was normal color of skin without any hypo/hyper pigmentation. No skin lesion was present. Eyebrows were B/L symmetrical, no loss of lateral 1/3rd of eyebrows. There was no periorbital edema. Pupil: RRR to light B/L. The Ear, Nose, Throat and Paranasal sinus were clear from any discharge, collection, sign of infection and inflammation. Lips were pinkish in color. Oral hygiene was well maintained.

Systemic examination of respiratory, cardiovascular, CNS and G.I.T. system revealed no abnormality detected.

Table 1: Local Examination

Inspection		
	Upper Limb	Lower Limb
Joint involved	PIP, MCP and wrist joints	Bilateral knee and ankle joint
Movement	Bilateral restricted (Wrist joints)	Bilateral restricted (Knee joints)
Symmetry	Symmetrical	Symmetrical
Swelling	Present in B/L PIP, MCP	Not present
Deformity	Not present	Not present

Redness	Not present	Not present
Palpation		
Temperature	Not raised	Not raised
Joint crepitus	Not present	Present at knee joints B/L
Nodules	Not present	Not present

Differential Diagnosis

Amavata (Rheumatoid Arthritis), *Sandhivata* (Osteoarthritis), *Vatarakta* (Gout).

Investigation Done

Hb - 11.8 g/dl

TLC - 10.4×10^3 mL

DLC - L- 24%, M-13.2% N-62.8%

PLT - 205000/mL

ESR - 110 mm fall in first hour

RA Factor - positive

C- reactive protein - positive

S. Uric acid - 6.3 mg/dl

All other parameters remain same.

Positive findings for diagnosis

- Clinical presentations
- Symmetrical involvement of more than 3 joints i.e., PIP, MCP, wrist, knee and ankle joints
- Morning Stiffness
- Swelling in bilateral hands
- Intermittent low- grade fever
- Investigations
- Elevated ESR
- Positive serum rheumatoid factor
- Positive C-reactive protein

Diagnosis

Diagnosis was made on the basis of symptoms described in the classic of Ayurveda and criteria fixed by American Rheumatology Association in 1988.

Table 2: Criteria for diagnosis of Rheumatoid Arthritis

Criteria	Score
Joints affected	
1 large joint	0
2-10 large joint	1
1-3 small joints	2
4-10 small joints	5
Serology	
Negative RF and ACPA	0
Low positive RF or ACPA	2
High positive RF or ACPA	3
Duration of symptoms	
< 6 weeks	0
> 6 weeks	1
Acute phase reactants	
Normal CRP and ESR	0
Abnormal CRP and ESR	1

Patient with score ≥ 6 are considered to have RA.

Final Diagnosis: Rheumatoid Arthritis

Therapeutic Focus: As per the principles of *Aama Vata Chikitsa* described in *Ayurvedic* classics,^[3] patient was treated with *Langhana*, *Deepana-Pachana* along with oral drugs viz *Singhnada Guggulu*, *Vishtinduk Vati*, *Dashmoola Kasayam* and *Baluka Swedana* as local treatment.

Table 3: Treatment protocol

Medicines	Dose	Route	Anupana
<i>Langhana</i> ^[4]			
<i>Deepana-Pachana</i> ^[5]			
<i>Ruksha Swedana</i> ^[6]	Once a day		
<i>Singhnada Guggulu</i> ^[7] : (<i>Haritaki, Vibhitaki, Amalaki, Shudhagandhaka, Shuddhaguggulu, Erandmoola</i>)	500mg twice a day after meal	Oral	Plain Water
<i>Vishtinduk Vati</i> ^[8] : (<i>Shuddha Kupilu, Supari, Maricha, Chinchha Phal</i>)	125mg twice a day after meal	Oral	Luke warm Water
<i>Dashmoola Kasayam</i> ^[9]	40 ml with equal quantity of water	Oral	Plain Water

Advised

Patient was advised general physical activity and advised to avoid *Aamajanya Ahara*^[10] (*Dadhi, Mashapishtkam, Matsay, Guda, Ksheer, Upodika, Dushtaneeram, Purvavataviruddha, Vegarodha, Vishamasana*)

Assessment

The results were assessed on the basis of clinical signs and symptoms mentioned in *Ayurvedic* classics as well as by American Rheumatology Association (1988).^[11] Scoring of the symptoms was done as under:

Table 4

Angamarda (Body ache)	
No Angamarda	0
Occasional Angamarda but patient is able to do usual work	1
Continuous Angamarda but patient is able to do usual work	2

Continuous <i>Angamarda</i> which hampers routine work	3
Patient is unable to do any work	4
Aruchi (Anorexia)	
Normal desire for food	0
Eating timely without much desire	1
Desire for food, little late than normal time	2
Desire for food only after long intervals	3
No desire for food at all	4
Trishna (Excessive thirst)	
Normal feeling of thirst	0
Frequent feeling of thirst, but satisfaction with normal amount of liquid intake	1
Satisfaction after increased intake of fluids, but no awakening during night	2
Satisfaction after increased intake of fluids with regular awakening during nights	3
No Satisfaction after heavy intake of fluids	4
Alasya (Lethargy)	
No <i>Alasya</i>	0
Starts work in time with efforts	1
Unable to start work in time but completes the work	2
Delay in the start of work and unable to complete it	3
Never able to start the work and always likes rest	4
Gauravta (Heaviness in the body)	
No feeling of heaviness	0
Occasional heaviness in body but can do usual work	1
Continuous heaviness in body but can do usual work	2
Continuous heaviness that hampers usual work	3
Unable to do any work due to heaviness	4
Apaka (Indigestion)	
No <i>Apaka</i> at all	0
Occasional indigestion once or twice a week in one meal	1

Occasional indigestion 3-5 times a week in one meal	2
Indigestion 3-5 times week in both meals	3
Indigestion after every meal	4
Agni Daurbalaya (loss of digestive fire)	
No <i>Agnimandya</i>	0
Occasional <i>Agnimandya</i> 1-2 times a week	1
<i>Agnimandya</i> 3-4 times a week	2
<i>Agnimandya</i> 4-6 times a week	3
Continuous <i>Agnimandya</i>	4
Vairasyata (Impairment in taste)	
Normal taste of mouth	0
Occasional sensation of unpleasant taste	1
Continuous sensation of unpleasant taste but vanishes after eating something	2
Continuous mild sensation of unpleasant taste which persist after eating	3
Severe unpleasant taste throughout the day	4
Daha (Burning sensation)	
No burning sensation	0
Occasional retrosternal burning	1
Occasional retrosternal, palm and sole burning	2
Intermittent burning sensation throughout the body	3
Continuous burning sensation throughout the body	4
Bahu Mutrata (Increased frequency of urine)	
Absent	0
Urine >3 times at night	1
Urine >5 times at night	2
Urine >7 times at night	3
Kukshi Kathinya (Hardness of abdomen)	
Absent	0
Transient	1
Frequent	2

Regular	3
Jadya (Stiffness of body)	
No morning stiffness	0
Morning stiffness more than ½ hour but less than 1 hour	1
Morning stiffness > 1 hour but < 6 hours	2
Stiffness all the day through	3
Sandhishula (Pain in joints)	
No pain	0
Pain only on movement	1
Pain on rest but no disturbance on routine	2
Severe pain, disturbance on routine activity	3
Sandhijadyata (Stiffness in joints)	
No stiffness	0
Stiffness persistently only for half an hour to one hour in the morning	1
Stiffness persisting for a long time (>1 hour)	2
Stiffness for whole day and night	3
Sandhishotha (Swelling in joints)	
No swelling	0
Mild swelling	1
Moderate swelling	2
Marked swelling	3

Morning Stiffness (<i>Sandhijadyata</i>)	Grade 3	1
Swelling (<i>Sandhishotha</i>)	Grade 2	0
Analgesic needed	Once a day	Not needed
<i>Angamarda</i> (Body ache)	Grade 3	Grade 1
<i>Aruchi</i> (Anorexia)	Grade 4	Grade 0
<i>Trishna</i> (Excessive thirst)	Grade 1	Grade 0
<i>Alasya</i> (Lethargy)	Grade 3	Grade 1
<i>Gauravta</i> (Heaviness in the body)	Grade 3	Grade 1
<i>Apaka</i> (Indigestion)	Grade 4	Grade 0
<i>Agni Daurbalaya</i> (Loss of digestive fire)	Grade 3	Grade 0
<i>Vairasyata</i> (Impairment in taste)	Grade 2	Grade 1
<i>Daha</i> (Burning sensation)	Grade 4	Grade 2
<i>Bahu Mutrata</i> (Increased frequency of urine)	Grade 0	Grade 0
<i>Nidra Vipraya</i> (Disturbed sleep)	Grade 4	Grade 1
<i>Jadya</i> (Stiffness of body)	Grade 3	Grade 1

OBSERVATIONS AND RESULTS

Table 5: Effect of therapy before and after treatment

Assessment criteria	Before Treatment	After Treatment
RA factor	Positive	Positive
CRP	Positive	Negative
ESR	110 Mm fall in 1 st hr.	20 Mm fall in 1 st hr.
Pain (<i>Sandhishool</i>)	Grade 2	0

DISCUSSION

Ama and *Vata* are the prime *Doshas* involved in *Aamavata*. *Vata* is the biological force present in the body which recognizes and stimulates all the activities. When the *Gati* of *Vata* is obstructed due to *Aama* in *Srotasa* then the functional normality of *Vata* is impaired and that is responsible for causing various *Vatavyadhi*.^[12] As *Ama* and *Vata Dosh* are the main culprit to cause the disease so that the treatment adopted in this case is *Vatahara* and *Aamapachaka Chikitsa*.

Mode of action of drugs

Langana (fasting) means the food which gives lightness to the body and it is the first line of management for *Amavata* which helps in the *Pachana* of *Ama*. *Deepana-Pachana*, *Ruksha* local *Swedana* pacify the vitiated *Vata* in the body and helps in the *Pachana* of *Aama*. *Swedana Karma* helps to liquefy the vitiated *Aama Dosh* with its *Ushna Guna* and opens the channels, by virtue of which *Vata* moves in their normal direction.^[13] Extent and intensity of *Swedana* depends upon the season, age and the site where it is applied.

Simhnada Guggul have *Katu*, *Tikta Rasa*, *Laghu*, *Ruksha Guna*, *Ushnavirya*, *Katu Vipaka*, *Vedhnasthapana*, *Amapachak*, *Srotoshodhaka* properties which helps in breaking the pathogenesis of *Amavata*.

Vishtindukadi Vati^[14] composed mainly of *Kuchla*, along with *Maricha*, *Chincha Phala* and *Supari* which having properties like *Vata-Kapha Shamana*, and does *Aamapachan*. It also reduces stiffness of joints.

Ruksha Baluka Sweda have similar qualities, like *Shoshana* of *Ama* situated in the *Sleshmasthan* (joints), thus pacifies symptoms like *Sthambha* (stiffness) and *Shoola* (pain) suffered by patient.

CONCLUSION

From the present case study, it can be concluded that the results obtained after the treatment was encouraging. *Ayurvedic* management in combination of *Panchakarma* and Herbo-mineral drugs as described in classical texts is helpful in giving significant relief in

signs and symptoms of the disease *Aamavata* (Rheumatoid Arthritis), thereby improving quality of life. So, this kind of approach can be taken for treating further cases of *Aama Vata*.

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