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Intervention of *Amavata* w.s.r. to Rheumatoid Arthritis through Ayurveda : A Single Case Study

Kritika¹, Niranjan Rao², Padmakiran C.³

¹Post Graduate Scholar, Department of PG Studies in Panchakarma, Shri Dharmasthala Manjunatheshwara College of Ayurveda Udupi, Karnataka, India.

²Professor and HOD, Department of PG Studies in Panchakarma, Shri Dharmasthala Manjunatheshwara College of Ayurveda, Udupi, Karnataka, India.

³Associate Professor, Department of PG Studies in Panchakarma, Shri Dharmasthala Manjunatheshwara College of Ayurveda, Udupi, Karnataka, India.

ABSTRACT

Amavata is the systemic disorder in which pathogenic constituents are mainly *Aama* and *Vata*. The symptoms of *Amavata* are identical to Rheumatoid arthritis. It is an auto-immune and most common persistent inflammatory disease occurring throughout the world in all ethnic groups with a male to female ratio of 1:2-3. *Amavata*, is explained in *Laghutrayees* and was first time described in *Madhav Nidana* as a separate clinical entity in the 7th century. In modern medicine treatment has its limitations, whereas in *Ayurveda*, its effective management is detailed for its different states. Moreover, *Panchakarma* has potent *Shroto-vishodhna* effect and is found as a promotive, preventive and curative measure in the patient of rheumatoid arthritis. In this case study a 14 year old diagnosed case of *Amavata* has been treated with *Alepa*, *Dhanyamla Dhara*, *Vaitarna Basti* as *Shodhana* and tablet AIMFLAM MR, *Chitrakasavam* as *Samshamana Aushadha* for 7 days and after that tablet FLEXOFEN, *Vidangarishta*, *Kanchanar Guggulu* as *Samshamana Aushadha* for 30 days and patient showed remarkable improvement in all the symptoms.

Key words: *Amavata*, Rheumatoid Arthritis, *Vaitarna Basti*, *Kanchanar Guggulu*, *Ayurveda*, Case Study

INTRODUCTION

Rheumatoid Arthritis is an autoimmune disease in which the immune system of the body attacks its own tissues i.e., cartilage and synovial membrane characterized by persistent inflammation of peripheral joints with associated systemic features. It is characterized by inflammation of joints, which causes

swelling, pain and loss of function.^[1] It is a chronic systemic inflammatory disorder that may affects many tissues and organs including skin, blood vessels, heart, lungs and muscles but principally attacks the joints producing a non-suppurative proliferative synovitis that often progress to destruction of the articular cartilage and ankylosis of the joints. It occurs more commonly in females than males, with a 2-3:1 ratio. Annual incidence of rheumatoid arthritis is approximately 3 cases per 10000 population and prevalence rate of 1% peaking in age group of 35 to 50 years.^[2] Clinically *Amavata* resembles the symptoms of rheumatoid arthritis.^[3]

Looking at the *Nidana* or causative factors of *Amavata*, indulgence in incompatible foods and habits, lack of physical activity, or doing exercise after taking fatty foods leads to indigestion and produce *Ama*, associating itself with vitiated *Vata*, circulated throughout the body and accumulates in *Sleshma Sthana*, leading to the disease *Amavata*.^[4] From a

Address for correspondence:

Dr. Kritika

Post Graduate Scholar, Department of PG Studies in Panchakarma, Shri Dharmasthala Manjunatheshwara College of Ayurveda Udupi, Karnataka, India.

E-mail: kritikabansal8937@gmail.com

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modern point of view patients with rheumatoid arthritis are at increased risk of developing thyroid dysfunctioning, especially hypothyroidism.^[5] Moreover, signs and symptoms of hypothyroidism can be correlated with symptoms of *Dhatvagni Mandya*.

Here in the *Samprapti* of *Amavata*, *Ama* and *Kapha Dosh*a are mainly involved. *Amavata* is a *Vyadhi* having *Bahudoshawastha*, where *Kapha*, *Vata*, *Pitta Dosh*a are predominantly involved. Its *Udbhava Sthana* is *Amapakwashaya*, *Vyaktasthana* is *Sandhi*. So, the therapeutic approach should be on correction of vitiated *Vata Dosh*a, *Kapha Dosh*a, *Amadosha* and correction of *Agni* that shows *Pitta* involvement.

For management of this, individualized *Ayurvedic* interventions have demonstrated clinically significant improvement in rheumatoid arthritis as per allopathic treatment with added advantage of lesser side-effects according to a study.^[6] So, in *Ayurveda* the principles of treatment for *Amavata* are *Langhana*, *Swedana* drugs having *Tikta*, *Katu Rasa* and *Deepana* action *Virechana*, *Snehapana* and *Anuvasana Basti* as well as *Kshara Basti*.^[7] Whereas, *Acharya Chakradutta* has described line of treatment for the management of *Amavata* as *Langhana* (emaciation therapy), *Swedana* (sudation), *Tikta*, *Deepani*, *Katuni* (drugs having bitter and pungent taste which increases digestive fire), *Virechana* (therapeutic purgation), *Snehapanam* (oral administration of medicated ghee and oil), *Basti Karma* (medicated enema), *Saindhavadi Anuvasana Basti*.^[8]

CASE DESCRIPTION

A female patient aged 14 years currently pursuing her studies came to our care on 23.03.2022 with complaints of multiple joint pain since 1 year associated with morning stiffness and swelling of joints. The pain is present bilateral and aggravates in morning, as well as on exposure to cold, in cold season. Earlier morning stiffness persisted for quite less time but now it lasts up to an hour. Patient is a known case of hypothyroidism since last one year and has been taking Tablet Thyroxine 25 mcg early morning once a day. She took allopathic treatment for the same but did not get any satisfactory relief so, now has come for *Ayurvedic* treatment.

On Examination

General Examination

General Examination findings on first visit are given below.

General examination

Ashta Sthana Pariksha

Nadi - 67/min

Mala - Kathina

Mutra - Prakrut

Jihwa - Lipta

Shabda - Prakrut

Sparsha - Ushna

Druk - Prakrut

Akruti - Sthoola

General Examination

Pallor - present

Icterus - absent

Clubbing - absent

Lymph nodes - absent

Oedema - present

Appetite - Normal

Bowel - Hard stools associated with abdominal bloating

Micturition - Regular

Sleep - Disturbed

Systemic examination

CNS - HMF intact

CVS - S1 S2 HEARD

RS - NVBS HEARD

Per Abdomen - Soft, Non tender, No Organomegaly

Musculo skeletal examination

Inspection - Difficulty in flexion and extension of knee, ankle, metacarpophalangeal, proximal interphalangeal, thumb interphalangeal,

metatarsophalangeal and wrist joint with swelling in both the limbs.

Palpation - Tenderness in knee, ankle, metacarpophalangeal, proximal interphalangeal, thumb interphalangeal, metatarsophalangeal and wrist joint. Raise in temperature of the knee joints and ankle joints.

Table 1: Blood investigation

Blood Parameters	Result on 23.03.2022
Haemoglobin	11.5 gm%
ESR	80 mm/ 1 hour
RA Factor	0.1 IU/ml
C reactive protein	26.0 mg/L
ASO titre	43.6 IU/ml
SGOT	81.0 U/L
SGPT	40.0 U/L

Diagnosis: Amavata/ Rheumatoid Arthritis

Diagnostic Criteria of Rheumatoid arthritis

- Samanya Lakshanas of Amavata: Angamardha, Aruchi, Trushna, Gourava, Sandhi Shotha, Sandhishoola, Shoonatanga, Ajirna, Alasya, Apaka.
- 1987 ACR Revised criteria.^[9]

Table 2: Classification criteria for Rheumatoid Arthritis

Criterion	Grading	Score
Joint involvement	1 large joint (shoulder, elbow, hip, knee, ankle)	0
	2-10 large joints	1
	1-3 small joints (MCP, PIP, thumb, IP, MTP, wrists)	2
	4-10 small joints	3

	>10 joints (at least 1 small joints)	5
Serology	Negative RF and negative ACPA	0
	Low-positive RF or low-positive anti-CCP antibodies (</=3 times ULN)	2
	High-positive RF or high-positive anti-CCP antibodies (>3 times ULN)	3
Acute-phase reactants	Normal CRP and normal ESR	0
	Abnormal CRP and abnormal ESR	1
Duration of symptoms	<6 weeks	0
	>/= 6 weeks	1

Patients with a score >/= 6 are considered to have definite RA.

Table 3: Result on Assessment

Variable	Before Treatment
Joint involvement	5/5
Serology	0/3
Acute phase reactants	1/1
Duration of symptoms	1/1

Intervention:

The patient was admitted in the hospital on 23.03.2022 the following treatment was given to patient listed in table 5.

Table 4: Treatment given

Panchakarma	Agni Chikitsa Lepa	7 days
	Dhanyamla Dhara	7 days
	Vaitarna Basti as Kala Basti	7 days
Shamana	Aimflam Mr	1 BD
	Chitrakasava	15 ml TDS

Table 4.1: The ingredients of *Agni Chikitsa Lepa*

Name of the drug	Quantity
Dry drugs	
<i>Lashuna</i>	10 buds
<i>Lavanga</i>	10 grams
<i>Maricha</i>	10 grams
<i>Sarshapa</i>	5 grams
<i>Haridra</i>	5 grams
Wet drugs	
<i>Kshudra Agnimantha</i>	Leaves of these drugs are used
<i>Vanatulasi</i>	Each drug is taken in equal quantity
<i>Nirgundi</i>	Quantity sufficient enough to prepare a paste to apply all over body of the patient
<i>Papata</i>	
<i>Bandha</i>	

Table 4.2: The ingredients of *Dhanyamla Dhara*

Name of the drug
Dry drugs
<i>Shallaki</i>
<i>Kulattha</i>
<i>Pruthuka</i>
<i>Laja</i>
<i>Kangu bheeja</i>
<i>Kodrava</i>
<i>Tuvaraka</i>
<i>Maasha</i>

<i>Ajwain</i>
<i>Shunti</i>
Wet drugs
<i>Nimbuka</i>
<i>Moolaka</i>

Table 4.3: The ingredients of *Vaitarana Basti*

Name of drug	Quantity
<i>Saindhava Lavana</i>	12 grams
<i>Guda</i>	25 grams
<i>Moorchitha Tila Taila</i>	50 ml
<i>Gomutra</i>	200 ml
<i>Chincha Kalka</i>	50 grams

On discharge she was advised to take following oral medication for 30 days listed in table 6.

Table 5: Medication advised on discharge for 30 days

Medication	Dose	Anupana
<i>Vidangarishta</i>	15ml Tds	<i>Anaushnasheeta Jala</i>
<i>Kanchanar Guggulu</i>	1 TDS	<i>Anaushanasheetajala</i>
Tablet Flexofen	1 TDS	<i>Anaushnasheeta Jala</i>

Pathya Apathya - The patient was advised to take light, hot and fresh food articles. She should avoid curd, heavy and oily food and citrus fruits etc.

RESULT

Table 6:

Variable	Before Treatment	After Treatment
Joint involvement	5/5	1/5

Serology	0/3	0/3
Acute phase reactants	1/1	1/1
Duration of symptoms	1/1	1/1

Table 7:

Variable	Before Treatment	After Treatment
Angmarda	+	-
Aruchi	-	-
Trishna	+	-
Alasya	+	-
Gaurava	+	-
Sandhi Shotha	+	-
Sandhishoola	+	-

Table 8:

Blood Parameters	Before treatment on 23.03.2022	After treatment on 10.05.2022
Haemoglobin	11.5 gm%	11.6 gm%
ESR	80 mm/ 1 hour	52.0 mm/ 1 hour
RA Factor	0.1 IU/ml	0.4 IU/ml
C reactive protein	26.0 mg/L	1.2 mg/L
ASO titer	43.6 IU/ml	86.1 IU/ml
SGOT	81.0 U/L	47.0 U/L
SGPT	40.0 U/L	32.0 U/L

DISCUSSION

Treatment given is of *Amapachana*, *Srotoshodhana* and *Vata Chikitsa Upkrama*. *Ayurveda* cures the cause of the disease which leads to the violation of *Samprapti*

of the disease. *Acharya Chakradatta* spoke about the *Chikitsa Sutra* of *Amavata*. It includes *Panchakarma* processes such as *Langhana*, *Sweden*, *Virechana*, *Snehapana*, *Anuvasana Basti*, *Tiksharabasti* and the use of herbal remedies with *Tikta*, *Katu Rasa* and *Deepana*. As the line of treatment of *Amavata* is *Langhana* (fasting), *Swedana* (sudation) having *Tikta*, *Katu Rasa* and *Deepana* action *Virechana* (therapeutic purgation) *Snehapana* (oral intake of medicated ghee) and *Anuvasana* as well as *Kshara Basti*.^[10]

In this case, *Alepa* and *Dhanyamladhara* were advised along with *Vaitarna Basti*. *Alepa* is prepared out of *Ushna Veerya Dravyas* like *Haridra*, *Sarshapa*, *Lashuna*, *Lavanga*, *Maricha* and *Vatahara* leaves. This helps in attaining *Niramavastha*. *Dhanyamla Dhara* is another procedure employed here which helps in relieving stiffness, pain. It is a type of *Drava Sweda* which is indicated in *Samsrushtavasta* of *Doshas*. In *Ashtanga Hrudaya*, *Dhanyamla Dhara* is mentioned as *Vatakaphapaham*, and also for *Vata Pradhana Kapha* conditions thus, these two procedures showed its action by giving symptomatic relief along with *Vaitarna Basti*. As there is no doubt that *Basti* is considered as *Ardha Chikitsa* and *Sampoorna Chikitsa* by some *Acharya's*. *Vaitarna Basti* is explained in *Vangasena Samhita* and *Chakradatta* and its direct indication is given in *Shoola*, *Anaha* and *Amavata*. The qualities of *Vaitarana Basti* are considered as *Laghu*, *Ruksha*, *Ushna*, *Tikshna*. Majority of the drugs have *Vata Kapha Shamaka* action. Owing to these properties treatment with the *Basti* has provided significant improvement in sign and symptom of disease. The *Tikshna Guna* of *Basti* helps in overcoming the *Sroto Dushti* resulting from *Sanga*, thus helps in breaking down the pathogenesis of disease. In *Shamana Aushadha*, tablet *Aimflam-MR*, whose main contents are *Sallaki* and *Nirgundi*, helps in such a way that, *Sallaki* has *Vata* balancing property and also helps to reduce *Ama*. It reduces swelling as well as stiffness in inflamed joints due to its anti-inflammatory property. Whereas, *Nirgundi* helps in reducing pain due to *Vata* balancing property. *Chitrakasavam* balances *Kapha* and *Pitta* and increases digestion. *Flexofen-MR* is a unique combination of *Langali*, *Shunti*, *Krishna Jeeraka*,

Shilajit, Ashwagandha, Rasna, Sallaki, Yogaraja Guggulu etc. which acts as a high-speed analgesic without affecting the gastric mucosa. It relieves the pain and inflammation in *Amavata*. *Vidangarishta* is mainly *Ushna, Ruksha, Teekshna* and *Vata-Kapha Dushtinashak*. It also helps in enhancing *Jatharagni*. *Kanchanar Guggulu* contains properties like *Ruksha* (dry), *Laghu* (light), and *Ushna Virya* (hot potency) and has *Deepana* (appetizer) and *Pachana* (digestive) properties.

CONCLUSION

Ayurvedic medicines improved *Jatharagni* and led to formation of other *Dhatu* as well as stop the formation of *Ama*. *Basti* is considered as the main line of treatment for diseases of *Vata Dosha*. In *Amavata Tridosha* involvement is there with predominance vitiation of *Vata* and *Kapha Dosha* along with the formation of *Ama* due to *Mandagni* and other causative factors. Thus, the treatment selected tackles with all the concerned issue giving us an effective result clinically.

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