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A Case Study on *Bala Amavata* w.s.r. to Juvenile Rheumatoid Arthritis

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ABSTRACT

Introduction: *Amavata* is one of the most difficult to cure (*Krichhrasadhya*) diseases mentioned in *Ayurveda*. The main pathological factor in the development of this disease is "Ama". This *Ama* is carried by "Vata" and travels throughout the body and gets lodged in the joints, which is the seat of "Kapha". Accumulation of *Ama* in all the joints, results in *Shotha* (edema), *Shoola* (pain) and *Stabdghata* (stiffness) in the joints. Clinically, it is closely related to Rheumatoid Arthritis, which is a chronic inflammatory autoimmune disease involving multiple joints of the body. **Methodology:** A 13years boy with multiple joint pain, diagnosed as *Amavata* treated with *Ayurvedic* treatment modalities like *Patrapinda Sweda* and *Virechana*. **Result:** Remarkable improvement was noticed in pain, swelling, morning stiffness and restricted joint movement within first two months. **Discussion:** In modern medicine, the treatment of this disease includes steroids and Immunomodulator drugs together with non-steroidal anti-inflammatory drugs (NSAIDs), which acts as only Symptomatic treatment, whereas *Virechana karma* is one of the important bio-purificative methods which is indicated for complete elimination of *Dushita Doshas* and *Ama* from the body. Hence this article highlights on the importance of *Ayurvedic* treatment in the management of *Amavata* (Rheumatoid Arthritis).

Key words: *Amavata*, *Rheumatoid Arthritis*, *Auto-immune Disease*

INTRODUCTION

Rheumatoid arthritis (RA) is a chronic multi-system disease, with characteristic features of persistent inflammatory synovitis that usually involve peripheral joints in symmetric distribution.^[1] Persistent synovial inflammation often causes cartilage damage and bone erosions that badly disturbs joint integrity, as an

outcome of which one third of patients suffer from working disability by five years.^[2] RA is correlated with *Aamavata* mentioned in *Ayurveda*.^[3]

The disease *Amavata* is a most common crippling and disabling disorder. It is a chronic disorder with clinical manifestations of joint swelling, pain, and stiffness in the ankle, knee, hip, wrist, elbow, and shoulder joints. By its clinical appearance, it can be compared with Rheumatoid Arthritis. RA is commonly treated by contemporary science with Non-steroidal anti-inflammatory drugs (NSAIDs) and DMARD's. It is known that these drugs gives symptomatic relief and do not modify disease with progression. In *Ayurveda* a different concept of RA management has been mentioned by *Acharyas*.

Further discussed patient is a known case of RA showing classical symptoms, with positive RA factor and raised erythrocyte sedimentation ratio (ESR). This case provides scientific evidence for *Ayurvedic*

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principle in treating *Amavata*. Remarkable improvement was noticed in pain, swelling, morning stiffness and restricted joint movement within first two months. Previously, patient used to take oral analgesics, which were sparingly required in only first month. RA factor showed marked reduction after two months which later reduced within normal range.

CASE REPORT

A male child of 13 years old from Belur, Hassan district, was brought to SDM college of Ayurveda and Hospital, Hassan by his mother with complaint of pain and stiffness of multiple joints notably wrist, hand, ankle, feet and even ribs since 4 months, associated with abdominal pain immediately after intake of food since 4 months. As per history narrated by mother, four months before the child was asymptomatic, but suddenly he got fever which was followed by pain in multiple joints including metacarpal joints. Pain persisted throughout the day which was shooting type pain. The joint pain was continued even after subsiding of fever. Due to this the child faced difficulty in doing the daily activity. The severity of the pain was in such a way that the child couldn't even wear the school bag. For the same they consulted many tertiary health centres but didn't get satisfactory relief so for further line of treatment they approached our hospital.

Birth history

Full term /NVD/Birth Weight 2.7 Kg/Baby Cried Immediately after Birth

Developmental history

Gross motor & fine motor development were normal as per the chronological age.

Family history

Non consanguineous marriage. No any other relevant history for present condition.

Immunization history

Taken as per National Immunization schedule

Personal history

Diet: Mixed

Breakfast - Bread & Curries

Lunch - Rice, Vegetables, Egg

Meat (Chicken, Mutton) – Daily

Dinner - Rice, Vegetables & meat

More like to eat Spicy & Fried food.

Appetite: Impaired appetite at the onset of the disease

Sleep: Disturbed due to pain

Bowel Habits: Once/Day

Colour - Yellow

Odour - Normal

Character - *Grathita*

Micturition: Day - 3, Night - 2 times

Colour - Pale

Odour - Normal

General physical examination

General examination	Anthropometry
Pallor: Present	Height: 138cm
Icterus: Absent	Weight: 36kg
Cyanosis: Absent	HC: 51cms
Lymphadenopathy: Absent	CC: 60cms
Edema: Present at Joint	MAC: 18cms

Locomotor System

Range of movements:

Range of movement with pain in all joints

Pain in ribs during respiration

Joint crepitus - Absent

Joint tenderness - Present

Joint swelling - Mild Present

Rubor - Mild present

Calor - Mild present

Muscle wasting - NAD

Gals:**Gait** - Slow and painful gait**Arms:**

Difficulty in pronation and supination (painful) in both hands

Pain - When squeezed the hand across the metacarpals of the both hand**Power Grip** - reduced (Difficulty in holding)**Legs:** Joint pain in both knee joints**Spine:**

- **Thoracic Spine:** Mobility painful
- **Lumbar Spine:**
 - Flexion - painful
 - Extension - painful
 - Lateral Bending - painful
- **Cervical Spine:**
 - Rotation - painful
 - Flexion, Extension and Lateral bending - with pain

Joints:**Inspection**

- Swelling - Present
- Redness - Present
- Deformities - NAD

Palpation

Tenderness & warmth (MCP, PIP, DIP, MTP, Wrist, Elbow joints) Stiffness of the joints

Cardiovascular system

S1, S2 - Clear. No murmurs

Respiratory system

No added sounds

GIT**P/A:** No tenderness, No organomegaly**CNS****Higher functions** - NAD**Sensory system** - NAD**Cranial nerves** - NAD**Motor Function : Reflexes** - Normal**Samprapti Ghataka**

- **Dosha :** Vata, Kapha
- **Dushya :** Rasa, Rakta, Mamsa, Asthi
- **Agni :** Mandagni
- **Ama :** Saama
- **Srotas :** Rasa, Rakta, Mamsa, Asthi
- **Srotodushti :** Sanga
- **Udbhawastana :** Amashaya
- **Adishtana :** Sandhi Vishesh Sarvasharira
- **Vyakta Sthana :** Sarva Sandhi
- **Roga Marga :** Madhyama
- **Sadhya Asadhyata :** Kruccha Sadhya

Differential diagnosis

	Amavata^[5]	Sandhigata Vata^[6]	Gambhira Vata Rakta^[7]
Nidana	Viruddha Ahara, Snigda Ahara, Alpa Chesta etc.	Vata Kopakara Ahara, Viharana	Vata & Rakta Kopakara Ahara, Viharana
Rupa	Sandhishoola, Shotha Angamarda, Aruchi, Trushna, Alasya etc.	Shula, Shota, Prasaranakunchana Vedana	Daha, Supti, Vaivarnya, Sphutana etc.
Sthana	Start from small joints of hands & spread	Mainly start with weight bearing large joints.	Start from the end parts of the hands & feet.
Dosha	Vata Kapha	Vata predominant	Vata, Pitta

Diagnosis - Amavata (Juvenile Rheumatoid Arthritis)**Treatment Given**

Day	Treatment	Remarks
Day-1 16/11/2017	<i>Agnideepana</i> with <i>Pancakolaphanta</i> 30ml tid <i>Chitrakadi Vati</i> 1 tid	No any fresh Complaints
Day - 2 17/11/2017	<i>Snehapana</i> With <i>Panchatiktaka Guggulu</i> <i>Ghrita</i> 30ml	No any fresh Complaints
Day - 3 18/11/2017	<i>Snehapana</i> With <i>Panchatiktaka Guggulu</i> <i>Ghrita</i> 60ml	Mild Headache
Day - 4 19/11/2017	<i>Snehapana</i> with <i>Panchatiktaka Guggulu</i> <i>Ghrita</i> 90ml	Mild Headache Generalized weakness
Day - 5 20/11/2017	<i>Snehapana</i> with <i>Panchatiktaka Guggulu</i> <i>Ghrita</i> 120ml	No any fresh Complaints
Day - 6 21/11/2017	<i>Snehapana</i> with <i>Panchatiktaka Guggulu</i> <i>Ghrita</i> 150ml	<i>Samyak Sneha</i> <i>Lakshana</i> achieved
Day - 7 to Day - 9 22/11/2017 to 24/11/2017	<i>Sarvanga Abhyanga</i> with <i>Vishagarbha Taila</i> followed by <i>Patrapinda</i> <i>Sweda</i>	No any fresh Complaints
Day - 10 25/11/2017	<i>Sarvanga Abhyanga</i> with <i>Vishagarbha Taila</i> followed by <i>Bhaspa</i> <i>Sweda</i> <i>Virechana</i> ^[4] With <i>Trivruth Leha</i> (50gms) with <i>Draksha Rasa</i>	Total Vegas - 11
Day - 11 to Day - 14 26/11/2017 to 30/11/2017	<i>Samsarjanakrama</i>	No any fresh Complaints

Advised after Discharge:

- *Yogaraja Guggulu* 1TID with Lukewarm water after food for 1 month
- *Rasnasaptaka Kwatha* 10ml TID with 20ml lukewarm water after food for 1 month

RESULTS**Subjective Parameters**

<i>Lakshana's</i>	BT	AT
Joint pain	+++	+
Swelling	+	-
Tenderness	++	+
Morning Stiffness	++	-
Daily Routine Activity	+	+++
Redness	+	-
Muscle wasting	-	-

Objective Parameters

Investigation	BT	AT
HB%	12.8 gm%	14.2 gm%
Total count	6,300	8,700
Differential count	Normal	Normal
ESR	24 mm/hr.	6 mm/hr.
A.S.L.O	224.8 IU/ml	196.3 IU/ml
R.A Test	11.6 IU/ml	4.4 IU/ml

DISCUSSION

In Ayurvedic classic, *Amavata* is divided in two *Avasthas* i.e., *Amavastha* and *Pakwavastha*. If we see the typical history of this patient especially the diet, the child is involved in all the *Viruddha Ahara* which is responsible for *Amavastha* which intern leads to the manifestation of the *Amavata*. So, in this case of *Amavastha* of *Amavata*, the main treatment explained is *Langhana* followed by *Deepana* & *Pachana*, *Snehana* & *Swedana* and *Virechana* (Purgation), hence the following line of treatment was carried out in managing the present condition.

Langhana* followed by *Deepana* & *Pachana

In this case the *Agni* plays an important role because, due to the *Viruddha Ahara* taken by the child there was

a *Mandagni*, leading to increased production of *Ama*, which in turn increases the severity of the disease. So *Langhana* is done to stop the further production of *Ama*.

For the *Samprapti Vighatana - Agnideepana* and *Amapachana* was done by using the *Panchakola Phanta, Chitrakadi Vati*, as both are routinely practiced at our center and even easily taken by the children.

In *Jeernaavastha*, *Langhana* was performed continuously to the extent of *Amapachana*, as *Langhana* is known as best measure for the treatment of *Ama*. *Langhana* in form of *Laghu Ahara* is prescribed.

Snehana & Swedana

Snehapana was carried out with *Panchatikta Guggulu Ghrita*, which has *Tikta Rasa, Ushna Virya, Madhura*, and *Katu Vipaka* properties, promotes the regular functioning of the *Dhatvagni* and enables enhanced nutrition for the *Asthi* and *Majja Dhatu*. As a result, it balances *Vata*, enhances *Dhatu Upachaya*, and revitalizes the body.

Vishagarbha Taila was used for *Abhyanga* as it is best in *Amavata* due to its *Shoolaghna, Shothagna* and *Sthanbahara* properties.

Sweda is indicated to relieve *Stambha, Gaurava*, and *Shoola* in the body. *Ruksha Sweda* in the form of *Patrapinda* with *Vatahara* drugs, helps in reducing *Ama*, it pacifies the vitiated *Vata* and relieves pain and stiffness.

Virechana (Purgation) - Srotovishyodhana property

Virechana karma is described for the effective management of *Amavata* as a *Shodhana* therapy. As it is the most suited therapy for the *Sthanika Pitta Dosha*, it might be responsible for *Agnivardhana* and evacuation of *Ama*, which is the main culprit of this disease.^[4]

Virechana was done with the *Trivrit Leha* as it is best *Mrudu Virechana* which is suitable in *Baalayavastha*.

CONCLUSION

Amavata is *Santarpanjanya, Rasagata, Amapradhana, Amashaya Samudbhava Vyadhi & Kaphasthanasthitavata*. One should adopt *Apatarpana Chikitsa* until *Amapachana*. When once *Niramavastha* is attained then *Vatahara Chikitsa* principles are adopted. Hence, this case study justifies that management of *Amavata* through Ayurvedic principles.

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