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 lodges in the joints, which is the seat of “Kapha”. Accumulation of Ama in all the joints, results in Shotha (edema), Shoola (pain) and Stabdhata (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
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**

<table>
<thead>
<tr>
<th>General examination</th>
<th>Anthropometry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pallor: Present</td>
<td>Height: 138cm</td>
</tr>
<tr>
<td>Icterus: Absent</td>
<td>Weight: 36kg</td>
</tr>
<tr>
<td>Cyanosis: Absent</td>
<td>HC: 51cms</td>
</tr>
<tr>
<td>Lymphadenopathy: Absent</td>
<td>CC: 60cms</td>
</tr>
<tr>
<td>Edema: Present at Joint</td>
<td>MAC: 18cms</td>
</tr>
</tbody>
</table>

**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

**Ruber** - Mild present

**Calor** - Mild present

**Muscle wasting** - NAD
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 Vishesha Sarvasharira
- Vyakta Sthana: Sarva Sandhi
- Roga Marga: Madhyama
- Sadhya Asadhyata: Krucca Sadhya

Differential diagnosis

<table>
<thead>
<tr>
<th>Nidana</th>
<th>Sandhigata Vata</th>
<th>Gambhira Vata Raka</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viruddha Ahara, Snigda Ahara, Alpa Chesta etc.</td>
<td>Vata Kopakara Ahara, Viharana</td>
<td>Vata &amp; Rakta Kopakara Ahara, Viharana</td>
</tr>
<tr>
<td>Sandhishoola, Shotha Angamarda, Aruchi, Trushna, Alosya etc.</td>
<td>Shula, Shota, Prasaranakunchana Vedana</td>
<td>Daha, Supti, Vaivarya, Sphutana etc.</td>
</tr>
<tr>
<td>Start from small joints of hands &amp; spread</td>
<td>Mainly start with weight bearing large joints.</td>
<td>Start from the end parts of the hands &amp; feet.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dosha</th>
<th>Amavata</th>
<th>Sandhigata Vata</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vata Kapha</td>
<td>Vata predominant</td>
<td>Vata, Pitta</td>
</tr>
</tbody>
</table>
**Diagnosis - Amavata (Juvenile Rheumatoid Arthritis)**

**Treatment Given**

<table>
<thead>
<tr>
<th>Day</th>
<th>Treatment</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day-1 16/11/2017</td>
<td>Agnideepana with Pancokolaphanta 30ml tid Chitrakadi Vati 1 tid</td>
<td>No any fresh Complaints</td>
</tr>
<tr>
<td>Day - 2 17/11/2017</td>
<td>Snehapana With Panchatiktaka Guggulu Ghrita 30ml</td>
<td>No any fresh Complaints</td>
</tr>
<tr>
<td>Day - 3 18/11/2017</td>
<td>Snehapana with Panchatiktaka Guggulu Ghrita 60ml</td>
<td>Mild Headache</td>
</tr>
<tr>
<td>Day – 4 19/11/2017</td>
<td>Snehapana with Panchatiktaka Guggulu Ghrita 90ml</td>
<td>Mild Headache Generalized weakness</td>
</tr>
<tr>
<td>Day – 5 20/11/2017</td>
<td>Snehapana with Panchatiktaka Guggulu Ghrita 120ml</td>
<td>No any fresh Complaints</td>
</tr>
<tr>
<td>Day – 6 21/11/2017</td>
<td>Snehapana with Panchatiktaka Guggulu Ghrita 150ml</td>
<td>Samyak Sneha Lakshana achieved</td>
</tr>
<tr>
<td>Day - 7 to Day - 9 22/11/2017 to 24/11/2017</td>
<td>Sarvanga Abhyanga with Vishagarbha Taila followed by Patrapinda Sweda</td>
<td>No any fresh Complaints</td>
</tr>
<tr>
<td>Day - 11 to Day - 14 26/11/2017 to 30/11/2017</td>
<td>Samsarjanakrama</td>
<td>No any fresh Complaints</td>
</tr>
</tbody>
</table>

**Advised after Discharge:**

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

**RESULTS**

**Subjective Parameters**

<table>
<thead>
<tr>
<th>Lakshana's</th>
<th>BT</th>
<th>AT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint pain</td>
<td>++ +</td>
<td>+</td>
</tr>
<tr>
<td>Swelling</td>
<td>+</td>
<td>_</td>
</tr>
<tr>
<td>Tenderness</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>Morning Stiffness</td>
<td>++</td>
<td>_</td>
</tr>
<tr>
<td>Daily Routine Activity</td>
<td>+</td>
<td>++</td>
</tr>
<tr>
<td>Redness</td>
<td>+</td>
<td>_</td>
</tr>
<tr>
<td>Muscle wasting</td>
<td>_</td>
<td>_</td>
</tr>
</tbody>
</table>

**Objective Parameters**

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

**DISCUSSION**

In Ayurvedic classic, *Amavata* is divided in two *Avasthas* i.e., *Amavastha* and *Pakwovastha*. 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 Trivit Leha as it is best Mrudu Virechana which is suitable in Baalyavastha.

CONCLUSION

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

REFERENCES


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