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CASE REPORT

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Ayurvedic intervention in the management of *Amavata* (Rheumatoid Arthritis): A Case Series

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ABSTRACT

The present case series documents the successful management of five cases of confirmed *Amavata* (Rheumatoid Arthritis). A retrospective analysis of five patients with Rheumatoid Arthritis (RA) symptoms was conducted in this study at the Arogyashala Rugnalaya Panchavati Nashik, Maharashtra. The patients were between the age of 39 to 70 years, were diagnosed as RA positive through a blood investigation, in July-August 2023, and were managed through Ayurveda interventions. The interventions include *Anshanrupi Langhana* (Fasting), *Sunthisiddha Jala* (Medicated water) in a dosage of 250-500 ml a day, *Ruksha Waluka Pottali Swedana* (Dry steam), and *Shothahara Lepa* (Medicinal paste) were prescribed for five days. Symptomatic assessment was done every day and blood investigations were conducted after 5 days. Significant relief in all the cases was observed as per RA classification criteria 2010 and DAS28-P index scores. However, large-scale randomized controlled trials are required to further validate the same.

Key words: Amavata, Rheumatoid Arthritis, Anshanarupi Langhana, Fasting

INTRODUCTION

Amavata is a special type of disease that belongs to the category of Vata-Kaphaja disease and has been mentioned in Ayurveda since the Madhavkar period. Some Ayurvedic texts describe the use of numerous drugs to treat Amavata, but because the root cause has not been addressed, potential and long-term benefits have not been observed. Therefore, it is necessary to pay more attention to the search for a standard and

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appropriate medication for *Amavata*. Fasting has long been promoted in history in almost all religions around the world as a spiritual means of increasing mental and emotional health.

Patient Information

Five cases having mild to moderate symptoms of *Amavata* and confirmed positive through RA Test were treated with Ayurveda interventions at an inpatient department (IPD) facility of the Arogyashala Rugnalaya Panchavati Nashik, Maharashtra, from July to August 2023. The summarized case information of the five cases is given next. Informed consent from patients was taken.

CASE 1

A 39-year-old female, a housewife, and a resident of Nashik Maharashtra reported the RA Test positive. She had been suffering from Body aches, morning Stiffness in both upper and lower limbs, Tenderness and swelling in both wrist and knee joints, and walking difficulties for the past eight years. No

comorbidities/surgeries/drug allergies or addictions were reported.

CASE 2

A 45-year-old female Housewife, a resident of Revas Nifad, Nashik, visited Arogyashala Rugnalaya Panchavati Nashik, Maharashtra. with complaints such as Anorexia, morning stiffness, difficulty while walking and sitting, pain and swelling at both shoulders and both elbow joints for the past fifteen years. There was no history of previous surgeries/drug allergy/any chronic illness or addiction.

CASE 3

A 42-year-old female maid, from Jail Road, Nashik, reported to Arogyashala Rugnalaya Panchavati Nashik, Maharashtra. with chief complaints of all joint pain and stiffness, difficulty while walking for the past two years. Her history suggested no major illness/surgery or drug allergy.

CASE 4

A 40-year-old housewife residing in Pimpalgaon Nashik, reported to Arogyashala Rugnalaya Panchavati Nashik, Maharashtra, with complaints of Body aches, warm and swelling in shoulder, elbow, and wrist joints for the past four months. Her history did not reveal any major surgery, illness, or drug allergies.

CASE 5

A female aged 70 years old housewife from Trimakeshwar visited Arogyashala Rugnalaya Panchavati Nashik, Maharashtra, and reported Anorexia, shoulder center to hip center pain, swelling and stiffness on both knee joints, and ankle joints, for the past two months. Her history suggested no major illness/surgery or drug allergy.

Clinical Findings

Dashvidha Pareeksha (Tenfold examination), [Tables 1] and General examinations, [Tables 2] were depicted at the time of admission.

Table 1: Showing the *Dashvidha Pareeksha* (Tenfold examination)

s	Paramet	Observations								
N	ers	Case 1	Case 2	Case 3	Case 4	Case 5				
1.	Prakriti (Constitu tion)	Kapha- Pittaja	Pitta- Kaphaj a	Vatta- Pittaja	Kapha- Pittaja	Vatta- Kaphaj a				
2.	Sara (Proper Nourish ment of Tissue)	Proper ate lourish nent of		Moder ate	Moder ate	Moder ate				
3.	Samhnan a (Body Compact ness)	Moder ate	Moder ate	Moder ate	Moder ate	Moder ate				
4.	Pramana (Body Proporti on)	Moder ate	Moder ate	Moder ate	Moder ate	Moder ate				
5.	Satyma (Compati bility)	Moder ate	Moder ate	High	Moder ate	Moder ate				
6.	Ahara Shakti (Digestiv e Capacity)	Low	Low	Moder ate	Low	Low				
7.	Vyayama Shakti (Physical Strength)	Low	Low	Low	Low	Low				
8.	Satva (Psychol ogical Strength)	(Psychol ate ogical		High	Moder ate	Moder ate				
9.	<i>Vaya</i> (Age)	Moder ate	High	Moder ate	Moder ate	High				
1 0.	Vikriti Vata- (Abnorm Kapha al State)		Vata- Kapha	Vata- Kapha	Vata- Kapha	Vata- Kapha				

domina	domina	domina	domina	domina
nt	nt	nt	nt	nt
Sannip	Sannip	Sannip	Sannip	Sannip
atika	atika	atika	atika	atika

Table 2: Showing the General Examination

SN	General examination	Observa	itions			
	examination	Case 1	Case 2	Case 3	Case 4	Case 5
1.	Weight (kg)	47	59	55	62	60
2.	Height (m)	1.6	1.5	1.67	1.7	1.65
3.	BMI (kg/m2)	17.9	26.2	19.7	21.4	22
4.	Body 96.8 temperature (degree Fahrenheit)		95.6	96	95.9	96.3
5.	BP (mm Hg)	120/70	110/80	130/80	110/70	130/70
6.	Pulse rate (per minute)	90	82	78	70	78
7.	Respiratory rate (breaths per minute)	16	15	16	17	18
8.	SpO ₂ (percentage)	98	97	97	99	97

Diagnostic Assessment

RA Test confirmed the diagnosis of Rheumatoid arthritis in all five cases. Also, assessment was done

according to the American College of Rheumatology (ACR) and European League against rheumatism (EULAR) criteria 2010.^[1]

Therapeutic Intervention

Anshanrupi Langhana (fasting), Sunthisiddha Jala (Medicated water) in the dosage of 250–500 ml a day, Ruksha Waluka Pottali Swdana (Dry steam) daily in the early morning, and Shothahara Lepa (Medicinal paste) at evening were prescribed for five days. The patients were kept under observation at Kayachikitsa IPD. Along with Maundharana (Stay calm), Guruwastra Pravarana (weighted blankets), and Balarakshana (conserving energy). They were also advised to maintain their positive state of mind. Daily consultation was done. Assessment of improvement was done as per the established criteria for Amavata.

Follow-up and Outcomes

After five days of Anshanrupi Langhana (Fasting), the Patient was advised to Samsarjana Krama (Progressive increase meals). [Table 3] On the ninth day patient underwent Virechana Karma (Therapeutic purgation) as per the indication mentioned in the classics of Ayurveda. Significant relief such as Stiffness, Pain, Swelling, and Anorexia was observed in all cases within the five days. The cases also showed marked improvement in hematological Assessment [Table 4] and daily assessment of symptoms. [Table 5] Significant improvement as per RA classification criteria 2010, [2] [Table 6] and DAS28-P index scores were observed. [3,4] [Table 7] No adverse events were reported in any of the cases. All cases were advised to repeat blood investigations after five days or after turning asymptomatic whichever was earlier, and were recorded as significant results.

Table 3: Samsarjana Krama (Progressive increase meals)

SN	Days	Morning	Evening	Others
1.	6 th	Trikatusiddha Dugdha (Medicated milk)	Peya (Rice gruel)	Eranda Taila (Oil of Ricinus Communis) 40 ml with luke
2.	7 th	Yavagu (Semi-solid soup)	Krishara (Gruel made with sesamum, rice, and black gram)	warm water and Sarvanga Swedana (Ayurvedic passive heat therapy) in the early
3.	8 th onwards	Samnya Aahara (complete diet)	Samanya Aahra (complete diet)	morning.

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Table 4: Hematological Assessment before and after treatment

Investigations	tigations Case 1		Case 2	Case 2		Case 3		Case 4		Case 5	
	вт	АТ	ВТ	AT	ВТ	AT	ВТ	АТ	вт	АТ	
HB (grams/dl)	10.6	10	11.6	11.2	8.1	8.4	8.7	9.6	11.3	11.1	
WBC (cells/l)	8100	5040	10690	85700	7700	7400	10600	9700	6740	6540	
Platelets (cells/l)	224000	217000	169000	225000	154000	174000	484000	476000	459000	444000	
ESR (mm)	37	21	18	11	24	17	27	21	21	17	
Serum Creatinine (mg%)	0.6	0.6	0.8	0.6	0.8	0.6	0.8	0.6	0.7	0.6	
RA Factor	+	+	+	+	+	+	+	+	+	+	

Table 5: Daily assessment of symptoms (n = 5)

Cases	Symptoms With Grading	Day- 0	Day- 1	Day- 2	Day- 3	Day- 4	Day- 5
Case 1	Shoola (Joint pain)	+++	+++	++	++	++	+
	Shotha (Swelling)	++	++	++	++	+	No Symptom
	Sparsha (Palpation)	Ushna	Ushna	Ushna	Ushna	Ushna	Anushna
	Sparshasahatva (Inflammation)		+	+	+	+	No Symptom
	Stambha (Morning stiffness)	+	+	+	+	No Symptom	No Symptom
Case 2	Shoola (Joint pain)	++	++	+	+	+	No Symptom
	Shotha (Swelling)	++	++	++	+	+	No Symptom
	Sparsha (Palpation)	Ushna	Ushna	Anushna	Anushna	Anushna	Anushna
	Sparshasahatva (Inflammation)	+	+	+	+	No Symptom	No Symptom
	Stambha (Morning stiffness)	++	++	++	+	+	+

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Shoola (Joint pain)	+++	+++	++	++	+	No Symptom
Shotha (Swelling)	++	+	+	+	No Symptom	No Symptom
Sparsha (Palpation)	Anushna	Anushna	Anushna	Anushna	Anushna	Anushna
Sparshasahatva (Inflammation)	+	+	+	+	+	No Symptom
Stambha (Morning stiffness)	+++	+++	++	++	+	+
Shoola (Joint pain)	++	++	++	++	+	+
Shotha (Swelling)	+++	+++	++	++	No Symptom	No Symptom
Sparsha (Palpation)	Ushna	Anushna	Anushna	Anushna	Anushna	Anushna
Sparshasahatva (Inflammation)	++	++	++	+	+	No Symptom
Stambha (Morning stiffness)	+++	++	+	+	+	No Symptom
Shoola (Joint pain)	++	++	++	++	+	+
Shotha (Swelling)	++	++	++	+	No Symptom	No Symptom
Sparsha (Palpation)	Ushna	Ushna	Ushna	Ushna	Ushna	Anushna
Sparshasahatva (Inflammation)	++	++	++	++	++	No Symptom
Stambha (Morning stiffness)	++	++	++	++	+	No Symptom
	Shotha (Swelling) Sparsha (Palpation) Sparshasahatva (Inflammation) Stambha (Morning stiffness) Shoola (Joint pain) Sparsha (Palpation) Sparshasahatva (Inflammation) Stambha (Morning stiffness) Shoola (Joint pain) Shotha (Swelling) Sparsha (Palpation) Shotha (Swelling) Sparsha (Palpation) Sparsha (Palpation) Sparshasahatva (Inflammation)	Shotha (Swelling) ++ Sparsha (Palpation) Anushna Sparshasahatva (Inflammation) + Stambha (Morning stiffness) +++ Shoola (Joint pain) ++ Shotha (Swelling) +++ Sparsha (Palpation) Ushna Sparshasahatva (Inflammation) ++ Stambha (Morning stiffness) +++ Shoola (Joint pain) ++ Shotha (Swelling) ++ Shotha (Swelling) ++ Sparsha (Palpation) Ushna Sparshasahatva (Inflammation) ++	Shotha (Swelling) ++ + Sparsha (Palpation) Anushna Anushna Sparshasahatva (Inflammation) + + Stambha (Morning stiffness) +++ +++ Shoola (Joint pain) ++ ++ Shotha (Swelling) +++ +++ Sparsha (Palpation) Ushna Anushna Sparshasahatva (Inflammation) ++ ++ Stambha (Morning stiffness) +++ ++ Shoola (Joint pain) ++ ++ Shoola (Joint pain) ++ ++ Shotha (Swelling) ++ ++ Sparsha (Palpation) Ushna Ushna Sparshasahatva (Inflammation) ++ ++	Shotha (Swelling) ++ + + + + + + + + + + + + + + + + +	Shotha (Swelling) ++ +	Shotha (Swelling) ++ + + No Symptom Sparsha (Palpation) Anushna H + - + +

Table 6: Assessment before and after treatment as per RA classification criteria 2010

	Score	Case 1 Case 2 Case 3			Case 4		Case 5				
		ВТ	AT	вт	AT	ВТ	AT	вт	AT	ВТ	АТ
		8	5	7	5	8	5	6	5	7	5

Table 7: Assessment before and after treatment as per DAS28-P index scores

Score	Case 1 Case 2 Case 3			Case 4		Case 5				
	ВТ	AT	ВТ	AT	ВТ	AT	ВТ	AT	ВТ	AT
	5.7	3.51	5.21	3.32	5.13	3.65	5.52	3.81	5.17	3.87

DISCUSSION

The global prevalence of RA is estimated at 0.3% to 1%, which is commonly observed in women in developed countries.^[5] In India, it is estimated at 0.75%.^[6] Amavata is one of the main debilitating diseases that causes the greatest loss of human potential. Although Ama and Vata are the primary causal factors, Samprapti is also inevitably influenced by Kapha and Pitta, [7] so planning treatment courses is difficult because of their opposite qualities. In recent years, many new therapeutic concepts have been developed. Hafstrom et al. described in 1988 that fasting reduced neutrophil cytotoxins and lysozymes and reduced the production of B4 leukotriene from neutrophils of Rheumatoid Arthritis patients. Fasting also improves the duration of morning stiffness and ESR in these patients.[8] Fasting and fasting imitation diets are suggested to improve the disease activity of autoimmune diseases, including Rheumatoid Arthritis, affecting lymph function and survival, lowering the concentration of inflammatory cytokines such as TNFalpha and IL-6, and significantly changing immune function. [9] There are many methods, including intermittent fasting (IF) and a fast-mimicking diet (FMD), which lasts 12 hours to up to weeks at a time. There is an important result in Jaran Shakti and Abhyvaran Shakti by Sunthi Sidhha Jal. Ruksha Waluka Pottali Swdana (Dry steam) calms Vata vitiated in the body and helps in Aama Pachana. Swedana Karma helps the liquefaction of the Aama Dosha and its Ushna Guna opens the channels through which Vata moves in its normal direction.[10]

CONCLUSION

Fasting regulates the metabolism of immune cells and affects the cell mechanisms. Consequently, the commitment to a diet model that includes fasting

components could suppress the inflammation process. Ayurveda intervention *Anshanrupi Langhana* (Fasting) and *Virechana Karma* (Therapeutic purgation) have good clinical efficacy in mild to moderate cases of *Amavata* (Rheumatoid arthritis). The intervention can relieve symptoms within 5 days and may also help in nullifying the possibility of complications. However, further clinical studies on a larger sample size are required to validate the findings of this case series.

Patient Perspective

The patients were happy with the treatment; the quality of their life was improved considerably. They enjoy a normal and healthy life.

Informed Consent

Authors certify that they have obtained the 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.

REFERENCES

- Aletaha D, Neogi T, Silman AJ, Funovits J, Felson DT, Bingham CO III. 2010 rheumatoid arthritis classification criteria – an American College of Rheumatology/European League Against Rheumatism Collaborative Initiative. Arthritis Rheum. 2010;62(9):2569–2581. doi: 10.1002/art.27584.
- Aletaha D, Neogi T, Silman AJ, et al. 2010 Rheumatoid arthritis classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative. Arthritis Rheum. 2010;62:2569-81. doi: 10.1002/art.27584.

- Goekoop-Ruiterman YP, de Vries-Bouwstra JK, Allaart CF, van Zeben D, Kerstens PJ, Hazes JM, et al. Clinical and radiographic outcomes of four different treatment strategies in patients with early rheumatoid arthritis (the BeSt study): a randomized, controlled trial. Arthritis Rheum. 2008;58(2 Suppl):S126–S135. doi: 10.1002/art.23364.
- Nikiphorou E, Norton S, Young A, Carpenter L, Dixey J, Walsh DA, et al. Association between rheumatoid arthritis disease activity, progression of functional limitation and long-term risk of orthopedic surgery: combined analysis of two prospective cohorts supports EULAR treatment to target DAS thresholds. Ann Rheum Dis. 2016;75(12):2080–2086. doi: 10.1136/annrheumdis-2015-208669.
- World Health Organization (WHO). Rheumatic Conditions [Internet]. Geneva: World Health Organisation; c 2016 [updated 2016; cited 2016 May 11]. Available from: http://www.who.int/chp/topics/rheumatic/en/.
- 6. Malaviya AN, Kapoor SK, Singh RR, Kumar A, Pande I. Prevalence of rheumatoid arthritis in the adult Indian

- population. Rheumatol Int. 1993;13(4):131–134. doi: 10.1007/BF00290240.
- 7. Murthy KRS. Madhava Nidanam. 4th ed. New Delhi: Chaukhambha Publication; 2000. P. 95.
- 8. Choi IY, Lee C, Longo VD. Nutrition and fasting mimicking diets in the prevention and treatment of autoimmune diseases and immunosenescence. Mol Cell Endocrinol. 2017;455:4-12. doi: 10.1016/j.mce.2017.01.042.
- 9. Khanna S, Jaiswal KS, Gupta B. Managing rheumatoid arthritis with dietary interventions. Front Nutr. 2017;4:52. doi: 10.3389/fnut.2017.00052.
- Shastri PT Kashinath, Chaturvedi Gorakhnath. Charaka Samhita. Reprint 2008. Varanasi: Chaukhambha Bharti Academy; Sutra Sthana chap 14/71-76.

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