AYURVEDIC MANAGEMENT OF RHEUMATOID ARTHRITIS: A CASE REPORT

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ABSTRACT
Rheumatoid arthritis is a commonest disorder with varied clinical signs and symptoms related to multiple organ systems, being both articular and extra articular. On the basis of clinical presentation, it is close to an entity described as Amavata in Ayurvedic texts. Presently, non-steroidal anti-inflammatory drugs (NSAIDs) are the support of treatment in this condition; however, they have serious adverse effects and have limitations for a long term therapy. Hence, there is a need for drugs having good efficacy with low toxicity profile in this debilitating disorder. Ayurveda has always given the best solutions for chronic disorders. Author has tried to give solutions to this problem through a specific treatment modality called as Vaitarana Vasti described for the treatment of Amavata. But it is only a part of therapy. The whole treatment includes Deepana, Pachana and Vatanulomana as described in the Chikitsasutra of Amavata. Drugs and combinations like Shunthi kwatha with Erandataila, Panchakola for Deepanapachana and Balachurna, Guduchichurna, Guggulu, Triphala churna as Balya and Rasayana after completion Vasti were also incorporated in the treatment. Thus the case described in this article was treated with the same guideline of Amavata Chikitsa in Ayurveda and results were obtained. Though a single case is not enough to prove the efficacy, author has tried to share his experience through this article to state that Ayurvedic treatment for Rheumatoid Arthritis is very effective and enhances the quality of life of patient without creating any side effects.

INTRODUCTION
Rheumatoid arthritis is now-a-days a commonest disorder occurring due to changes in the lifestyle. On the basis of sign and symptoms, it can be correlated with Amavata described in Ayurveda. Amavata is one of the commonest disorders caused by the impairment of Agni, formation of Ama and vitiation of Vata[1]. As in Ayurveda, treatment is aimed towards complete cure from disease leading to reversal to healthy state and not merely the absence of symptoms, it has best answers to many diseases where modern medical science fails to give results. Amavata can be a best example. Ayurvedic treatment of Amavata leads to break in pathogenesis of the disease and hence provides complete cure. The treatment is safer, cost effective and traditionally proven. The case described in this article cannot prove it concretely as there’s no large data, but it can be helpful to show path towards the Ayurvedic management of Rheumatoid Arthritis.

CASE REPORT
A male patient of age 42 presented with pain and swelling over all major joints like knee, elbows, wrist joints. There was mild stiffness and tenderness in joints. He also had minor complaints like anorexia, nausea, constipation, heaviness in body etc.

Clinical Examination
- Dashvidha Pariksha
  - Prakriti : Vata Pittaja
  - Vikriti : Vatapradhanatridoshaja
  - Sara : Madhyama
  - Samhana : Madhyama
  - Ahara Shakti : Avara
  - Abhyarana Shakti : Avara
  - Jarana Shakti : Avara
  - Vyayam Shakti : Avara
Vaya: Vridha
Satva: Madhyam
Satyama: Madhyam
Bala: Avara

Astavidha Pariksha

Nadi: Vata Kaphapradhana, Sama. (80/min)
Jihva: Sama
Mala: Saam, Baddha.
Mutra: Bahumutrata
Sabda: Kshama, Kala (low tone speech)
Sparsa: Ruksha (dry, rough)
Drika: Samanya

Samprapti Ghataka

Dosha: Tridosha (Vata dominated)
Dushya: Ras, Mamsa, Asthi, Majja
Srotas: Rasvaha, annavaha Asthivaha, Majjavaha, Udakavaha, Mutravaha, Purishavaha

Adhisthana: Sandhi, hridaya
Samuthana: Ama-Pakvashya
Vyaktisthana: Sandhi
Rogamarga: Madhyama
Vyadhi Avastha: Jeerna
Agni: Manda

General Physical Examination
B.P.= 130/92mmHg, P/R = 80/min, Pallor - ve, Icterus - ve, Cynosis - ve, Clubbing - ve.
CVS: S1 S2 Normal
Chest: B/L equal air entry with no added sound
CNS: Higher function normal

Methods for Determining Objective Parameters: Walking time, Grip power and Press Power

1. Walking time: The walking time taken by the patients for a fixed distance was observed and recorded to know the time consumed to cross the fixed distance. This test provides functional status of hip, knee, ankle and smaller joints of the lower limbs. In the present study a distance of 25 ft was fixed for the purpose, and grading was given.

2. Grip power and pressing power: The functional status of wrist joints, metacarpophalangeal joints and interphalangeal joints was assessed by measuring of pressing power and grip power. For this test (Grip power), patients were asked to grip the inflated cuff of a sphygmomanometer by both palms and fingers separately and the rise of manometer readings was recorded in mmHg of mercury at the time of registration and follow ups of the patients of Amavata. For measuring the pressing power the cuff of sphygmomanometer was inflated at the basal value and was placed on the table. The patient sitting on front of the table on a chair was told to press the inflated cuff by both hands separately. While pressing the cuff pressure should be applied from all the involved joints of upper limbs and the extent to which the patient can press the cuff is observed in terms of the rise in mercury column in mm of Hg at the time of registration and follow ups. In both the test the cuff of sphygmomanometer was inflated up to basal value of 30 mm of Hg. Grading was done.

GRADING FOR ASSESSMENT OF DISEASE

WALKING TIME INDEX

0: 15 - 20 sec
1: 21 - 30 sec
2: 31 - 40 sec
3: > 40 sec

GRIP POWER AND PRESSING POWER

0: 200 mmHg
1: 198 – 120 mmHg
2: 118 – 70 mmHg
3: <70 mmHg

PAIN

0: No pain
1: Pain complaints but tolerable
2: Pain complaints difficult to tolerate and taking analgesic once a day
3: Intolerable pain and taking analgesics two times a day
4: Intolerable pain and taking analgesics more than two times in a day.

SWELLING

0: No swelling
1: Feeling of swelling + Heaviness
2: Apparent swelling
3: Huge (Synovial effusion) swelling

GENERAL FUNCTIONAL CAPACITY

0: Complete ability to carry on all routine duties
1: Frequent normal activity despite slight difficulty in joint movement
2: Few activities are persisting but patient can take care of him or herself
3: Few activities are persisting patient requires an
ATTENDANT TO TAKE CARE OF HIM/HERSelf

4: Patient is totally bed ridden

TENDERNESS
0: No tenderness
1: Mild tenderness
2: Moderate tenderness
3: Severe tenderness

STIFFNESS
0: No stiffness
1: 20% limitation of normal range of mobility
2: 50% limitation of mobility
3: 75% or more reduction of normal range of movement

Grading of subjective and objective parameters before treatment
Pain: 2
Tenderness: 1
Swelling: 3
Stiffness: 1
General functional capacity: 2
Walking time: 2
Press power: 2
Grip power: 2

Laboratory findings
Hb: 9 gm%; TLC: 13,900/cumm; ESR: 18 at the end of first hour, RA factor: positive.

RESULTS
On first follow up after 15 days’ treatment for Deepana Pachana, all minor complaints were abolished. There was mild reduction in pain, tenderness and stiffness of joints. General Functional Capacity was also improved.

After completion of Vasti treatment, there was drastic change in the parameters as:

Pain: 1
Tenderness: 0
Swelling: 1
Stiffness: 0
General functional capacity: 1
Walking time: 1
Press power: 2
Grip power: 2

After completion of whole treatment, at the last follow up, all the complaints of patient were relieved and all the objective parameters were to normal (all grade 0).

LABORATORY FINDINGS AFTER COMPLETION OF TREATMENT:
Hb: 10g%; TLC: 11,000/comm; ESR: 11; RA factor: Negative.

DISCUSSION
In the pathogenesis of Amavata, important components are Ama and Vata. As no disease occurs without impairment of Agni[6], the important issue in Chikitsa is Deepana and Amapachana.

Deepana Pachana: As described in Amavata Chikitsa, at the start of the therapy, Deepana and Pachana was done using Panchakolajala[10] and Eranda Taila and Shunthi Kwatha[7]. Panchakola is best Deepana and Shulaghna[8]. Eranda Taila, is described to be best for the treatment of Amavata[6]. It is Katu, Ushnaa and Vataaghna[9]. Due to its Sukshma Guna, it reaches Sandhi and breaks Doshasanghata. Shunthti is Deepana, Vibandhahara[11]. Also due to its Pachana action, it helps in Amapachana. Thus helpful in Samprapti Vighatana.

Vaitarana Vasti: As a whole the qualities of drugs in Vaitarana Vasti can be considered as Laghu, Ruksha, Ushna, Tikshna[12]. Majority of the drugs are having Vata-Kapha Shamaka action. Owing to this property, antagonism to Kapha and Ama the Vasti help in significant improvement in sign and symptom of disease. The Tikshnaguna of Vasti help in overcoming the Srotodushi resulting due to Sanga.

Apunarbhava and Balya Chikitsa: The disease was chronic one. The diseased state of patient leads to weakness of body and mind. Also, due to prolonged Agramandya and Ama, Poshana gets disturbed. After any of the Panchakarma procedures, there may be Balahani and Rukshata caused by Vata Prakopa. Thus
to counteract all these problems and gain the patients bala, he was given Balya Chikitsa. As patients gains Bala and the drugs are Rasayana, there is no chance of recurrence, hence it is called as Apunarbhava Chikitsa. All the drugs used are Balya, Bringhana and Rasayana[13]. Guggulu was used due to its Sandhigamitva[14].

CONCLUSION

From this case study, it can be concluded that Rheumatoid Arthritis can be taken parallel to Amavata. Ayurveda can provide a solution to the daily increasing concern about this disease. When treated with Ayurvedic treatment schedule as described in Ayurvedic Granthas according to the condition of patient and state of the disease, we can get best results for treating many other diseases like this.

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