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Case Study

MANAGEMENT OF AMAVATA W.S.R. TO RHEUMATOID ARTHRITIS Dipti Kalangutkar^{1*}, Rashmi Patekar², Geeta Patki³

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ABSTRACT

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Vitiated Vata Dosha, weakened Agni, and accumulation of Ama at Shleshmic Sthana mainly at Sandhi (joints) are responsible for the development of Aamvata. Amavata can be correlated with rheumatoid arthritis due to similarities in clinical symptoms. Rheumatoid arthritis is one among the autoimmune diseases causing chronic symmetrical polyarthritis. The treatment in Modern science includes the use of NSAID's (Non-steroidal anti-inflammatory drugs), DMARD's (Disease-Modifying Anti-rheumatic Drugs), glucocorticoids, and immunesuppressants, long-term use of which causes several side effects. Ayurveda treatment procedures and medication used for the treatment of Amavata have Agni Deepana, Ama Pachana, Vata Shamaka, Sroto shodhana actions which are helpful to retard disease process and reduce signs and symptoms of the disease. In the present case, 65-year female patient presented with, complaints of multiple joint pain with swelling and morning stiffness, restricted joint movements, loss of appetite, fatigue, weakness, fever (on and off), migratory pain, and symmetrical joint involvement. Patient was administered with Phalatrikadiguggulu, Shwadanshtradi guggulu. Mahayograjguggulu, Rasapachak vati, Sameerpannag rasa and Gandharvaharitaki churna added as Nitya Virechana. Ruksha Swedan with Valukapottali had also been given. The therapeutic interventions adopted in the study have shown beneficial effects in the patients of Aamvata. AR

INTRODUCTION

Amavata, as a disease, was first described in detail by Madhavakaran in Madava Nidana^[1] whereas the treatment of Amavata was first explained by Acharya Cakradatta. It is a disease of Madhyama Rogamarga hence it is said to be Krichrasadhya or *Yapva* i.e., difficult to cure. The word *Amavata* is made up of a combination of two words, Ama and Vata.^[2] The disease is mainly due to the derangement of Agni (biofire), (like Jatharagni, Dhatvagni, and Bhutagni etc.), resulting in the production of *Ama* (metabolic toxin), and this Ama (metabolic toxin) circulates in the whole body by the vitiated Vata and gets located in the



Sandhis (joints), causing pain, stiffness, and swelling over the joints. Angamarda (body ache), Aruchi (anorexia), Trishna (thirst), Alasya (lethargy), Jwara (fever), Apaka (indigestion), Shunata (swelling), Sandhishula (pain in joints), Stambha (stiffness) are clinical features of Amavata^[3]. Some of them resemble with sign and symptoms of RA such as pain, stiffness, swelling of small and large joints, lethargy, etc. In Avurveda based on clinical appearances, there is a close resemblance between Amavata and rheumatoid arthritis.

RA is asymmetrical, destructive and deforming polyarthritis affecting small and large synovial joints.^[4] As the disease advances, joint destruction occurs resulting in limitation of motion, instability. subluxation, deformities and systemic disturbance.^[5] The treatment includes NSAIDS (Non-steroidal antiinflammatory drugs), DMARDS (disease-modifying anti-rheumatic drugs), analgesics, immune suppressants therapies etc but regular monitoring is

required because of hepatic and hematological toxicity. Long-term use of these drugs has various adverse effects on the other systems of the body.^[6]

Ayurveda advocates a range of preventive and curative measures. *Langhana, Swedana, Deepana, Katu Tikta Pachana, Virechana, Snehapana, Basti* are the line of treatment.^[7] Amavata can be managed successfully with the holistic approach of Ayurveda and helped in restoring the quality of life of patients. The aim of the present study is to evaluate the efficacy of Valuka Swedana (Ruksha Sweda) and oral administration of some Shamana Aushadhi in the management of Amavata.

Case Presentation

A 65 years female patient visited Bhaisaheb Sawant Avurved Mahavidvalava OPD of Kavachikitsa dept. having complaints of pain in all major and minor joints, stiffness in joints (especially in morning hours) associated with loss of appetite, heaviness in the whole body, constipation and difficulty in daily routine work. As per the patient, she was alright 2 years back. One day she developed pain and swelling in interphalangeal joints bilaterally. Later on pain and swelling started in bilateral wrist joints. Gradually pain started in the elbow, knee, ankle and shoulder joints bilaterally. The severity of the pain started increasing with swelling. Stiffness in the body started in the morning hours with restricted joint movements, loss of appetite, fatigue, weakness and fever (on & off). For that, she took allopathic treatment but did not get satisfactory

results. She had a history of hypertension and no history of any other major illness in the past. Patient had no any relevant family history.

Examination

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Diet	Irregular food habits, mixed diet	
Appetite	Decreased	
Bowel	Hard stool	
Bladder	5-6 times/day	
Sleep	Disturbed	

Table 1: Personal History

Systemic Examination

The vitals of the patient were found to be within normal limits. No any abnormal findings were found on systemic examination.

Musculoskeletal system

Swelling presents on both wrist and ankle joints. Difficulty in extension at interphalangeal joints, and wrist joints, difficulty in lifting arms, local temperature is found to be raised, tenderness presents at joints with restricted and painful movement of all joints.

General Examination

Table 2: Ashtvidha Pareeksha

Jihva- Uplepatwa	Nadi- Kapha-vaat
Mala- Aamyukta	Mutra- Prabhut
Shabda- Ruksha	Sparsh- Ruksha
Druka- Prakrita	Akruti- Madhyama

Table 5: Dashviana Pareeksna			
Prakruti- Vata-pitta	Vikruti		
	Dosha- Vata-kapha		
	Ahara-Vata-kaphakar, Akala, Ajirnabhojana		
	Vihara- Avyayama, Atichintana		
	Dushya-Rasa, Rakta, Mamsa, Asthi, Snayu		
	Desha- Anupa		
	Bala- Madhyar	m	
Sara- Madhyam	Samhanan- Ma	Samhanan- Madhyam	
Pramana-Madhyam	Satmya- Exces	ssive <i>Dadhi</i> (curd), sour food, stale food	
Aharashakti–Avara	Vyayamshakti- Alpa		
Kostha–Krura	Vaya - Vruddha		
Table 4: Investigations			
Hematology		Differential count	
Hb-11.7gm%		Neutrophil- 68 % [50-65]	
T. WBC- 6100		Lymphocyte- 28% [20-45]	
ESR- 52		Eosinophil 02% [1-4]	
CRP- 12.3mg/L [0-5]		Monocyte- 02% [2-8]	
Rheumatoid Factor- 117.8 IU/ml		RBC- 4.35mill/mm ³	
		Plt- 2.93 lakhs	

Table 3: Dashvidha Pareeksha

Differential Diagnosis

Amavata (rheumatoid arthritis), *Sandhivata* (osteoarthritis), *Vatarakta* (gout).

Diagnosis

Based on the present illness, chief complaint and clinical features the case was diagnosed as *Amavata*. The clinical symptoms are similar to rheumatoid arthritis like pain, swelling, stiffness of joints, weakness, the rise in temperature, etc. *Amavata* (rheumatoid arthritis) was diagnosed on the basis of symptoms described in the classics of Ayurveda and criteria fixed by the American Rheumatology Association.

Symptoms	Severity	Grade
	No pain	0
Sandhishula	Mild pain	1
(Pain in joints)	Moderate, but no difficulty in moving	2
	Much difficulty in moving the body parts	3
	No swelling	0
Sandhishotha	Slight swelling	1
(Swelling in joints)	Moderate swelling	2
	Severe swelling	3
	No stiffness	0
Sandhijadyata	Stiffness persisting only for half an hour to1 hr in the morning	1
(Stiffness in joints)	Stiffness persisting for long time (>1h)	2
	Stiffness for the whole day and night	3
	No tenderness	0
Sparshasahatwa	The subjective experience of tenderness	1
(Tenderness)	Wincing of the face on pressure	2
	Wincing of the face and withdrawal of the affected part on the pressure	3

Table 5: Criteria fixed by the American Rheumatology Association

Case Management

Bahya Chikitsa (External Medicines): Ruksha Swedan with Valukapottali started and continued throughout the treatment. It is done for 15-20 minutes in the morning.

Table 6: Abhyantara Chikitsa (Internal Medicines)

Medicine Name	Dose	Time of Administration	Anupana	Duration
Phalatrikadi Guggulu	250mg	At 6AM & 6PM	Koshnajala	3 months
Shwadanshtradi Guggulu	250mg	Every 4 hourly Then at 6 AM & 6 PM	Koshnajala	7 days 3 months
Mahayograja Guggulu	250mg	After lunch & dinner	Koshnajala	3 months
Rasapachak + Sameerpannag rasa	500gm 65mg	After lunch & dinner	Koshnajala	1.5 months
Gandharva Haritaki Churna	5gm	Before lunch & dinner	Koshnajala	1 month then as per need

RESULT

There were significant changes before and after treatment.

Table 7: Signs and Symptoms (Subjective parameters)

Clinical features	Before treatment	After treatment
Sandhishula	3	0
Sandhishotha	3	1
Sandhijadyata	3	0
Sparshasahatwa	2	0

Table 8: Objective parameters			
Laboratory investigation	Before treatment	After treatment	
RA Factor	117.8	4.7	
CRP	12.3	8.7	
ESR	52	18	



Before treatment

During treatment only *Valukaswedana* and oral medicine with appropriate *Anupana* and *Pathya* have been advised to the patient and asked for a follow-up visit. After 90 days she came to OPD for a follow-up. As per her statement pain and swellings were reduced. On the day of the OPD visit, investigations were carried out, which showed the following results i.e., ESR 18mm/hr, CRP 8.7mg/L, and RA factor 4.7 IU/ml. Marked improvement was found in all sign and symptoms, pain, swelling, stiffness, and tenderness was markedly reduced. Her appetite was improved, and bowel habits became regular during treatment.

DISCUSSION

Amavata is one of the most common problems in the present era. There is no such therapy for a permanent cure. But through Ayurvedic treatment, patients can get a better life. Consumption of Nidanas leads to the deviation of Agni causing Mandagni. Mandaani is the main cause of Ama formation. The diminished digestive fire, incompatible diet and incompatible body movements are the main causative factors of Amavata. The main principle of treatment in Amavata is to reduce and cease the production of the Ama by Amapachana (metabolism) and to normalize the vitiated Vata dosha and Kapha dosha. Acharya Chakradatta mentioned Chikitsa Siddhanta for management of Amavata, which consists Langhana, Swedana, and use of drugs having Tikta, Katu Rasa, and Deepana property. Hence, the drugs were administered accordingly.

Primarily patient was treated with *Shamana* drugs along with *Valuka Swedana*. *Valuka-Pottali Sweda* was given for external dry fomentation. *Valukapottali* possesses *Rukshana* property and has been mentioned for *Kaphaja* disorders. This dry *Swedana* helps in the *Shoshana* (metabolism) of the *Ama* produced in the *Amavata*. It induces sweating which helps to relieve the pain and stiffness of the joints making them mobile and free for movement.^[8]



After treatment

The Swedana also works and increases the Dhatavagni of the affected joint area by improving its functions.^[9] Phalatrikadi guggulu has properties of Vayu Akasha mahabhoota and it plays an important role to reduce and digest the properties of Pruthivi Aap mahabhoota i.e., Ama. It also increases the qualities of Teja mahabhoota which helps with Agni sandhukshana and Vatanuloman which help with proper Malapravrutti i.e., regular bowel habits. Phaltrikadi guggulu gives support to other medicines to reduce the complaints and diseases related to Annavahastrotasa and Asthivahastrotasa. Like this Phalatrikadi can help to other medicines to reduce the complaints and disease related to other Strotasa's having Avarodhjanya samprapti.^[10] Shwadanshtradi Guggulu reduces Shotha and helps in excreting toxins through urine.

Mahayograj guggul is the best medicine for *Vatavikara*. It has *Triphala* and *Guggul* as the main ingredients. It acts as *Yogavahi*, *Rasayan*, *Dhatuposhak* and *Jathragnipradeepak*. By regulating the mediator of inflammation, it exerts significant anti-inflammatory activity.^[11]

Rasapachak (Kalingakadi yog) contains Kalingak, Patola, Kutaki, Nimbpatra, Shuddha Guggulu. Most of the drugs have Katu, Tikta, Kashaya rasa. It has Agni, Vayu, Aakash mahabhutadhikya that helps to digest Prithvi and Aap Mahabhutatmaka Aama. Agni gets intensify that digest Kapha Vata pradhanya Aam at Sandhi pradesh and Trik pradesh. It also reduces Lakshana in initial stage of Aamvata. Rasa is first Dhatu develop after Ahara rasa. Rasapachaka supports in the formation Prakuta rasa that gives Bala to further Dhatu.

Sameerpannag rasa has Katurasa, Katuvipaka, Ushna and Tikshnavirya.^[12] It has Balya kaphavatghna, antitoxin action and Ama Pachak (detoxifier) actions, which reduce Aam formation, remove Aamvisha from the channel, and facilitate their quick elimination from the body. Therefore, it helps in diseases in which Aam or Aamvisha are responsible or play an underlying cause of the disease e.g., rheumatoid arthritis.^[13] Gandharva Haritaki Churna contains laxative herbs i.e., Haritaki and Eranda. Haritaki is attributed with many qualities like *Deepan* (appetizer), *Pachana* (digestive), Anulomana (carminative), Rasayana (rejuvenator), etc. Eranda possesses Vatahara, Vrishya (aphrodisiac), Rechana (laxative) actions. It is a widely used formulation in the management of Vatavyadhi (Vata Sandhivata (osteoarthritis), disorders). Ajirna (indigestion), Aruchi (anorexia) induced diseases. It softens stools and eases the problems of constipation by inducing regular bowel movements. It does Anulomana of Apana vavu.

All the medicines used in the treatment of the patient are prepared as per *Vaidya Datarshastri* (renowned *Panchabhautika Chikitsa Vaidya*). ^[13] The speciality of this medicine is that titration of the formulation is done using the same content of the formulation. In this, due to the special process of drug preparation and administration, the quantity of medicine given to the patients is reduced. Due to this, side effects on patients are also reduced.

CONCLUSION

From this case study, it can be concluded that *Aamvata* can be treated effectively and safely by using the Ayurveda principles without side effects with restoring quality of life. This is a single case study hence to prove its efficacy there is a need to conduct a study on a large number of patients.

REFERENCES

- 1. Mishra B S Bhavprakash, Uttarardha Vidyotini editor. (Madhyamkhand). Varanasi: Chaukhamba Bharati Academy; 2001.
- 2. Radhakantdev. Shabda Kalpa Druma, part 4. Editor. Varanasi, Chaukhamba Sanskrit series; 1967.
- 3. Shastri S Madhav Nidan, Vidyotini editor. Varanasi:

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Chaukhamba Sanskrit Sansthan: 2006.

- Nuki G. Davidson's Principles and Practice of Medicine. 17thed. Edinburg: Churchill Livingstone Elsevier; 1995. Page no. 888.
- Nuki G. Davidson's Principles and Practice of Medicine. 17th ed. Edinburg: Churchill Livingstone Elsevier; 1995. Page no. 891.
- 6. Wright V. Treatment of severe rheumatoid arthritis. Br Med J, 1986; 96: 431-2.
- 7. Chakrapani Datta. Chakradatta editor. Varanasi: Chaukhamba Sanskrit Sansthan; 2010. P.167-168
- 8. Chaturvedi Gorakha Nath and Shastri Kashinath Charak Samhita (Chikitsa sthana) Varanasi, Chaukhamba Bharati Academy; 2005, P. 283.
- 9. Shastri KA. Sushruta Samhita, Chikitsa sthana. 2019 th ed. Ayurveda tatvasandipika, editor. Varanasi: Chaukhamba Sanskrit Sansthan; 2007, P.141
- 10. Mane R K. Role of Traditionally Prepared Phalatrikadi Guggulu in the Management of Malabaddhata W.S.R. to Constipation and Sequel of Malabaddhata in the Development of Diseases in Accordance to Panchabhautik Chikitsa, International Ayurvedic Medical Journal. October-November, 2019; 4(1).
- 11. Patil UA, Prashanth AS. Bird Eye View on Amavata (Rheumatoid arthritis): A case study. Parveshana International Journal of Ayurvedic Research. May-June, 2017; 1(5).
- Vador N, Vador B, Rajgor N. Anti-oxidant and antiarthritic potential of Ayurvedi formulations: Maharasnadiquath extract and Stifain tablet. Indian Journal of Pharmacy and Pharmacology. January-March, 2020; 7(1): 43-47.
- 13. Vaidya Atmaram Waman Datar. Panchbhautic Chikitsa Part- 1:2017.

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