



### Case Report

## 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.

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### 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*<sup>[1]</sup> 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  
**Akriti :** Samanya

**Samprapti Ghataka**

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

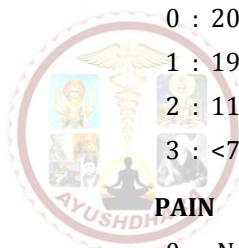
- 0 : No pain
- 1 : Pain complaints but tolerable
- 2 : Pain complaints difficult to tolerate and taking analgesic once a day
- 3 : Intolerable pain and taking analgesics two times a day
- 4 : Intolerable pain and taking analgesics more than two times in a day.

**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.

#### DAIGNOSIS

On the basis of the 1987 revised criteria by American College of Rheumatology for diagnosis of rheumatoid arthritis<sup>[2]</sup>, diagnosis of Rheumatoid Arthritis was made.

#### TREATMENT

In *Ayurveda*, Rheumatoid Arthritis can be taken parallel to *Amavata*. Hence following *Amavata Chikitsa Sutra*<sup>[3]</sup>, *Deepana*, *Pachana*, and *Vaitarana Vasti*<sup>[4]</sup> with *Saindhavaditaila Anuvasana* was done.

1. For *Deepana Pachana*: 1<sup>st</sup> 15 days  
- *Panchakolashrutasheetajala* 20ml QID  
- *Shunthi Kwatha* (20ml) with *Eranda Taila* (5ml) in morning on empty stomach.
2. *Vatarana Vasti* in the *Yoga Vasti* format. *Saindhavadi Taila Anuvasana* was considered.
3. As *Apunarbhava* and *Bringhanachikitsa*: *Balachurna* (2g), *Guduchi Churna* (1g), *Triphala Churna* (2g) and *Shodhit Guggulu* (0.5g) for 1 month.

#### 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*<sup>[5]</sup>, 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 *Panchakolajjala*<sup>[6]</sup> and *Eranda Taila* and *Shunthi Kwatha*<sup>[7]</sup>. *Panchakola* is best *Deepana* and *Shulaghna*<sup>[8]</sup>. *Eranda Taila*, is described to be best for the treatment of *Amavata*<sup>[9]</sup>. It is *Katu*, *Ushna* and *Vataghna*<sup>[10]</sup>. Due to its *Sukshma Guna*, it reaches *Sandhi* and breaks *Doshasanghata*. *Shunthi* is *Deepana*, *Vibandhahara*<sup>[11]</sup>. 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*<sup>[12]</sup>. 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 *Srotodushti* 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 *Agnimandya* 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*<sup>[13]</sup>. *Guggulu* was used due to its *Sandhigamitva*<sup>[14]</sup>.

### 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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