

Case Study

Intervention of *Amavata* (Rheumatoid Arthritis) Through Multimodal Ayurveda Approach: A Case Study

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ABSTRACT

Amavata is second common joint disorder. *Amavata* is compared with Rheumatoid Arthritis based on similarities on signs and symptoms. Among various diseases that are managed through Ayurveda *Amavata* is one of them. RA is a chronic progressive disease causing inflammation in the joints and resulting in painful deformity and immobility, especially in the fingers, wrists, feet and ankles. The DMARDS and steroids used for management of *Amavata* have got various side effects and also don't completely eradicate the disease. In this case study patient was given *Vaitran Basti* and *Baluka Swedana* along with some oral medicines i.e., *Singhnad Guggulu* 500mg twice daily, *Rasna Saptak Kwath* 40ml twice daily etc. So, Panchkarma procedures along with internal medications showed good result in the improvement of overall symptoms in this case of *Amavata* (Rheumatoid arthritis).

Key words: *Amavata*, Rheumatoid arthritis, joint disorder, joint pain, Ayurveda approach.

INTRODUCTION

Rheumatoid Arthritis is a chronic inflammatory disorder which affects the joints and is associated with swelling, stiffness and pain. Advanced disease stage can lead to substantial loss of function and mobility. Rheumatoid arthritis is the second common arthritis after Osteoarthritis and is most common inflammatory arthritis, and women are affected 2.5 times as frequently as men. [1] The prevalence is approximately [2] 0.5-1% of world's population R. A. is seen worldwide and affects all races. Usually occurs in the age group of 35 to 55 yrs. R.A. still remains a challenging till today there is no effective treatment for this disease. The DMARDS and steroids used for management of *Amavata* have got various side effects and also don't

completely eradicate the disease. There are various multimodal approaches followed in Ayurveda, practice for its management. The disease is mainly due to derangement of *Agni* like *Jatharagni*, *Dhatvagni* and *Bhutagni*, resulting in the production of *Ama*. This *Ama* circulates in the body by vitiated *Vata* and gets located in the *Sandhis* causing disease *Amavata*. It is very painful condition resulting in distress. In RA the patient's social roles, capacity to work, independence, self-concept, mood and psychological well-being are usually affected as well (Krol et al, 1993, Doeglas 2000). [3] Its signs and symptoms are *Sandhishotha*, *Sandhishoola*, *Sancharivedna*, *Jwara*, *Aruchi*, *Aalsya*, *Gaurav*. [4]

Chikitsa should be such that pacifies Vata & at same time performs Amapachana action too.

Vata needs Snigdha Chikitsa & Ama needs Ruksha Chikitsa. Chikitsa of Amavata comprises of Langhana, Swedana, Deepana, Pachana (Tikta Katu Dravya), Snehapana, Virechana & Basti. [5]

Ayurveda through its holistic, multimodal approach and in particular through Panchkarma therapy helps to prevent and cure Amavata. Baluka Swedana, Vaitran Basti etc are indicated in Amavata. Present study reveals that Amavata can be managed successfully with Ayurveda especially Panchkarma therapy i.e., Baluka Swedana, and Vaitrana Basti. It helped in minimizing the pain and stiffness and helped in restoring quality in life of Amavata patients.

PATIENT INFORMATION

A 60 years female patient came to the Panchkarma OPD at National Institute of Ayurveda Jaipur, India with complaints of pain and swelling in multiple joints since 8 years. Morning stiffness in multiple joints since 8 years. It was also associated with generalized weakness, loss of appetite and enthusiasm. According to patient, she was asymptomatic 9 years before. Then she suddenly experienced pain and stiffness in metacarpals joints of hand. Slowly pain was experienced in bilateral ankle joints, shoulder joints, metatarsal joints and knee joints. As per patient she had taken Allopathic medicines (steroids, analgesics etc) but did not get relief so have come for Ayurveda treatment. No history of any addiction was found. No personal and family history of any major systemic illness was present. According to patient she has history of Dewoswopna (day sleep), Bhojanottara Vyayama i.e., (working in field after taking heavy meals).

CLINICAL FINDINGS

On physical examinations patient was febrile with body temperature 100 °F with Blood Pressure - 100/80 mm of Hg,

Pulse rate - 72/minute, R.R.- 18/minute. On Systemic examination no abnormality was found in respiratory, cardiovascular and central nervous system activity. It was a diagnosed case of Rheumatoid Arthritis. On examination patient was anxious and irritated due to intolerable pain. She had disturbed sleep and Vishmagni (unstable digestive functions). Local raise of temperature on multiple joints was noticed along with tenderness in multiple joints. Tongue was coated associated with loss of appetite. The patient was Vata Kapha Prakruti, having Madyam Koshttha and Madyam Bala. Rasavaha, Raktavaha, Manovahasrotas, Srotodushti Lakshanas were observed. On local examination local raise of temperature was present in multiple joints. Tenderness was present. Swelling was present in metacarpals joints.

Table 1: Timeline of case

Year	Clinical events and intervention
2009	Pain in small joints of hands and knee joints. Patient took allopathic medicines.
2018	Patient did not get permanent relief, pain was excessive and aggravated.
28/5/18	Pain and stiffness in multiple joints. Occasional swelling in multiple joints. She was admitted to IPD of Panchkarma dept NIA, for same problem.
29/5/18	Baluka Swedana and Vaitran Basti was given for 16 days.
13/6/18	Mild relief in pain and stiffness along with swelling. Patient was discharged. Oral medicines were continued till follow up.
29/6/18	Patient came for follow up after 1 month, there was relief in pain, stiffness. and swelling in multiple joints. Gain of strength, and enthusiasm along with good appetite was seen. She was able to do her daily chores.
29/8/18	Patient was at normal health condition, was able to perform daily activities.

THERAPEUTIC INTERVENTION

After taking proper history patient was admitted to Panchakarma department with registration no.1907,33623052018. Treatment plan was planned accordingly Baluka Swedana along with Vaitran Basti in Kala Basti pattern was given for 16 days. Singhanadh Guggulu 500mg twice daily, Rasnasaptak Kwath 10gm twice daily, Ajmodadi Churna 3gm, Shanka Bhasma 500mg was given. Combination of Ashwaganda, Ajoshwani churna 2g , Nagradhya 1gm, Chopcheney 1gm each

twice daily was given. *Pathya Aahar* (dietetic regimen) was explained to patient.

Diagnosis and treatment

The chief complaints of patients like pain, stiffness, lethargy, generalized weakness, heaviness in body, fever etc are similar to

the classical symptoms of RA like *Angamarda, Aruchi, Trishna, Aalasya, Gaurava, Jvara, Apaka, Shunta, Praseka, Aasya Vairasya, Bahu mutratam, Aantrakunjana, Chhardi, Vibandha*, [6] etc as mentioned in classics so patient was diagnosed as a case of *Amavata*.

Table 1: Treatment methods.

Panchakarma procedures	Method of preparation	Method of administration	Duration
<i>Baluka Swedana</i>	Fine, properly cleaned and good quality of sand was taken and heated in a vessel, sand packs were made and applied in the whole body.	Heated sand packs were applied to the joints, and throughout the body for <i>Swedana</i> early in morning empty stomach.	16days
<i>Anuvasana Basti</i>	75 ml Of Brihat saindhavadi oil with rock salt	Given with <i>Basti Yantra</i> after meal.	10 <i>Basti</i> alternatively in <i>Kala Basti</i> schedule
<i>Vaitrana Basti</i>	Guda50 grams, rock salt 5 grams, <i>Emlika</i> 50gm, <i>Gomutra</i> 100ml	Given with <i>Basti Yantra</i> before meal.	6 <i>Basti</i> alternatively in <i>Kala Basti</i> schedule.

<i>Samana Yoga</i>	Dose	Anupana	Duration
<i>Singhanadh Guggulu</i>	500mg twice daily in empty stomach.	With warm water	30 days
<i>Rasnasaptak Kwath</i>	10gm twice daily in empty stomach	-	30 days
Combination of <i>Ajmodadi churna</i> , and <i>Shankha bhasma</i> .	3.5gm twice daily before food	With warm water.	3 months
Combination of <i>Ashwogandha churna</i> , <i>Ajoswani churna</i> , <i>Nagaradhya churna</i> , <i>Chopcheney churna</i> .	5gm twice daily after food.	With warm water.	3 months.

Follow Up and Outcomes:

Table 2: Signs and Symptoms (Subjective parameters)

Signs and Symptoms	BT	AT
<i>Sandhi ruja</i> (joint pain)	4	1
<i>Sandhi shotha</i> (joint swelling)	3	1
<i>Stabdhatta</i> (stiffness):	2	1
<i>Ushnata</i> (heat over the affected joints)	2	1
<i>Sparshasahyata</i> (tenderness about the joints)	5	1

BT: Before Treatment, AT: After Treatment

Table 3: Objective Parameters

Objective Parameters	BT	AT
RA Factor	Positive	Negative
CRP	Positive	Negative
ASLO	Negative	Negative
ESR	53	25

BT: Before Treatment, AT: After Treatment

DISCUSSION

Amavata is one of the most challenging problem that makes the patient weep in agony of pain & reduces functional capacity with severe stiffness & crippling deformities of joints making them bed ridden. *Ama* is an undigested material produced due to hypofunctioning of *Agni* at the level of *Jatharagni* or at the level of *Dhatvagni*. *Vayu* which is *Pradhan* among the *Tridosas* is the main culprit in *Amavata*. *Ama* along with *Vata Dosha* moves towards

Kapha Sthanas passing through *Rasa Vaha Dhamanis* where it combines with the *Tridosas* & becomes further *Dushita* & later on settles in the *Sandhis* where *Khavaigunyata* is produced by *Nidana Sevana* & *Lakshana* of *Amavata* are produced. *Rasavaha Srotasa* & *Rasa Dhatu* are mainly affected initially & *Majjavaha srotasa* [7] is also affected with involvement of *Sandhis*.

Samshodhana essentially refers to bio-purification of the body aiming to cleanse the macro and micro channels of the biological system-*Srotas*. The disorders treated by *Shodhana* do not reoccur because *Shodhana Karma* is *Mulavata Chikitsa*. The Panchakarma covers all aspect of treatment promotion, prevention and cure of life.

Vata is very important *Doshas* to be managed in *Amavata*. *Basti* is very important therapy to manage *Vata Dosha*, and is called as *Ardha Chikitsa*. [8] *Vata* needs *Snigdha Chikitsa* & *Ama* needs *Ruksha Chikitsa*. *Chikitsa* should be such that pacifies *Vata* & at same time performs *Amapachana* action. *Chikitsa* of *Amavata*

comprises of *Langhana*, *Swedana*, *Deepana*, *Pachana* (*Tikta Katu Dravya*), *Snehapana*, *Virechana* & *Basti*.

Baluka Swedana is a *Rukshya Swedana*,^[9] which helps in rectification of the imbalance of *Kapha Dosha*, as well as alleviation of *Ama Dosha*. It is also *Shotha Shulahara* i.e. also helps in reduction of swelling, pain and stiffness.

Vaitarana Basti has been mentioned by Chakradutta in *Niruhadhikar*.^[10] Ingredients of *Vaitarana Basti* are *Amalika* (*Emali*), *Guda*, *Saindhava*, *Gomutra Taila* in the proportion of 4:2:1:16. As a whole qualities of *Vaitaran Basti* can be considered as *Laghu*, *Ruksha*, *Ushna*, *Tikshna*. Majority of the drugs have *Vata Kapha Shamaka* action. Owing to these properties treatment with the *Basti* has provided good result in signs and symptoms. The *Tikshna* Guna of *Basti* helps in overcoming the *Srotodusthi* resulting due to *Sanaga*, thus helps in breaking down the pathogenesis of the disease. *Vaitarana Basti* expelled the vitiated *Dosha* out, cleared the *Sukshma Srotasa* & corrected the *Ojo Vikruti*. *Rasavaha Srotodushti* & *Rasa Dhatudushti* were corrected by *Srotoshodhana*. It helped in *Ama Pachana*.

Brhit Saindhavadi^[11] oil is *Amapachana* & *Javaraghana*, helps in *Srotosodhana*, *Saindhava* due to its *Sukshma*, *Usna*, *Arukshya*, *Vyavahi*, clears minute channels, helps in *Ama Pachana*.

Shamana Yoga: *Shamana* drugs like *Singhanadh Guggulu* acts as *Rasayan* due to presence of *Guduchi*, and helps in *Ama Pachana* due to predominance of *Tikta Rasa* in its contents. *Rashna Saptak* is *Vata Shamak* (pacifying) in action, helps in *Deepana* and *Pachana* of *Ama* and also acts as analgesic. *Ajmodadi churna* helps in pacifying *Vata*. *Shanka bhasma* is best *Ruchya* (appetizer) *Deepan Pachana*, improves *Agni* (digestive fire) and helps in removal of *Ama* (toxins) from body. Combination of *Ashwaganda*, *Ajoshwani churna*, *Chopcheney Nagar churna*^[12] helps in *Kapha* and *Vata Samana* increases *Agni*,

helps as *Rasayana* also. *Dashmula Kwath* is *Shothaghana* & *Shulaghana*.

CONCLUSION

Amavata leads patient weep in agony of pain, reduces functional capacity with severe stiffness and crippling deformities of joints making them bed ridden. Multimodal Ayurveda approach helped in restoring the quality of life of this patient. Thus Panchkarma procedures along with internal medicines showed encouraging results in this case of RA.

REFERENCES

1. <https://en.m.wikipedia.org/wiki/rheu>
2. <https://rheumatoidarthritis.net> retrieved on date 6/9/18.
3. Krol et al, Disease characteristics, level of self-esteem and psychological well-being in rheumatoid arthritis patients., *Scand J Rheumatol*. 1994; 23(1):8-12.
4. Prof. Ramharsh Singh's *Kaya Chikitshya*, *Chaukambha Sanskrit Pratisthan*, Delhi, Part II, Chapter 43, Page no 537.
5. Dr. Indradeva Tripathi, Sri Chakrapanidatta's Chakradutta with Vaidayaprabha, Hindi Commentary and notes, introduction, indices, appendices etc. Varanasi, *Chaukambha Sanskrit Bhawan*, reprint edition, 2018, Chapter 25, *Amavata Chikitsa* 25/1, Page 166.
6. Prof. Ramharsh Singh's *Kaya Chikitshya*, *Chaukambha Sanskrit Pratisthan*, Delhi, Part II, Chapter 43, Page no 537.
7. Prof. Ramharsh Singh's *Kaya Chikitsa*, *Chaukambha Sanskrit Pratisthan*, Delhi, Part II, Chapter 43, Page no 536.
8. K. Shastri, Agnivesh's *Charaka Samhita* with *Ayurveda-Dipika* Commentary by Chakrapanidatta and with Vidyotini Hindi commentary, Varanasi, *Chaukambha Sanskrit Academy*, reprint edition, 2012, part 2, *Siddhi Sthana* 1/39.
9. Dr. G. Shrinivasa Acharya (2006), *Panchakarma illustrated*, 1st edition, Delhi, *Chaukambha Sanskrit Pratisthan*, *Baluka sewdana*, Page 215.

10. Sri Chakrapanidatta's Chakradutta with Vaidayaprabha, Hindi Commentary and notes, introduction, indices, appendices etc by Dr. Indradeva Tripathi, Varanasi, Chaukambha Sanskrit Bhawan, reprint edition, 2018, Chapter 73, Niruhadhikar 73/32,Page 455.
11. Kabiraj Govind Das Sen's Bhaisajya Ratnavali, edited with Siddhiprada Hindi Commentary by Prof.Siddhi Nandan Mishra, Varanasi, Chaukambha Surbharati Prakashan, edition 2011, Chapter 29, Amavatarogadhikar, Page 612-613.
12. Dr. Indradeva Tripathi, Sri Chakrapanidatta's Chakradutta with Vaidayaprabha, Hindi Commentary and notes, introduction, indices, appendices etc. Varanasi, Chaukambha Sanskrit Bhawan, reprint edition,2018,Chapter 25,Amavata Chikitsa 25/1,Page 167.

How to cite this article: Bhattarai A, Kumawot G, Mangal G. Intervention of *Amavata* (Rheumatoid Arthritis) through multimodal Ayurveda approach: a case study. *Int J Health Sci Res.* 2018; 8(12):201-205.
