



(CASE REPORT)



Ayurvedic management of Amvata W.S.R. to Rheumatoid Arthritis - A case study

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Abstract

The condition of *Amvata* was first explained by *Madhavkara* in *Madhav Nidana*. *Amvata* is not only a joint disorder but a disease with systemic involvement, named after its main pathologic constituents '*Ama*' and '*Vata*'. It is a disorder caused by the impairment of *Agni* (digestive fire), formation of *Ama* (bio-toxin) and vitiation of *Vata Dosha*. *Ama* combined with *Vata Dosha*, occupies *Shleshmasthanas* (*Asthisandhi*) which results in "*Amavata*". It is one of the commonest disorders affecting people from the middle age group and is chronic in nature. It can be crippling as it affects the work performance and interferes with day-to-day activities of a person if left untreated. Clinically it can be co-related with Rheumatoid Arthritis (R. A.). Modern medicine doesn't help in preventing the chronicity of the disorder. Management of R. A. according to modern medicine includes use of NSAID's (Nonsteroidal anti-inflammatory Drugs), Glucocorticoids, DMARD's (Disease Modifying Anti Rheumatic Drugs), immunosuppression therapies, for long term. These drugs also cause side effects in most of the patients leading them to discontinue the treatment. Keeping these points in mind, based on the *ChikitsaSiddhanta* given in Ayurvedic texts, a case of *Amvata* was treated. Marked improvement was seen in the patient's signs and symptoms after treatment. No complication or side effect of any drug used was found during the treatment.

Keywords: *Amavata*; Rheumatoid Arthritis; SimhanadaGuggulu; Shaman *Chikitsa*

1. Introduction

Amavata is a disease of *Asthivaha* and *RasavahaStrotas*. It is mainly produced due to *Ama* and vitiation of *Vata Dosha*. The *Ama* is carried by the aggravated *Vata* and deposited in *Sleshmasthanas* (Seats of kapha like joints etc.) producing features like *Angamarda*(body ache), *Aruchi* (loss of appetite), *Alasya* (weakness), *Sandhiruk* (joint pain), *Sandhisotha* (joint swelling)^[1] . *Madhavakara* (700 AD) was the first who described the features of *Amavata* in *Madhava Nidanawhere* as the treatment of *Amavata* was first explained by Acharya Cakradatta. *Amavata* is a disease of *MadhyamaRogamarga* hence it is said to be *Krichrasadhy* or *Yapya*. According to the clinical features *Amavata* very closely resembles with the *Rheumatoid* arthritis. *Rheumatoid* arthritis is a chronic, progressive autoimmune arthropathy and characterized by bilateral symmetrical involvement of joints with some systemic clinical features^[2, 3] . This disease affects mainly young population and the patients are gradually crippled physically as well as mentally due to bad prognosis of the disease. Hence it is a most burning problem in the society.

Treatment in modern medicine has limitations due to their side effects. The prevalence of RA is ~0.8% of the population (range 0.3–2.1%); women are affected approximately three times more often than men. The prevalence increases with age and sex differences diminish in the older age group. The onset is most frequent during the fourth and fifth decades of life, with 80% of all patients developing the disease between the ages of 35 and 50.3 Ayurveda treats root cause of *Amavata* (RA) which leads to break the *Samprapti* of the disease. Acharya Chakradatta described the *Chikitsa Siddhant*

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for Amavata. It includes Langhana, Swedana and use of drugs having Tikta, Katu Rasa with Deepana property, Virechana, Snehapana and Vasti^[4]. Here a case of *Amavata* was treated by using Shaman Chikitsa given in this Chikitsa Sutra.

2. Case report

A 30 year female patient working in Housekeeping department visited OPD of Kayachikitsa, having complaints of Pain and Swelling in both knee joints since 1-2 months, Pain in both wrist joints and Loss of appetite since 1 month and morning stiffness more than 60 mins since 1 month. The patient was alright before 3 months. Gradually pain and swelling started in both knee joints. Thereafter she developed Pain in both wrist joints. She had complained of loss of appetite and morning stiffness since one month. For that she took allopathic treatment but did not get satisfactory results and for further management he came to our Hospital.

There was no history of Diabetes, Hypertension or any other major illness in the past.

2.1. Examination

Vitals of patient were within normal limits. Systemic examination showed no any abnormal findings. *Jivha* was *Saam*. Rest of the *Ashtavidhpariksha* was within normal limits.

2.2. Local examination

Swelling presents on both wrist and interphalangeal joints of all fingers. Tenderness presents on both wrist and knee joints.

Local temperature-Raised Range of movement-Restricted and painful movement of both knee and wrist joints

2.3. Differential diagnosis

Amavata (Rheumatoid arthritis), *Sandhivata* (Osteoarthritis), *Vatarakta* (Gout).

2.3.1. Investigations done

CBC, ESR, CRP, RA test, Sr.Uric Acid.

2.3.2. Diagnosis

Amavata (Rheumatoid arthritis) was diagnosed on the basis of symptoms described in the classics of Ayurveda and criteria fixed by the American Rheumatology Association in 1988.^[5]

Table 1 Treatment plan

Sr. no.	Medicine	Dose	Anupan	Duration
1	<i>Sinhanadguggulu</i>	500 mg twice daily	<i>Koshnajala</i>	30 days
2	<i>Maharasnadikwatha</i>	20ml twice daily	<i>Koshna Jala</i>	30 days
3	<i>Shunthi siddha Erandataila</i>	10 ml at night	<i>Koshna Jala</i>	30 days
4	<i>Asthikalpavati</i> (consists of <i>kukkutandatwakbhasma</i> and <i>godanti</i>)	500 mg in morning	<i>Koshnagodugdha</i>	30 days
5	<i>Mahavishagarbhataila</i>	For <i>snehana</i>		30 days
6	<i>Rukshavalukapottalisweda</i>	For <i>swedana</i>		30 days

Table 2 Observations and result

F/u	Complaints	Treatment given
Day 0	Swelling present on both wrist(+) and interphalangeal joints of all fingers (++) Morning stiffness(++) Tenderness present on both wrist joints. (+) Local temperature of wrist, metacarpo-phalangeal, interphalayngeal joint- Mildly raised(+) Range of movement- Restricted and painful movement of both wrist joints. (++)	1-6 as mentioned above. <i>Pathyapathyapalan.</i> Physiotherapy.
Day 15	Swelling decreased on both wrist and interphalangeal joints of all fingers (+). Morning stiffness decreased(+) Tenderness present on both wrist joints (+) Local temperature of wrist and interphalayngeal joint- (N) Range of movement- Decrease in Restriction and painful movement of both wrist joints. (+) (Overall relief 40-50%)	1-6 as mentioned above. <i>Pathyapathyapalan.</i> Physiotherapy.
Day 30	Swelling decreased on both wrist and interphalangeal joints of all fingers (+). Morning stiffness decreased. Tenderness decreased on both wrist joints(+) Local temperature of wrist and interphalayngeal joint- (N) Range of movement- Decrease in Restriction and painful movement of both wrist joints. (Overall relief 80%)	1-6 as mentioned above. <i>Pathyapathyapalan.</i> Physiotherapy.

Table 3 Observations

Investigations	Before	After	Investigations	Before	After
Hb	10 gm%	11.6 gm%	R.A factor	Negative	Negative
WBCs	5800/cumm	6000/cumm	ESR	40mm/hr.	12 mm/hr.
Platelets	263000	300000	CRP	20 mg/dl	6 mg/dl
			Sr. Uric acid	4.2mg/dl	4 mg/dl

3. Discussion

Chakradatta described the *Chikitsa Siddhant* for *Amavata*.^[6] It includes *Langhana, Swedana*, drugs having *Tikta, Katu Rasa* and *Deepana* action, *Virechana, Snehapana and Anuvasana* as well as *Ksharabasti*. *Yogaratnakara* have added *Upanaha* without *Sneha*, to these therapy.^[7]

Majority drugs of *Simhanada Guggul* have *Deepan Ama-Pachan, Shothaghna, Shoolghna, Jwaraghna, Balya, and Amavatahara* properties.^[8]

It enhances the *Agni Bala*, alleviates the *Ama* and prevents the further *Ama* formation into the body. Similarly, *Shunthi siddha Eranda Taila* is *Amavatahar*.^[9] This reduces the clinical manifestations of *Amavata* (Rheumatoid arthritis) and helps in breaking the *Samprapti* (pathogenesis) of *Amavata*. *Asthikalpa Vati* is a rich source of biological calcium and is *Deepana, Balya*.^[10]

Maharasnadi Kwath has *Amaphachana, Deepana, Vatahara and Shulaghna* properties which help in breaking *Samprapti* and relieving symptoms of *Amavata*.^[11]

Mahavishgarbha Tail contains *Datura mete linn*, *Vatsanabha (Aconitum ferox)*, *Eranda (Ricinus communis)* and *vatahardrugs*. These drugs have *vedanasthapana*, *shothahar*, *swedajanana*, *deepana* and *pachana* properties which help to relieve the pain.^[12]

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4. Conclusion

Thus the above treatment of *Sinhanadguggulu Mahrasnadikwatha*, *Shunthi siddha Eranatala Asthikalpavati* (consists of *kukkutandatwakbhasma* and *godanti*), *Mahavishagarbhataila*, *Rukshavalukapottalisweda* is effective in treating the above case of *Amvata*.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare that there was no conflict of interest regarding the publication of manuscript.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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Authors short biography



I am working as a Ayurved Physician, Panchakarma Specialist since 17 Years. I am a BOARD OF STUDIES MEMBER for ParaclinicalAyurved Board of Maharashtra University of Health Sciences Nashik. I am a FACULTY MEMBER for Post Graduate ParaclinicalAyurved Board of Maharashtra University of Health Sciences, Nashik. I am working as a Research Faculty for Research Methodology and Medical Statistics of Maharashtra University of Health Sciences, Nashik. I am a Ph.D. GUIDE for five Ph.D. Kayachikitsa(Medicine) students and M.D. GUIDE for 26 M.D. Kayachikitsa (Medicine) students out of which 18 M.D. Kayachikitsa (Medicine) students. My research experience is 14 Years. My research interest in Anxiety Disorder, Diabetes Mellitus, Obesity, Hyperacidity, Diarrhoea, Anaemia etc.