

eISSN: 2581-9615 CODEN (USA): WJARAI Cross Ref DOI: 10.30574/wjarr Journal homepage: https://wjarr.com/

	World Journal of Advanced Research and Reviews	ussa:286-4915 Odday, Induka		
		World Journal Series INDIA		
Check for undates				

Ayurvedic management of *Amavata* with special reference to Rheumatoid Arthritis: A Case Study

Sachinkumar Sahebrao Patil *

Department of Kayachikitsa, M. A. M.'s Sumatibhai Shah Ayurved Mahavidyalaya, Malwadi, Hadapsar, Pune- 411028, India.

World Journal of Advanced Research and Reviews, 2022, 16(03), 1078–1082

Publication history: Received on 15 November 2022; revised on 28 December 2022; accepted on 30 December 2022

Article DOI: https://doi.org/10.30574/wjarr.2022.16.3.1431

Abstract

Amavata is one of the crippling diseases. It is the systemic disorder in which pathogenic constituents are mainly *Aama* and *Vata*. The symptoms of *Amavata* are identical to Rheumatoid arthritis and Rheumatic fever. According to Ayurveda, *Amavata* is the disease which is mentioned under the category of *Vata- Kaphaja vyadhi*. Research has proven that Ayurvedic treatment is effective in the management of *Amavata*.

Present case study was done on the female patient of *Amavata*, we found that Ayurvedic medicines improve *Jatharagni* and leads to the formation of other *Dhatu* as well as stop the formation *Aam*. In this study, patient is having many complaints such as B/L knee joint pain & joint stiffness, local warmness & swelling over both knee, anorexia, dryness of mouth, fever (on & off) etc. Patient was given Ayurvedic medicines such as *Sihnad Guggul, Amavatari* Rasa, *Erand sneha* and *Shunthi jal* with local application of *Vishagarbha tail* and *Waluka pottali Sweda*. Patient was feeling much better than earlier and she felt that about 80% of her symptoms got decreased.

From the modern aspect, the non-steroidal anti-inflammatory drugs (NSAID'S) and disease modifying anti-rheumatic drugs (DMARD'S) are the main stay in this condition, however they have serious adverse effects and have limitations for long term therapy. Continuous use of allopathic drugs leads to symptoms like constipation, nausea, abdominal discomfort. So we stopped the allopathic medicine and started above mentioned Ayurvedic treatment and gradually alleviated above symptoms.

Keywords: Ama; Rheumatism; Amrita; Tinospora cordifolia; Ghee; Sihnad Guggul

1. Introduction

Amavata affects the *Sandhi* and *Hridya Marma* which are the part of *Madhyamroga Marga*. The affection of *Sandhi* with *Aama* reflects role of homogenous *Dosha* and *Dushya* in prognosis of disease. The prevalence of Rheumatoid Arthritis in adults in India varies fromto 3.8% in women and 0.15 to 0.38% in men. Derangement of *Kapha dosha* especially *Shelshmak Kapha* in *Amavata* which produce joint pain and swelling with tenderness can be correlated with Rheumatoid Fever because of cardiac involvement due to repeated fever resulting in Rheumatic heart disease.^[1] In the Rheumatoid Arthritis synovial membrane is infiltrated with lymphocytes, macrophages and plasma cells. The serum contains Rheumatoid factors (RF) which are immunoglobulin (IgM) behave as antibodies to auto antigenic components of IgG. It appears that the inflammatory changes of Rheumatoid Arthritis (RA) are brought out as a result of activation of antigen antibody complex. RA is generally regarded as an autoimmune inflammatory disorder of connective tissue throughout the body in which some antigenic products of streptococci in throat are absorbed through the blood vessels and

Copyright © 2022 Author(s) retain the copyright of this article. This article is published under the terms of the Creative Commons Attribution Liscense 4.0.

^{*}Corresponding author: SachinkumarSahebrao Patil

lymphatics.^[2] These streptococcal antigens activates autogenously tissues to form auto antibodies which reacts with specific tissue component to produce lesion in RA.

The antigen formation can be considered as *Aama* at Jatharagani level and formation of antibodies with *Dhatugat Aama*. The antigen, antibodies complex of *Samdhatu* and that of *Sthansanshraya* in a *Shleshmavastha* with infiltration of immune complex including lymphocytes, macrophages and plasma cells. *Aama* and *Vata* being contradictory in character is difficult factor while planning the line of treatment. From the modern side, the non-steroidal anti-inflammatory drugs (NSAID'S) and disease modifying anti-rheumatic drugs (DMARD'S) are the main stay in this condition, however they have serious adverse effects and have limitations for long term therapy.^[3]

NSAID'S and DMARD'S provide temporary control to the pain and possibility of further damage to joint also increases as root cause of disorder remains unattended. Hence there's a need of drug which can have predictable efficacy with low toxic profile in this debilitating disorder. An US study showed efficacy of Ayurvedic medicines in Rheumatoid Arthritis cure. Personalized Ayurvedic interventions have demonstrated clinically significant improvement in Rheumatoid Arthritis as par allopathic treatment with added advantage of lesser side-effects, according to a study.^[4]

1.1. Samprapti

When person having sedentary lifestyle with hypo functioning of digestive mechanism indulges incompatible diet or workout exercise after taking fatty food, *Aama* is formed and propelled by *Vayu* and reaches the *Shleshmasthana* (such as *Amashaya, Hridya, Mastikshya, Sandhi* and *Jihva*).^[5] The incompletely processed *Aamarasa* with the help of vitiated Vata is circulated all over the body. Then it becomes excessively mucous accumulated in the small channels. It makes the patient weak and produces feeling of heaviness in the pericardial region. This aggravated *Aama* and *Vata* is simultaneously circulated all over body and gets accumulated in joints by Strotosang making body stiff, this condition is known as *Amavata*.^[6]

According to *Kapha sthana*, involved *Aamavata* can be described in five different types. Involvement of *AvalambakKapha* in *Hridya* may manifest the predominant symptoms like *Hridgraha*, *Hridgaurava*. Clinically these patients may suffer with mitral prolapsed or mitral stenosis. If *Dosha* takes shelter in *Amashaya* and dislodges the *Kledak Kapha*, it results in severe *Agnimandya* and *Aruchi*, involvement of Tarpak Kapha in brain leads to Rheumatic chorea. Involvement and predominance of *Shleshmak Kapha* at Sandhisthana leads to Rheumatoid Arthritis. Patients get symptoms such as *Sandhishool*, *Sandhishoth*, *Sandhigraha*, *Sparsha-asahatva* etc. Symptoms such as *Aruchi*, *Trishna* and tastelessness will be found predominantly when *Bodhak Kapha* involved at *Rasna* (Jivha).

2. Case report

A clinically diagnosed 32yr old female patient residing in pune, Maharashtra state reported with complaints of both knee joint pain, stiffness in joint, local warmness & swelling over both knee, dryness of mouth, fever (on & off) and loss of appetite with Anorexia, headache and constipation since 5-6 months. For that patient consulted by physician, diagnosed as rheumatoid arthritis and treated by allopathic medicines for 3 month. Then, the patient arrived at OPD of SSAM for Ayurvedic Treatment.

2.1. On examination

- P-106/min
- BP- 140/100 mm of hg R/S- B/L clear
- Oral NAD
- Joint Stiffness in all joints and edema present CVS –S1S2 normal on Auscultation
- P/A soft & non tender

2.2. History of previous illness

- At the age 5-15yrs recurrent tonsillitis & pharyngitis.
- At the age of 17yrs Cough and Cold continuously upto 21yrs of age. At 31yr RA factor positive and ESR raised

2.3. Investigation

- ESR- 55 mm/hr,
- Hb- 9.8 gm%
- CRP-36

- 2D echo- Normal, LVEF 60%
- Rheumatology- RA factor positive (strongly) ASO titer- positive
- Serum uric acid- 5.3 mg/dl

2.4. Treatment

2.4.1. Allopathic

- Tab Prednisolone 40 mg- It improves immune system with reduction of swelling and allergic reactions.
- Tab Pantoprazole 40mg It inhibits the final step of gastric acid production.
- Tab Hydroxychloroquine 300mg- It is used to treat Autoimmune diseases like SLE and Rheumatoid Arthritis. •
- Tab Jupical- Multivitamin + Calcium •

2.4.2. Avurvedic

- Tab. *Amavatari* It is used in Rheumatoid arthritis and edema on joints.[7] •
- Tab. Sinhnad Guggul- Pain, Inflammation and Stiffness of Joints.[8]
- Tab. Shankha Vati- Useful in Anorexia, Nausea and loss of Appetite.
- Gandharvhasthadi oil- Expel Aam Dosha through the body by motions. •
- Guduchi churna- Rasavan& immunomodulatory. •
- Anupan Koshna jal with the Sunthi powder.

2.5. External therapies

- *Abhyanga- Vishgarbh tail* local application on inflamed joints. •
- *Swedan- Valuka pottali-* detoxify the Aam which present in joints.

2.6. Observations

Table 1 Observations as per follow up

Srno.	Symptoms	1 st day	After30days	After60days
1	Knee joint pain	++++	+++	+
2	Knee joint stiffness	+++	++	+
3	Knee joint warmness	+++	+	+
4	Knee joint swelling	++++	+++	++
5	Loss of appetite	+++	++	+
6	Anorexia	++	+	+
7	Fever	++	+	+
8	Dryness of mouth	+++	+	+
9	Headache	++	+	+
10	Constipation	++++	++	+

3. Results and Discussion

After starting the Ayurvedic treatment the Allopathic medicines were gradually tapered in 1-2 months and patient completely shifted on Ayurvedic medicine after 2 months. Ayurvedic medicines improved Jatharagni and led to formation of other *Dhatu* as well as stop the formation of *Aama*. After this frequency and duration of episodes were decreased significantly. Stiffness and Rigidity of joints decreased significantly.

Ricinioleic acid and Vitamin E is main component of Castor oil which has Anti-inflammatory effect.^[9-10] Patient felt more confident during walking and social interaction. In Amavatastambha, Gauray and Shula are the chief symptoms so Swedan gives relief in these symptoms and helpful in the treatment of Amavata.^[11]

Due to *Ushna Veerya* drugs, it improves digestion, absorption and excretion by its *Shodhan Karma*. The *Amavata* is autoimmune disorder. It observed that *Guduchi* is *Rasayana* & immunomodulatory action, so it improves the quality of body elements, there is curing disease as well as maintaining the healthy status of body.

4. Conclusion

In this study we are discussing on a 32 yr old female patient having *Amavata*. She have *Kaphaja vikara* since birth hence she developed the problem. When she arrived at hospital, she was having the complaints of both knee joint pain, stiffness in joint, local warmness &swelling over both knee, dryness of mouth, fever (on & off)and loss of appetite with Anorexia, headache and constipation since 5-6 months with RA factor positive and raised ESR. And the study results are encouraging. After 60 days of treatment she got relief about 95% from her symptoms.

Compliance with ethical standards

Acknowledgments

I express gratitude to the Department of Kayachikitsa and Hospital Authority for giving me this opportunity to study this particular research topic: Ayurvedic management of *Amavata* with special reference to Rheumatoid Arthritis: A Case Study.

Special thanks to Secretary of Maharashtra Arogya Mandal's Secretary, Hon'ble Mr. Anil Gujar, Hon'ble Principal Dr. Nilesh Phule and Faculty members Dr.Yogesh Kotangle, Dr. Vijayalaxmi Patil, Dr. Ritesh Damle, Dr. Kiran Ubhe for cooperating throughout the research study. Many thanks to my colleagues, as we got to learn many new things while reviewing the research articles and our knowledge regarding the subject has been increased.

Statement of informed consent

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

References

- [1] Yadaiah P. Clinical Panchakarma. 1st Edition. Akola; Jaya Publication; 2000. p. 260.
- [2] Davidson's. Principles and Practice of Medicine. 19th Edition. British Library Cataloguing in Publication Data; 2002. p. 451.
- [3] Dermis L Kasper et al. Harrison's Principal of Internal Medicine. 16th Edition. Medical Publication Division; 2005. p. 1974.
- [4] Furst, Daniel E, Venkatraman, Manorama M, et al. Double blind, Randomized, contolled, Pilot Study Comparing Classic Ayurvedic medicine, Methotrexate and their combination in Rheumatoid Arthritis. Journal of Clinical Rheumatology 2011; 17(4): 185-192.
- [5] Agnivesha. Charaka Samhita, Chikitsasthana 15/42-44. Sharma PV, editor. Varanasi: Chaukhambha Orientalia; 2008. p. 252.
- [6] Madhavakara. Madhava Nidanam. *Amavata* Nidanam. Upadhyaya YN, editor. Varanasi: Chaukhambha Sanskrit Sanstana; 2005. p. 508-511.
- [7] Shri Govindadas Sen. Bhaishajyaratnavali A*Amavata* chikitsa 29/71-72; Ambikadatta Shashtri. Varanasi: Chaukhambha Sanskrit Sanstana; 2012. p. 619.
- [8] Shri Govindadas Sen. Bhaishajyaratnavali *Amavata* chikitsa 29/181-188; Ambikadatta Shashtri. Varanasi: Chaukhambha Sanskrit Sanstana; 2012. p. 627.
- [9] Snider Benjamin. Castor oil Handout; 2013.
- [10] David C Herting, Emma Jane E Drury. Vit.E content of vegetable Oils and Fats. The Journal of Nutrition 2013; 81(4): 335-342.
- [11] Agnivesha. Charak Samhita. Sutrastana 14/24. Shashtri RD, Upadyaya YN, Pandey GS, Gupta BD, Mishra Bramhashankara, editor. Varanasi: Chaukhambha Sanskrit Sanstana; 2005. p. 286.

Author's short Biography

	Dr. Sachinkumar Sahebrao Patil, M.D. (<i>Kayachikitsa</i>) Medicine, Ph.D. (<i>Kayachikitsa</i>) Medicine, M.B.A. (H.R.), M. A. (Sanakrit), P.G.D.E.M.S., D.Y.A.			
	Professor and H.O.D., Ph.D. Guide, M.D. Guide, Department of Kayachikitsa,			
	M.A.M.'s Sumatibhai Shah Ayurved Mahavidyala, Malwadi, Hadapasar, Pune - 411028, Maharashtra State, India.			
	He is working as a Ayurved Physician, Panchakarma Specialist since 17 Years. He is a BOARD OF STUDIES MEMBER for Paraclinical Ayurved Board of Maharashtra University of Health Sciences Nashik. He is a FACULTY MEMBER for Post Graduate Paraclinical Ayurved Board of Maharashtra University of Health Sciences, Nashik. He is working as a Research Faculty for Research Methodology and Medical Statistics of Maharashtra University of Health Sciences, Nashik. He is a Ph.D. GUIDE for Eight Ph.D. <i>Kayachikitsa</i> (Medicine) students and M.D. GUIDE for 26 M.D. <i>Kayachikitsa</i> (Medicine) students out of which 21 M.D. <i>Kayachikitsa</i> (Medicine) students. His research experience is 14 Years. His research interest in Anxiety Disorder, Diabetes Mellitus, Obesity, Hyperacidity, Diarrhoea, Anaemia etc.			