

EFFECTIVENESS OF AYURVEDIC TREATMENT IN AMAVATA (RHEUMATOID ARTHRITIS): A CASE STUDY

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ABSTRACT

“*Angamarda, Angashunyata, Gatrastabdhatata and Jwara*” are the cardinal symptoms of *Amavata*, usually associated with *raga, daha, shoola, sthaimithya, kandu* and all the *ama lakshanas* since it is *tridoshaja Vyadhi*. It is a growing global problem, hampering the daily life movements of the affected individual and the treatment for this is said to be *krichrasadhya*. Still, this disease can be managed with some formulations which can break the *samprapti* of the disease. This has inspired to witness the efficacy of the drugs and to establish its efficacy. This case study shows promising results after *panchakarma* treatment and *shamana* therapy.

Keywords: *Amavata, Panchakarma treatment vaitarana basti, shamana therapy.*

INTRODUCTION

*Amavata*¹ is a condition where simultaneously aggravated *vata* and *Ama* are associated with each other. this *Ama* settles in *trika sandhis*² and is characterized by immense pain in joints with inflammation, fever and ultimately stiffness of the joints, causing the temporary or permanent disability of joints.

Amavata can be compared to rheumatoid arthritis³ which is a systemic chronic inflammatory joint disorder which affects predominantly to synovial joints. Symmetrical involvement of joints along with pain, stiffness and swelling with number of systemic complications resembles the disease *Amavata*.

Nowadays, it is being observed that in OPD and IPD level, the numbers of patients are increasing day by day suffering with this dreadful disease.

The line of treatment For *Amavata*, *Acharya Chakradutta*⁴ have given emphasis on a therapeutic programme that includes *langhana, ama pachana, virechana, snehapana and kshara basti and vaitarana basti*⁵.

Case Report:

A 56 years female patient had complaints of multiple joints pain specially pain in knees both shoulder joints and ankle joints, fever on and off, morning stiffness lasting for 60 to 90 minutes. She had difficulty in walking and standing up along with swelling over the knee and ankle joints since 7 years. Her associated complaints were general debility and palpitations.

History of present illness:

Patient was apparently normal 7 years back. Initially she developed bilateral knee joints pain and swelling, had difficulty in sitting and standing. Then she developed bilateral shoulder joints pain, for which she consulted orthopedic surgeon and got relief for a period of 1 year. Again the symptoms relapsed after that and she was put on oral corticosteroids immunosuppressants and DMARD'S by which she was asymptomatic during medications and developed similar symptoms when she withdrew medications. Since past 1 year she developed severe bilateral wrist joints pain and swelling along with general debility.

Past history:

She is a known case of hypertension since 15 years and she is on antihypertensive drugs.

Drug history:

Inj Folitrix -15 mg weekly Tab Rablet 20 mg 1-0-0

Tab HCQS 200 mg 1-0-1 Tab Telma H 40mg 1-0-0

Tab Dolonex Dt 20 mg 0-1-0

Family history:

There is no history of such type of case.

Personal history:

Ahara: vegetarian; (Nature of work) presently: sedentary; **Ahar-vidhi:** Vismashan; **Nidra:** Disturbed due to pain; **Ras satmaya:** Sarvarasa; **Vyasana:** No any; **Kostha:** Madhyam; **Tea:** Takes tea four times a day; **Vihara:** Previously – too laborious; **Emotional make-up:** Depression; **Others:** No H/O smoking and tobacco chewing etc.

Gynecological history

Menarche: 13yrs; **FTND:** 4; **Menopause:** 48yrs; **LD:** 24 years back; **Obstetric history:** No. of deliveries: 4; **Abortion:** no history

Clinical Examinations:

Ashtha Sthan Pariksha:

Nadi: 80/min, **Shabdha:** Prakruta, **Mala:** Prakruta, **Sparsha:** Prakruta, **Mootra:** Atimootrata, **Drik:** Prakruta,

Jihwa: Peeta-liptata, **Aakruti:** Madhyama

Dashavidha Pariksha:

Prakruti: vata Pradhanya kapha madhyama; **Satmya:** sarva Rasa; **Vikruti:** tridosha; **Satwa:** madhyama; **Sara:** asthisaar; **Ahara shakti:** madhyama; **Samahanan:** madhyama; **Vyayama:** avara; **Pramana:** madhyama; **Vaya:** madhyama

Vital Examination:

Temperature: 100° F; **Height:** 5 feet 1 inch; **Pulse:** 80 /Min; **Weight:** 65 Kgs; **Blood Pressure:** 170/90 mm Hg; **Resp rate:** 20 per min

SPECIAL EXAMINATIONS:

Examination of Locomotor System:

General Examination of Joints

Inspection: Bilateral involvement of joints (*i.e.* symmetrical)

Local Edema: Over knee joints –present over ankle joints –present

Over Wrist joints: Present

Change in Colour: No change

Palpation: Tenderness - present over knee, ankle, and wrist joints

Joint Crepitus: Present in both knees

Range of Movements: Restricted

Local Rise of Temp: Present

SAMPRAPTI GHATAKA:

Dosha: Tridosha mainly vata & kapha; **Udbhava Sthana:** Amasaya, pakvasaya; **Dushya:** Rasa, Mamsa, Asthi, Majja; **Adhishthana:** Sandhis; **Srotas:** Rasavaha, Mamsavaha, Asthi, Majjavaha Vyakt; **Sthana:** Sandhis (laghu/brahat); **Srotodusti:** Sanga; **Agni:** Jatharagni, dhatvagnimandya; **Rogmarga:** Madhyama; **Vyadhi Swabhava:** Chirkari

VYAVACHEDAKA NIDAN:

- Amavata
- Vatarakta

INVESTIGATIONS:

Blood

Hb- 9 gm%; RA Factor – positive; TC- 10200 / cmm;

Anti CCP-68 u/ml; ESR- 50 mm in 1st hr.;

UrineR/E- NAD; M/E-NAD

VYADHI VINISHCHAYA: Amavata

SADHYA-ASADHYA: Krachasadhya

CHIKITSA:

Nidana parivarjana

*Aamapachana (shaddharana yoga)*⁶: 1 T.D.S. for 5 days with hot water before food

*Sarvanga valuka sweda*⁷ followed by *vaitarana basti*

*Shamana aushadhi: Rasnasaptaka kashaya*⁸ 15 ml TID

*Tab-Simhanad guggulu*⁹ 1 T.D.S.

*Tab-vishamusthi vati*¹⁰ 1 T.D.S

Treatment:

The treatment was carried out with following *panchakarma* procedures.

Table 1: Treatment table

Treatment	Medicine	Dosage	Duration(days)
<i>Anuvasana basti</i>	<i>Brihat saindavadya taila</i>	60 ml	4
<i>Valuka sweda</i>	-	-	7
<i>Patra pottali sweda</i>	-	-	7
<i>Vaitarana basti(yoga basti)</i>	<i>Gomutra yukta</i>	340 ml	3

Table 2: Basti schedule

Day	1	2	3	4	5	6	7
Type of basti	<i>Anuvasana</i>	<i>Vaitarana basti</i>	<i>Anuvasana basti</i>	<i>Vaitarana basti</i>	<i>Anuvasana basti</i>	<i>Vaitarana basti</i>	<i>Anuvasana basti</i>

Table 3: Vaitarana Basti

Contents	Dose
<i>Saindava lavana</i>	1 karsha=12gms
<i>Amleeka</i>	1 pala=48 gms
<i>Guda</i>	½ pala =24gms
<i>Tila taila (moorchita)</i>	60 ml
<i>Gomutra</i>	1 kudava=192 ml
Total	336 ml approx 340 ml

Table 4: medicines advise on discharge (first follow up medicines for 30 days)

Sl no	Medicine	Dose	Anupana	Schedule
1	<i>Simhanada guggulu</i>	500mg	Hot water	Thrice daily
2	<i>Vishamushti vati</i>	125mg	Hot water	Thrice daily
3	<i>Rasnasaptak kashayam</i>	15ml	-	Thrice daily

Table 5: medicines (second follow up medicine for 30 days)

Sl no	Medicine	Dose	Anupana	Schedule
1	<i>Simhanada guggulu</i>	500mg	Hot water	Twice daily
2	<i>Vishamushti vati</i>	125mg	Hot water	Twice daily
3	<i>Rasnasaptakam kashayam</i>	15ml	-	Twice daily

Table 6: Results

Sl no	Symptoms	Before treatment	After discharge	1 st follow up after 1 month	2 nd follow up after 2 months
1	Multiple joints pain	present +++	reduced 70%	reduced 90%	reduced 100%

2	Morning stiffness	present +++	reduced 70%	reduced 90%	reduced 100%
3	Swelling	present +++	reduced 70%	reduced 90%	reduced 100%
4	Difficulty in walking	present +++	reduced 70%	reduced 90%	reduced 100%
5	Fever	present	absent	absent	absent
6	Able to stand for	5 min	15-20 min	1hr	2hrs

DISCUSSION

Shaddharna yoga: It is *Amapachaka, bhedana*. It causes excretion of accumulated faeces and *doshas* and is *deepan*.

Simhanada Guggulu: It possesses *rasayana* effects, *mridu-virechaka*, antioxidant; *shulahara, shothahara*, and is *vaatanuloman*.

Vishamushthi Vati: The drugs, immediately after entering into the *pakwashaya* (intestines), strike at the very root of vitiated *vata*.

Rasnasaptaka Kashaya: It is very effective in management of *Vata Vikara*. It is anti-oxidant and also detoxifies body.

Matra Basti: Vagbhata says *basti* pacifies *vata*, restores the disturbed *kapha* and *pitta* at their original seats and thus helps in breaking the pathogenesis.

Discussion on vaitarana basti.

1. Saindhava lavana: It is salty *madhura* and *lavana* *rasatmaka*., *madhura vipaka, sheeta veerya, laghu* and *sneha* in nature. It is *tridosahara*. In *vasti* therapy it helps to dissolve and expel *doshas* from the intestines.

2. Chinch: It is rich in tartaric acid which is a potent antioxidant and is a good source of Iron and thiamine. It possesses anti-oxidant, anti-inflammatory, anti-microbial, anti-fungal, anti-viral, hepato-protective actions. It has a laxative effect.

3. Guda: It is a rich source of minerals like potassium, iron, magnesium, zinc, selenium, calcium, vitamins and antioxidants.

4. Moorchita tila taila: Though *sneha* is *santarpana*, still *ushna teekshna sookshma vyavayi vikasi* properties of *tila taila* in *basti* acts as *srotoshodhana* as explained in classics.

5. Gomutra: It is told as ‘*Sanjivani*’ and ‘*Amrita*’ in Ayurveda. It is a non-toxic waste material consists of water, urea, and a mixture of salts, hormones and

enzymes. It is useful for *virechana* and *asthapana karma*.

CONCLUSION

Vaitaran basti is an effective treatment in the management of *amavata* & it shows long lasting results in *amavata*, *vaitaran basti* can be administered without prior *snepapana, swedana*, or *virechana. basti karma and shaman* showed remarkable symptomatic relief in the features of *amavata*. This observation needs to be studied in more number of patients for better opinion to manage *amavata/RA*.

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