

**AYURVEDIC MANAGEMENT OF RHEUMATOID ARTHRITIS (AMAVATA):  
A CASE STUDY****[Bhoomika Patel](#)<sup>1</sup>, [Sanjay Srivastava](#)<sup>2</sup>**<sup>1</sup>PG Scholar, Rog Nidan & Vikriti Vigyan<sup>2</sup>Professor and HOD, Rog Nidan & Vikriti Vigyan

Pt. Khusilal Sharma Government (Autonomous) Ayurveda Institute, Bhopal, Madhya Pradesh, India

**Corresponding Author:** [25594bhumika@gmail.com](mailto:25594bhumika@gmail.com)<https://doi.org/10.46607/iamj4209072021>

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Rheumatoid Arthritis is an auto-immune and most common persistent inflammatory disease occurring throughout the world in all ethnic groups with a male to female ratio of 1:3. In Indian System of Medicine, it resembles with *Amavata*, which was the first time described in *Madhava Nidan* as a separate clinical entity in the 7<sup>th</sup> century and characterised by *Angamard* (Pain), *Aruchi* (Anorexia), *Trishna* (Thirst), *Alasya* (Laziness), *Gaurava* (Stiffness), *Jwara* (Fever), *Apaka* (Indigestion), *Angashunta* (Swelling) etc. In modern medicine, treatment has limitations due to its side effects, whereas in Ayurveda, its effective management is detailed for its different states. *Eranda Tail* and *Saindhavadi Tail Basti* under *Panchakarma* procedures play a significant role in the management of *Amavata*. In the present case study, a 47years old female with a diagnosed history of RA has given a Combination of interventions includes *Deepana*, *Pachana*, *Baluka Sweda*, *Eranda Taila* and *Saindhavadi Taila Anuvasana Basti* for 16 days along with *Shaman Chikitsa* (conservative treatment). At the end of the management, 60 % improvement was observed in the overall effect of therapy.

**Keywords:** *Amavata*, Rheumatoid arthritis, *Baluka Sweda*, *Eranda Taila*, *Saindhvadi taila Anuvasana Basti*.

## INTRODUCTION

Rheumatoid Arthritis is a chronic multisystem disease of unknown cause. The prevalence of Rheumatoid arthritis affects approximately 0.8% (0.3% - 2.1%) of the population worldwide and in India, the prevalence of Rheumatoid arthritis is 0.5 to 0.75%. The peak age of onset is in the 4<sup>th</sup> and 5<sup>th</sup> decade of life with more than 75% of patients developing disease between 30 years and 50 years of age. [1]

The onset of the disease is insidious, beginning with prodrome of fatigue, weakness, joint stiffness, vague arthralgia, and myalgia, which is followed by pain and swelling of joints usually in symmetrical distribution, especially involving joints of the hand, wrist, and feet. Most patients exhibit a chronic fluctuating course of disease that can result in progressive joint destruction, deformity, and disability. Hence it is the most burning problem in society and one of the challenging conditions for physicians to handle, due to its chronicity, incurability, complications, morbidity, and mortality. RA prognosis is not good because there are limitations of drugs and sometimes having severe side effects restricting the quality of life. Indulgence in incompatible foods and habits, lack of physical activity, or doing exercise after taking fatty foods leads to indigestion and produce *Ama*, associating itself with vitiated *Vata*, circulated throughout the body and accumulates in *Sleshma Sthana*, leading to the disease *Amavata*. [2] *Acharya Chakradutta* has described line of treatment for the management of *Amavata* as *Langhana* (emaciation therapy), *Swedana* (sudation), *Tikta*, *Deepaani*, *Katuni* (drugs having bitter and pungent taste which increases digestive fire), *Virechana* (therapeutic purgation), *Snehpanam* (oral administration of medicated ghee and oil), *Basti Karma* (medicated enema), *Saindhavadi Anuvasana Basti*. [3]

In this case study *Baluka Sweda* (dry fomentation), *Eranda Taila* (therapeutic purgation), *Saindhvadi taila Anuvasana Basti* along with *Shaman Chikitsa* (conservative treatment) to manage the *Amavata* effectively.

## CASE REPORT

A 47-year-old female lecturer having 57 Kg weight residing in the rural area of Sidhi, admitted (from 8/03/21 to 26/03/21) in Pt. Khushilal Sharma Government Ayurveda College & Institute, Bhopal, suffering from signs and symptoms of *Amavata* like *Angamarda* (malaise), *Aruchi* (anorexia), *Trishna* (thirst), *Alasya* (laziness), and *Gaurava* (heaviness) and *Apaka* (indigestion) with multiple joints pain and swelling over PIP & MCP (proximal & metacarpophalangeal joint), wrist joints, elbow joints, ankle joints, knee joints usually in symmetrical distribution with chronicity of 4 years. Her complaint was morning stiffness for more than 2 hours, restricted movements, and disturbed sleep due to pain. Gradually onset of pain and swelling was reported by the patient starting from bilateral metacarpophalangeal joints and inter-phalangeal joints, 4 years before. Later, the pain started radiating to the wrist, elbow, and ankle to knee joints. Pain and morning stiffness were aggravated in the last 2 years and the daily activity of the patient was hampered. There was no history of medical/surgery and addictions. No RA positive history was present in her family. The patient used to take *Madhura Amla Pradhan Rasa* in diet and *Adhyashana* & *Vishamashana* dietary habits with sedentary lifestyle since past few years. Digestive fire of the patient was extremely poor, feeling of heaviness in the abdomen and incomplete evacuation of faeces indicating *Vishama Jarana Shakti*.

On physical examination Pallor was present, B.P. (130/70 mmHg), Temperature (98.4F), Pulse (76/min), Respiration (20/min) were normal. Routine haematological investigation including complete blood count (Hb 7.9gm%), ESR, Biochemistry tests such as Hs CRP, FBS (145.2mg/dl), Vitamin D (16.26), Lipid profile, LFT, RFT, Sr. Electrolytes, Thyroid function test, RA factor and Routine urine examination were done.

The patient was diagnosed based on *Lakshana* as *Amavata*. The diagnosis was confirmed by laboratory investigation such as ESR (32mm/hr), Hs CRP (>5.0mg/L), RA factor (high positive) and was classi-

fied as *Amavata* / Rheumatoid Arthritis (10/10 classification criteria of RA/ACR, 2010<sup>[4]</sup>).

**2010 Criteria for Diagnosis of Rheumatoid Arthritis**

fication criteria of RA/ACR, 2010<sup>[4]</sup>).

Criterion	Score
<b>Joints affected</b>	
1 large joint	0
2-10 large joints	1
1-3 small joints	2
4-10 small joints	3
>10 joints	5
<b>Serology</b>	
Negative RF and ACPA	0
Low positive RF or ACPA	2
High positive RF or ACPA	3
<b>Duration of symptoms</b>	
< 6 weeks	0
> 6 weeks	1
<b>Acute phase reactants</b>	
Normal CRP and ESR	0
Abnormal CRP or ESR	1

Patients with a score  $\geq 6$  are considered to have absolute RA. **ACPA** = anti-citrullinated peptide antibodies; **CRP** = C – reactive protein; **ESR** = erythrocyte sedimentation rate; **RF** = rheumatoid factor.

**TREATMENT:**

*Ruksha Sweda* (dry fomentation), *Eranda Taila* (therapeutic purgation), *Saindhvadi taila* <sup>[5]</sup> *Anuvasana Basti* along with *Shaman Chikitsa* (conservative treatment) was planned for the management of *Amavata*. *Baluka Sweda*, *Eranda Taila* and *Saindhvadi Taila Basti* were started from the second day of admission and continued for 16 days. In *Baluka Sweda*, sand is used for dry fomentation in which sand is heated to a tolerable temperature and tied in a *Pottali* (bolus). The heated bolus is continuously rubbed for 15 – 20 minutes over the affected area twice a day. 30ml of *Eranda Taila* was given with one glass of lukewarm milk at bedtime. *Anuvasana Basti* with 60 ml *Saindhvadi Taila* was administered once daily after a meal in the morning. Along with the procedure *Shaman Chikitsa* (conservative treatment) viz. *Simhanad Guggulu* 2tab (500mg) twice a day, *Triphala Guggulu* 2tab (500mg) twice a day for

*Sandhishoola & Sandhishotha* and *Panchkola phant* twice a day is given for *Deepana-Pachana*. *Vaishvanara churna* 8gm with lukewarm water was given at bedtime being as *Vatanulomana*.

After the completion of these procedures for 16 days, the patient was discharged (26/03/21) on conservative treatment of *Simhanad Guggulu* <sup>[6]</sup> 2tab (500mg) twice a day, *Triphala Guggulu* 2tab (500mg) twice a day and *Vaishvanara Churna* 8gm with Lukewarm water were given at bedtime for 1 month. *Panchkola Siddha* water is given for drinking.

**ASSESSMENT:** The assessment was done before and after treatment, based on signs & symptoms and lab investigations. Pain and morning stiffness were markedly reduced, the swelling subsided, appetite was improved, sleep was adequate, and defecation was proper. Before treatment, RA factor was high positive (>60IU/mL) and Hs CRP was positive (>5.0mg/L) then after 46 days of treatment RA factor was found Low Positive (45 IU/mL) and Hs CRP was found negative (<4.0mg/L) and ESR was reduced by 04mm/hr.

## ASSESSMENT BEFORE AND AFTER TREATMENT

Criterion	Before Treatment	After Treatment
Pain	Severe	Mild
Swelling	Present	Absent
Morning stiffness	Up to 2 hr	Up to 10 – 15 min.
Appetite	Poor	Improve
Sleep	Disturb	Adequate
RA factor	High Positive (>60 IU/mL)	Low Positive (45 IU/mL)
Hs CRP	>5.0mg/L	<4.0mg/L
ESR	32mm/hr	28mm/hr
<b>Criterion Score</b>	<b>10/10</b>	<b>4/10</b>

## DISCUSSION

*Ama* and *Vata* are the two important components responsible for the manifestation of the disease *Amavata*. In Chakradatta, the line of treatment of *Amavata* is depicted as:

“*Langhanam Swedanam Tiktam Dipananai Katunchi/ Virechanam Snehanam Bastayaschamamarute Saindhavadhenanuvasya Ksharbastih Prashasyate.*”<sup>[7]</sup>

*Langhan* indicated mild *Dosha Pachan*. *Baluka Swedana* removes the blocks created by *Kapha* and *Ama* and relieves pain, swelling and stiffness. *Panchakola Phant* containing *Katutikta Rasaatmak* drug which acts as *Deepana Pachana*, helps in digestion and removal of *Ama* from the body. *Eranda taila* is utilized for *Shodhana*, alleviates *Vata* and *Kapha* and stimulates the *Agni*. *Saindhavadi Taila* has *Deepana Pachana Dravyas* with *Vata- Kaphahara* properties. In *Amavata*, *Vata* and *Kapha* are two main pathological factors that get subsided by these *Dravyas*. It also contains *Vednasthapana* and *Shothahara* drugs.

## CONCLUSION

As per results obtained in this case, it is evident that *Deepana, Pachana, Baluka Sweda* along *Saindhavadi Taila Anuvasana Basti* shows remarkable symptomatic relief in the features of *Amavata* (Rheumatoid Arthritis) and improving the quality of life. At the end of the management, 60 % improvement was observed in the overall effect of therapy. Based on this case, it can be concluded that the Ayurveda treatment protocol for *Amavata* (Rheumatoid Arthritis), can be effectively managed in the early stage of the disease.

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