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

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ABSTRACT

“Angamarda, Angashunyata, Gatrashtabdhata 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

Amavata¹ is a condition where simultaneously aggravated vata and Ama are associated with each other. this Ama settles in trika sandhis² 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 Chakradutta⁴ have given emphasis on a therapeutic programme that includes langhana, ama pachana, virechana, snehapan and kshara basti and vaitarana basti⁵.

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 immune-suppressants 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 Folitrax -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; Vyasan: 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:

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; Shana: Sandhis (laghu/brahat);
Srotodusti: Sanga; Agni: Jatharagni, dhatvagnimandya; Rogmarga: Madhyama; Vyadhi Swabhava: Chirkari

VYAVACHEDAKA NIDAN:
• Aamavata
• 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

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CHIKITSA:
Nidana parivarjana
Aamapachana (shaddharana yoga): 1 T.D.S. for 5 days with hot water before food
Sarvanga valuka sweda followed by vaitarana basti
Shamana aushadhi: Rasnasaptaka kashaya 15 ml
TID

Treatment:
The treatment was carried out with following panchakarma procedures.

Table 1: Treatment table

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

Table 2: Basti schedule

<table>
<thead>
<tr>
<th>Day</th>
<th>Type of basti</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Anuvasana</td>
<td>Vaitarana</td>
<td>Anuvasana</td>
<td>Vaitarana</td>
<td>Anuvasana</td>
<td>Vaitarana</td>
<td>Anuvasana</td>
<td>Basti</td>
</tr>
<tr>
<td></td>
<td>Basti</td>
<td>Basti</td>
<td>Basti</td>
<td>Basti</td>
<td>Basti</td>
<td>Basti</td>
<td>Basti</td>
<td>Basti</td>
</tr>
</tbody>
</table>

Table 3: Vaitarana Basti

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

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

<table>
<thead>
<tr>
<th>Sl no</th>
<th>Medicine</th>
<th>Dose</th>
<th>Anupana</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Simhanada guggulu</td>
<td>500mg</td>
<td>Hot water</td>
<td>Thrice daily</td>
</tr>
<tr>
<td>2</td>
<td>Vishamushti vati</td>
<td>125mg</td>
<td>Hot water</td>
<td>Thrice daily</td>
</tr>
<tr>
<td>3</td>
<td>Rasnasaptaka kashayam</td>
<td>15ml</td>
<td>-</td>
<td>Thrice daily</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Sl no</th>
<th>Medicine</th>
<th>Dose</th>
<th>Anupana</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Simhanada guggulu</td>
<td>500mg</td>
<td>Hot water</td>
<td>Twice daily</td>
</tr>
<tr>
<td>2</td>
<td>Vishamushti vati</td>
<td>125mg</td>
<td>Hot water</td>
<td>Twice daily</td>
</tr>
<tr>
<td>3</td>
<td>Rasnasaptaka kashayam</td>
<td>15ml</td>
<td>-</td>
<td>Twice daily</td>
</tr>
</tbody>
</table>

Table 6: Results

<table>
<thead>
<tr>
<th>Sl no</th>
<th>Symptoms</th>
<th>Before treatment</th>
<th>After discharge</th>
<th>1st follow up after 1 month</th>
<th>2nd follow up after 2 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Multiple joints</td>
<td>present +++</td>
<td>reduced 70%</td>
<td>reduced 90%</td>
<td>reduced 100%</td>
</tr>
</tbody>
</table>
### 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.

**Vishamushit 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 tridoshahara. In vasti therapy it helps to dissolve and expel doshas from the intestines.

2. **Chincha:** 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 usha 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 snepapanas, 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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Source of Support: Nil
Conflict Of Interest: None Declared

How to cite this URL: Praveenkumar H. Bagali & A. S. Prashanth: Effectiveness Of Ayurvedic Treatment In Amavata (Rheumatoid Arthritis): A Case Study. International Ayurvedic Medical Journal {online} 2019 {cited March, 2019} Available from: