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Amavata W.S.R. to Rheumatoid Arthritis - A Case Study



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ABSTRACT

Introduction: Rheumatoid arthritis (RA) is a systemic, chronic progressive autoimmune arthropathy characterized by polyarthritis, swelling, warmth and stiffness. The sign and symptoms of RA closely resemble Amavata. The global prevalence rate of RA is approximately 0.5 to 1% among adults^[1]. The male to female ratio is 1:3. The management in the conventional system of medicine includes use of NSAIDs, DMARDs and corticosteroids, long-term use of which leads to many side effects. Acharya Yogratnakara described line of treatment of Amavata which includes Langhana, Swedana, Tikta-deepanKatu action, Virechan, Snehapana and Bastichikitsa. Special type of basti.e., Vaitaran basti for Amavata prescribed by Acharya Chakradutta. **Objective:** The present case study is to explore the effects of the treatment regimen prescribed in Ayurveda for the chronic debilitating disorder Amavata i.e., RA and to encourage research on larger sample so as to benefit society. **Material and Method:** This article is about a single case study of 60 year female patient suffering from Amavata and treated with Shaman (Gokshuradiguggul, Agnitundivati, Rasnasaptak kwatha etc.) and Shodhana chikitsa as per Ayurveda for 15 days. **Observation:** Improvement in subjective criteria -Multiple joint pain, swelling, tenderness and stiffness were observed. Also improvement in standing and walking ability was noticed. Observation in objective criteria -The RA factor was tested as an objective criteria on, which was reduced to 27.6 mg/L from 32.5 mg/L and CRP was reduced to 5.1 mg/L from 5.7 mg/L. **Discussion & Conclusion:** The line of treatment prescribed by Yogratnakara and Chakradutta in Amavata was given to the patient and it can be revealed that Langhan, Swedan, Deepan-Pachan treatment along with Panchakarma therapy Like Ruksha sweda and Vaitaran basti gives remarkable effect in the management of Amavata.



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INTRODUCTION:

Kruchhchsadhya vyadhi “Amavata” is described by Acharya Madhava^[2] in Nidansthan and yogratnakara^[3]. In Brihatrayi, Amavata does not independently described, Acharya Madhavkar was the first scholar who describes the disease Amavata as an independent disease in Madhavanidan whereas treatment of Amavata was first explained by Acharya Chakradatta^[4]. Amavata is a word derived from “Aam” and “Vata”. It means, vitiated vatadosha spreading Aama all over the body and accumulates in shleshmasthan (joint) producing features like Angamarda (body ache), Aruchi (loss of appetite), Alasya (weakness), Sandhiruk (multiple joint pain), Sandhishotha (swelling over joints)^[5]. This symptom of Amavata closely resembles the Rheumatoid Arthritis (RA).

Rheumatoid arthritis is a systemic, chronic, progressive autoimmune arthropathy accomplished by polyarthritis, swelling, warmth and stiffness^[6]. Although the exact aetiology of RA is unclear, it is certain that genetic and environmental factors have influences on RA occurrence^[7]. The global prevalence rate of RA is approximately 0.5 to 1 % among adults^[1]. Females are affected approximately 3 times more than men^[8]. It is developed in the age group of 35-50 years in 80% of cases. According to modern science most promising drugs for RA are NSAIDs, DMARDs and corticosteroids with bad prognosis. NSAIDs are used to alleviate pain, and swelling and decrease inflammation leading to adverse effect such as bleeding and gastrointestinal ulceration^[9]. Corticosteroids are another kind of potent anti-inflammatory drug, that causes nausea, abdominal pain, ulcer, osteoporosis and diabetes^[10]. DMARDs are popular because of their low price and good efficacy but causes stomatitis, diarrhoea, anaemia, pneumonia, and nephritis^[11]. Hence it is urgent need to define the line of treatment of Amavata as per Ayurveda.

Here we discussed the case of a RA patient suffering from above mentioned symptoms since 8 months and undergoing Ayurvedic internal and Panchakarma procedure for 15 days.

Materials and methods:

Case description

A 60-year-old female came to OPD at Regional Ayurveda Research Institute, Nagpur, with complaints of bilateral shoulder joint pain, bilateral knee joint pain and swelling, bilateral ankle joint pain and swelling, bilateral lower limb pain, and stiffness for 8 months. Due to

severe pain patient was unable to walk, she was not even able to stand without support. Due to the severe pain sleep was also disturbed.

Demographic Profile:

History of Present illness:

The patient has been suffering from bilateral shoulder joint pain, bilateral knee joint pain and swelling, bilateral ankle joint pain and swelling, bilateral lower limb pain, stiffness since 8 months.

History of Previous Illness:

No relevant past history of DM, HTN and any other chronic disease.

Clinical Profile:

Dietary habits: Purely vegetarian

Appetite- Agnimandya

Sleep-Khandita (disturbed due to pain)

Bowel habits: Samyaka

Urine: Samyaka

Addiction-No

Family history: No

Gynaecological history: Natural menopause at the age of 40 years.

Obstetrics history: G₀P₀A₀L₀D₀

Surgical history:

Surgical history of laparotomy at the age of 24 and 26 due to ovarian cyst.

History of fracture of the right wrist joint.

General Physical Examination: General condition-moderate

Built-thin Temperature- Afebrile

Height- 164 cmBP -110/70

Weight- 47 kg

Pulse –74

BMI- 17.5 Kg/m²Respiratory rate: 20

Local Joint Examination:

Pain- bilateral knee, ankle and shoulder joint

Swelling- present on knee joint and ankle joint

Joint deformity- right wrist joint deformity present due to a history of fracture.

Local temperature- present at the bilateral knee joint

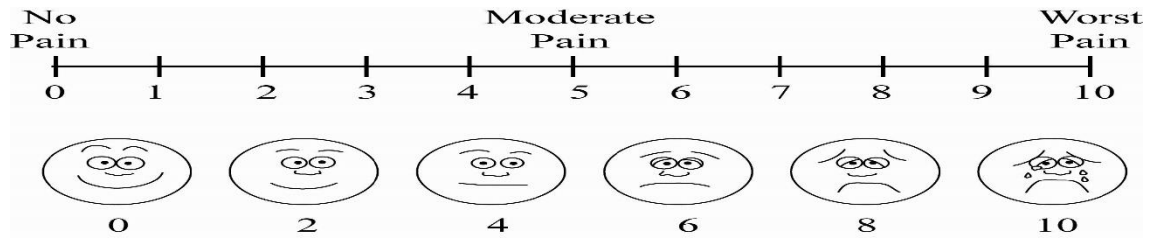
Range of movement- painful and restricted movement.

Assessment criteria:

Subjective criteria-

Sr.no.	symptoms	Severity	grade
1	Stiffness	No stiffness	0
		5 min to 2 hrs	1
		2 to 8 hrs	2
		8 hrs	3
2	Swelling	No swelling	0
		Mild swelling	1
		Moderate swelling	2
		Severe swelling	3
3	Tenderness	No tenderness	0
		Mild	1
		Moderate	2
		Severe tenderness	3
4	Joint deformity	No deformity	0
		Mild deformity	1
		Moderate deformity	2
		Severe deformity	3

Scale For pain analysis-



Objective criteria-

Investigations: CBC, ESR, RA Factor, CRP, Serum Creatinine, Serum uric acid.

Treatment:

1. Sanshamanchikitsa / Oral medication
2. Shodhanachikitsa / Panchakarma procedure

1. SanshamanChikitsa:

Sr. no.	Name of medicine	Dose	Frequency	Time	Anupam
1	Agnitundivati	250 mg	2 times a day	After food	Normal water
2	Rasnasaptakkwatha	20 ml	2 times a day	Before food	Normal water
3	Gokshuradiguggulu	500 mg	2 times a day	After food	Normal water
4	Sutashekhar rasa	250 mg	2 times a day	Before food	Normal water
5	Dhatrilauha	250 mg	2 times a day	Before food	Normal water

2. ShodhanaChikitsa:

A) **RukshaSwedan**-Valukapottalisweda was given to the patient for 15 min. It continued for 2 days. It helps for Aampachan, Shoolaprashaman.

B) PatrapindapottaliSwedan-

Patrapandapottali ingredients-Nirgundi, Erand, Dhattura, Arka and Shigru. These drugs possess Vatashamak properties, which help in reducing pain. It started from 3rd day and continued for 13 days.

C) Vaitaran Basti-

1. Instruments: Enema pot (Basti yantra), catheter, gloves.
2. Medication-
 - i. Saindhav-5 gm
 - ii. Melted Jaggery- 50 ml
 - iii. Sesam oil-60 ml
 - iv. Tamarandusindica juice-50 ml
 - v. Cow urine (Gomutra)-100 ml
 - vi. Rasnaerandkwatha- 200 ml

Duration and cycle of Vaitaranbasti-

Day	Type of Basti	Basti Adan Kal	BastiPratyagamanKal	Any Complications(if any)
1	A	11.20 am	1.55 pm	No
2	V	9.45 am	9.50 am	No
3	V	10.10 am	10.15 am	No
4	V	9.35 am	9.40 am	No
5	A	10.40 am	12.00 pm	No
6	V	10.30 am	10.35 am	No
7	V	10.15 am	10.20 am	No
8	V	10.15 am	10.20 am	No
9	A	9.45 am	12.15 pm	No
10	V	10.00 am	10.05 am	No
11	V	10.05 am	10.10 am	No
12	V	10.15 am	10.20 am	No

A- Anuvasanbasti, V –Vaitaranbasti

Observation & Results:

Subjective criteria:

Assessment criteria include pain, swelling, walking time, stiffness, tenderness-

Sr no.	Particulars	Before treatment	After treatment
1	Pain	6	4
2	Swelling	2	1
3	Tenderness	2	1
4	Walking ability	Unable to stand properly	Able to walk
5	stiffness	3	2

Objective criteria:

Investigations:

Sr.no.	Name of Particulars	Before treatment	After treatment
1	Haemoglobin	10.4 gm/dl	10.4 gm/dl
2	WBC	4400c/cmm	4000 c/cmm
3	RBC	4.7 mil/cmm	4.35 mil/cmm
4	ESR	44 mm/ hr	50 mm/hr
5	RA factor	34 IU/ml	25 IU/ml
6	CRP	32.5 mg/ L	27.6 mg/L
7	Urea	15.1mg/ dl	15.4 mg/ dl
8	Creatinine	0.78 mg/ dl	0.50 mg/dl
9	Uric acid	5.7 mg/ dl	5.1 mg/dl

DISCUSSION:

Discussion on Literature Review:

Yogratnakar described the line of treatment of Amavata which includes Langhan, Swedan,tikka-deepen and katu action, Virechan, Snehan and Bastichikitsa^[12].

RukshaSwedana was given to the patient with the help of value pottali Acharya Charak mentioned swedan chikitsa in Stamba, Shula and Guaravata, which are the clinical symptoms of RA. It helps in pacifying vitiated Vata Dosha thus leads to relieve pain and stiffness.

Discussion on observation:

In Amavata, the main components in pathophysiology are Aama and Vata and Aama will not be produced without impairment of Agni. As per the principles of Ayurveda in order to break the samprapti and to cure the disease, deepan-pachan is the first line of treatment in Amavata chikitsa. For this Agnitundi Vati was used for its Katu-tikta, deepan pachan guna. Shaman chikitsa also includes Gokshuradi guggul and Rasnasaptak kwatha. Gokshuradi guggul 500 mg twice a day was given to the patient. It contains gokshura, triphala, trikatu, nagarmotha, erand oil and guggul^[13]. These drugs possess ushna, tiksha properties that help in reducing joint pain, oedema and stiffness.

Rasnasaptakkwatha prescribed by Yogratnakar^[14], contains Rasna, Erand, Guduchi, Deodar, Aragwadha, Punarnava, and Shunthi. These drugs have Amapachana, Deepana, Vatahara and Shulaghna properties which help in breaking Samprapti and relieving symptoms of Amavataa.

Special type of basti, 'VaitaranBasti' is prescribed by Acharya chakradatta in Amavatachikitsa^[3]. It is made up of Saindhav, juice of Tamarandus Indica, Gomutra (cow urine), Melted Jaggery, Rasnaerand kwatha and sesam oil. These contents possess ushna-tiksha, and deepan-pachan properties which help in aampachan and shoolaprashaman. The Lekhan karma of Gomutra depletes Srotorodha and Vatashamak properties of Rasnaerandkwathhelps to break down the pathophysiology of Amavata.

CONCLUSION:

The basic treatment of such chronic debilitating disorders as per Ayurveda includes samprapti bhang i.e. breaking down the pathological process of the disease. All the above treatment protocol as mentioned does the same and promising results were obtained in terms of pain, stiffness, mobility on laboratory investigation.

Further scope highlighted from this study is to take larger trials so as to obtain statistically significant data.

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