

AYURVEDIC MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS) ACCORDING TO DIFFERENT VYADHI AVASTHA – A CASE STUDY

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ABSTRACT

Rheumatoid arthritis is a chronic inflammatory joint disease with multisystem involvement. Females are affected three times more often than males. Onset is usually during fourth and fifth decades of life. It is an auto immune disorder primarily affecting the joints. Cartilaginous destruction, bony erosion and joint deformity are hallmarks. In conventional medical science, steroids, non-steroidal anti-inflammatory drugs, immune suppressive agents are used but its prognosis is not good, as these drugs have certain limitations including dependency and other side effect restricting quality of life. In present studies, two cases were diagnosed as amavata i.e. rheumatoid arthritis and started with erandamuladi niruha basti to first one and another was

given vaitaran basti followed by anuloman as per vyadhi avastha. Result received were very remarkable in joint pain and swelling as well as morning stiffness. Thus, Ayurvedic treatment leads to break in pathogenesis of the disease and hence provide very well cure, increasing quality of life.

KEYWORDS: Rheumatoid arthritis. auto immune disorder, amavata, erandamuladi niruha basti, vaitaran basti.

INTRODUCTION

Rheumatoid arthritis is a chronic multisystem disease characterized by persistent inflammatory synovitis usually involving peripheral joint symmetrically. Although cartilaginous destruction, bony erosion and joint deformity are hallmarks. RA occurs in 0.5 –

1% of the population, women affected three times more often than man, prevalence increases with age, onset most frequent in fourth and fifth decades.

Typically, a symmetric polyarthritis of peripheral joints with pain, tenderness and swelling of affected joints, morning stiffness is common, proximal interphalangeal joints and metacarpophalangeal joints frequently involved; joint deformities may develop after persistent inflammation.

In conventional medical science, steroids, non-steroidal anti-inflammatory drugs, immune suppressive agents are used but its prognosis is not good, as these drugs have certain limitations including dependency and other side effect restricting quality of life.

Rheumatoid arthritis can be managed well with Ayurveda medicines and panchakarma chikitsa increasing quality of life. Ayurvedic treatment leads to break in pathogenesis of the disease and hence provide very well cure. The treatment is safer, cost effective and traditionally proven.

MATERIALS AND METHOD

Case report 1

A 54 YR old female patient came to kayachikitsa OPD of M A Podar hospital Mumbai with complaints of –

- 1) Pain and swelling at bilateral knee joint ++
- 2) Pain at bilateral shoulder joint +
- 3) Pain at bilateral wrist joint and fingers of bilateral hand ++
- 4) Morning stiffness up to ½ - 1 hr. +

Patient was complaining all above symptoms from 1 yr.

Past history

Patient was treated with NSAID and steroids by allopathic doctor but was not getting satisfactory result. When She came to OPD he was taking, tab. HCQ 300mg OD

Tab. Methotrexate 7.5mg 2/wk. since 1 yr.

Patient was k/c/o Hypertension, On treatment –

Tab. Telma 40 mg OD

S/H/O – No any major illness.

N/H/O – Any addiction like alcohol / smoking / tobacco

Examination on admission

The general condition of patient was fair and afebrile.

Pulse – 76/min

Blood pressure – 130/70 mm of hg

Respiratory rate – 20/min

Systemic examination

In the systemic examination findings of respiratory and cardiovascular system within normal limits. Abdomen was mildly distended, nontender and bowel sounds were present. All vitals were normal. Patient was conscious and well oriented and pupillary reaction to light was normal. Deep tendon reflex and muscle power grade was normal.

Investigations

1) ANA Antibody positive – 1: 1000 3rd grade

All other routine studies of blood and urine were within normal limits.

Management

Initially treatment was started with pachan chikitsa for 15 days.

Niruha basti – Erandamuladi niruha basti 350ml

Anuvasan basti – Sahachar taila 60 ml

Quantity of basti was decided as per retaining capacity of patient.

Anuvasana and niruha was given in 1:2 proportion.

Ingredients of niruha basti

1) Madhu

2) Lavana

3) Sneha (tila taila)

4) Vachadi kalka containing vacha, shatapushpa, hapusha, priyangu, yashtimadhu, pippali, indrayava, musta, rasanjana

5) kwath of drugs – Erandamula, palash, shaliparni, prushniparni, bruhati, kantakari, gokshura, rasna, vacha, guduchi, ashvagandha, punarnava, aragvadh, devdaru

6) Gomutra

After pachan, brihan chikitsa started with panchatikta ghrutakshira basti 60ml for 15 days. (panchatikta kshirapak 40ml + panchatikta ghruta 20ml).

Case report 2

A 32 yr old male patient came to kayachikitsa OPD of M A Podar hospital Mumbai with complaints of –

- 1) Pain and swelling at bilateral knee joint +++
- 2) Multiple joint pain +++
- 3) Difficulty in walking +++
- 4) Morning stiffness upto 2 - 3 hrs +++

Patient cannot sit, stand and walk without support.

Patient was complaining all above symptoms from 3yr.

Past history

N/K/C/O – Hypertension / Diabetes mellitus / bronchial asthma / PTB / Epilepsy

N/H/O – Any major surgical illness

N/H/O – Typhoid / jaundice / malaria / Dengue

N/H/O – Any addiction

Examination on admission

The general condition of patient was fair and afebrile.

Pulse – 80/min

Blood pressure – 120/70 mm of hg

Respiratory rate – 18/min

Systemic examination

In the systemic examination findings of respiratory and cardiovascular system within normal limits. All vitals were normal. Patient was conscious and well oriented.

Investigations

- 1) CRP positive – diagnosed as Seronegative inflammatory arthritis.

All other routine studies of blood and urine were within normal limits.

Management

As there was prabhut doshavastha in this case, patient was started with Vaitarana basti for 15 days followed by anulomana.

Contents of vaitarana basti

- 1) Makshik - 20ml

- 2) Saindhav – 2gm
 3) Sneha (mahavishagarbha taila) – 20ml
 4) Erandamula kwath – 50ml
 5) Chinchu guda siddha jala – 50ml
 6) Gomutra – 10ml

Total quantity 150ml as per retaining capacity of patient.

Vaitaran basti is followed by anuloman with Gandharv haritaki 5gm + Erand taila 10ml.

Criteria of assessment

1) PAIN

GRADE	SEVERITY
0	No pain
+	Slight pain
++	Moderate pain
+++	Sever pain

2) Joint Swelling

GRADE	SEVERITY
0	No swelling
+	Slight swelling
++	Moderate swelling
+++	Severe swelling

3) Joint stiffness

GRADE	SEVERITY
0	No stiffness
+	5 min to 2 hours
++	2 hours to 8 hours
+++	More than 8 hours

4) Joint tenderness

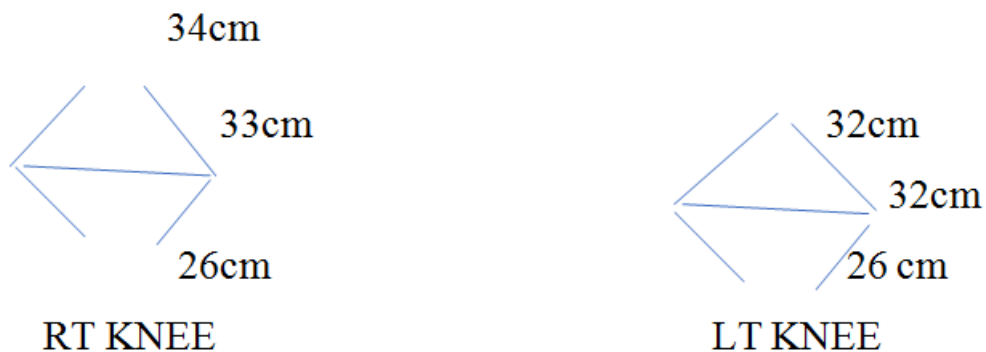
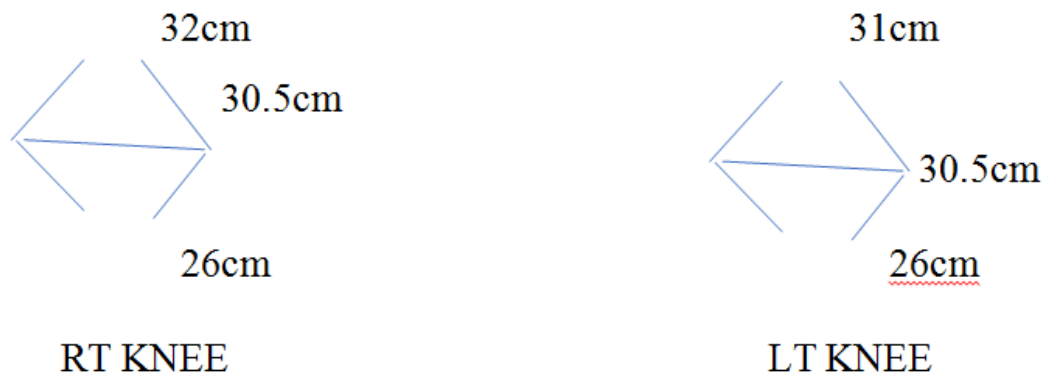
GRADE	SEVERITY
0	No tenderness
+	Wincing of face on pressure
++	Wincing of face and withdrawal of the affected part on pressure
+++	Resist to touch

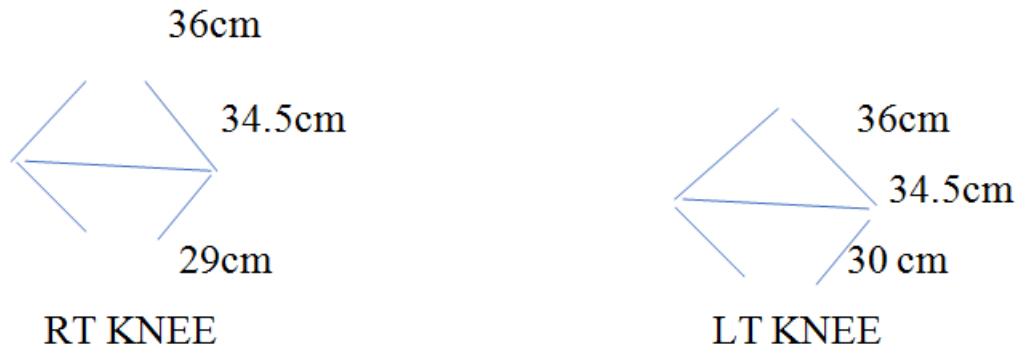
OBSERVATION AND RESULT**Case report 1**

CRITERIA	BEFORE	AFTER
Pain	+2	+1
Swelling	+2	+1
Morning stiffness	+1	0
Tenderness	+1	0

Case report 2

CRITERIA	BEFORE	AFTER
Pain	+3	+1
Swelling	+3	+1
Morning stiffness	+3	0
Tenderness	+3	+1

Joint Measurement**Case Report – 1****Bilateral knee joint****Before****After**

Case Report 2**Bilateral knee joint****Before****After****DISCUSSION**

In first case report patient was given erandamuladi basti and in second case we gave vaitarana basti.

Erandamuladi niruha basti in first case was given for pachana of dosha. It separates ama or toxins from cell as it facilitates absorption of morbid substances from blood into gut. And help in their expulsion with the help of osmotic pressure. It activates receptor for micro metabolism. Thus, relieves all the symptoms of ama, joint pain and stiffness.

In another case report, all the symptoms like pain, swelling and stiffness are more severe than first case. There is prabhut doshavastha, dosha are sukshma strotogami and lina i.e. dhatugata avastha, so that we selected vaitarana basti in this case. Vaitarana basti acts as pachana as well as utkleshana or kledana basti. Vaitarana basti works by the virtue of action of ingredient present in it and by action of basti karma. Ingredients present are chincha, saindhava, taila,

guda and gomutra. Chakradatta mentioned use of tila taila in vaitarana basti but we have used mahavishagarbha taila and erandamula sidha kwath to increase efficacy and potency of vaitarana basti.

Saindhav is sukshma strotogami and vishyandi. It helps basti dravya to reach at molecular level and liquefy all doshas. Chinchu guda siddha jala does kledan karma. Gomutra act by its kati rasa, katu vipak and ushna virya, due its ruksha and tikshna guna properties, it divides dosha and mala from cell and does bhedana karma.

Thus, vaitarana basti initially does utkleshana of dosha i.e it does molecule splitting and molecule liquefaction, and bring them into koshta and then eliminated from gudamarg due to osmotic pressure. All dosha can not remove with this, so again anuloman is given with gandharv haritaki churna and eranda taila for elimination of remaining dosha.

CONCLUSION

From the above case study, it is concluded that erandamuladi niruha basti and vaitarana basti are very beneficial in the management of amavata.

Thus, with the help of Ayurveda, we can definitely improve quality of life in patient with rheumatoid arthritis.

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