

MANAGEMENT OF AMAVATA W.S.R. TO RHEUMATOID ARTHRITIS: A CASE STUDY

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ABSTRACT

Purpose: Rheumatoid arthritis (RA) is the most common persistent inflammatory arthritis and occurs throughout the world and in all ethnic groups with a female: male ratio of 3:1. It is an immunological disorder of connective tissue triggered by environmental factors, in patients with genetic predisposition. Disease course is variable with exacerbations and remissions. Amavata is closely related to rheumatoid arthritis in Ayurveda for which patient seeks medical supervision for moderate to severe pain, swelling, tenderness and morning stiffness. In Ayurveda it is characterized by various features like Sandhishoola, Shotha, Stambha, Gaurava, Avipaka, Aruchi,

Alasya, Angamarda, Bahumutrata. The management of RA has limitation for long term uses and sometimes having severe side effects. Detail prescription regarding the management of Amavata is mentioned in Ayurveda texts. Baluka Sweda and Vaitarana Basti under Panchakarma procedures play an important role in the management of Amavata correlated to rheumatoid arthritis apart from conservative treatment. **Method:** Present case study is of a 25 year old female suffering from multiple joints pain associated with swelling, morning stiffness, body ache, loss of appetite, decreased sleep and restricted movements for past 5 years, diagnosed as Amavata/ rheumatoid arthritis (having 7/10 score as per classification criteria for RA, ACR, 2010). Combination of interventions includes Deepana, Pachana, Baluka Sweda and Vaitarana Basti along with Brihat Saindhavhadi Taila Anuvasana Basti in

Kaal Basti format for 16 days along with Shaman Chikitsa (conservative treatment). Patient was admitted twice for the treatment. The assessment was made on the basis of laboratory investigations and relief in signs and symptoms. **Result:** Assessment on follow up after one month of first session of admission and after six months of second session of admission shows substantial clinical improvement in the symptoms, thus improving the quality of life. **Conclusion:** It is likely that the prognosis improve as treatment is introduced as per the treatment protocol of Amavata in patients with early disease.

KEYWORDS: Amavata, Rheumatoid arthritis, Baluka Sweda, Vaitarana Basti.

INTRODUCTION

RA is an autoimmune condition characterised by chronic inflammation, granulation and joint destruction. It is a chronic systemic inflammatory polyarthritis that primarily affects small diarthroidal joints of the hands and feet in a symmetrical pattern.^[1] Prevalence of RA is 1 % worldwide and is increasing with population growth.^[2] In present, lifestyle changes including bad food habits, physical inactivity, and wrong body posture, disturbed biological clock leads to the manifestation of several diseases.^[3] Similar type of aetiology also gives rise to disease called Amavata.^[4] Amavata is vividly described by Madhavkara with well defined etiopathogenesis and clinical presentation.^[4] Vitiating Vata and Ama plays major role in the manifestation of Amavata.^[5] Incomplete digestion of Rasaadi Dhatu leads to the formation of Ama.^[6] Vitiating Ama leads swelling, pain, stiffness in multiples joints along with loss of function.^[7] Signs and symptoms Amavata closely resembles with rheumatoid arthritis. Rheumatoid arthritis is a chronic autoimmune disease affecting not only the joints but also the other organs of the body.^[8] There is no cure of RA in modern science and treatments aims on limiting joints damage, preventing loss of function and decreasing pain.^[9] The line of treatment for the management of Amavata is described by Chakradutta as Langhana (emaciation therapy), Swedana (sudation), Tikta, Deepaani, Katuni (drugs having bitter and pungent taste which increases digestive fire), Virechana (therapeutic purgation), Snehanam (oral administration of medicated ghee and oil), Basti Karma (medicated enema), Saindhavadi Anuvasana Basti.^[10] Hence this study includes Ruksha Sweda (dry fomentation) and Vaitarana Basti (specific type of medicated enema used in Amavata) along with Brihatsaindhvadi taila Anuvasana Basti to manage the Amavata effectively. Shunthi Siddha water was given for digestion of Ama during the whole treatment.

CASE REPORT

A 25 year old female housewife having 48 kg weight residing at rural area admitted (from 18/06/18 to 10/07/18) at Panchakarma IPD (2189), NIA, Jaipur, suffering from signs and symptoms of Amavata like Angamarda (malaise), Aruchi (anorexia), Trishna (thirst), Alasya (tiredness), and Gaurava (heaviness) with multiple joints pain and stiffness over MCP (metacarpophalangeal joint), wrist joints, elbow joints, ankle joints, knee joints with restricted movements, backache, and disturbed sleep due to pain at night. She was unable to move without support in early morning due to severe pain and morning stiffness for more than 2 hours. Pain and mild swelling started from bilateral wrist joints 5 years before. Later on pain started radiating to other joints. Since 2 years, pain and morning stiffness was aggravated and daily life of patient was hampered even after having pain killers. There was no any history of treatment/RTA/surgery and addictions. Patient used to have irregular diet since past few years. Patient was diagnosed on the basis of sign and symptoms as Amavata. Diagnosis was confirmed by laboratory investigation such as ESR, CRP, RA factor and was classified as Amavata/ RA (7/10 classification criteria of RA, ACR, 2010).^[11] [Table 1]. Ruksha Sweda and Vaitarana Basti along with Brihat Saindhvadi Taila Anuvasana Basti was planned for the management as per mentioned in the classical texts of Ayurveda. Panchkola Churna 3gm thrice a day is given for Deepana-Pachana for 5 days. Thereafter Baluka Sweda and Vaitarana Basti [Table 2] was started and continued for 16 days. Baluka Sweda (dry fomentation) was prepared by heating the sand and making a Pottali (Bolus) by the help of cloth. Baluka Sweda was done for 15- 20 minutes in the morning and patient was advised to do it in bed for another 2-3 times on swollen joints. Vaitarana Basti was started along with Brihat Saindhvadi Taila Anuvasana Basti in Kaal Basti format. Anuvasana Basti was administered after meal and Vaitarana Basti was administered in empty stomach on alternate day. Along with the procedure Simhanad Guggulu 2tab (500mg) thrice a day, Rasnasaptak Kwath 40ml twice a day and mixture of Nagaradhya Churna 1 gm, Shatawari Churna 2gm, Ashwagandha Churna 3 gm and Shankha Bhasma 250 mg twice a day was given with Shunthi (*Zingiber Officinale*) Sidha water.

Table. 1: Criteria for diagnosis of rheumatoid arthritis.

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

Patients with a score ≥ 6 are considered to have definite RA. ACPA = anti-citrullinated peptide antibodies; CRP = C-reactive protein; ESR = erythrocyte sedimentation rate; RF = rheumatoid factor.

Table. 2: Ingredients of Vaitarana Basti.

Saindhava Lavana (Rock salt)	1 Karsha (12gm)
Guda (Jaggery)	1 Shukti (24gm)
Amleeka (<i>Tamarindus Indica</i> Linn.)	1 Pala (48gm)
Gomutra (Cow's urine)	1 Kudava (192ml)
Tila Taila (<i>Sesamum Indica</i> Linn.)	Q.S.

Initially, 25gm Guda (jaggery) was mixed in lukewarm water so as to make the solution dense to be used as honey. Then Saindhava Lavana 10 gm is added in the mixture and mixed uniformly. Thereafter Tila Taila 60ml is added and stirred well. After then Amleeka 50 gm is put first in hot water, mixed well and filtered. The liquid is then mixed to form a homogenous mixture and finally 200 ml of Gomutra is added to the mixture. Prepared mixture is filtered and kept in a plastic bag. The mixture in Basti Putak (plastic bag) is made lukewarm by placing it in hot water and administered to the patient by Bastineta (an instrument attached with Basti Putak which acts like a nozzle same as in enema pot). Basti was given by proper methods in left lateral position as mentioned in the classical Ayurveda texts. Anuvasana Basti of Brihat Saindhavadi Taila was given using a disposable syringe and catheter attached to it after the consumption of food. Vaitarana and Anuvasana Basti were given in Kaal format for 16 days. Baluka Sweda was done along with the Basti Karma for 16 days.

After the completion of Basti Karma and Baluka Sweda for 16 days patient was discharged (10/07/18) on conservative management of Simhanad Guggulu^[12] 2tab (500mg) thrice a day, Ranasaptak Kwath^[13] 40ml twice a day and mixture of Nagradhya Churna 1 gm, Shatawari Churna 2gm, Ashwagandha Churna 3 gm and Shankha Bhasma 250 mg twice a day for 3 months. During the treatment Shunthi Siddha water is given for drinking.

After completion of Basti Karma patient felt 50% relief on pain, morning stiffness and swelling. Assessment was done after 1 month of treatment. After two months of resting period of Basti Karma patient was re-admitted (IPD No.3182) on 30th August 2018 at Panchakarma department. Same treatment protocol was followed in this session of admission and was discharged (26/09/18) on same conservative treatment. On follow-up after Six months of second session patient felt significant relief in the sign and symptoms [**Table 3**]. Stiffness and pain was markedly reduced and patient felt 80% relief. Patient was back to his daily regular activities without any restraint and quality of life was improved.

Assessment was done on the basis of sign and symptoms and laboratory investigation. Before treatment, RA factor was positive which was found negative after 3 months of treatment. There was no change in CRP. ESR was reduced to 02 mm/hr. Pain and morning stiffness was markedly reduced, swelling was subsided, appetite was improved and bodyache was minimal. The above case is successfully managed on the basis of Amavata Chikitsa Sutra (treatment protocol of Amavata) mentioned in Ayurveda.

Table. 3: Assessment before and after treatment.

	Before	After
RA factor	Positive	Negative
CRP	Positive	Positive
ESR	42 mm/hr.	02mm/hr.
BP	110/70 mm of hg	120/70 mm of hg
Respiratory rate	20/min	18/min
Pulse	82bpm	80bpm
Pain	Severe	Markedly reduced
Morning stiffness	up to 2hr	up to 5-10 min
Swelling	Present	Absent
Anorexia	Present	Absent
Analgesic needed	Once a daily	Not needed

DISCUSSION

Ama and Vata are the two important components in the etiopathogenesis of Amavata. Deepna and Amapachana is the first line of treatment with Panchakola Churna which acts as Deepan -

Pachana drug.^[14] Panchakola Churna having Laghu, Ruksha, Sukshma Guna and being Ushna Vriya helps in Pachana and Agnideepana thus corrects the Agnimandhya (decreased digestive power) and maintains the Dhatwagni too. Shunthi Siddha water is Deepana and Vibandhahara.

The concept of Vaitarana Basti is advised and explained for Amavata in Chakradutta Niruhadhikar 73/72 and Vangasen in Basti Karmadhikar 186-190. Vaitarana Basti help in breaking down the pathogenesis by overcoming the Srotodushti resulting due to Sanga (obstruction due to Ama) by its Laghu, Ruksha, Ushna, Tikshna Guna.^[15] Brihatsaindhvadi Taila is considered as Amahara and Kaphahara in which Eranda Mula (*Ricinus Communis*) having immunizing, analgesic, purgative properties, Rasna (*Pluchea Lanceolata*) and Triphala (*Terminalia Chebula*, *Terminalia Bellirica*, *Emblica Officinalis*) having anti inflammatory properties.^[16] Baluka Sweda contains Ruksha, Ushna Guna which liquifies the Dosha and Ama thus increases the blood circulation and decreases the Sandhisotha (Inflammation) and Sandhishoola (joint pain).^[17] Shunthi improves digestion strength and is known to improve pancreatic digestive enzymes- trypsin and chymotrypsin^[18], thus helps in the digestion of Ama. Based on the results obtained, it is evident that Amavata (Rheumatoid arthritis) shows substantial clinical improvement in the symptoms, thus improving the quality of life. It is likely that the prognosis will improve as treatment is introduced in patients with early disease.

CONCLUSION

Deepana, Pachana, Baluka Sweda and Vaitarana Basti along with Brihat Saindhvadi Taila Anuvasana Basti show remarkable symptomatic relief in the features of Amavata/RA. The case indicates that when treatment is done on the base of Ayurveda treatment protocol for Amavata/RA, it can be effectively managed in the early stage of the disease. The results need to be studied in more numbers in the same age groups and in the early stage of the disease for the better assessment.

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Conflict of Interest

There is no conflict of interest.

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