AYURVEDIC APPROACH IN RHEUMATOID ARTHRITIS (AMAVATA) A CASE REPORT

Dr. Jyoti Khandare*, Dr. V. E. Gogate and Dr. S. V. Suryavanshi

Department of Kayachikitsa, Government Ayurveda College & Hospital, Nanded (M.S.).

ABSTRACT
Rheumatoid Arthritis is an autoimmune disease that can cause chronic inflammation of the joint & may involve other areas of the body. Rheumatoid Arthritis can cause permanent joint destruction & deformity. Rheumatoid factor is an antibody that can be found in the blood of 80% of people with Rheumatoid Arthritis. Amavata is a disease condition which is a comparable with Rheumatoid Arthritis in modern medicine. In Amavata disease, Ama Dosha is being directed into joints by the vitiated Vata Dosha (Vyana Vata) and affects the shleshma dhara kala may be similar to synovial tissue inflammation resulting in effusion & swelling of joints. Due to this restriction of movement & persistent unendurable pain confined patient to bed with limited working area. In this case study 48 year old female patient complaining of pain, tenderness. Inflammation of all joints was being diagnosed as a case of Rheumatoid Arthritis since 1 year. Treatment planned in three steps. Firstly Valuka sweda externally with Rukshan kashaya internally, dashanga shunthi lepa externally & Sinhanada guggulu internally as a shaman chikitsa then vaitarana basti. Visual analogue scale of pain, tenderness, stiffness of all joint score are used to evaluate the efficacy of the treatment. Patient of Rheumatoid Arthritis treated successfully with the Ayurvedic Treatment, has been presented here.

KEYWORDS: Rheumatoid Arthritis, Amavata, vaitaran basti, valuka sweda.

INTRODUCTION
Amavata (Rheumatoid Arthritis) is a challenge to the physician owing to its chronicity, incurability complications, morbidity and crippling nature. The word Amavata is made up of a Combination of two words Ama & Vata. The Disease is mainly due to derangement of
Agni, resulting in the production of Ama which circulates in the body & gets located in the sandhi (joints) causing pain, stiffness & swelling over the joints. According to modern medicine it can be correlated with Rheumatoid Arthritis (RA) which is a chronic Auto immune disease that causes inflammation & deformity of the joints.

RA can also cause inflammation of the tissues around the joints as well as other organs in the body. It is a common disorder with varied clinical signs & symptoms related to multiple anatomical sites, both Articular & Extra-articular.

Allopathic system of medicine has got an important role to play in overcoming symptoms of Articular diseases. Drugs are available to ameliorate the symptoms due to inflammation, in the form of Non Steroidal Anti-Inflammatory drugs (NSAIDs) and the long term suppression is achieved by the disease modifying Anti Rheumatic Drugs (DMARDs).[1] But most of the NSAIDs have gastrointestinal side effects, where as DMARDs have marrow, renal and hepatic suppression, hence the management of this disease is merely insufficient in other systems of medicine & patients are continuously looking with a hope towards Ayurveda to overcome this challenge.

Amavata is first mentioned as separate disease by madhav nidan, where it is stated that mandagni plays key role in the manifestation of the disease. Acharya madhav described most characteristics features of the disease, severe pain similar to a scorpion bite. Asthi & Sandhi are chief sites of presentation of cardinal symptoms such as Sandhi shool, sandhi grah, sandhi shotha etc. This symptoms are resembles the cardinal symptoms of Rheumatoid Arthritis i.e. pain, swelling, stiffness, fever, general debility etc. Amavata chikitsa described by Chakradatta is dipan, tikta katu rasa, kshar basti, vaitaran basti, saindhavadi anuvasan & many yogas.

Ayurveda has given a detailed description regarding the management of Amavata which include Langhana (procedure like fasting, drying etc) swedana (sudation), Deepana (appetizing) with tikta katu rasa (astringent & pungent), virechana (purgation), vaitarana basti etc.

We hereby present a case report with regards to a patient who has been successfully treated for one month with follow up for another one month. The combined intervention included internal medication with rookshana kashaya, externally with valuka sweda (sudation with
heated sand pack), vaitarana basti and internally simhanada guggulu. Internal medicine were continued for another 15 days. Subjective & Objective assessment criteria including visual analogue scale (VAS) For pain & ARA (American Rheumatoid Association) criteria for diagnosing RA were Assessed before & after trial for the efficacy of treatment. Substantial clinical improvement in treatment in the symptoms was reported after two months of Ayurvedic treatment protocol thus improving the quality of life.

CASE REPORT
A 57 Year old female patient came to the kayachikitsa OPD of govt. Ayurved College Nanded, Maharashtra with c/o kshudhamandya(loss of appetite), Bruhat sandhi shola & grah (all over joint pain & stiffness), jwar prachiti (mild fever), bilateral ankle joint pain & swelling, restricted movements, difficulty to walk, since from 1 year. Patient receive Allopathic treatment tablet methotrexate 10 mg 1OD, Tablet Wysolone 5 mg 1BD,Cap cepedal 10 mg 1BD for 3 month. After taking this treatment patient didn’t get relief from above symptoms. Patient came to our Ayurvedic hospital and patient was thoroughly examined and detailed history was taken. Patient was farmer by occupation. Patient had h/o hypertension since 2 year. no h/o DM, Asthma. Patient didn’t have a h/o any major illness. On examination patient was mild febrile, PR-86/min, BP-130/80mm of hg, no pallor, no icterus was present. on local examination of all joints, pain, swelling, tenderness, stiffness was present. Her routine investigation such as CBC, RBS, Urine routine microscopic was within normal range. RA-Positive, serum uric Acid 2.58mg %, ESR-42 mm at the end of 1 hr. Patient was diagnose as Amavata and patient was treated with following treatment.

TREATMENT GIVEN
Amavata line of treatment as per our samhita is Rookshan, swedana (Rooksha Sweda), basti chikitsa, internal medicine. The treatment was planned as below.
1. Sthanik valuka potali sweda for 30 days.
2. Rookshana kashaya 40 ml BD for15 days.
3. Vaitarana basti for 15 days (Vyadhi Pratyanik).
4. Simhanada Guggulu vati 2 BD For 30 days.
5. Gandharva Haritaki Churna 5 gm HS for 15 days.

Content of Rookshana Kashaya
1. Triphala
2. Musta
3. Shunthi

Kashay preparation as per Sharangadhar Samhita.

Content of Vaitarana Basti

“Bastina – Diyate Aneniti Basti” (A. H. SU.19/11Arundatta)

<table>
<thead>
<tr>
<th>Dravayam</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Melted Jaggery</td>
<td>5 Tola</td>
</tr>
<tr>
<td>2. Lavanam</td>
<td>1 Tola</td>
</tr>
<tr>
<td>3. Sneham</td>
<td>5 Tola</td>
</tr>
<tr>
<td>4. Amlika Kalkam</td>
<td>5 Tola</td>
</tr>
<tr>
<td>5. Gomutram</td>
<td>50 Tola</td>
</tr>
<tr>
<td><strong>Total Quantity</strong></td>
<td><strong>100ml</strong></td>
</tr>
</tbody>
</table>

This Basti is so powerfull in a sense that it can bring back life of a person who is about to cross the vaitarana river. It can be administered even after the meal. The word Go Payah can be interpreted as the milk or cows urine. Based on the need, either of these can be selected. Jaggery is added with water, melted filtered & fixed like honey then other drugs are added in order mentioned.

**INDICATION**

Vangsen indicates this basti in kati prishtha shotham, shoolam, severe vata disorders, chronic urustthambha, gridhrasi and janu sankoch. Vaitaran basti bring Doshas in sakha to koshtha. Action of vaitaran basti in Amvata.

Chakradatta & Vangsen has mentioned Vaitaran basti is usefull in Amvata. It bring doshas shakha to koshta by utkleshan or lekhan action & it eliminated by gudmarg.

Srotomukh vishodhanat- gomutra cleans the channels.

Vridhdhi- Amlika increases the doshas.

Abhshyananat – saindhav lavana increases the abhishyandi quality.

Paka- gudam used for dosha paka.

Vayosch nigrahat- oil controls over the vayu.

Basti was given. Basti prayagam kala was 4 to 5 hours.

**Content of Simhanada Guggulu**[^2]

1. Haritaki-Terminalia chebula
2. Vibhitki- Terminalia bellirica
3. Amalaki- Emblica officinalis
4. Suddha Gandhaka
5. Guggulu- Purified Commiphora mukul
6. Chitrak taila- Castor oil

Simhanada Guggulu 500mg twice a day after meal.

**After completion of therapy, the relief of symptoms was as follows.**

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Before T/t</th>
<th>After T/t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appetite</td>
<td>Poor</td>
<td>Improved</td>
</tr>
<tr>
<td>Local joint pain, swelling, tenderness</td>
<td>Present</td>
<td>Marked Reduced</td>
</tr>
<tr>
<td>Movement of joint</td>
<td>Restricted</td>
<td>Improved</td>
</tr>
<tr>
<td>Distance crossed by patient</td>
<td>30 feet in 10 min</td>
<td>150 feet in 10 min</td>
</tr>
<tr>
<td>Shotha in joints</td>
<td>Present</td>
<td>Reduced</td>
</tr>
</tbody>
</table>

**RESULT**

Patient got symptomatic relief within 30 days.

**DISCUSSION**

Maximum number of patients had involvement of kapha vriddhi & prokopa followed by vata vriddhi & prokopa, dosha & dushti of rasavaha, asthivaha, majjavaha, purishvaha, and annavaha srotas, which is in accordance with the main srotas involved in the Amvata rog samprapti. The above described predisposing factor contribute to doshaprokopa and developing amavastha simultaneously or one after the other.\(^3\) The adyartha rasa or the Ama rasa formed is distributed by the vatadosha to different parts of the body-sleshmasthana.\(^4\) It is mentioned specifically as shleshmasthana because the guna of Ama & Sleshma are same. Therefore it initialy manifests at the shleshmasthana like musculoskeletal joints.\(^5\) Madhukosha mention shleshmasthana as the Dhamani.\(^6\)

As Rookshan and Langhana have similar qualities, it was done by in the form of valuka sweda. It help in shoshana (drying) of Ama situated in the sleshmasthana (joints) thus pacifying symptom like sthambh (stiffness) and shola (pain) suffered by the patient. Internal Rookshana Kashaya is Amapachana (digesting Ama) and drug like Triphala, Shunthi has got deepana pachana (appetizer carminative) properties.

Regarding the joint wise relief Simhanada guggulu showed better results. Among them Vaitaran Bastis lekhana or utkleshan basti used in those disease in which dasha reached at deeper dhatu e.g. Amavata, Urustambh.
CONCLUSION
Thus by above case study it is concluded that RA can be correlated with Amavata. The line of treatment is valuka sweda, rookshana kashaya, basti for vitiated vata dosha shaman. When this chikitsa was given to patient, she got symptomatic relief in every aspect of disease.

REFERENCE