

MANAGEMENT OF AMAVATA WITH SPECIAL REFERENCE TO RHEUMATOID ARTHRITIS - A CASE STUDY

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ABSTRACT

Rheumatoid Arthritis (R.A.) is a chronic inflammatory unknown etiology marked by a symmetric, peripheral polyarthritis. It is most common form of chronic inflammatory and often results in joint damage and physical disability. Because it is a systemic disease, RA may result in a variety of extra articular manifestation including fatigue, subcutaneous nodules, lung involvement, pericarditis, peripheral neuropathy, vasculitis and hematologic abnormalities.^[1] The clinical presentation of *Amavata*, as described by Yogaratnakar closely resembles with rheumatoid arthritis. *Amavata* is a disease of chronic joint pain and body pain accompanied by swelling of some or all of the

joints along with some generalized symptoms. In later stage more joints are involved, and may have contractures. *Amavata* is derived from word “*Ama*” and “*Vata*”. The word *Ama* is the condition in which toxic effects are observed. The *Ama* along with *Tridosha* occupies *Shleshmasthan* (*Asthisandhi*) and results in painful disease named as “*Amavata*”. Because of contractures patients’ life is crippled. In spite of prolonged medication, remission is there.

KEYWORDS: *Shodhan, Shamana, Svedana, Vaitarana Basti, Amavata, Rheumatoid Arthritis.*

INTRODUCTION

Rheumatoid Arthritis (R.A.) is a chronic inflammatory unknown etiology marked by a symmetric, peripheral polyarthritis. It is most common form of chronic inflammatory and often result in joint damage and physical disability. Because it is a systemic disease, RA may result in a variety of extra articular manifestation including fatigue, subcutaneous nodules,

lung involvement, pericarditis, peripheral neuropathy, vasculitis and hematologic abnormalities.^[1]

An autoimmune disorder, Rheumatoid Arthritis occurs when immune system mistakenly attack of own body tissues. Malviya A.N. (2012) is of the opinion that Rheumatoid Arthritis is common disease having peak incidence in 3rd to 4th decade of life. With 3-5 times higher preponderance in female. The individual with HLA-D4 and HLA-DR4 are more prone to R.A. the male female ratio is 1:3.^[2]

The clinical presentation of Amavata, as described by Yogaratnakar^[3] closely resembles with rheumatoid arthritis. Amavata is a disease of chronic joint pain and body pain accompanied by swelling of some or all of the joints along with some generalized symptoms. Vitiating *Dosha* transverse through *Rasavaha Strotas* to the joints, i.e. from one joint to others. Once one joint is involved other joints also are involved along with involvement of earlier joints. Pain is experienced to all these involved joints at a time (*Yugapat Kupitavanto*). In later stage more joints may be involved. Madhava described that the definition of Amavata as, when vitiating Vata and Ama simultaneously enters in the *Koshtha*, *Trika Sandhi* leading to stiffness of the body and *Trika Vedana*. This disease is known as *Amavata*.^[4]

Madhava described that the symptoms of *Amavata* are *Angamarda*, *Aruchi*, *Trishna*, *Alasya*, *Gaurava*, *Jvara*, *Apaka*, *Angashunyata*.^[5] As per principles of management of *Amavata* *Langhan*, *Svedan*, *Tikta*, *Dipana*, *Katu*, *Virechana*, *Snehapana* and *Vaitarana Basti* and *Ruksha Sveda* are indicated (*Chk 25/1*)^[6] (*Y.R. Amavata Chikitsa*)^[7] All these treatment modalities are indicated as per the *Avastha* such as *Sama Nirama Avastha* and *Jirna Avastha*. In addition to these *Avastha*, Charak has elaborated *Pachyamana Avastha* with reference to *Jvara*. Principles of management of *Amavat* are with respect to *Avastha* and single treatment cannot be advised throughout the course of the disease. Keeping these principles of management of *Amavata*, all fore said concepts were used as indicated in a one of the case of *Amavata*, visited to Kayachikitsa Department of Government Ayurveda College and Hospital Nagpur. A case is described here with as follows,

Aim

To study the treatment modalities of *Amavata* with specific reference to Rheumatoid Arthritis, in context of its different *Avastha*.

Objective

To study the effect of *Shodhana*, *Shamana* and *Sthanik Chikitsa* in *Amavata* with specific reference to Rheumatoid Arthritis, on clinical features of *Amavata*, VAS and disability index score of rheumatoid arthritis.

MATERIALS AND METHODS**A Case Profile**

45years old, female patient B/B relative and admitted in GACH, Nagpur in Kayachikitsa.

Chief Complaint

Patient had *Sarva Sandhi Shula*, *Pratah Sandhi Graha*, *Kriyakashtata*, *Kshudhamandya*, *Aruchi* and *Alpa Nidra* since 2 years.

Past H/O

No any systemic disorder.

Family History: Non-specific.

Vaiyaktik Vrittant

Aahar: Patient taken mixed type of food (Non-veg once/month), *Tikta Rasa Pradhan* with dominant *Rukha*, *Tikshna*, *Snigdha Ahara*.

Vihara: House wife.

Asthavidh Parikshana

Jivha was Sama, *Spasta Shabda*; *Akruti was Krisha*, *Nadi-72/min (Regular)*, *Mala-Asamyaka*, *Sama*, *Mutra-Prakrit*, *Sparsh-Samshitoshna*, *Drik-Aspashta*.

Urah Parikshana: No abnormality detected.

Udar Parikshana: No abnormality detected.

Investigations

CBC with ESR: Hb%: 11.1gm/dl,

TLC: 3800/cumm,

Platelets: 1.47 lac/cumm.

ESR:35

BSL

Fasting: 92mg/dl

Post prandial: 167mg/dl

3. Urine Routine and Microscopic: No Abnormality Detected.

4. RA Test: 65 IU/ml

Criteria of Assessment

Clinical features of *Amavata*

VAS

Disability index score

Walking Time

Grip Power

Management

Langhana: *Laghu Aahar* like *Laja*, *Mudga Yusha* and *Rajgira Laddu* was advised to patient.

Svedana: Simultaneously *Valuka Pottaly Svedana* was done for 20min, twice a day.

Pachana Chikitsa: *Rasapachak Kvath* (*Kutaki*, *Kutaja* and *Patola*) 20ml BD was given for 5 days after *Langhana* and *Svedanaana*. However *Svedana* was continued with *Rasapachak Kvath*.

Basti: Thereafter, *Vaitarana Basti* 180 ml was administered for 15 days.

Shaman Chikitsa (Pachana and Dipana)

Shunthi Sidhha Eranda Sneha 10ml HS was given.

Devdarvyadi Churna 5gm BD along with *Ushnodaka* after *Pachana Chikitsa* was advised.

Amvatari Kvatha 20ml BD was given after *Pachana Chikitsa*.

Simultaneous administration of *Vaitaran Basti* and *Shaman Chikitsa* was for 15 days.

Shamana Chikitsa was comprised of *Shunthi Sidhha Eranda Sneha*, *Devdarvyadi Churna* and *Amvatari Kvatha*.

Snehapana: *Guduchi siddha Majjapana* 40ml OD was given for 7days.

RESULT AND OBSERVATION

Table 1: Table Showing Effect on Symptom Score of Amavata of This Case.^[8]

S.N.	Symptoms	BT Score	AT Score
	<i>Angamarda</i>	4	3
	<i>Aruchi</i>	5	3
	<i>Alasya</i>	5	3
	<i>Gauravata (Heaviness):</i>	5	4
	<i>Apaka</i>	2	1
	<i>Kshudha Mandya</i>	4	1
	<i>Vairasata (Unpleasant taste)</i>	5	3
	<i>Kukshi Kathinya</i>	1	0
	<i>Nidra Viparyaya (Sleep Disturbances)</i>	4	2
	<i>Vibandh</i>	4	1
	<i>Jadya</i>	3	1
	<i>Trishna</i>	2	0
	<i>Jvar (Fever)</i>	1	0
	<i>Pidasahatva (Tenderness)</i>	4	2

Table 2: Table Showing Disability Index Score in Amvata.

S. N	Activity of daily living (ADL) Are you able to:	B.T	A.T
1	Dress yourself, including tying saree / salwar / dhoti /payjama and doing buttons?	1	1
2	Get in and out of bed?	2	1
3	Lift a full cup or glass to your mouth?	1	1
4	Walk outdoors on flat ground?	3	2
5	Wash and dry your entire body?	3	2
6	Squat in the toilet or sit cross – legged on the floor?	3	3
7	Bend down to pick up clothing from the floor?	3	2
8	Turn a tap on and off?	3	1
9	Get in and out of auto rickshaw / manual rickshaw / car	2	2
10	Walk three kilometers?	3	3
11	Shop in a vegetable market?	3	3
12	Climb a flight of stairs?	3	2
	TOTAL SCORE	30/12= 2.5	23/12=1.92

CBC and RA

S.N		BT	AT
1	Hb	11.1gm/dl	11.5gm/dl
2	TLC	3800/cumm	5000/cumm
3	PLT	1.47lac/cumm	1.5lac/cumm
4	RBC	4 Millions/cumm	4.5 Millions/cumm
5	ESR	35mm	22mm
6	RA	65IU/ml	40IU/ml

Virechana, Snehapana, Basti for the treatment of *Amavata*. During the description of *Ruksha Sveda, Valuka Pottali Sveda* and *Upanaha* without *Sneha* have been mentioned for the management of *Amavata*.^[11] *Vaitarana Basti* was specially highlighted by Chakradatta.

Langhana: *Amavata* is an *Amashayotha Vyadhi* and also *Rasaj Vikara*, so *Langhana* is a first line of treatment. *Doshas* which are spread all over the body cannot be eliminated until *Ama* attains the *Pakva* form and for this purpose *Langhana* is the best therapy. Hence *Langhana* was advised for First 3 days. *Laghu Ahara* was advised such as *Ushnodak, Mudga Yush, Laja* and *Rajgira*. Symptoms of *Langhana* were observed and when *Nirama Avastha* was achieved *Langhana* was stopped.

Svedana: Charaka described that *Svedana* is indicated in *Stambha, Gaurava* and *Shula*^[12] and this symptoms are the predominant features of *Amavata*. Hence *Valuka Pottaly Svedana*^[13] was advised.

Drugs having *Tikta-Katu Rasa* and *Dipana properties*: Properties of *Tikta* and *Katu Rasa* are *Laghu* and *Tikshna Guna*, these drugs increase the digestive system of body, digest *Ama*, reduces the excessive production of *Kapha* and prevent further production of *Ama*. Hence, the *Rasapachaka Kvath* was given.

Basti: *Vaitarana Basti* is indicated in the presence of *Shula, Anaha* and *Vataroga*.^[14] Hence *Vaitarana Basti* was administered for removal of *Ama* situated all over body in *Trik Sandhi* and *Shleshmasthan*.

Devdarvyadi Churn contains.^[15] *Haritaki, Shunthi, Ativisha, Mustha, Vachha, Devdaru*. These drugs have mostly in *Tikta* and *Katu Rasa*, properties of this drugs are *Pachana* and *Dipana* and helpful in management *Amavata*.

Snehapana: In this disease mostly to produce *Rukshata* in the body after the treatment of *Amavata* such as *Langhana, Svedana, Vaitarana Basti* and *Tikta-Katu Dravya*, which may aggravate the *Vata Dosha* and further aggravate the disease. This pathology can be prevented by administration of *Snehapana*. Hence, 40 ml *Guduchi Siddha Majja Pana* was advised to the patient.

CONCLUSION

In this case study *Shodhan*, *Shaman*, *Svedana* and *Snehapana Chikitsa* was helpful in *Amavata* with special reference to Rheumatoid Arthritis with respect to its *Avastha*. However, the trial was on only one patient and multiple such cases can be taken for study by similar line of management to relieve the sufferings.

REFERENCES

1. Dennis L. and Stephen L. et al: *Harrisons principal of internal medicine* 19th edition Volume II: Mc Graw Hill New York, 2015: 2136.
2. Malaviya A.N.: *A.P.I text book of medicine*: Published by The Association of Physicians of India 9th edition, 2012; 2: 1829.
3. Tripathi I.: *Yogaratanakar Amavata Chikitsa 7-9*: Chaukhambha Krishndas Academy Varanasi, 2013: 452.
4. Shashtri S.: *Madhav Nidan 1st part-25/5*: Chaukhambha Prakashan Varanasi, 2018: 509.
5. Shashtri S.: *Madhav Nidan 1st part-25/6*: Chaukhambha Prakashan Varanasi, 2018: 511.
6. Tripathi I: *Chakradatta*: Chaukhamba Sanskrit Bhawan Varanasi: *Amavata Chikitsa 25/1*: (2018): 166.
7. Tripathi I.: *Yogaratanakar Amavata Chikitsa 17-18*: Chaukhambha Krishndas Academy Varanasi, 2013: 453.
8. Khatri A.: APG thesis submitted to MUHS, Nashik entitled "A Clinical Study on the Management of Amavat wrst Rheumatoid Arthritis by Kshar Basti". GACH Nagpur 2014.
9. Khatri A.: APG thesis submitted to MUHS, Nashik entitled "A Clinical Study on the Management of Amavat wrst Rheumatoid Arthritis by Kshar Basti". GACH Nagpur 2014.
10. Katz J, Melzack R: Measurment of pain. *Surg Clin North Am*, 1999; 79: 231-52. Katz J, Melzack R.
11. Tripathi I.: *Yogaratanakar Amavata Chikitsa 17-18*: Chaukhambha Krishndas Academy Varanasi, 2013: 453.
12. Kushawaha H.: *Charaka Samhita Sutra Sthan 22/11*: Chaukhambha Auriyantaliya, Varanasi, 2016: 320.
13. Tripathi I.: *Yogaratanakar Amavata Chikitsa 18*: Chaukhambha Krishndas Academy Varanasi, 2013: 453.

14. Tripathi I: Chakradatta: Chaukhamba Sanskrit Bhawan Varanasi: Niruhadhikara adhyay 73/32: (2018): 455.
15. Shashtri A.: Bhaishjya Ratnavali: 29/53: Chaukhambha Prakashan Varanasi, 2015: 618.