



AYURVEDIC MANAGEMENT OF RHEUMATOID ARTHRITIS: A CASE STUDY

*¹Dr. Shraddha Saraf, ²Dr. Swati Nagpal, ³Dr. Rajesh Meshram and ⁴Dr. Shwetal Shivhare

¹PG Scholar, ²Reader, ³Reader and HOD Ph.d, ⁴Reader,
Department of kayachikitsa Pt.Khushilal Sharma Govt. (Auto) Ayurveda College and Institute, Bhopal Madhya Pradesh India.

*Corresponding Author: Dr. Shraddha Saraf

PG Scholar, Department of kayachikitsa Pt.Khushilal Sharma Govt. (Auto) Ayurveda College and Institute, Bhopal Madhya Pradesh India.

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ABSTRACT

Rheumatoid arthritis is an autoimmune chronic inflammatory disorder. As the disease progresses, the inflamed synovium invades and damages the cartilage and bone of joint. The potential of synovial inflammation to cause cartilage destruction is the hallmark of the disease. This disease is commonly found in females as compared to males. The female to male ratio is 3:1. Prevalence of Rheumatoid Arthritis increases with age with 5% of women and 2% of men over 55 years being affected. It's a very painful disease which usually cause tender, swelling and inflammation in joints. As per Ayurvedic science rheumatoid arthritis sign and symptoms resembles with *Amavata*. *Amavata* is the disease caused by impairment of agni, formation of ama and vitiation of vatadosha. It is the disease which is mentioned under category of vatakapajaya vyadhi. Researches has proven that Ayurvedic treatment is effective in the management of *Amavata*. Present case study was done on female patient of 42 years with complaints of polyarticular joint pain and swelling in multiple joints with morning stiffness and difficulty in walking. she was diagnosed Rheumatoid arthritis 18 years ago. In this case study patient was given Ayurvedic medicines i.e. *Sihnad Guggul & Amavatari Rasa* along with Panchakarma therapy with *baluka sweda*, *kalabasti* plan with *saidhavadi tail* and *erandamuladi kwath*. Patient was feeling much better than earlier. Oral medication along with panchakarma procedures showed good result in improvement of overall symptoms in this case of *amavata* (rheumatoid arthritis).

KEYWORDS: *Amavata*, Shaman chikitsa, basti karma, Rheumatoid Arthritis.

INTRODUCTION

Rheumatoid arthritis (RA), an auto-immune inflammatory disease is one of the challenging conditions for the physicians to handle due to its chronicity, incurability, complications, morbidity, etc^[1] It is a systemic disease that primarily causes joint inflammation, pain, loss of function and eventual joint destruction and deformity. The disease is of variable severity ranging from mild inflammation in a few joints to symmetric involvement in multiple joints, mainly in the hands and feet. In spite of potent anti-inflammatory agents and powerful immune-suppressive agents, its prognosis is not good, as these drugs have certain limitations including dependency and other side effects restricting quality of life. Considering these inconveniences, alternatives are being searched from traditional systems. Ayurveda through its armamentarium can provide leads in the management of this condition that is similar to *Amavata* in its clinical presentation.^[2]

Acharya Chakradatta mentioned Chikitsa Siddhant for management of *Amavata* which includes Langhan,

Swedan, use of drugs having Tikta, Katu Rasa and Deepan property, Virechan, Snehan and Basti. By using this Chikitsa Siddhant *Amavata* can be successfully treated.

AIM AND OBJECTIVE

To evaluate the role of *Samshodhana* and *Samshamana karma* in management of *Amavata*.

CASE REPORT

A 42 years female patient had complaints of multiple joints pain specially pain in both knees, shoulder joints, and ankle joints, fever on and off, morning stiffness lasting for 1 to 2 hours since 18 years. Pain aggravates on standing and walking along with swelling over knee and ankle joints. Her associated complaints were general debility, breathlessness and indigestion.

History of present illness

Patient was apparently normal 18 years back. Initially she developed bilateral knee joints pain and swelling, had difficulty in sitting and standing. Then she developed

bilateral shoulder joints pain, for which she consulted allopathic physician and got relief for a period of 3 years. Again the symptoms relapsed after that and she was put on oral corticosteroids immunosuppressants and DMARD'S by which she was asymptomatic during medications and developed similar symptoms when she withdrew medications. Since past 1 year she developed severe bilateral knee joint pain and swelling along with general debility.

Past history: She is a known case of hypothyroidism since 10 years.

Drug history: methotrexate 7.5 mg, prednisolone 10 mg, thyroxine sodium 65 mcg.

Family history: There is no history of such type of case.

Personal history

Ahara: vegetarian

Ahar-vidhi: Vismashan

Nidra: Disturbed due to pain

Ras satmaya: Sarvarasa

Vyasana: No any

Kostha: Madhyam

Vihara: Previously – too laborious

Others: No H/O smoking and tobacco chewing etc.

Vital Examination

Temperature: 100° F;

Pulse: 78 /Min

Blood Pressure: 130/80mm Hg

Resp rate: 20 per min.

SPECIAL EXAMINATIONS

Examination of Locomotor System.

General Examination of Joints

Inspection: Bilateral involvement of joints (i.e. symmetrical)

Local Edema: Over knee joints, ankle joints and Wrist joints

Change in Colour: No change

Palpation: Tenderness - present over knee, ankle, and wrist joints Joint

Crepitus: Present in both knees

Range of Movements: Restricted

Local Rise of Temp: Present

INVESTIGATIONS: Blood Hb- 9.4 gm%; RA Factor – positive 29.2; CRP- 20.6 IU/L; ESR- 60mm in 1st hr. Changes in Sandhi shola (joint pain), Sandhi shotha (edema), Sandhi graha (morning stiffness), Sparshasatva (tenderness), were observed before and after therapy.^[3]

Table 1.

Sandhishool grading	grade
Severity of pain	
No pain	0
Mild pain	1
Moderate but no difficulty in moving	2
Slight difficulty in moving due to pain	3
Much difficulty in moving the bodily parts	4
Sandhishotha (swelling in joints)	Grade
Severity of swelling	
No swelling	0
Slight swelling	1
Moderate swelling	2
Severe swelling	3
Sandhigraha (stiffness in joints)	Grade
Severity of stiffness	
No stiffness	0
5 min to 2 h	1
2h to 8h	2
>8h	3
Sparshasatva (tenderness)	Grade
Tenderness	
No tenderness	0
Subjective experience of tenderness	1
Wincing of face on pressure	2
Wincing of face and withdrawl of the affected part on pressing	3
resist to touch	4

Treatment Given

1. Nidana parivarjana.
2. Amapachana - lashunadi vati 250mg BD. for 3 days with hot water before food.

3. Sarvanga valuka swedan followed by kalabasti plan.
4. Shamana aushadhi: Tab amavatari ras 125 mg BD. Tab-Simhanad guggulu 2 BD

TREATMENT METHODS**Table 2: Shaman yoga.**

Sn.	Drug	Dose	Duration	Anupana
1.	Simhnad guggulu	250 mg BD	2 mon	Lukewarm water
2.	Amavatari ras	250 mg BD	2 mon	Lukewarm water

Table 3: Panchkarma Procedure.

	Procedure	Drug	Dose	Duration
1.	Baluka swedan			16 days
2.	Kalabasti Anuvasan basti	Saindhavadi tail	100ml	16 days
	Niruha basti	Erandsmooladi Kwath	400 ml	

Table 4: Observations.

Sno.	Sign and symptoms	Before treatment	After treatment
1.	Sandhishoola (Joint pain)	4	1
2.	Sandhishotha (joint swelling)	2	1
3.	Sandhigraha (stiffness)	1	0
4.	Sparshasahatva (tenderness)	1	0

RESULT

Patient got relief from sandhishoola in 15 days. After 30 days of treatment patient got relief in sandhigraha and rest of symptoms. We took follow up of patient up to next 2 months. After 2 months follow up it was observed that patient got relief in all symptoms except slight swelling in knee joints.

INVESTIGATIONS - after treatment

Blood Hb- 10.3 gm%; RA Factor – positive 22.3; CRP- 15.4 IU/L; ESR- 34mm in 1st hr.

DISCUSSION

Amavata is one of the most challenging problem that makes the patient weep in agony of pain & reduces functional capacity with severe pain, stiffness & crippling deformities of joints making them bed ridden. As Amavata is caused by impairment of agni, formation of ama and vitiation of vata dosha, so these are the factors which are important to look upon while doing chikitsa of amavata. Ama along with Vata Dosha moves toward Kapha Sthanas passing through Rasa Vaha Dhamanis where it combines with the Tridosha & becomes further Dushita & later on settles in the Sandhis where Khavaigunyata is produced by Nidana Sevana & Lakshana of Amavata are produced. First aim should be to bring out Niraamaavastha by giving tikta and katu dravya which act as pachana and deepan dravyas.

Another important dosh to be managed in Amavata is vata. Basti is very important therapy to manage Vata Dosha, and is called as Ardha Chikitsa.^[4] Vata needs

Snigdha Chikitsa & Ama needs Ruksha Chikitsa. Chikitsa should be such that pacifies Vata & at same time performs Amapachana action. Chikitsa of Amavata comprises of Langhana, Swedana, Deepana, Pachana (Tikta Katu Dravya), Snehapana, Virechana & Basti.

Baluka Swedana is a Rukshya Swedana,^[5] which helps in rectification of the imbalance of Kapha Dosha, as well as alleviation of Ama Dosha. It is also Shotha Shuladhara i.e. also helps in reduction of swelling, pain and stiffness.

Basti- Owing to the property of vatakaphahar, treatment with the Basti has provided good result in signs and symptoms. The Tikshna Guna of erandsmooladi niruh Basti helps in overcoming the Srotodusti resulting due to Sanaga, thus helps in breaking down the pathogenesis of the disease. Rasavaha Srotodushti & Rasa Dhatodushti were corrected by Srotoshodhana. *Snigdha guna* and *Vata shamaka* nature of *Eranda taila* might have played a major role in pacifying aggravated *Vata* resulting in reducing *Sandhi shula*. As *Shotha* and *Shula* are reduced, *Sandhi graha* and *sparshasahatva* also get reduced.

Brhit Saindhavadi^[6] oil is Amapachana & Javaraghana, helps in Srotosodhana, Saindhava due to its Sukshma, Usna, Arukshya, Vyavahi, clears minute channels, helps in Ama Pachana.

Shamana Yoga: Shamana drugs like Singhanadh Guggulu - It bears the qualities like laghu ruksha ushna and teekshan. Owing to this property antagonism to kapha and ama it brings significant improvement in sign and symptom of disease.

Amavatari ras - The *Vata shamaka* (pacifying *vata*) and *Vedanahara* (analgesic) properties of *Amavatari rasa* helps in reducing sandhishoola.

An integrative treatment of ayurvedic medicine and yoga is always found beneficial. Hence all these drugs help the patient to get rid completely of Rheumatoid arthritis. At present, the patient is free from all signs and symptoms and he is leading a comfortable life by carefully avoiding the *Nidana* (causative factors) of the disease in his diet and lifestyle. An integrative treatment of ayurvedic medicine and yoga is always found beneficial. Hence all these drugs help the patient to get rid completely of Rheumatoid arthritis. At present, the patient is free from all signs and symptoms and he is leading a comfortable life by carefully avoiding the *Nidana* (causative factors) of the disease in his diet and lifestyle.

CONCLUSION

Ayurvedic treatment is aimed at restoring the doshas to harmonious equilibrium thereby strengthening individual healing process. The case report demonstrate the treatment of Rheumatoid arthritis completely with ayurvedic interventions which helps in gradually withdrawing of allopathic drugs.

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