

A CASE STUDY ON AMAVATA W.S.R. To RHEUMATOID ARTHRITIS

*¹Dr. Rahul Ishwarlal Desai, ²Dr. Vijayalaxmi Sujay Patil and Dr. Harshada Suhas Phate³¹MD. Kayachikitsa, Ph.D. Scholar, Associate Professor, Dept. of Kayachikitsa Ashtang Ayurveda, Mahavidyalaya, Pune-30, Maharashtra.²MD. Kayachikitsa, Ph.D. Scholar, Associate Professor, Dept. of Kayachikitsa sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, Pune 28.³MD. Rachana Sharir, Assistant Professor, Dept. of SMBT, Ayurved Mahavidyalaya, Dhamangaon Nashik.

*Corresponding Author: Dr. Rahul Ishwarlal Desai

MD. Kayachikitsa, Ph.D. Scholar, Associate Professor, Dept. of Kayachikitsa Ashtang Ayurveda, Mahavidyalaya, Pune-30, Maharashtra. Email Id- drarahuldesai2020@gmail.com, Contact Number:- +91 8446540390

Article Received on 21/12/2023

Article Revised on 11/01/2024

Article Accepted on 31/01/2024

ABSTRACT

Amavata is one of the consumption disorders caused by the impairment of *Agni* (digestive fire) formation of *Ama* (bio-toxin) and vitiation of *Vata Dosh*. *Amavata* is produced mainly due to the Vitiation of *Vata* along with the formation of *Ama*. The *Ama* combines with *Vata Dosha* and occupies *Shleshmasthanas* (*Asthisandhi*) which results in "*Amavata*" *Amavata* can be correlated with Rheumatoid Arthritis due to similarities of clinical features. Rheumatoid Arthritis is an autoimmune disease causing a chronic symmetrical polyarthritis with systemic involvement. The management in Modern science includes the use of NSAID's (Nonsteroidal anti-inflammatory Drugs) Glucocorticoids, DMARDs (Disease Modifying Anti rheumatic Drugs), and immunosuppression therapies. Long term use of which leads to many side effects. *Ayurveda* treats it in a natural way without any side effects. *Acharya Chakradatta* mentioned *Chikitsa Siddhanta* for management of *Amavata*, which consists of *Langhana*, *Swedana*, and use of *Tikta*, *Katu Rasa dravyas having Dipana*, Pachan properties. With *Virechana*, *Snehapana* and *Vasti*. These modalities help in *Amapachana*, *Vatashamana*, *Strotosshodhana* and *Sthana Balya*. By using this *Chikitsa Siddhanta* a case of *Amavata* was successfully treated. Marked improvement was observed in signs and symptoms after treatment. No any complications were found during the treatment.

KEYWORDS: *Amavata*, *Ama*, Rheumatoid Arthritis, *Simhanada Guggulu*, *Maharasnadi Kwath Mahavishgarbha Tail*.

INTRODUCTION

Amavata is a disease of *Asthivaha* and *Rasavaha Strotas*. It is mainly produced due to *Ama* and vitiation of *Vata Dosha*. The *Ama* is carried by the aggravated *Vata* and deposited in *Sleshmasthanas* (Seats of *kapha* like joints etc.) producing features like *Angamarda* (body ache), *Aruchi* (loss of appetite), *Alasya* (weakness), *Sandhiruk* (joint pain), *Sandhishotha* (joint swelling). *Madhavakara* (700AD) was the first who described the features of *Amavata* in *Madhava Nidana* where as the treatment of *Amavata* was first explained by *Acharya chakradatta*.

Amavata is a disease of *Madhyama Rogamarga* hence it is *Krichrasadhya* or *Yapya*. According to the clinical features *Amavata* very closely resembles the Rheumatoid arthritis. Rheumatoid arthritis is a chronic progressive autoimmune arthropathy and characterized by bilateral symmetrical involvement of joints with some systemic clinical features". This disease affects mainly young population and the patients are gradually crippled physically as well as mentally due to poor prognosis of

the disease hence it is a most burning problem.

Treatment in modern medicine has limitations due to their side effects. The prevalence of RA is 0.8% of the population (range 0.3-2.1%); women are affected approximately three times more often than men. The onset is most frequent during the fourth and fifth decades of life, with 80% of all patients developing the disease between the ages of 35 and 50.³ *Ayurveda* treats root cause of *Amavata* (RA) which leads to breaking the *Samprapti* of the disease.

Acharya Chakradatta described the *Chikitsa Siddhant* for *Amavata*. It includes *Langhana*, *Swedana* and use of drugs having *Tikta*, *Katu Rasa with Dipana* property, *Virechana*, *Snehapana* and *Vasti* Here a case of *Amavata* was treated by using *Shaman Chikitsa* given in this *Chikitsa Sutra*.

CASE REPORT

A 62 years male patient working as a farmer visited

OPD, *Kayachikitsa*, having complaints of Pain and Swelling in both knee joints since 3 months, Pain in both wrist joints since 1 month and morning stiffness more than 60 min. since 1 month Pain and Swelling in both ankle joint, and Loss of appetite since 1 month. The patient was fine before 3 months.

Gradually pain and swelling started in both knee joints. There after developed Pain in both wrist joints for that he took allopathic treatment but did not get satisfactory results and for further management he came to our hospital. There was no history of Diabetes, Hypertension or any other major illness in the past.

EXAMINATION

Vitals of patient were within normal limits Systemic examination showed no abnormal findings. *Jivha* was *Saam*. Rest of the *Ashtavidha pariksha* was within normal limits.

1. *Abhyantar Chikitsa* (Internal Medication)

Table 1:

Sr. No.	<i>Kalp</i>	<i>Matra</i>	<i>Anupana</i>	Duration
1	<i>SimhanadGuggul</i>	250mg 2tab <i>Yanodyan</i>	<i>Koshn jal</i>	60 days
2	<i>MaharasnadiKwath</i>	20 ml, <i>Yanodyan</i>	<i>Koshn jal</i>	60 days

2. *Bahya-* (External Treatment)

Swedana- *Valuka Pottali sweda*

LOCAL EXAMINATION

Swelling presents on both wrist and knee
Joints Tenderness presents a both wrist and knee joints.
Local temperature-Raised
Range of movement-Restricted and painful movement of both knee and wrist joints

DIFFERENTIAL DIAGNOSIS

Amavata (*Rheumatoid arthritis*), *Sandhivata* (*Osteoarthritis*), *Vatarakta* (*Gout*).

INVESTIGATIONS

CBC,ESR,CRP
RA Test, Sr.Uric Acid

DIAGNOSIS

Amavata (Rheumatoid arthritis) was diagnosed on the basis of symptoms described in the classics of *Ayurveda* and criteria fixed by the American Rheumatology Association in 1988.

Mahavishgarbha Tail- For local application

Duration-60 days.

3. *Pathya-Apathya* (does and don'ts) - Advised to patient as follows

	<i>Pathya</i>	<i>Apathya</i>
<i>Aaharaja</i> (Food)	<i>Yava</i> (barley), <i>kulatha</i> (horsegram), <i>raktashali</i> (rice), <i>shigru</i> (drum sticks), <i>punarnava</i> , <i>karvellak</i> (hittergourd), <i>parawar</i> , <i>ardrak</i> (ginger) <i>rasona</i> or ginger (<i>shodhit withtakra</i>), <i>jangal mansahot</i> water	Flour of mash (black gram), <i>Rajmah</i> (kidney beans), sweets. Fast food, uncooked food, salty, spicy, oily food. Fish Cold water, Curd, jaggery, milk, cold beverages ice creams
<i>Viharaja</i> (Behavior)	Sunlight exposure for at least 15 minutes in a day. <i>Pranayam</i> , <i>yoga</i> , meditation	Daytime sleeping <i>vegavadharan</i> (suppression of natural urges); exposure to cold, wind, A.C. excess of stress

Follow up - After 60 days

Assessment Criteria

Table 2: Grading of *Sandhishoola* (pain).

Sr. No	Severity of Pain	GRADE
1	no pain	0
2	Mild pain	1
3	Moderate, but no difficulty in moving	2
4	Mach difficulty in moving the body parts	3

Table 3: Grading of *Sandhishotha* (swelling).

Sr. No	Severity of swelling	Grade
1	No swelling	0
2	Slight swelling	1
3	Moderate swelling	2
4	Severe swelling	3

Table 4: Grading of *Sparshasahatwa* (tenderness).

Sr. No	<i>Sparshasahatwa</i>	Grade
1	No tenderness	0
2	Subjective experience oftenderness	1
3	Wincing of face on pressure	2
4	Wincing of face and withdrawal of the affected part on pressure	3

Objective Criteria

Table 5: Gradation of Foot pressure.

Sr. No	Foot pressure(kg)	Grade
1	25-21kg	0
2	20-16kg	1
3	15-10kg	2
4	<10kg	3

Table 6: Gradation of walking time.

Sr. No	Walking time (for 25 feet in number of seconds)	Grade
1	15-20 sec	0
2	21-30 sec	1
3	31-40 sec	2
4	>40 sec	3

OBSERVATIONS AND RESULTS

Table 7: Assessment of *Sandhishoola*.

Left		Name of joint	Right	
BT	AT		BT	AT
3	0	Knee joint	3	1
2	1	Wrist joint	3	1
3	0	Ankle joint	2	0

Table 8: Assessment of *Sandhishotha*.

Left		Name of joint	Right	
BT	AT		BT	AT
2	0	Knee joint	2	0
2	0	Wrist joint	2	0
3	1	Ankle joint	2	0

Table 9: Assessment of *Sparshasahatwa*.

Left		Name of joint	Right	
BT	AT		BT	AT
3	0	Knee joint	2	0
3	1	Wrist joint	3	0
2	0	Ankle joint	3	0

Table 10: Assessment of Objective Criteria.

Sr. No	Criteria	B.T.	AT
1	Foot pressure (kg)	2	0
2	Walking time (for 25 feet in number of seconds)	2	1

Investigations

Table 11: Showing Laboratory values before and after treatment.

Sr.No	B.T	A.T
1. Hb%	11.5gm%	12.4gm%
2. TLC	8000/cumm	9200/cumm
3. Neutrophils	94%	70%
4. Lymphocytes	33 %	24%
5. Monocytes	2%	1%
6. Eosinophils	1%	1%

7.Total Platelet Count	2.55 Lacs/cu.mm	2.30 Lacs/cu.mm
8.ESR	50mm/hr	22mm/hr
9.RA Test	Negative	Negative
10. CRP	Positive	Negative
11. uric acid	5.0mg/dl	4.5.0mg/dl

DISCUSSION

Chakradatta was the first, who described the *Chikitsa Siddhant for Amavata*. It includes *Langhana, Swedana*, drugs having *Tikta, Katu Rasa and Dipana* action, *Virechana, Snehapana and Anuvasana* as well as *Ksbarabasti*. *Yogaratanakara* has been added. *Upanaha without Sneha*, to these therapeutic measures.

Amavata is mainly caused due to vitiation of *Vata Dosha* and formation of *Ama*. *Mandagni* is the main cause of *Ama* production In *Yogaratanakara*, *Langhana* has been mentioned to be the best measure for the treatment of *Ama*. *Langhana* in the form of *LaghuAhar* was advised to the patient. *Amavata* is considered to be an *Amasayotha vyadhi and Rasaja Vikara*. *Langhana* is the first line of treatment in such conditions.^[7] *Swedana* have been specially indicated in the presence of *Stambha, Gaurava and Shula*.^[8]

In *Amavata*, *Rukshasweda* has been advocated in the form of *Valukapottalidue* to the presence of *Ama*. It helps in pacifying vitiated *Vata Dosha* thus leads to relieve pain and stiffness. In treatment plan *Simhanada Guggul* 250mg, 2 tablet twice a day and *Maharasnadi kwatha* 20 ml twice a day with Luke warm water were given to the patient. *Simhanada Guggul* has *Laghu, Ruksha, Ushna, Tikshna* properties.^[9] Majority drugs of *Simhanada Gaggul* having *Dipana* (enzyme activating), *Ama-Pachan* (biotoxin neutralizing), *Shothaghna* (edema reducing), and *Shoolghna* (analgesic), *Jwaraghna* (antipyretic), *Balya* (energy enhancing) and *Amavata hara* (anti- rheumatic) properties. It enhances the *Agni-Bala* (digestive and metabolic capacity), alleviates the *Ama* (bio toxins) and prevents the further *Ama* (bio toxins) formation into the body. This reduces the clinical manifestations of *Amavata* (Rheumatoid arthritis) and helps in breaking the *Samprapti* (pathogenesis) of *Amavata*.

Maharasnadi Kwath has *Amapachana, Dipana, Vatahara and Shulaghna* properties which help in breaking *Samprapti* and relieving symptoms of *Amavata*.^[10]

Mahavishgarbha Tail contains *Dhatura* (*Datura mete linn*), *Vatsanabha* (*Aconitum feron*), *Eranda* (*Ricinus communis*) and *vatahar* drugs. These drugs have *vedanasthapana, shothabar, swedajanana, dipana and pachana* properties which help to relive the pain by *vatashaman* on local application.^[11] The assessment of the patient before and after treatment was taken which showed improvements in the subjective and objective criteria.

CONCLUSION

From this case study it can be concluded that *Amavata* can be effectively and safely treated by using *Chikitsa Siddhant* described by *Acharya Chakradatta*. But this is a single case study hence to prove its efficacy there is a need to conduct a study on large number of patients.

REFERENCES

1. *Madhavakara, Madhavnidan, Vimala Madhudhara Teeka by Tripathi Brahmanand, Chaukhambha Surabharati Prakashan, Varanasi, ed., poorvariha, adhyaya, 2010; 25: 571-577.*
2. Shah Ankur, E.William St. Clair, Harrison's Principles of Internal Medicine Volume 2, 18th edition, Chapter 321, Rheumatoid Arthritis, 2739.
3. Churchill Livingstone. Davidson's Principle and Practice of Medicine. 19th Ed Elsevier Publication, 2002; 1002-7.
4. *Chakrapani Datta. Chakradatta commentary by Indradev Tripathi Amavata rogadohikara 25/31-36. Varanasi: Chaukhamba Sanskrit Sansthan, 2010; 167-168.*
5. Arnett FC, Edworthy SM, Bloch DA, McShane DJ, Fries JF, Cooper NS et al. The American Rheumatism Association 1987 revised criteria for the classification of rheumatoid arthritis. Arthritis & Rheumatism Arthritis & Rheumatism-Arthritis Care & Research, 1988; 31(3): 315-324.
6. *Tripathi Ravidatta, Charaka samhita with Vidyamanorama Hindi commentary, Chaukhamba Sanskrit Pratishthan Delhi, 2009; 8/31: 542.*
7. *Vidyamanorama Hindi commentary, Sanskrit Pratishthan, Delhi, Chaukhamba, 2009; 23/25: 319.*
8. *Tripathi Ravidatta, Charaka samhita with Vidyamanorama Hindi commentary, Chaukhamba Sanskrit Pratishthan, Delhi, 2009; 11/22: 309.*
9. Das Govinda, Bhaishajya Ratnavali, Hindi commentary by Ambikadatta Shastri, *Chaukhambha Prakashana Varanasi* Edition, *Amavata chikitsa*, 2014; 29/181-189: 628.
10. *Murthy K.R., Shrikantha, Chaukhambha Prakashan, by Sharngadhara, Sharangdhara Samhita Madhyamakhanda, 2/8995 66-68.*
11. *Das Govinda, Bhaishajya Ratnavali Volume II, English commentary by Kaajiv alaochan, Choukhambha Sanskrit Bhavan Varanasi, 26: 593-6062005: 233.*