

AYURVEDIC MANAGEMENT OF RHEUMATOID ARTHRITIS: A CASE REPORT

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INTRODUCTION

The term 'Amavata' is made up of two words 'Ama' and 'Vata' (Vitiated *vata dosha*) which are predominant pathological factors responsible for this disease. Among *Ayurveda acharayas*, *Madhavkara* (700A.D) was the first one to describe the pathogenesis and features of *amavata* in *Madhavidana* as *amavata* is caused by impairment of *agni* formation of *ama* and vitiation of *vata* and *ama* is being carried by vitiated *vata dosha* to *shleshmasthanas* (like joints etc.) producing features like *gatrastabdhatata* (bodystiffness) *angamarda* (bodyache) *aruchi* (loss of appetite), *sandhiruk* (painful joints) and *sandhi shotha* (swollen joints). The treatment of *Amavata* was first explained by *Acharaya Chakradutta*^[2]

According to the clinical features described in *ayurveda*, *Amavata* very closely resembles with the Rheumatoid arthritis. Rheumatoid arthritis is a chronic, progressive autoimmune arthropathy and characterized by bilateral symmetrical involvement of joints with some systemic clinical features. Treatment in allopathic medicine involves NSAIDs and steroids, which carry their own collateral burden of Side effects in the long term whereas *ayurveda* treats root cause of *Amavata* (RA) as well as it has no side effects and patient get very good relief. The Ayurvedic treatment is safer, cost effective and traditionally proven. *Ayurveda* being India's traditional system of Healthcare has a wide pharmacopeia deriving from natural and organic sources including plants, minerals, mineral salts, marine salts. *Acharya Chakradatta* described the *Chikitsa Siddhant* for *Amavata*. It includes *Langhana*, *Swedana* and use of drugs having *Tikta*, *Katu Rasa* with *Deepana* property, *Virechana*, *Snehapana* and *kshara Vasti*. Here a case of *Amavata* was treated by using *virechan Chikitsa* given in this *Chikitsa Sutra*.

CASE REPORT

A 29 year old female patient visited *panchkarma* OPD of R.G.G.PG Ayurvedic hospital, Paprola Distt.- Kangra (H.P) on 3/8/2019 with complaints of severe pain and swelling in wrist joint and interphalangeal joints of bilateral hands since 7 months associated with morning stiffness. Pain and stiffness was more in early morning hours. The patient was alright before 7 months and gradually developed the signs and symptoms. She also had associated complaints of loss of appetite,

constipation, heaviness of body on and off since 2 months. For above same complaints she took allopathic treatment for about 5 months but did not get satisfactory results and for further management she came to R.G.G.PG Ayurvedic hospital. There was no history of Diabetes, Hypertension or any other major illness in the past.

Clinical Examination (at admission time)

Vitals:-	Personal history :-
B.P-130/80 mm of Hg	Appetite- Decreased
P.R- 78/min	Thirst- Normal
R.R-18/min	Urine- Normal
Temp.- 98.5 F	Stool- constipated

Sleep-Disturbed
Systemic examination
CVS-S1S2 heard
Chest -B/L equal air entry with no added sounds
CNS -patient conscious well oriented to time place person

Local examination revealed

- Swelling present in the interphalangeal joint of index finger, ring finger and little finger of right hand and index middle and ring finger of left hand respectively. Swelling was of nonpitting type.
- Tenderness was present in all affected joints along with rise in temperature
- Range of movement-Restricted and painful movement of interphalangeal joint of B/L hands.

Grading of assessment of disease.

Pain 0 No pain 1 Pain but tolerable 2 Pain difficult to tolerate and take analgesic once a day 3 Intolerable pain and taking analgesics two times a day 4 Intolerable pain and taking analgesics more than two times a day
Swelling 0 No swelling 1 Feeling of swelling and heaviness 2 Apparent swelling 3 Huge (Synovial effusion)swelling
Tenderness 0 No Tenderness 1 Mild Tenderness 2 Moderate Tenderness 3 Severe Tenderness
Stiffness 0 No stiffness 1 20% limitation of normal range of mobility 2 50% limitation of mobility 3 75% or more reduction of normal range of mobility
Grip power and pressing power 0 = 200 mmHg 1= 198-120 mmHg 2= 118-70mmHg 3= <70 mmHg

Grading of subjective and objective parameters before treatment

Pain -2 Stiffness -1
 Swelling-3 Grip power-2
 Tenderness -2 Press power-2

Laboratory findings

Hb-9gm%, TLC-8,900/mm³, FBS-90mg/dl, ESR -60mm at the end of first hour, Urea-15mg/dl, Creatinine-0.3mg/dl RA Factor-Positive, Uric acid-4.9mg/dl,

Treatment

Following Amavata chikitsa sutra [chakradutta 25/1]deepana pachana snehpana and virechan was done followed by shaman chikitsa.

PACHANA AND DEEPAN done by giving Chitrakadi Vati in dose of 2B.D for 2 days.

Snehapana With Panchtikta Ghrita

DAY	Dose
1 st day	50ml
2 nd day	100ml
3 rd day	150 ml
4 th day	200ml
5 th day	250ml
6 th day	300ml
7 th day	350ml

After 7th day samyak snighda lakshana appeared and then for 3 consecutive days sarvanga abhyana with Saindhvadi taila followed by sarvanga swedana was done.

Virechana Karma

On 11th day, Virechan karma (Induced purgation) was done with triphala kwath (200ml) and Eranda taila (50ml) pana followed with luke warm water [dose was decided on the basis of rogi bala, roga bala and kostha (bowel habit)]

Some important instructions according to Ayurvedic view were given to the patient during the therapy, those were to avoid cold drinks, ice cream, curds, banana, coconut, black gram, cold water for bathing, sleep in day time. To use luke warm water for bathing.

After getting samyak lakshan of virechan, patient was told to follow samsarjan karma i.e specific diet for 5 days as the sudhi was madhayam.

In follow up following treatment schedule was selected for 15 days:-

Chitrakadi vati 2BD
 Simhnaad guggulu 2BD (500mg)
 Ashwagandha churna 3gm BD
 1tsf Eranda taila with milk at night

RESULT

Patient started getting relief in pain during snehapana only. On first follow up after 15 days treatment there was reduction in stiffness and tenderness of joints and following changes in parameters as :

Pain- 0

Swelling – 0

Tenderness- 0

Stiffness- 0

Grip power – 2

Press power- 2

DISCUSSION

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. First aim should be to bring out Niraamaavastha by giving tikta and katu dravya which act as pachana and deepan dravya.

Once niraamaavastha is attained patient should be subjected to snehana and virechan.

Snehana –Snehana act as Vata shamak, removes mala, and clear sanga caused by ama [CH.SI1/7] It also act as deepan [ch c.chi 15/201].

Virechan therapy helps to normalize the pratiloma gati of vata in amavata.

Properties of shaman drugs

Simhanada 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.

Balya chikitsa –This disease is autoimmune disorder .So Rasyana chikitsa plays very important role to stop or reduce the frequency of occurrence of this disease.

CONCLUSION

From this case study it can be concluded that ayurvedic approach towards amavata shows satisfactory results not only in relieving sign and symptoms but also in frequency and time interval of reoccurrence of this disease.