ABSTRACT

Amavata (Rheumatoid arthritis) is a painful, systemic disease involving multiple joints. The chief elements are Ama and Vata which concurrently affect the joints and causes stiffness of the joints. The clinical features of Amavata resembles closely with Rheumatoid arthritis. The condition is managed by DMARDs (Disease Modifying Anti-rheumatic drugs) and corticosteroids, but still remains a challenging problem to the medical field as it doesn’t completely cure the disease. Ayurveda has given a detailed description regarding the management of Amavata which includes Langhana (Fasting), Swedana (Sudation), Deepana (appetizing) with Tikta (bitter)– Katu (spicy) Rasa, Virechana (Therapeutic purgation) & Vaitaran Basti (enema).

A case of Amavata management by combined interventions included internal medications with Sinhnad Guggulu, Vishtinduk Vati, Rasnadi chruna with Sameerpannag rasa & Guduchi Ghanvati. Externally with Valuka Sweda, Nadi Sweda and Virechana (Therapeutic purgation) with Moorchita ErandaTaila & Vaitaran Basti. Investigations showed CRP & ASO positive & RA- Positive. Ayurveda treatment was given to this patient for 21 days. After 21 days of treatment CRP, ASO & RA were negative and symptoms were reduced.

KEYWORDS

Amavata, Rheumatoid Arthritis, Langhana, Swedana, Virechana Basti.
INTRODUCTION

Pain is an agonizing indication experienced by human beings including distress sometimes. The chief constituents are Ama and Vata which simultaneously affect the joints and causes stiffness of joint. Based on the clinical presentation, RA (Rheumatoid Arthritis) shows more resemblance with Amavata.

Acharya Madhavkara has given a detailed description regarding the Nidana (Cause), Samprapti (Pathogenesis) and clinical features of Amavata\(^1\). Having Viruddhaahar in excessive quantity or daily basis with lack of exercises etc. causes vitiation of Vata- Kapha dosha eventually leads to Mandagni (Weak digestive fire) that hampers the digestion and metabolism in the body. As a result, transformation of Rasa Dhatu (Metabolic end product) becomes impaired in Amashaya (Gastrointestinal tract) where it is called Ama (Metabolic toxin). Vitiated Vata displaces Ama which has an inclination towards Sandhi (Joints) and produces symptoms like Angamarda (Malaise), Aruchi (Anorexia), Trishna (thirst), Alasya (Tirdness), Gaurava (Heaviness), Apaka (Indigestion), Sandhishotha (Swelling of joint), SanadhiStambha (Stiffness), SandhiShoola (Joint pain).

The clinical features of Amavata resembles closely with R.A which is believed to have a prevalence range of approximately 0.75 % in India with a female to male ratio of 3:1. Management of Rheumatoid Arthritis includes use of analgesics, steroids for the pain management which are having several adverse reactions and drug dependency. The treatment principles of Amavata includes removing Ama through Strostoshodhana (purifying body channels) by procedures like Langhana (Fasting), Swedana (steam), Agnivardhana (improving digestive fire) by adopting Deepan-Pachan drugs which are Tikta (bitter) Katu (spicy) Rasa predominant and alleviating Vata by Virechana (purgation) and Basti.

MATERIALS AND METHODS

CASE REPORT: A 28 year old female patient was admitted in Female KC ward. She was referred from orthopaedic department Dr.D.Y.Patil Medical College with history of Rheumatoid Arthritis since 8 years. She presented with the following complaints.

- Multiple joint pain and stiffness, generalised weakness, loss of appetite, constipation, cramps since 8 years.
- Gradual onset of bilateral pain and stiffness in MCP (Metacarpal-phalangeal
joint), wrist joint, elbow joints, ankle joints and knee joints since 8 years. Mild swelling in both wrist and ankle joints.

- H/O Hyper gonadotrophic amenorrhea.

On examination she displayed restriction of movement in her wrist joint and ankle joint due to pain. Her blood investigation showed ASO titre and CRP were positive & RA titre was positive.

**PERSONAL HISTORY**

- Diet: Mixed diet, prefers spicy
- Appetite: Irregular
- Bowel: Constipated often
- Bladder: Normal
- Sleep: Disturbed

**ASHTAVIDHA PARIKSHA (GENERAL EXAMINATION)**

- Nadi (Pulse): Vata, Pitta, 78/min
- Mootra (Urine): Normal
- Mala (Stool): Constipated
- Jihwa (Tongue): Sama (Coated)
- Shabda: Normal
- Sparsha (Touch): Normal but warmth over wrist and ankle joint
- Drik (Eyes): Normal
- Akriti (Built): Krushata (Thin) 45kg
- Blood Pressure: 110/70 mm of hg
- Respiratory Rate: 16/min
- Cardiovascular system: S1 S2 normal
- P/A: Mild tender at umbilical region
- Pallor: Mild

**INVESTIGATION (ON ADMISSION)**

- C Reactive protein: Positive
- ESR: 40mm/hr
- ASO titre: Positive
- RA Factor (Qualitative): Positive

**DIAGNOSIS**

- Amavata (Rheumatoid Arthritis)

**MANAGEMENT**

Principles of management

- Laghvasan (light diet)
- Dipan (digestion), Pachan (carminative) by Tikta (Bitter)+Katu (spicy) Rasa
- Ruksa Swedan (dry steam)
- Virechan (purgation) & Basti (enema)

**Chikitsa**

- Vata – Kapha Shaman (Palliative)

**CHIKITSA SUTRA OF AMAVATA**

लड्घनंस्वेदनंतिक्तंदीपनानिकटूनिच।
विरेचनंस्स्नेहपानंबस्त्यश्चामामारुिे॥
सैन्धिाद्येनानुिास्यक्षारबस्तिःप्रशस्यिे॥
रुक्षिःस्वेदोतिघािव्योबालुकापोटलैतथा।
उपनाहाश्चकितव्यातेडतपस्नेहतिितजतिा
॥

(Yogratnakar)

As mentioned in above chikitsa sutra, Langhanis said to be the first line of management for Aamvata. This will help for Agnidipan and Aampachana. As in this patient, it is found that, the patient’s bala was hina, hence we planned to give her Laghvasana first.
1) **Laghvashan with Mudga Yusha**  
Dose: 200ml  
Duration: 3 days (when she felt hungry)  
Anupan: **Koshna Jala** (luke warm water)  
After 3 days, when symptoms of successful **Laghvashan** (light diet) therapy were observed on patient, **Laghvashan** (light diet) was stopped. Following symptoms presented after **Laghvashan** (light diet).  
• Proper excretion of flatus, urine and faeces.  
• Lightness of the body.  
• Feeling of purity in heart.  
• Appreciation of taste for food, hunger, thirst and contentment.  

**ORAL AYURVEDA MEDICINE**  
**(SHAMAN CHIKITSA)**  

1) **Simhnada Guggulu**  
Dose: 250mg  
Time: Morning 7am & Evening 7pm (empty stomach)  
Anupana: Lukewarm Water  
2) **Vishtinduk Vati**  
Dose: 125mg  
Time: Morning 7am & Evening 7pm (empty stomach)  
Anupana: Lukewarm Water  
3) **Rasnadi Churna**  
Rasna  
Haritaki each 3 gm  
Devdar  
Guduchi each 3 gm  
4) **Guduchi Ghanvati**  
Dose: 250mg  
Time: Morning 7am & Evening 7pm (empty stomach)  
Anupana: Lukewarm Water  

**PURIFICATION THERAPY**  
**(SHODhana CHIKITSA)**  
1) **Sarvang Sweda** (Whole body fomentation): **Baluka Sweda** for 21 days.  
• Site- All multiple joints  
2) **Mrudu Virechana** (Mild Therapeutic purgation): Eranda taila (Castor oil) for 3 days in **vardhman matra** was prescribed to patient. And as mentioned in table no.1, number of vegas had been observed.  

<p>| Table 1 No. of daily Virechana Vega |</p>
<table>
<thead>
<tr>
<th>Days</th>
<th>Dose</th>
<th>No. of Vegas</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st day</td>
<td>10ml</td>
<td>1 vega</td>
</tr>
<tr>
<td>2nd day</td>
<td>20ml</td>
<td>3 vegas</td>
</tr>
<tr>
<td>3rd day</td>
<td>30ml</td>
<td>3 vegas</td>
</tr>
<tr>
<td>4th day</td>
<td>40ml</td>
<td>4 vegas</td>
</tr>
</tbody>
</table>

3) **BASTI KARMA**: **Vaitran Basti** was given for 16 days. Contents of **Vaitran Basti**
are Guda (jaggery), Saiindhav lavana (rock salt), TilaTaila (sesame oil), Amleeka (tamarind) & Gomutra (cow’s urine)\(^7\)

4) **AGNI KARMA:** when pain was aggravated.

**Site:** Ankle joint, wrist joint & knee joint.

**CRITERIA FOR ASSESSMENT**

- **SUBJECTIVE CRITERIA\(^8\)**
  1) Joint pain & stiffness
  2) Generalised weakness
  3) Anorexia

- **OBJECTIVE CRITERIA\(^9\)**
  1) CRP
  2) ASO Titre
  3) RA Factor

**OBSERVATION AND RESULTS**

1) **SUBJECTIVE CRITERIA**

<table>
<thead>
<tr>
<th>Follow ups</th>
<th>1(^{st})day (Before treatment)</th>
<th>21(^{st})day (After treatment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple joints pain</td>
<td>Severe pain with more difficulty in moving the joints &amp; requires strong analgesics.</td>
<td>Mild pain of bearable nature.</td>
</tr>
<tr>
<td>Stiffness</td>
<td>≥ 8 hours</td>
<td>30mins</td>
</tr>
<tr>
<td>Generalised weakness</td>
<td>Continuous feel weakness which obstructs routine work.</td>
<td>No weakness</td>
</tr>
<tr>
<td>Anorexia</td>
<td>Craving for food only after long intervals</td>
<td>Normal Craving for food</td>
</tr>
<tr>
<td>Constipation</td>
<td>Strain and hard stools</td>
<td>Normal</td>
</tr>
<tr>
<td>Tiredness without exertion</td>
<td>Never able to start the work and always like rest</td>
<td>No tiredness</td>
</tr>
<tr>
<td>Swelling</td>
<td>≥ 30% increased circumstance of the affected joints</td>
<td>No swelling</td>
</tr>
</tbody>
</table>

As mentioned in table 2, the above mentioned symptoms relief were observed before taking the treatment and after treatment.

1) **OBJECTIVE CRITERIA:**

<table>
<thead>
<tr>
<th>Investigation</th>
<th>1(^{st}) day</th>
<th>21(^{st}) day</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRP</td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>ASO titre</td>
<td>Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>ESR</td>
<td>40mm/hr</td>
<td>35mm/hr</td>
</tr>
<tr>
<td>RA factor</td>
<td>Positive</td>
<td>Negative</td>
</tr>
</tbody>
</table>

Table no.3 shows the changes in investigation like C reactive protein, ASO titre, ESR and RA factor before and after taking the treatment.

**DISCUSSION:**

Ama & Vata are the main culprits in causing the disease Amavata. Hence, the main purpose of treatment is to reduce Ama by Amapachan followed by Vatashaman measures.

**Mode of action of drugs:**
Oral Ayurveda medicine (Shaman chikitsa):

- *Langhan* (fasting) means the food which gives lightness to the body. *Langhan* (fasting) is the first line of management explained for *Amavata* which leads to *Agnidipan* & digest *Ama*.
- Use of *Tikta* (bitter) & *Katu* (spicy) *Rasa Dravya* for *Deepan* (digestion) *Pachan* (carminative), *Guduchi Ghanvati*, which are very useful for *Ama Pachan* (carminative) & *Agni Deepan* (digestion).
- *Sameerpannag rasa* mainly works on Vata-Kaphaj conditions & it is *Uttam Bala Aushadha* (powerful medicine). So, in this patient as the strength of the disease was strong, we had prescribed her *Sameerpannag rasa* 75mg + *Rasnadi Churna* twice a day for 15 days.

**PURIFICATION THERAPY (SHODHANA THERAPY):**

- After attaining Niramavastha in patient, *Virechan* (purgation) with *Eranda Taila* was given to the patient for 3 days in *Vardhaman Matra* (Ascending dose). *Eranda Taila* is *Kaphavata Shamak* and *Ushna* (hot) *Virya*. It acts as *Dipana* (digestion) & *Strotoshodhana* (purifying body channels). It is mentioned as best *Vatahara*.
- *Vairtra Basti* was given to the patient for 16 days. *Chakradatta* has appreciated the role of *Vairtra basti* in the treatment of *Amavata*.

The ingredients of *Vaiitrana Basti* (enema) have *Deepan* (digestion), *Pachana* (carminative), *Usha* (hot) *Virya*, *Madhur* (sweet) – *Amla* (sour) – *Lavana* (salt) *Rasa*, *Teekshna* (penetrating) & *Lekhana* *Gunas*. These *Gunas* helps to alleviate *Ama & Vata* in the body.

- As *Rookshan* and *Langhan* have similar qualities, it was done in the form of *Valuka sweda*, it helped in the *Shoshan* (absorption) of *Ama* situated in the *Sleshmasthana* (joints), thus pacifies symptoms like *stambha* (stiffness), & *shoola* (pain) suffered by patient.
CONCLUSION

The results obtained in the patient after the treatment was encouraging. The treatments employed were purely based on the principles of Ayurveda and was found to be very effective. The condition of the patient improved remarkably. Multimodal Ayurveda approach helped in restoring the quality of life of this patient. Thus Panchkarma procedures along with internal medicines showed encouraging result in this case of RA.
REFERENCES

1. Ayurvedacharya, Shreeyadunandan opadhyay, Madhavindana part 1, Chaukhambha prakashan, Amavata nidanam shlok no. 5, page no.511
10. Acharya Ramnathrivedi, Chakradatta, Chaukhambha prakashan, Amavata chikitsa 25/8, page no. 166.