



## AYURVEDIC APPROACH IN MANAGEMENT OF AMAVATA W.S.R TO RHEUMATOID ARTHRITIS: RESEARCH ARTICLE

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Article Received on 17/11/2020

Article Revised on 07/12/2020

Article Accepted on 27/12/2020

### ABSTRACT

Amavata is a chronic immune-inflammatory systemic disorder mainly affecting synovial joints, caused due to formation of Ama and its association with vitiated Vata dosha and deposition in Shleshma sthana i.e., (joints). Clinical features of Amavata resembles with Rheumatoid Arthritis, it poses a challenge for the physician owing to its chronicity, morbidity and complications. The treasure of Ayurveda therapeutics has laid out detailed treatment line for Amavata. A 40 years old female patient reported to our hospital with Shoola and Stambha of metacarpophalangeal joints of both hands followed by Shoola in corresponding knee joints. This was succeeded by Shoola and mild Sotha on bilateral wrist, ankle and elbow joints. Blood investigations of the patient revealed that she was anemic with Hb-8.2g/dl, had elevated ESR-74 mm Hg, and reactive RA factor. Based on clinical examination and blood investigations, diagnosis of Amavata was made and Ayurvedic treatment protocol was advised with Baluka sweda (sudation) as external application for 21 days, Agnitundi vati before food for 7 days, Dashmoolarasnadi kashayam and Simhanad guggul after food for oral intake for 60 days. The patient was asked for follow up every 15 days up to total of 60 days. Assessment was done subjectively based on clinical symptoms and blood investigations as objective parameters. There was substantially significant improvement and the patient felt relieved from Shoola, Shotha and Stambha of the joints after the treatment. This case study reveals the potential of Ayurvedic treatment protocol in management of Amavata.

**KEYWORDS:** Amavata, Shoola, Stambha, Shotha, Agnitundi Vati, Baluka sweda, Dashmoolarasnadi Kashaya, Simhanad guggul, Rheumatoid Arthritis.

### INTRODUCTION

Rheumatoid Arthritis (RA) is a chronic, immune-inflammatory systemic disease that affects synovial joints with extra articular manifestations caused due to formation of Ama and its association with vitiated Vata dosha and deposition in Shleshmasthana i.e. (joints). It makes life miserable and crippling due to unknown cause, claiming the maximum loss of human working capacity. The symptoms of RA most closely resemble with that of Amavata as mentioned in Ayurveda texts. The disease is a product of vitiation of Tridosha though Ama and Vata are the initiating factors in the pathogenesis. Cakrapaniduta has described the principles and line of treatment for Amavata. Langhana (fasting), Swedana (sudation), use of drug of Tikta (bitter) and Katu (pungent) Rasa, Deepana drugs (stimulating hunger), Virechana (purgation therapy), Anuvasana basti (enema) are beneficial in the management of amavata. Despite the administration of best available modern drugs, the disease has a tendency to progress and cripple the

patients. Conventional medicines -NSAID's (Non-steroidal anti-inflammatory drugs) have adverse effects on GIT (gastrointestinal tract) and DMARD's (Disease modifying anti-rheumatoid drugs) cause hepatic, renal and bone marrow suppression. Thus, Ayurveda provides a safe, economic and effective treatment of RA. A treatment protocol based on these principles of Ayurveda was designed and administered to a patient of Amavata which is presented as a case study. In this regard, a case study has been done to evaluate the role of Baluka sweda, Agnitundi vati, Dashmoolarasnadi kashayam and Simhanad guggul in patient of Amavata

### MATERIAL AND METHOD

#### The treatment was planned as

- Baluka sweda as external application for 21 days.
- Agnitundi Vati 2Tab before food for 7 days.
- Dashmoolarasnadi Kashyam 20ml after food for 60 days.
- Simhanad Guggul 2Tab after food for 60 days.

The study was conducted at Jammu Institute of Ayurveda and Research. The patient was informed about the treatment.

## CASE REPORT

**Chief complaint:** A female patient of age 40 years visited Ayurvedic O.P.D of Jammu Institute of Ayurveda and Research with complaint of Shoola, Shotha and Stambha in multiple joints since 1 year.

**History of present illness:** A 40 years old female patient developed pain and stiffness of metacarpophalangeal joints of both hands followed by knee joints. After few days, she suffered from pain and mild swelling on bilateral wrist joints. Gradually she developed pain and stiffness on bilateral ankle joints and elbow joints. She was facing difficulty in performing her day to day activities due to pain. She was also suffering from generalised body aches and decreased appetite for last 2 months. She had undergone allopathic treatment-NSAIDS but got only temporary relief. With these complaints, patient approached to our hospital for further treatment.

**History of past illness:** No history of diabetes, hypertension, rheumatic heart disease, gout and any chronic disease.

**Family history:** The mother of the patient had history of rheumatoid arthritis.

**Ashtavidha Pariksha:** The patient was assessed on the Ayurveda diagnostic methods and her Ashtavidha analyses and the findings are given below:

Nadi- 80/min, Regular  
Shabda- Prakruta  
Mala- Vibandha  
Sparsha- Ruksha  
Mutra- Bahu  
Drik- Pallor  
Jivha- lipta  
Akriti- Madhyama

### General examination Vitals

- Pulse Rate -80/min, regular
- Blood Pressure-130/80 mmHg
- Temperature- 96.8 F
- Respiratory Rate- 18/min

### Systemic Examination

On examination, patient was found to be conscious and well oriented to time, place and person. Assessment of Central nervous system, Cardiovascular system and Respiratory system of patient was found normal clinically. No clinical abnormality was detected on per abdomen examination. On inspection of Musculoskeletal system, marked swelling was present on bilateral wrist joints and knee joints with mild decrease in ROM. On palpation, tenderness was observed in MCP joints of hands, wrist joints and ankle joints. However, no joint

deformity was present.

### Blood investigation

#### Blood investigations of the patient reveals

- Hb-8.2g/dl
- ESR-74 mm Hg
- RA factor- Reactive
- TLC, DLC and S. Uric acid values were within normal limits.

### Treatment plan

Patient was treated in out-patient department. Treatment of the patient started from the date of her 1st visit to O.P.D. The duration of treatment was 60 days and follow up was done on every 15 days. External and internal (oral) treatment schedule given to the patient.

### Criteria for selection of medicine

Rooksha swedana, Agnitundi vati, Simhanad guggulu and Dashmoolarasnadi kashyam are advised by Chakradutta in patients of Amavata. Oral medication was selected on the basis of the properties of ingredients in their formulation composition. The drugs used are known to pacify vitiated Vata-kapha dosha and Ama in Amavata and have the ability to relieve its sign and symptoms.

### Assessment criteria

Patient was assessed on the basis of clinical sign and symptoms of Amavata mentioned in Ayurvedic text and criteria fixed by American Rheumatology association (1987) and implemented after some modifications.

### Haematological Assessment

The patient was assessed for the following Haematological parameters before and after treatment.

- Haemoglobin (Hb)
- Erythrocyte Sedimentation Rate (ESR)
- Serum Rheumatoid Factor (RF)

## OBSERVATIONS AND RESULTS

It was observed that patient had marked improvement in severity of symptoms. Patient gradually recovered with the treatment. There was significant improvement in symptoms of Angamarda (body aches), Aruchi (anorexia), Sandhistabhta (morning stiffness) and Sandhishula (joint pain). Sandhishula in metacarpophalangeal joints, knee joints, wrist, elbow and ankle joints was completely reduced. Sparshasahishnuta (tenderness) in MCP, wrist and ankle joint was markedly improved and no tenderness was elicited on examination post treatment after 60 days. General functionality, gripping power and walking time was markedly improved and patient could walk a distance of 10 meters in twenty seconds' time post treatment. ESR was decreased from 74 mm Hg to 32 mm Hg. RA factor was reactive. There was also mild improvement in haemoglobin of the patient and it was raised to 10gm%

## DISCUSSION

Amavata is a complex of disease, pathogenesis of which lies in generation of Ama after Mandagni. This Ama along with vitiated Vata and Kapha dosha results in Doshadushya combination, thus generating the Nidus for symptoms of Amavata to occur. The aim of the treatment in Amavata is to reduce Ama by its metabolism (Amapachana) and to normalise the vitiated Vata and Kapha dosa. The drugs used in the treatment protocol, act by breaking the pathogenesis of the disease. Agnitundhi vati improves Agni by digestion of Ama which is main responsible factor for manifestation of disease. Baluka Sweda was performed as part of external treatment. It is a type of Ruksha sweda which relieves the stiffness, pain and heaviness in the body and induces sweating. Baluka Sweda is mostly used in Kaphaja disorders and disease originated out of Ama, especially in Amavata. It helps in Shoshan (digestion and drying) of Ama present in Kapha sthana (joints) thus decreasing stiffness of the joint and alleviating the pain. Swedana also increases the Dhatwagni at the part involved thereby improving its function and mobility, particularly the joints in this case Dashamoolarasnadi Kshaya is digestive and carminative (Deepana & Pachana) due to presence of Amrita, Shunthi, Dashamool in it. Rasna and Devdaru exhibit potential anti-inflammatory effect. Simhanada guggulu is advised in Amavata by Bhaishajya Ratnavali. Guggulu itself is a good anti-inflammatory agent (Sopahara and Vedana sthapaka). Simhanada Guggul also elicits antiarthritic activity largely due to the prevention of connective tissue breakdown, decreased capillary permeability and improvement of immune system. The combination of these drugs apart from breaking the pathogenesis of the disease, also give symptomatic relief to the patient. It is only because of the action of drugs that the inflammation and pain in joints is reduced remarkably and the patient tolerance is also better in comparison to the DMARD's.

## CONCLUSION

The treatment protocol included combination of external localised and internal medication which worked to reduce the symptoms of rheumatoid arthritis. The drugs were well tolerated by the patient and her range of movement also improved.

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