



## CLINICAL MANAGEMENT OF AMAVATA W.S.R TO RHEUMATOID ARTHRITIS THROUGH AYURVEDA PRINCIPLES: A CASE STUDY

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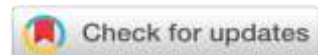
<https://doi.org/10.46607/iamj3111052023>

(Published Online: May 2023)

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Article Received: 12/04/2023 - Peer Reviewed: 24/04/2023 - Accepted for Publication: 09/05/2023.



## ABSTRACT

*Amavata* is one of the most common disability-disorders in the world as well as in our country. It is caused by the formation of *Ama* and vitiation of *Vata*. It is co-related with Rheumatoid Arthritis(RA) in Modern Science due to its similarities in clinical presentation. RA is an autoimmune disorder and modern medicine still won't completely cure the disease. In Ayurveda, a description of management is mentioned by *Acharya Chakrapanidutta*. This case study deals with Panchkarma therapy like *Ruksha Swedan*, *Swedan*, *Virechan*, and *Vaitaran Basti*. In the course of treatment, satisfactory improvement was noted.

**Keywords:** *Amavata*, Rheumatoid Arthritis *Swedan*, *Virechan*, and *Vaitaran Basti*.

## INTRODUCTION

*Amavata* is a disease of *Asthivaha* and *Rasavaha srotas*. Due to *Ahit ahara* and *vihara Aam* is formed which combines with *Vata dosha*, circulates *Ama* all over the body through *dhamanias*, and occupies *shleshmasthanas* (*Asthi sandhi*) which results in *Amavata*. It creates *Angamarda*, *Alasya*, *Aruchi*,

*Sandhi shool*, *Sandhishotha*. It is correlated with Rheumatoid Arthritis due to the same clinical presentation. It is an autoimmune disease that affects synovial joints with extra-articular manifestations. Modern medicine still is not able to completely cure the disease. In Ayurveda detailed description of its

management is mentioned by Acharya Chakrapanidutta- Langhan (fasting), Swedan (sudation), use of tikta (bitter) and katu (pungent) rasa, Deepan drugs (stimulating hunger), Virechan (Purgation) therapy, Vaitaran Basti (Enema) are beneficial. The global prevalence of RA ranges from 24 to 1% and women to men ratio is 2:1. In India more than 1 million per case per year there, most common are young adults (19 - 40 yrs.), Adults (41-60yrs) and seniors (60+ years).

Case study: A 54-year female patient was admitted to the female Panchkarma ward of SAMCH Indore.

C/o: 1) Pain, swelling, and stiffness in both knee joints, metacarpophalangeal joints (Sandhi shool, Sandhisoth, stambha)- 1 year.

2) Anorexia (Aruchi)- off & on 1 year

3) Heaviness (Gaurav)- off & on 1 year

History of Present Illness A female patient 52 years of age developed signs and symptoms of Amavata like pain, swelling, and stiffness in both knee joints and metacarpophalangeal joints for 1 yr, morning stiffness of more than 1 hour for 5 months, Anorexia & heaviness off and on since 1 yr. She has been treated at several places but did not get relief so came to our institute for further management.

Past History-- K/C/O Hypertension- 5 years (on medication).

Family History- K/ C /O RA - Mother.

Ashtavidha pareeksha

Nadi- pitta Pradhan Shabda (speech) – Spashta

Drik(Eyes)- Mild pallor Mala (stool)- Saam 2times/day

Jivha(Tongue)- Saam Sparsha(Touch)- Anush-nasheeta

Akruti(Built) – Madhyam

Vital parameters:

Pulse – 78/min Temperature – 98.8° F

Blood pressure – 140/90 mmHg

Respiratory rate- 16/min

Systemic examination:

CNS -conscious oriented CVS- NAD

RS- NAD P/A- soft

Blood investigations:

HB- 9 gm percent ESR- 50

R - reactive CRP- 92 mg/ dl

Uric acid- 4.45 mg/ dl

DLC, TLC, LFT, RFT - Normal

Assessment criteria:

Sandhi shool	Criteria	Scale
	Occasional	0
	Mild pain	1
	Frequent moderate pain but no difficulty in joint movement.	2
	Slightly difficulty in joint movement due to severe pain requires medication.	3
	Severe pain with more difficulty in the morning the joints, disturbed sleep, requires strong analgesic.	4

Shotha	Criteria	Scale
	No swelling	0
	<10% increased circumference of the affected area.	1
	>10% increased circumference of the affected area.	2
	<20% increased circumference of the affected area.	3
	>20% increased circumference of the affected area.	4

Sthambha	Criteria	Scale
	0	0
	0-10min	1

	10-120min	2
	2-8hours	3
	>8hours	4

Aruchi (Anorexia)	Criteria	Scale
	The normal desire for food	0
	1-Eating in time without desire.	1
	- Desire for food a little later than normal time.	2
	The desire for food only after long intervals	3
	No desire at all.	4

Gaurav (heaviness)	Criteria	Scale
	No feeling of heaviness.	0
	Occasional heaviness in body but does usual work.	1
	Continuous heaviness in the body but does usual work.	2
	Continuous heaviness which hampers usual work	3
	Unable to work due to heaviness.	4

Subjective Assessment chart:

Criteria	B/T	A/T
Sandhi Shoola	4	1
Shotha	3	1
Sthambha	3	1
Aruchi	3	0
Gaurav	4	1

Objective parameters:

Criteria	B/T	A/T
RA Factor	+ve	-ve
CRP	+ve	-ve
ESR	50	35

Treatment planned:

Shodhan chikitsa – The patient planned for panch-karma therapy in 3 steps:

1. Valuka swedan – sudation with heated sand packs all over the body for 40 minutes for 15 days.
2. Virechan with Gandharva hasthādi Erand tail 20 ml in the morning empty stomach on alternate days for a week.
3. Vaitaran basti in yog basti format Anuvasan basti with Dhanwantra tail.

Shaman chikitsa 1) Panchkol kwath 20 ml Empty stomach in the morning. 2) Simhnaad Guggulu 250 mg BD after meals with lukewarm water. 3) Ag-

nitundi vati 250 mg BD after meals with lukewarm water. 4) Rasnasaptak kwath 40 ml BD before meals with lukewarm water.

Result: The general condition of the patient becomes fair. There is 80% relief in the chief complaints of the patient. No adverse effect of therapy was seen.

## DISCUSSION

In Amavat the main reason for the formation of Aam is Mandagni so the main purpose of treatment is to reduce Aam by Aampachan. Acharya Chakrapanidutta has given a line of treatment for Amavat: Langhan (fasting)- which helps in the Pacification of Aam. Swedan (sudation). Ruksha Swedan in the form of

*Valuka pottali* which pacifies *vata dosha* and relieves pain & stiffness. *Deepan & pachan* with *Panchkol kwath* for stimulating hunger. *Virechan* with *Gandharva hasthadi Erand tail*. *Erand tail* is *Madhur & katu Rasatmak*, *Madhur vipaki*, *ushna veerya* which reduces *vata kapha* & increases *pitta* which helps in *Aampachan*. It is Purgative & destroy faeces, cleans excess doshas, and moistens & cures dryness. This tail has *sunthi* which is *deepan pachan*, *anuloman*, *amvataghna*, *shoolhar*, *amadoshhar*, *agnimandhyahara* & *vibandhhara*.

**Probable Mode of action of Vaitaran basti:** *Basti dravyas* contain *saindhav*, *guda*, *Chincha swaras*, *gomutra* & *til tail*. *Saindhava* contains *NaCl* and other ions which generate action potential by which ion exchange takes place through the membrane of the intestine. This help in taking out vitiated *doshas* mainly *vayu* from the body. *Gud* is used for *dosha Pak*. *Chincha* is *vatakaphashamak* & *Ruksha*. *Gomutra* is *katu rasa*, *katu vipak*, *ushna veerya* which pacify *kaph* & is *srotomukh vishodhana*. *Til tail* controls *vayu*. *Dhanwantra tail* is effective in *vata & kapha* mixed conditions. *Simhanada guggulu* calms *vata*, *pitta* & *kapha*. *Agnitundi vati* improves *pitta* and balances *vata & kapha*. Improves appetite & is helpful in anorexia. Helps to detoxify the body & remove toxins. *Rasnasaptak kwath* is *ushna veerya* balances *vata & kapha* doshas.

## CONCLUSION

Combine therapy of *Valukpotali Swedan*, *Virechan*, *Vaitaran basti*, *simhanada Guggulu*, *Panchkola kwath*, *Agnitundi vati* & *Rasnasaptak kwath* are effective in management of *Amavata (RA)*. There is no adverse effect found in the course of the treatment.

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**Source of Support: Nil**

**Conflict of Interest: None Declared**

How to cite this URL: Monika Das & Antim Vyas: Clinical Management of Amavata w.s.r to Rheumatoid Arthritis through Ayurveda Principles: A case study. International Ayurvedic Medical Journal {online} 2023 {cited May 2023} Available from: [http://www.iamj.in/posts/images/upload/1199\\_1202.pdf](http://www.iamj.in/posts/images/upload/1199_1202.pdf)