

**CASE REPORT ON MANAGEMENT OF AMAVATA W.S.R RHEUMATOID ARTHRITIS****Bhagyashree P. Bramhanwade<sup>1</sup>, Archana S. Dachewar<sup>2</sup>**<sup>1</sup>MD Scholar Department of Kayachikitsa, Shri Ayurved Mahavidyalaya, Nagpur, Maharashtra, India<sup>2</sup>Guide, Professor and HOD Department of Kayachikitsa, Shri Ayurved Mahavidyalaya, Nagpur, Maharashtra, India**Corresponding Author:** [bramhanwade93@gmail.com](mailto:bramhanwade93@gmail.com)<https://doi.org/10.46607/iamj4209112021>

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**Article Received:** 31/10//2021 - **Peer Reviewed:** 07/11/2021 - **Accepted for Publication:** 08/11/2021**ABSTRACT**

*Amavata is a second common joint disorder. Amavata is a disease of Rasavaha Strotas. It is mainly produced due to Ama and vitiation of Vata Dosha. According to the clinical features, Amavata is compared with Rheumatoid arthritis. Rheumatoid arthritis is a chronic, progressive autoimmune arthropathy. This disease affects the mainly young population. Hence it is a most burning problem in society. Ayurveda has taken the foremost place in the management of many diseases one of them is Amavata. Here an effort was made to treat the male of age 47 years, using multiple ayurvedic treatments. A diagnosed patient is treated with Sin Hand Guggul, Mahasudarshan With, Eranda Tail, Valuka Pottali Sweda, Sanshmani Vati. The end of the 60th day of treatment resulted in the improvement of overall symptoms.*

**Keywords:** *Amavata, Ama, Sinhanaad Guggul, Valuka Pottali sweda, case report***INTRODUCTION**

*Amavata is a lifelong disease caused due to formation of the Ama (toxin) and vitiation of the Vata along with the Kapha-sthana in the body. The Sleshma sthana are primarily the synovial joints. The vitiated Vata circulates the Ama all around the body through the*

*Dhamanis and resides in the Sleshma-sthana inducing sandhishotha, sandhishoola, sancharivedana in small as well as big joints. Amavata broadly resembles rheumatoid arthritis which is an extremely debilitating condition. Rheumatoid arthritis is a chronic, progressive,*

inflammatory systemic disease affecting the synovial joints with extra-articular manifestations<sup>[1]</sup>. The characteristics mainly include joint pain, stiffness, tenderness and restricted movements. As per Ayurveda, the disease is produced due to vitiation of the Tri-doshas by Ama and Vata. Acharya Chakrapani has detailed the principles of treatment for Amavata<sup>[2]</sup>. Langhana, Swedana, Tikta- Katu rasa dravyas, Deepana dravyas, Virechana and Anuvasana Basti are some treatment modalities beneficial in Amavata. Perhaps, the progressive disease is found difficult to manage despite the best available drugs in modern. And Ayurveda does provide a safer, economic and effective treatment for Amavata. Accordingly, a treatment protocol was designed and administered to the patient and that is described below.

**Aim and Objectives:** Efficacy of internal ayurvedic medicines and panchakrma in the management of patients suffering from amavata admitted to the ayurvedic hospital

#### MATERIAL AND METHODS

The study was planned at Shree Ayurved College & Hospital, Nagpur. The study was carried out ethically as per GCP (Good Clinical Practices) guidelines.

**CASE REPORT:** A male patient of age 47 years visited the Kayachikitsa O.P.D. of our hospital on 05/04/2019 with O.P.D. no. 18785 with complaints of Shoola, Shotha and Sthambha in multiple joints for 2 months

**Vartmanvyadhivrutta:** A 47years male patient faced complaints of Shoola (pain) and Sthambha (stiffness) at the metacarpophalangeal joint of both hands. Gradually, he developed the same pain and stiffness in both the knee and wrist joints. He later suffered from Shotha (swelling) over affected joints on and off. Eventually, the elbow and ankle joints also began to get affected. Also, decreased appetite and unsatisfactory bowels added up to the illness. He was temporarily relieved by the allopathic anti-inflammatory medications and sooner begin to develop the symptoms again. Thus, the patient then approached our hospital for further treatment.

**History of past illness:** No history of Diabetes, h/o Hypertension or any major illness.

Family history: The patient's father had a history of Arthritis and Diabetes.

#### Personal History:

- Ahara: Samishra ahara. (Mixed diet)
- Vihara: Divaswapa, Ati-charana
- Nidra: Madhyama
- Mala pravritti: Asamyaka (Unsatisfactory)
- Mutra pravritti: Samyaka (Satisfactory)
- Vyasana: Tea (4-5 times a day)

#### Ashthavidha Parikshana:

- Nadi: 78/min
- Mala: Asamyaka, Vibandha (Constipation)
- Mutra: Samyaka
- Jivha: Sama
- Shabda: Spashta
- Sparsha: Ushna (Alpa)
- Druka: Spashta
- Akruti: Madhyama

#### General Examination

Vitals: Pulse rate: 78/min

Blood pressure: 130/80 mm

Temperature: 98.2 F

Respiratory rate: 18/min

#### Systemic examination:

On examination, the patient is conscious, afeb.

RS = NAD, CVS= S1, S2 Normal

#### Local examination:

On examination of the musculoskeletal system, marked pitting oedema was found on bilateral wrist joints, knee joints and face. On palpation, tenderness was observed on the wrist and metacarpophalangeal joints. No joint deformity was found.

Blood investigation: The routine blood investigations of the patient were found to be -

Hb – 9.4 gm/dl

ESR – 80 mm at end of 1 hour  
RA factor – Reactive

DLC, TLC, S. Uric acid values were within normal limits.

### TREATMENT

Total Duration- 90 days with every 15 days follow up.

Treatment	Medicine	Dose
Internal treatment	<i>Sinhanaad guggul</i>	2 tablets thrice daily
	<i>Shanshmani vati</i>	2 tablets twice daily
	<i>Mahasudrashan kwatha</i>	3 tsp twice daily
	<i>eranda tail</i>	10 ml every night
External treatment	<i>Valuka Pottali sweda</i>	Twice daily

### ASSESSMENT CRITERIA

#### Subjective Parameters:

Symptoms	0	1	2	3	4
<i>Jwara</i>	Ab-sent	Mild	Moderate	High	Hyperpyrexia
<i>Aruchi</i>	Ab-sent	Occasional	Intermittent	Often	Always
<i>Anga-marda</i>	Ab-sent	Occasional	Intermittent	Often	Always
<i>Sandhi-shola</i>	No pain	Mild pain, bearable	Moderate pain	Severe pain with slight difficulty in movements	Severe pain with more difficulty in movements
<i>Sandhi shotha</i>	Ab-sent	Mild, >10% increased circumference of affected joint	Moderate, >10% increased circumference of affected joint	Severe, >20% increased circumference of affected joint	Severe, >20% Increased Circumference of affected Joint

#### Objective Parameter

Haematological tests	Normal range
RA FACTOR	< 20 IU/ml
ESR	Male – 0 -9 mm/hr Female – 0-20 mm/hr
HB	Male- 14-18 g/dl Female – 12-16 g/dl

### OBSERVATION

Symptoms	BT	AT
Jwara	2	0
Aruchi	4	1
Angamarda	3	0
Sandhi shola	3	1
Sandhi shoth	3	1

### Haematological parameters:

Parameters	Before treatment	After treatment
Haemoglobin (gm/dl)	9.4	11.2
ESR (mm at end of 1 hour)	80	30
RA factor	Positive	Negative

### DISCUSSION

*Chakradatta* was the first, who described the *Chikitsa Siddhant* for *Amavata* [3]. It includes *Langhana*, *Swedana*, drugs having *Tikta*, *Katu Rasa* and *Deepana* action, *Virechana*, *Snehapana* and *Anuvasana* as well as *Ksharabasti*. *Amavata* is considered to be an *Amashayotha vyadhi* and *Rasaja Vikara*. *Langhana* is the first line of treatment in such conditions. In *Yogaratanakar* *Langhana* has been mentioned to be the best measure for the treatment of *Ama*. In *Amavata*, *Rukshasweda* has been advocated in the form of *Valukapottali* due to the presence of *Ama*. It helps in pacifying vitiated *Vata Dosha* thus leading to relieving pain and stiffness. *Sinhanaad Guggul* is mentioned specifically for the treatment of *Amavata* in *Bhaishjyaranavali*. *Simhanada Guggul* has *Laghu*, *Ruksha*, *Ushna*, *Tikshna* properties. The majority of drugs of *Simhanada Guggul* have *Deepan* (enzyme activating), *Ama-Pachan* (biotoxin neutralizing), *Shothaghna* (oedema reducing), *Shoolghna* (analgesic), *Jwaraghna* (antipyretic) and *Amavatahara* (anti-rheumatic) properties. This helps in breaking the *Sampapti* (pathogenesis) of *Amavata*. The *Eranda tail* was administered for *Amapachana* and *Agni-deepana* properties. *Mahasudarshan kwath* has anti-inflammatory, antipyretic, *ama-pachan* and *deepan* properties. *Sanshanmani vati* contains *guduchi* which has anti-rheumatic, antipyretic and *rasayana* properties. *Valuka-Pottali sweda* [4] was given for external dry fomentation which induces sweating which helps relieve the pain and stiffness of the joints making them mobile and free for movements. The assessment of the patient before and after treatment was taken which showed improvements in the subjective and objective criteria.

### CONCLUSION

The case report shows that combined ayurvedic treatment is potent and effective in the management of

*amavata*. There were no adverse effects found in combined ayurvedic treatment. Hence *Amavata* can be effectively and safely treated by using *Chikitsa Siddhant* described by *Ayurveda*.

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