

MANAGEMENT OF AMAVATA BY DIFFERENT SHODHANA W.S.R (RHEUMATOID ARTHRITIS) – A CASE REPORT

¹[Spoorthi Sanjay Bevir](#), ²[Abhishek Biswas](#), ³[Ramya RV](#), ⁴[Sanghamitra Patnaik](#)

¹House surgeon, ²Assistant Professor, Department of Rasa Shastra & Bhaishajya Kalpana,

³Assistant professor, Department of Panchakarma, ⁴Professor and HOD, department of Panchakarma, at Sushrutha Ayurvedic Medical College and Hospital, Bangalore, Karnataka, India

Corresponding Author: bevir.spoorthi@gmail.com

<https://doi.org/10.46607/iamj03p6052022>

(Published Online: July 2022)

Open Access

© International Ayurvedic Medical Journal, India 2022

Article Received: 22/06/2022 - Peer Reviewed: 16/07/2022 - Accepted for Publication: 22/07/2022



ABSTRACT

Amavata is one of the commonest disorders caused by the impairment of Agni (digestive fire), formation of *Ama* (bio-toxin), and vitiation of *Vata Dosha*, all in combination occupying *Shleshmasthan* (*Asthisandhi*) leading to *Amavata*. It is often associated with the early morning joint stiffness lasting more than 1 hour that eases with physical activities along with swelling of joints and pain. In the Modern era, such a condition can be correlated with Rheumatoid Arthritis due to similarities in clinical features. RA being an autoimmune disease causes chronic symmetrical polyarthritis with systemic involvement with inflammatory changes. In Ayurveda, we have treatment modalities that act in a natural way without any side effects. This is the case report of a male patient aged 58 years diagnosed with *Amavata* (RA), who was treated by different *Shodhana Chikitsa*'s like *Virechana Karma* followed by *Vaitarana Basti* & *Shamanaushadi*'s based on *Ayurvedic* line of treatment. Significant improvement in the signs and symptoms was observed along with a decrease in values of RA factor from 343.1IU/ml to 18.6IU/ml, CRP 78.9mg/dl to 57.1mg/dl & ESR 40mm/hr to 24mm/hr. This study proves that multiple *Shodhana* based on specific *Chikitsa Sutra* will yield satisfying results which are beyond expectation.

Key words: *Aamavata, Rheumatoid Arthritis, Shodhana Chikitsa, Virechana, Vaitarana Basti*

INTRODUCTION

Amavata is named after its chief pathogenic constituents, which are, *Ama* and *Vata* taking a seat in *Shels-mha Sthana* of *Sandhi*. *Ama* being the main causative factor due to impaired digestive fire and metabolic mechanisms, the disease is initiated by indulgences in *Viruddha Ahara* in the pre-existence of *Mandagni*[1] along with *ahithakara vihara*. Although *Ama* and *Vata* are the main causative factors, *Kapha* and *Pitta* are also invariably involved in its *Samprapti*. [2] *Ama* and *Vata* being contradictory in their characteristics, there is difficulty in planning the line of treatment. The symptoms of *Sandhi Shotha*, *Shoola*, *Sparshasahatwa*, and *Gartrastabdhatata* of *Amavata* can be correlated with the clinical features of rheumatoid arthritis-like joint swelling, pain, tenderness, and stiffness. RA being an autoimmune disease causes a chronic symmetrical polyarthritis with systemic involvement of inflammatory changes with unknown aetiology, in later stages, there may be bony deformity is seen. The incidence of RA increases between 25 to 55years, after which it plateaus until the age of 75 and then decreases. The incidence of RA in India is 0.5%-1% of the total Indian population. Now a day it is a common problem due to the change in lifestyle, food habits, and lack of physical activities. It is the most common crippling and disabling disorder. According to *Ayurveda* in *Amavata* there is the presence of *Bahu Dosha Vastha*, in such conditions, *Shodhana Chikitsa* is indicated. When there is chronicity of the disease if *Shodhana Chikitsa* is given in combination, there is a chance of gaining better results. So, here *Virechana* followed by *Vaitarana Basti* was administered as *Shodhana Chikitsa*, followed by *Shamana Aushadi* as mentioned by *Acharya Chakradatta* in *Amavatadhikara* as *Chikitsa Siddhanta*.

Case report:

A 58-year-old male patient visited *Panchakarma* OPD of Sushrutha Ayurvedic Medical College and Hospital, Bangalore with the chief complaints of pain and swelling in the multiple joints in the last 8-9 months, also c/o stiffness in the multiple joints predominantly in the interphalangeal joints in the last 6 months.

History of presenting illness:

The patient was said to be normal before 9 months, he had an episode of fever then gradually he started with pain and swelling in the multiple joints (shoulder joint), elbow joint, knee joint, ankle joint) later it became symmetrical, then along with this, he noted stiffness in the interphalangeal joints and other joints in the morning for about 1-2 hours in the last 6 months. He was bed ridden for about 1 month due to pain and stiffness, along with this he also had to complain of disturbed sleep due to the pain in the last 3 months. The pain and stiffness were persisting throughout the day and were aggravated in the morning and evening, the pain was getting relieved only by taking some high dose of analgesic medications and hot fomentation. He had taken other medication, but he didn't get relief. The severity of the pain started increasing day-by-day, so he approached our college hospital OPD, and got admitted to our IPD for further management.

Personal history:

Appetite: reduced

Bowel: hard stool, once a day

Bladder: normal frequency

Sleep: disturbed due to pain

Habits:

Aaharaja intake of curd, fried food habits, usage of frozen dosa and Idli batter, brinjal, and radish sambar frequently.

Manasika: tension, work stress.

Viharaja: day sleep, prolonged sitting, long exposure to AC, suppression of urges, night awakening.

Family history:

No supportive family history was found in this case

Ashtavidha Pareeksha:

Nadi: *Vatakapahajmandanadi*

Jihwa: *Lipta*

Mala: *Malabaddhata*

Mutra: *Prakritha*

Shabda: *Prakritha*

Sparsha: *Ushnasparsha at Sandhi*

Drik: *Prakritha*

Akriti: *Madhyama*

Dashavidha Pareeksha:

Prakriti: Vatakapha

Vikruthi: Vata, Kapha, Pitta Dosha , Dushya -Rasa,

Mamsa, Asthi

Saara: Rasa and Asthi Saara

Samhanana: Madhyama

Satva: Avara

Satmya: Sarva Rasa

Aharashakti: Abhyavaranashakti –Madhyama,

Jaranashakti –Avara

Vyayamashakti: Avara

Vaya: Madhyama

Pramana: Madhyama

Diagnostic criteria:

Acc to Ayurveda, *Amavata* diagnostic criteria are:

- *Angamarda*
- *Aruchi*
- *Aalasya*
- *Gouravam*
- *Jwara*
- *Apaki*

- *Sandhi Shoola*

- *Shoonatha Angaanam*

- *Vrishchikavat vedana*

- *Stabda sandhi*

- *Trishna*

- *Hrillasa*

These are *Lakshanas* of *Amavata* which were used to diagnose the *Roga*.

Acc to the American rheumatism association's criteria

¹Morning stiffness >1 hour

²Arthritis of 3 or more joints

³Arthritis of hand joints

⁴Symmetrical arthritis

⁵Rheumatoid nodule

⁶Presence of RA factor

⁷Radiological changes

RA is diagnosed if the patient has at least 4 of the above 7 criteria

1-4 criteria have to be present for at least 6 weeks.

Assessment criteria:

Table 1: Gradings based on subjective criteria:

Features	Grading
1. <i>Angamarda</i>	0-Absent 1-Mild 2-Moderate 3-Severe
2. <i>Aruchi</i>	
3. <i>Aalasya</i>	
4. <i>Gouravam</i>	
5. <i>Jwara</i>	
6. <i>Apaki</i>	
7. <i>Sandhi Shoola</i>	
8. <i>Shoonatha Angaanam</i>	

2. **DAS Score:** disease activity score -28

Table 3: ACR scoring

Criteria	Score
1) JOINT INVOLVEMENT:	
1 large joint	0
2-5 large joint	1
1-3 small joints (with or without large joints)	2
4-10 small joints (with or without large joints)	3
>10 joints (at least one small joint)	5
2) SEROLOGY:	
Negative RF, negative ACPA	0
Low position RF/ACPA	2
Increased RF/ ACPA	3
3) ACUTE PHASE REACTANTS:	
Normal ESR & CRP	0

Abnormal ESR & CRP	1
4) DURATION OF SYMPTOMS:	
<6weeks	0
>6weeks	1
>_6/10 = definite RA	

Table 4: Score based on symptoms:

Criteria	Score
1) PAIN: Sandhi Shoola	
No pain	0
Mild pain comes occasionally	2
Moderated pain slightly difficult in joint movement appears frequently	3
Severe pain requires medications & remains throughout the day	4
Severe pain, disturbing sleep, requires strong analgesics	5
2) SWELLING OF JOINT: Shotha of Sandhi	
No swelling	0
Slight swelling	1
Moderate swelling	2
Severe swelling	3

Table 5:

3) STIFFNESS OF JOINT: Gaatra Sthabdata	
no stiffness /stiffness lasting for 5 min	0
Stiffness lasting for 5min to 2 hrs	1
Stiffness lasting for 2-8 hours	2
More than 8 hours	3
4) TENDERNESS OF JOINT: Sparsha Asahatva	
No tenderness	0
The subjective experience of tenderness	1
Wincing of the face on pressure	2
Withdrawal of effected part on the pressure	3
Resist to touch	4

5. Lab investigation: before and after treatment: Ra Factor, CRP, ESR

Treatment protocol: The treatment planned was in 3 stages:

- Nidanaparivarjana:** The above-mentioned habits are made to remove from his day-to-day activities
- Shodhana Chikitsa:**

Table 6: Virechana Chikitsa

Sl. no	Treatment	Medicine	Duration
1	<i>Deepana Pachana</i>	1. <i>Agnitundi Vati</i> (2tablets thrice a day before food with luke-warm water) 2. <i>Chitrakadi Vati</i> (2tablets thrice a day after food with luke-warm water)	5days
2	<i>Snehapaana</i>	<i>Guggulu Tiktakagritha</i> (from 30ml to 120ml in <i>Aarohana Karma</i>)	4 days
3	<i>Sarvanga Abhyanga and Swedana</i>	<i>Kottamchukkadi Taila</i>	4 days

4	Virechana	1. Trivrut Lehya 40gm 2. Triphala Kashaya 250ml	1day
5	Samsarjanakrama	1. Peya (Mudgapeya) 2. Vilepi (Mudgavilepi) 3. Odana	5 days

Table 7: Observations after Virechana Karma:

Sl. no	Observations	Results
1.	Vegiki	13 Vegas
2.	Antiki	Kaphanta Virechana
3.	Laingiki	Laghuta, Indriyaprasada, Agnideepti, Sroto Shuddhi, mild Roga Prashamana

2. Basti Chikitsa: after a gap of 9 days Basti Chikitsa was started, Vaitarana Basti was given in the form of Yoga Basti.

Anuvasana basti: Gandharvahastadi Taila - 60ml

Table 8: Vaitarana Basti ingredients

Ingredients	Dosage
Guda	20gm
Saindhava Lavana	10gm
Gandharvahastadi Taila	80ml
Amlika	40gm (Kalka form)
Gomutra	160ml

Table 9:

c) **Shamana Chikitsa:** for 2 months

SL. no	Medicine	Dosage
1	Simhanaada Guggulu	2-0-2 A/F
2	Rasnasaptaka Kashaya + Dashamoola Kashaya	4tsp-0-4tsp B/F
3	Hingwashtaka Churna	0-0-1tsp A/F
4	Gandharvahastadi Taila	0-0-10ml A/F

Follow-up was done after 2 months

Observation & Result:

The prescribed ayurvedic treatment and medicines have helped in managing the progressing signs and symptoms of the disease. The joint pain, swelling, and stiffness have gradually reduced. There was a remarkable reduction in the values of CRP, ESR & RA factors after the treatment. There was noted improvement in performing the day-to-day life activities. The overall quality of life was improved.

Table 10:

1) Assessment of subjective parameters:

Features	Before treatment	After Virechana	After Basti	After 2 months
1. Angamarda	2	2	1	0
2. Aruchi	2	2	1	0
3. Aalasya	2	1	0	0
4. Gouravam	2	1	0	0
5. Jwara	1	0	0	0
6. Apaki	2	1	0	0
7. Sandhi Shoola	3	2	1	0
8. Shoonatha Angaanam	2	1	1	0

Basti	A	A	N	A	N	A	N	A
<i>Dattakala</i>	9:15	9:10	12:05	9:10	12:15	9:15	12:10	9:10
<i>Pratyagamana Kaala</i>	12:30	12:45	12:12	1:10	12:23	1:45	12:18	1:25

Table 11:

2) The functional improvement was noted in DAS score after the treatment

DAS score	28
Before treatment	20
After <i>Virechana</i>	15
After <i>Basti</i>	10
After 2 months	8

Table 12:

3) Assessment of ACR scoring

ACR scoring	10
Before treatment	10
After <i>Virechana</i>	8
After <i>Basti</i>	4
After 2 months	3

Table 13:

4) Assessment of symptom score:

Criteria	Before treatment	After <i>Virechana</i>	After <i>Basti</i>	After 2 months
PAIN	5	4	2	1
SWELLING	3	1	0	0
STIFFNESS	2	1	0	0
TENDERNESS	2	1	0	0

Table 14:

5) Lab Reports:

Test	Before treatment	After <i>Virechana</i>	After <i>Basti Chikitsa</i>	After 2 months
ESR	40mm/hr	32mm/hr	24mm/hr	20mm/hr
CRP	78.9mg/L	65.6mg/L	57.1mg/L	52.1mg/L
RA factor	343.1IU/ml	103IU/ml	18.6IU/ml	19.1IU/ml

DISCUSSION

Treatment was given following the *Chikitsa Sutra* of *Amavata*. *Virechana* is advised because of 1) Production of *Aama* is by *Avarana of Pitta Sthana* by *Kledaka Kapha*, and hampered *Pachaka Pitta* – it removes the *Avarana* produced by *Kledaka Kapha*, the best therapy for *Pitta* which is the *Sthanika Dosh*. *Deepana* and *Pachana* were followed as *Purva Karma* for *Virechana* with *Agnitundi Vati* and *Chitrakadi*

Vati clears the *Aama* and helps in *Agni Deepana* and *Aama Pachana*. *Snehapana* was given with *Guggulu Tiktaka Gritha* which is having action on both

Aama and *Vata* also to bring the vitiated *Doshas* from extremities to *koshta* from purgation. *Trivrut Lehya* drug of choice for *Virechana* because it is *Sukhvirechaka* and also *Vatakaphasamaka*, *Triphala Kashaya* was given as *Virechanopaga*.

2) Symptoms of *Amavata* like *Anaha*, *Vibandha*, etc. are indicative of *Pratilomagati of Vayu* and have the quality of *Srotovisodhana*, it helps to normalize *Pratilomagati of Vayu*. *Vaitarana Basti* was selected because as *Amavata* progresses *Margaavarodha* increases, so it is necessary to remove the *Margaavarodha* and to normalise its function. It is a kind of *Niruhabasti* mentioned in *Chakradutta Niruhaadhikara* it has got its name due to its specific ability to

cure disease. Most of the drugs are *Vatakaphasamaka*. *Saindhavalavana* via its *Sukshma* and *Tikshana Guna* causes *Sroto Shodhana* over coming *Sangha*, thus it helps the *Basti Dravya* to reach up to the molecular level. *Chincha* possesses *Ruksha*, *Ushna*, *Amla*, *Vatakaphasamaka* property which makes it useful against *Amavata*.

Gomutra is the chief contain of *Vaitarana basti* which has *Katu Rasa*, *Katu Vipaka*, *Usna Virya*, *Laghu*, *Ruksha*, *Tikshana Guna* which pacifies the *Kapha Dosha*. it also possesses *Tridosahara*, *Agni Deepana*, *Pachana*, *Sroto Vishodhana*, and *Vatanulomana* properties.

Further, the patient was asked to continue the oral medication i.e., *Simhanaada Guggulu*, *Rasnasaptaka Kashaya+ Dashamoola Kashaya*, *Hingwashtaka Churna*, *Gandharvahastadi Taila* for 2 months.

Simhanaada Guggulu does *Agni Deepana*, *Amapachaka*, *Vatakapha Shamaka*, and *Sroto Shodhaka* properties. *Rasna saptaka kashaya* is *Aama Pachaka*, *Vatakapha Shamaka*, and *Shothahara*. *Dashamoola Kashaya* is having the properties like *Vatahara*, *Shothahara*, and *Shoolahara*. *Hingwashtaka Churna* is having *Agni Deepana*, *Aama Pachaka*, *Shoolahara*.

Gandharvahastadi Taila is *Nitya Rechaka* *Vatanulomaka*, *Agni Deepana*, *Shothahara*, *Shoolahara*.

CONCLUSION

A male patient aged about 58 years was diagnosed with *Aamavata* compared with rheumatoid arthritis was treated with *Virechana*, *Basti*, and *Shamana Aushadi* effectively. A significant improvement was noted in the patient so *Virechana*, *Basti* along with

Shamana Aushadi is found to be clinically effective in managing the signs and symptoms of *Amavata* w.s.r RA so maximum; improvement can be given by following the basic *Chikitsasutra* of *Amavata*.

REFERENCES

1. Tripathi B, editor. *Madhavanidana* of Madhavakar. Reprint Ed. Ch. 25, Ver. 1-5. Vol. 1. Varanasi: Chaukambha Sanskrit Sansthan; 2006. p. 571.
2. Tripathi B, editor. *Madhava Nidana* of Madhavakar. Reprint Ed. Ch. 25, Ver. 1-5. Vol. 1. Varanasi: Chaukambha Sanskrit Sansthan; 2006. p. 572.
3. Madhavakara, *Madhavanidana*, *Vimala Madhudhara Teeka* by Tripathi Brahmanand, Chaukhambha Surabharati Prakashana, Varanasi, ed. 2010, Poorvardha, Adhyayan 25, (Page.571-577)
4. Shah Ankur, E. William St. Clair, Harrison's Principles of Internal Medicine Volume 2, 18th edition, Chapter 321, Rheumatoid Arthritis, (Pg. 2739)
5. Chakrapani Datta Chakradatta commentary by Indradev Tripathi.
6. *Amavata Rogadhikara* 25/31-36. Varanasi Chaukhamba Sanskrit Sansthan; 2010. (Pg. 167-168)
7. Arnett FC, Edworthy SM, Bloch DA, McShane DJ, Fries JF, Cooper NS, et al. The American Rheumatism Association 1987 revised the criteria for the classification of rheumatoid arthritis. *Arthritis & Rheumatism* 1988; 31(3):315-324
8. Tripathi Ravidatta, *Charak Samhita* with *Vaidyanamorama Hindi* commentary, Chaukhamba Sanskrit Pratishtan, Delhi, 2009. Ni 8/31 (Pg.542)

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Spoorthi Sanjay Bevrur et al: Management of Amavata by Different Shodhana W.S.R (Rheumatoid Arthritis) – A Case Report. *International Ayurvedic Medical Journal* {online} 2022 {cited July 2022} Available from: http://www.iamj.in/posts/images/upload/3547_3553.pdf