

AYURVEDIC MANAGEMENT OF SEVERE PAIN AND SWELLING IN KNEE JOINT IN AMAVATA (RHEUMATOID ARTHRITIS)-A CASE REPORTRoopa.N¹, R.V. SHETTER²

¹First year P.G. Scholar, ²M.D, Professor, Department of P.G. Studies in Kayachikitsa, D.G.M Ayurvedic Medical College, Gadag, Karnataka, India

Corresponding Author: apoorvanarayan1995@gmail.com<https://doi.org/10.46607/iamj17p7012022>

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**ABSTRACT**

Amavata is a disease caused due to vitiation of *vata* and *ama* which in turn vitiates *dushya*, *malas*, and other *doshas* simultaneously and affects the *shleshma sthana* is *hridaya*, *amashaya* and *sandhi* through channels (*sira*, *srotas*, and *dhamanias*). The signs and symptoms like *Shotha*, *Angamardha*, and *shoola* are close to the signs and symptoms of rheumatism, which include swelling, fever, pain, etc. It is observed that Rheumatism is an autoimmune disorder, which is among the collagen disorders having strong and significant parlance with *Amavata*. Around 40% of RA patients are registered as disabled within 3years of onset, and around 80% are moderately to severely disabled within 20years. Functional capacity decreases mostly rapidly at the beginning of the disease and the functional status of the patients within their first year of RA is often predictive of long-term outcomes.

Here in 22year female subject complaints of severe pain and swelling in the bilateral knee joint treated with simple *virechana karma*. Let us check out how far it is helpful and to what extent it is relieved.

Key words: *Nimbaamrithaadhi eranda taila*, Rheumatoid arthritis, *Virechana*.**INTRODUCTION**

Amavata is one of the most concerned diseases in today's era including in children to adults. It is not only restricted to the locomotor system but also a systemic disease. Involvement of *Vata* and *ama* in the first stage which is more than enough to vitiate other

dosha, *dushyas*, and *mala* in the body to make it more serious in condition.

Rheumatoid arthritis (RA)³ is the most common persistent inflammatory arthritis, occurring throughout the world in all ethnic groups. The clinical course is

prolonged, with intermittent exacerbations and remissions. Genetic, epigenetic, and environmental factors are implicated in the pathogenesis of RA.

The clinical onset of RA is characterised by infiltration of a synovial membrane with lymphocytes, plasma cells, dendrite cells, and macrophages. CD4⁺ T lymphocytes, including Th1 cells (interferon-gamma producers) and TH17 cells, play a central role by interacting with other cells in the synovium.

The RA joint is hypoxic, and this promotes new blood vessel formation. Thus, the inflamed synovium becomes vascularised, with highly activated endothelial cells supporting the accumulation of more leucocytes to perpetuate the inflammatory process.

Complications: Popliteal (Baker's) cysts may occur in combination with knee synovitis, where synovial fluid communicates with the cyst but is prevented from returning to the joint by a valve-like mechanism. Rupture, induced by knee flexion in the presence of a large effusion, leads to calf pain and swelling that may mimic a deep vein thrombosis.

Nidana¹:

Virrudha ahara, manda chestha, Aticheshta during *mandaagni avastha, Ativyayama* immediately after having *snigdha ahara* which leads to *vata dosha vikriti*, in turn, produces *ama* and affects the *shleshma sthana* i.e., *Sandhi, Hridaya*, etc.

Poorvarupa:

Vangasena samhitha – Sira ruja and gatra ruja

Rupa:

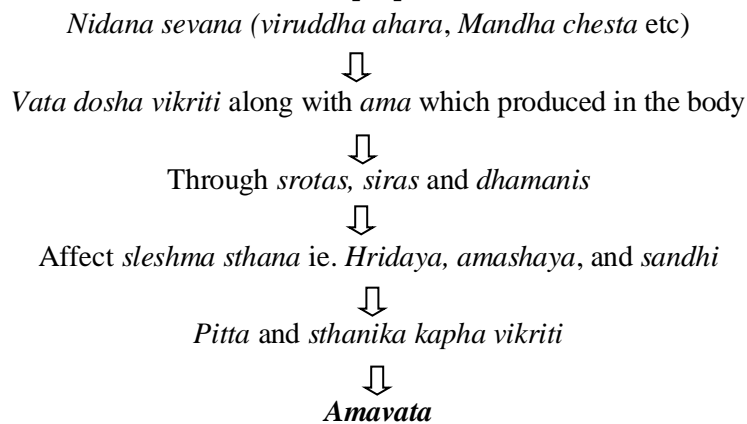
Angamardha, Aruchi, Trishna, Alasya, Gaurava, Jwara, Apaka, Shotha anga

The typical presentation is pain, joint swelling, and stiffness affecting small joints of hands, feet, and wrists. Large joint involvement, Systemic symptoms, and extra-articular features may also occur.

Samprapti ghataka¹:

<i>Dosha:</i>	<i>Vata- vyana, samana, prana</i>
	<i>Kapha- Sleshaka</i>
	<i>Pitta- Pachaka</i>
<i>Dushya:</i>	<i>Rasa, Meda, Majja</i>
<i>Upadhatu-</i>	<i>Sira, Snayu</i>
<i>Dhatu mala-</i>	<i>Kapha</i>
<i>Agni:</i>	<i>Jataragni and Dhatvagni</i>
<i>Agnidushti:</i>	<i>Mandagni</i>
<i>Ama:</i>	<i>Agnijanya</i>
<i>Srotas:</i>	<i>Annavaha, Rasavaha, Asthivaha</i>
<i>Srotodushti:</i>	<i>Sanga</i>
<i>Udbhavasthana:</i>	<i>Amashaya. Pakvashaya</i>
<i>Sancharasthana:</i>	<i>Annavaha srotas, Dhamani, Kapha sthana</i>
<i>Adhithana:</i>	<i>Kaphasthana like sandhi, Amashaya</i>
<i>Vyaktasthana:</i>	<i>Sandhi, amashaya, uras</i>
<i>Svabhava:</i>	<i>Chirakari, Kashtasadhya</i>
<i>Rogah marga:</i>	<i>Madhyama</i>

Samprapti²:



Patient details:

Pradhana vedhana

A 22year old female subject came to DGMAMC, GADAG, with severe pain in both the knee joints and difficulty in walking for one day. Visited *Kayachikitsa* department with OPD NO.-21011575 and IPD NO.-1522. Swelling is present in bilateral knee joints.

Pradhana vedhana vruttanta

The subject has had a history of knee joint pain for one year and has received allopathic treatment at different hospitals but didn't find relief. They visited the *kayachikitsa* department, DGMAMC for treatment. Has taken *Shamanaushadi*'s for 2months and stopped the medicines after the pain got reduced. After they found mild pain, the subject was ignored due to tolerability. Since yesterday the severe pain along with swelling which made the subject difficulty walking. Hence got admitted to the DGMAMC hospital, For an Ayurvedic line of management.

Chikitsa vruttanta

For this condition, the patient received an Allopathic line of treatment for 1year.

Kautumbika vruttanta

All family members are said to be healthy.

Clinical examination

Ashtavidha pariksha

Nadi (Pulse): 70b/min, *Mala pravrutti* (Stool): 1time/day, *Mutra pravrutti* (Urine):4-5times a day, *Jihwa* (Tongue): *Aliptata*, *Kshudha* (Agni): *Madhyama*, *Shabda* (Hearing): *Prakritha*, *Sparsha* (Skin): *Shitoshna*, *Druk* (Eyes): *Prakrita*, *Nidra* (Sleep): *Prakrita*, *Akriti* (Stature): *Madhyama*

Systemic Examination

CVS: S₁, S₂ heard

RS: NVBS

CNS: Conscious, orientated

Abdomen: Soft, NAD

Laboratory examination

ANTINUCLEAR ANTOBODY PROFILE

- Ds DNA: Borderline
- Control: Strong positive +++

CRP: 67.81 mg/dl

Materials and Methods

Treatment plan

- *Sthanika abhyanga*, *Upanaha* and *Amapachana*
- *Sthanika abhyanga*, *Upanaha* and *Snehapana*
- *Virechana*
- *Shamanaushadhi*
- *Pathya-Apathya palana*

Table 01: Showing schedule/Intervention

Date	Treatment	Medicine/Procedure
2/9/21	<i>Sthanika abhyanga</i> <i>Upanaha</i> <i>Deepana-pachana</i>	<i>Mahavishagarbha taila</i> <i>Dashanga lepa</i> <i>Chitrakadhi vati</i> -1TID-before food with lukewarm water
3/9/21	<i>Sthanika abhyanga</i> <i>Upanaha</i> <i>Snehapana</i>	<i>Mahavishagarbha taila</i> <i>Dashanga lepa</i> <i>Panchatikta grita</i> (40ml) + <i>Saindhava lavana</i> (one pinch)
4/9/21	<i>Sthanika abhyanga</i> <i>Upanaha</i> <i>Snehapana</i>	<i>Mahavishagarbha taila</i> <i>Dashanga lepa</i> <i>Panchatikta grita</i> (80ml) + <i>Saindhava lavana</i> (one pinch)
5/9/21	<i>Sarvanga abhyanga</i> <i>Bhaspa sweda</i> <i>Upanaha</i>	<i>Mahavishagarbha taila</i> <i>Dashanga lepa</i>
6/9/21	<i>Sarvanga abhyanga</i> <i>Bhaspa sweda</i> <i>Virechana</i>	<i>Mahavishagarbha taila</i> <i>Nimbamruthadhi eranda taila</i> - 20ml with lukewarm water <i>Total - 8 vegas</i>

	<i>Vegas</i>	
7/9/21	<i>Sthanika Abhyanga</i> <i>Upanaha</i>	<i>Mahavishagarbha taila</i> <i>Dashanga lepa</i>
8/9/21	<i>Sthanika Abhyanga</i> <i>Upanaha</i>	<i>Mahavishagarbha taila</i> <i>Dashanga lepa</i>
9/9/21	<i>Sthanika Abhyanga</i> <i>Upanaha</i>	<i>Mahavishagarbha taila</i> <i>Dashanga lepa</i>
10/9/21	<i>Sthanika Abhyanga</i> <i>Upanaha</i> <i>Pathya</i> <i>Laghu ahara, Vyayama</i> <i>Apathya</i> <i>Taila samskaravat ahara, Lavana, Katu, Dadhi, Matsya</i>	<i>Mahavishagarbha taila</i> <i>Dashanga lepa</i>
	<i>Shamanaushadhi</i>	<i>Kokilaksha kashaya (7 and half ml)</i> <i>Maharasna yogaraja guggulu kashaya (7 and half ml)</i> <i>Both 15ml BD with sukoshna jala</i> <i>Saddharana choorna- 1tsp BD with sukoshna jala</i> <i>Cap Rheumallin S- 1Tid- jala</i> <i>Cap vajigandhadhi yoga- 2BD with jala</i>

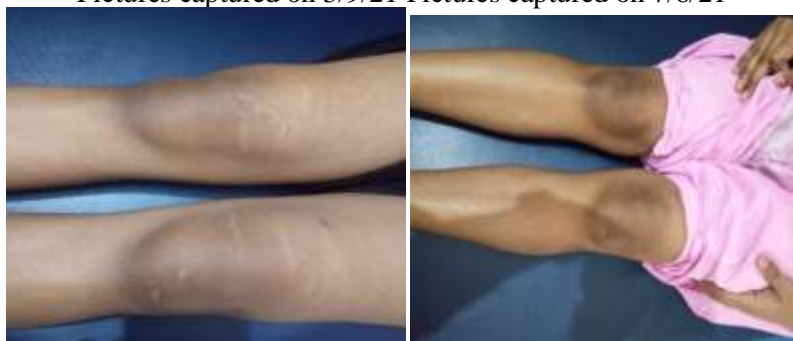
Table 02: Assesment of Results

Features	BT	AT
<i>Janu shoola</i> (Joint Pain)	Present +++	Absent
<i>Shotha</i> (Swelling)	Present	Absent
Right knee circumference	36.5 cm	35.5 cm
Left knee circumference	37cm	35.5 cm
Right up knee circumference	39.5 cm	36 cm
Left-up knee circumference	38.5 cm	36.5 cm
Right down knee circumference	32.5 cm	31 cm
Left down knee circumference	31 cm	31 cm
Right vertical	13 cm	10 cm
Left vertical	12 cm	10 cm

Showing images before and after treatment

BEFORE TREATMENT AFTER TREATMENT

Pictures captured on 3/9/21 Pictures captured on 7/6/21





Probable mode of action

- *Amapachana dravya* helps in the maintenance of *agni* and do *agni sandeepana karma*.
- Both *Snehana* and *Swedana* help in the movement of *Dosha* and *Dosha sithilikarana* and bring *Doshas* from *Shakas* to *Koshta*.
- The *Virechana dravya* spreads throughout the body at a cellular level due to its pharmacological properties.
- *Vyavayi* property of *Virechana dravya* is responsible for quick absorption, while *Vikasi guna* causes softening and loosening of the bond by *Dhatu shaaitilyakarana*.
- Due to *Ushna guna dosha sanghata* being liquefied.
- *Tikshnaguna* of *Virechana dravya* produces due to *snehana od dosha* which is already softened due to *snehana* and *Swedana* so liquefied *Dosha* is dragged to *Koashta* and eliminated from the body.

DISCUSSION

- The subject has an Irregular intake of food and food habits and *avara satva* with no familial history.
- Depending on *lakshanas* and *nidanas* according to *madhava nidhana ayurvedic* treatment is planned accordingly considering the *roga* and *rogi bala*, *prakriti*, etc
- This is a first-time *panchakarma* intervention hence have to wait for further changes in the subject as it is an autoimmune disease.
- In further continuation, this case will be presented with new *ayurvedic* intervention if the condition reoccurs.

CONCLUSION

- The subject's condition improved with a complete reduction of pain and swelling in bilateral knee joints
- *Pathya* and *apthya* have been advised with *Shamanaushadis* for one month.
- The subject was satisfied with the treatment and felt happy.

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