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Case Study

AN AYURVEDIC APPROACH TO RHEUMATOID ARTHRITIS (AMAVATA) – A CASE STUDY

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ABSTRACT

Rheumatoid Arthritis is a chronic systemic inflammatory disease of joints characterized by symmetrical relapsing ankylosing polyarthritis affecting mainly the peripheral small joints associated with varied constitutional symptoms and serological evidence of auto-reactivity. It is comparable to the disease 'Amavata' in Ayurveda. The symptoms are produced due to the vitiation of Vata (biophysical force) along with the formation of Ama (bio-toxin). The Ama is carried by the aggravated Vata and deposited in Sleshmasthanas (Seats of biophysical force, kapha like joints etc.) producing features like Angamarda (body ache), Aruchi (loss of appetite), Alasya (weakness), Sandhiruk (joint pain), Sandhisopha (joint swelling) etc. Ayurveda acharya, Sri. Madhavakara in his book Madhava Nidana described the features of Amavata for the first time whereas the treatment of Amavata was first explained by Acharya Cakradatta. The treatment modalities like Langhana (fasting therapy), Swedana (fomentation therapy), use of drugs having Tikta Katu rasa (bitter and pungent taste), deepana (kindling digestive fire) property, Snehapana (oral intake of Ayurvedic medicated ghee), Virechana (purgation therapy), Vasti (enema) etc. are the treatments advised. In the present study, the treatment of a female patient having features of Rheumatoid Arthritis treated with Langhana, Swedana, Dravyas having Tikta Katu rasa, deepana properties for Samana purpose and Virechana have been discussed. The treatment modalities done showed marked improvement in the patient's signs and symptoms and blood investigations and hence was found fruitful.

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INTRODUCTION

Rheumatoid Arthritis is an autoimmune disease causing a chronic symmetrical polyarthritis with systemic involvement. Its course is extremely variable and is associated with non-articular features also (Parveen Kumar *et.al*, 2009). In approximately two-thirds of the patients, it begins insidiously with fatigue, anorexia, generalized weakness and vague musculoskeletal symptoms until the appearance of synovitis becomes apparent. Although there are a variety of systemic manifestations, the characteristic feature of established RA is persistent inflammatory synovitis, usually involving peripheral joints in a symmetric distribution. The potential of the synovial inflammation to cause cartilage damage and bone erosions and subsequent changes in joint integrity is the hallmark of the disease (Anthony.S. Fauci *et.al*, 2008). Morning stiffness of >1-h duration is an almost invariable feature of inflammatory arthritis.

The prevalence of RA is ~0.8% of the population (range 0.3–2.1%); women are affected approximately three times more often than men. The prevalence increases with age, and sex differences diminish in the older age group. The onset is most frequent during the fourth and fifth decades of life, with 80% of

all patients developing the disease between the ages of 35 and 50 (Anthony.S.Fauci *et.al*, 2008).

The various therapies employed are directed at nonspecific suppression of the inflammatory or immunologic process with the expectation of ameliorating symptoms and preventing progressive damage to articular structures (Anthony.S.Fauci *et.al*, 2008). The modern medical management which involves the use of NSAID's, Glucocorticoids, DMARD's, biologics, immunosuppression therapies is more towards causing toxicity in the body causing GI ulceration, bleeding, hepatotoxicity etc.

There is a need for an effective, safe and less complicated treatment for Rheumatoid arthritis. As Ayurveda aims at the reversal of the disease condition to a healthy state by removing the root cause and not merely treating the symptoms, it can be the best option for RA. The signs and symptoms mentioned for RA can be correlated to the Amavata lakshanas such as Angamarda, Aruchi, Trishna (feeling of thirst), Alasya, Gourava (heaviness of the body), Jwara (fever), Apakata (indigestion) and Soonangata (swelling) (Prof.K.R.Srikanta Moorthy, 2007). The severity of the disease can be seen in Pravridha Amavata lakshanas like vrischikadamsa vedana (pain as that of a scorpion sting), involvement of joints like hasta (hands), pada (feet), gulpha(ankles), trika (shoulder, low

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back)etc (Prof.K.R.Srikanta Moorthy, 2007) . As the disease exhibits lakshanas in both Abhyantara (internal) & Madhyama (middle) rogamarga (pathway of disease), it is said to be krichrasadhya (difficult to cure) or yapyra (long lasting). The nidanas (causes) lead to the formation of Ama and vitiation of Vata resulting in the symptoms of Amavata. Ayurvedic approach to Amavata (RA) leads to break in the Samprapti(pathogenesis) of the disease and thereby removing the root cause of the disease. Ayurvedic treatment modalities like Langhana, Swedana, use of drugs having Tikta, Katu rasa and Deepana property, Virechana, Snehapana, Vasti etc. are said to be done in Amavata (Indradeva Tripathi, 2011).

MATERIALS AND METHODS

Case report

A female patient aged about 58yrs with MRD No: 68401 visited OPD of Kayachikitsa, Amrita School of Ayurveda, Vallikkavu, Kerala presenting with complaints of multiple joint pain, swelling of joints and morning stiffness of the joints since 6 months.

History of present illness

6 months before, the patient had a gradual onset of stiffness and pain in the right knee joint followed by symptoms in the left knee joint. Gradually pain and stiffness developed in B/L ankle joints, toes, B/L wrist joints. The pain was so severe that it was associated with swelling and felt difficulty while initiating any action and aggravated on exposure to cold. The symptoms subsided by application of heat. There is occasional night starts present. She feels comfortable after taking Ayurvedic medicines. Hence she came to our hospital for better management.

History of past illness

H/o chikunguniya 7 years before.
H/o bronchitis 6 months before.

Treatment history

Took treatment for chikunguniya 7 years before.
Had an attack of bronchitis 6 months before for which she took antibiotics and inhaler.

H/o taken pain killers for arthritic complaints.

Personal history

Name : abc
Age : 58 yrs
Sex : Female
Marital status: Married
Occupation: House wife
BP: 110/70mmHg
Pulse: 62/min
Temperature: 98F
Respiratory rate: 12/min
Heart rate: 60/min

Appetite: poor
Bowel: 1- 2times/day
Bladder: 3-4 times/day, 1-2 times at night
Sleep: sound
Allergy: dust

Systemic examination

Musculoskeletal system affected

Inspection: Swelling present on lt. wrist joint, B/L knee joints.
Palpation: Tenderness present on B/L shoulder, wrist and knee joints. Tenderness also on thoracic spine and sacro iliac joint.

The range of Movements – Painful movements of B/L shoulder joints, B/L wrist joints, B/L knee and ankle joints, MTP joints. Lateral flexion of lumbosacral spine painful

Investigations

Hb- 12.9 g%
S.Uric acid – 3.8 mg/dl
TC – 7300 cells/mm³
RA – 30.7 IU/ml (Normal: <18)
DC - N- 53, L- 39, E- 6, M-2, B-0
ASO- 287 IU/ml (Normal: <200)
ESR – 36mm/hr

AshtasthanaPareeksha (examination of 8 seats)

1. Nadi (pulse): mandam (slow)
2. Mootram(urine): sugha pravrutti (regular)
3. Malam (stool): sugha pravrutti (regular)
4. Jihwa(tongue): Upalepa (coated)
5. Sabda(voice): vyakta (clear)
6. Sparsha(touch): sadharana (regular)
7. Drik (eyes): sadharana (normal)
8. Akriti(built): madhyama (moderate)

Dasavidhapareeksha (10 fold examination)

1. Prakruti (constitution): Vatakapha
2. Vikruti(morbidities): Dosh- Vatapradhana tridosha, Doosha- Rasa
3. Satwa(psychic conditions): Madhya
4. Sara(excellence of tissue elements): Asthi
5. Samhanana(compactness of organs): Madhyama
6. Pramana(measurement of organs): Madhyama
7. Satmya(homologation): Sarva rasa
8. Aharasakti(power of intake & digestion of food): madhyama
9. Vyayamasakti(power of performing exercise): avara
10. Vaya(age): 58 yrs (Youvana)

Treatment

Valuka Sweda (fomentation therapy with sand) was done for the first 7 days followed by Sarvanga Abhyanga Bahpa Sweda (Massage and steam) with Kottamchukkadi taila for the next 7 days, and on the 15th day, Virechana with Moorchchita eranda taila was given. Internal medicines like Rasnasaptakam kashayam and Dasamoolahareetaki lehyam were given for 30 days. The patient was discharged on the 15th day and advised to continue the internal medicines for 15 more days and to come to the OP after 15 days for taking the AT assessment. The treatment has been mentioned in Table 1 and Table 2.

Table 1 External treatment

Treatment	Medicine	Duration
Rookshana(ValukaSweda)		7 days
SarvangaAbhyangaBashpaSweda	Kottamchukkadi taila	7 days
Virechana	Moorchita eranda taila(30 ml)	1 day

Table 2 Internal medicines

Sl. No	Medicine	Dose	Duration
1.	Rasnasaptakam kashayam (with Nagarachooranam)	100ml in divided dose	30 days
2.	Dasamoolahareetaki lehyam	1 tsp	30 days

Table 3 Ingredients of kottamchukkadi taila

Sl.No	DRAVYA	Botanical Name
1	Kushta	Saussurea lappa
2	Nagara	Zingiber officinale
3	Vacha	Acorus calamus
4	Sigru	Moringa oleifera
5	Lasuna	Allium sativum
6	Kartotti	Capparis zeylanica
7	Devadaru	Cedrus deodara
8	Siddharthaka	Brassica campestris
9	Suvaha	Alpinia galangal
10	Tila	Sesamum indicum
11	Dadhi	Curd
12	Chincha Rasa	Tamarindus indicus

Criteria of selection of treatment

Langhana, in the form of Rookshana (Valuka sweda) (IndradevaTripathi, 2011) was selected in the beginning of the treatment as it helps in Ama pachana and after that Sneha Sweda (Pandit Hari Sadasiva Sastri Paradakkara, 2012, a) in the form of Sarvanga Abhyanga Bashpa Sweda for KevalaVata was done. The Rooksha, Ushna, teekshna, stambhahara, vatakaphasamana property of Kottamchukkadi taila (AravattazhikathuK.V. Krishnanvaideyan and AanehaleelilS. Gopalapillai, 2012) makes it an ideal choice for Abhyanga in Amavata.

Rasnasaptakam kashayam (Indradeva Tripathi, 2011) was selected because of its deepana, pachana, sophahara, soolaprasamana, kaphavata samana properties. Dasamoolahareetaki lehya (Pandit Hari Sadasiva Sastri Paradakkara, 2012, b) because of its sophahara, vatanulomana properties was selected as one of the drugs for treatment. Eranda taila (Pandit Hari SadasivaSastri Paradakkara, 2012, c) in the form of Moorchi tataila is selected as it helps in expulsion of Ama from the Koshta and acts as Vatanulomana.

Follow up – 1 month after completion of treatment.

Table 4 Ingredients of rasnasaptakam kashayam

Sl.No	DRAVYA	Botanical name
1	Rasna	Alpinia galangal
2	Amrita	Tinospora codifolia
3	Aragwadha	Cassia fistula
4	Devadaru	Cedrus deodara
5	Trikantaka	Tribulus terrestris
6	Eranda	Ricinus communis
7	Punarnava	Boerhavia diffusa

Table 5 Ingredients of dasamoolahareetaki lehyam

Sl.No	DRAVYA	Botanical Name
1.	Vilwa	Aegle marmelos
2.	Kasmarya	Gmelin aarborea
3.	Tarkari	Clerodendrum phlomidis
4.	Patala	Stereospermum suaveolens
5.	Dunduka	Oroxylum indicum
6.	Brihati	Solanum indicum
7.	Kandakari	Solanum xanthocarpum
8.	Prisniparni	Uraria picta
9.	Saliparni	Desmodium gangeticum
10.	Gokshura	Tribulus terrestris
11.	Pathya	Terminalia chebula
12.	Gudam	Jaggery
13.	Twak	Cinnamomum zeylanica
14.	Ela	Elettaria cardamomum
15.	Patra	Cinnamomum tamala
16.	Nagara	Zingiber officinale
17.	Maricham	Piper nigrum
18.	Pippali	Piper longum
19.	Yavakshara	Hordeum vulgare
20.	Madhu	Honey

Preparation of medicine

All medicines for internal and external use were manufactured with Good Manufacturing Practice in Amrita Ayurveda Pharmacy associated with the hospital.

Tables 3, 4 and 5 shows the ingredients of the medicines used for treatment

Table 6 Grading of Sandhishoola

Sl.No	Severity of Pain	Grade
1.	No pain	0
2.	Mild pain	1
3.	Moderate, but no difficulty in moving	2
4.	Slight difficulty in moving due to pain	3
5.	Much difficulty in moving the body parts	4

Pathya (Bhishakratna Sri Brahma Shankar Mishra, 2009, a)

Rice, Horse gram, Buttermilk, Warm water, Garlic, ginger, Drumstick.

Apathya (Bhishakratna Sri Brahma Shankar Mishra, 2009, b)

Curd, Fish, Jaggery, Milk, Black gram, Fast food, uncooked food, oily food Suppression of urges, Keeping awake at night .

Grading for assessment of disease

The results of the therapy were assessed on the basis of clinical signs and symptoms mentioned in Ayurvedic classics as well as by ARA (1988). The assessment was done on the zero day (ie one day prior to initiation of treatment) and on the day of completion of treatment (Day 30).

Blood parameters were assessed before and after treatment. Grading of subjective criteria is shown in tables 6,7,8 and 9.

Table 7 Grading of Sandhisotha

Sl.No	Severity of swelling	Grade
1.	No swelling	0
2.	Slight swelling	1
3.	Moderate swelling	2
4.	Severe swelling	3

Table 8 Grading of Sandhigraha

Sl.No	Severity of stiffness	Grade
1.	No stiffness	0
2.	5 min to 2 hrs	1
3.	2 hrs to 8 hrs	2
4.	More than 8 hrs	3

Table 9 Grading of Sparshasahatwa

Sl.No	Severity of tenderness	Grade
1.	No tenderness	0
2.	Subjective experience of tenderness	1
3.	Wincing of face on pressure	2
4.	Wincing of face and withdrawal of the affected part on pressure	3
5.	Resist to touch	4

OBSERVATION AND RESULTS

The observation and results are displayed in Tables 10,11,12,13 and 14. Figures 1,2 and 3 represent the improvement in objective criteria assessment of the patient.

Table 10 Assessment of Sandhishoola

Lt		Name of the joint	Rt	
BT	AT		BT	AT
3	0	Knee joint	3	0
3	0	Ankle joint	3	0
3	0	Wrist joint	2	0

Table 11 Assessment of Sandhisotha

Lt		Name of the joint	Rt	
BT	AT		BT	AT
1	0	Knee joint	1	0
0	0	Ankle joint	0	0
2	0	Wrist joint	1	0

Table 12 Assessment of Sandhigraha

Lt		Name of the joint	Rt	
BT	AT		BT	AT
1	0	Knee joint	1	0
1	0	Ankle joint	1	0
1	0	Wrist joint	1	0

Table 13 Assessment of Sparsha asahatwa

Lt		Name of the joint	Rt	
BT	AT		BT	AT
2	0	Knee joint	2	0
0	0	Ankle joint	0	0
3	0	Wrist joint	2	0

Table 14 Assessment of objective criteria

Criteria	BT	AT
ESR	36 mm/hr	16 mm/hr
RA	30.7 IU/ml	7.62 IU/ml
ASO	287 IU/ml	165.4 IU/ml
VAS	6	2

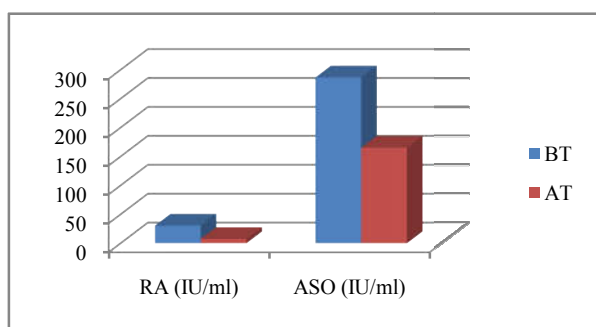


Fig 1 Graph depicting change in RA and ASO levels in blood

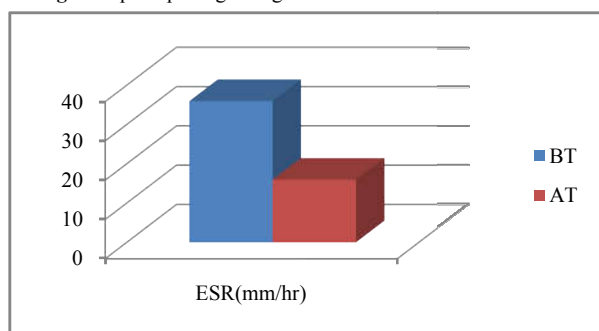


Fig 2 Graph depicting improvement in ESR level in blood

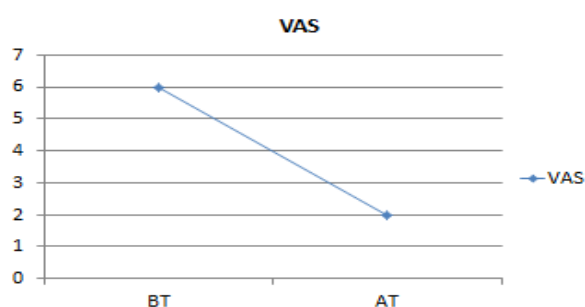


Fig 3 Graph showing relief of pain in VAS assessment

DISCUSSION

The signs and symptoms of Rheumatoid Arthritis can be correlated to that of Amavata. MadhavaNidana was the first to describe the features of Amavata whereas the treatment of Amavata was first explained by Cakradatta. In this case, the patient presented with multiple joint pain and swelling along with morning stiffness and early fatigue. It can be compared to the Amavata features like Angamarda, Alasya, Angasoonata, Sarujam sotham in sandhis. Along with that other Ama features like Jihwa upalepa, Aruchi etc. also was seen. Drugs having Ushna, Tikshna, Deepana, Pachana, Shothahara, Vedanahara properties can be the choice of drugs for the treatment of the complaints. The combined efficacy of internal medicines like Rasnasaptakam kashaya, Dasamoolahareetaki lehyam and external procedures like Valuka Sweda, Sarvanga Abhyanga Bashpa Sweda and Virechana with Moorchita eranda taila were tried in the patient. Rasnaspatakam kashayam and Dasamoolahareetaki lehyam having Deepana, Pachana, Vatakapha samana, sothahara properties helped in reducing the Ama symptoms like reduced appetite, jihwa upalepa, stiffness, swelling etc. Valuka Sweda helped in bringing rookshata (dryness) as well as Swedana to the body so that the stiffness and swelling were reduced. Kottamchukkadi taila having Vedanasthapana (pain alleviating), sothahara properties used for Abhyanga helped in reducing the joint pain. Eranda taila described as the best drug for Amavata acted as Vatanulomana. The assessment of the patient before and after treatment was taken which showed improvements in the subjective and objective criteria.

CONCLUSION

Hence it can be concluded that the combined effect of Rasnasaptakam kashayam, Dasamoolahareetaki lehyam, and Valuka Sweda, Sarvangaabhyanga Bashpa Sweda and Virechana with Moorchita Erandataila is fruitful in the management of Rheumatoid Arthritis (Amavata).

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