

## A CASE STUDY ON AMAVATA (RHEUMATOID ARTHRITIS)

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### 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 Dosh*. *Amavata* is produced mainly due to the vitiation of *Vata* along with the formation of *Ama*. The *Ama* combines with *Vata Dosha* and occupies *Shleshmasthanas* (*Asthisandhi*) which results in “*Amavata*”. *Amavata* can be correlated with Rheumatoid Arthritis due to similarities of clinical features. Rheumatoid Arthritis is an autoimmune disease causing a chronic symmetrical polyarthritis with systemic involvement. The management in Modern science includes the use of NSAID’s (Nonsteroidal anti-inflammatory Drugs), Glucocorticoids, DMARD’s (Disease Modifying Ant rheumatic Drugs), immunosuppression therapies, long term use of which leads to many side effects. *Ayurveda* treats it in a natural way without any side effects. *Acharya Chakradatta* mentioned *Chikitsa Siddhanta* for management of *Amavata*, which consists *Langhana*, *Swedana*, use of drugs having *Tikta*, *Katu Rasa* and *Deepana* property, *Virechana*, *Snehapana* and *Vasti*. These modalities help in *Amapachana*, *Vatashamana*, *Strotoshodhana* and *Sthana Balya*. By using this *Chikitsa Siddhanta* a case of *Amavata* was successfully treated. Marked improvement was observed in signs and symptoms after treatment. No any complication was found during the treatment.

**KEYWORDS:** *Amavata*, *Ama*, Rheumatoid Arthritis, *Simhanada Guggulu*

### INTRODUCTION

*Amavata* is a disease of *Asthivaha* and *Rasavaha Strotas*. It is mainly produced due to *Ama* and vitiation of *Vata Dosha*. The *Ama* is carried by the aggravated *Vata* and deposited in *Sleshmasthanas* (Seats of kapha like joints etc.) producing features like *Angamarda* (body ache), *Aruchi* (loss of appetite), *Alasya* (weakness), *Sandhiruk* (joint pain), *Sandhishotha* (joint swelling)<sup>1</sup>. *Madhavakara* (700AD) was the first who described the features of *Amavata* in *Madhava Nidana* where as the treatment of *Amavata* was first explained by *Acharya Cakradatta*. *Amavata* is a disease of

*Madhyama Rogamarga* hence it is said to be *Krichrasadhya* or *Yapya*.

According to the clinical features *Amavata* very closely resembles with the Rheumatoid arthritis. Rheumatoid arthritis is a chronic, progressive autoimmune arthropathy and characterized by bilateral symmetrical involvement of joints with some systemic clinical features<sup>2</sup>.

This disease affects mainly young population and the patients are gradually crippled physically as well as mentally due to bad prognosis of the disease. Hence it is a most burning problem in the society.

Treatment in modern medicine has limitations due to their side effects. 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.<sup>3</sup>

Ayurveda treats root cause of Amavata (RA) which leads to break the Samprapti of the disease. Acharya Chakradatta described the Chikitsa Siddhant for Amavata. It includes Langhana, Swedana and use of drugs having Tikta, Katu Rasa with Deepana property, Virechana, Snehapana and Vasti<sup>4</sup>. Here a case of Amavata was treated by using Shaman Chikitsa given in this Chikitsa Sutra.

### CASE REPORT

A 54 years male patient working as a farmer visited OPD (No.1611220063) of Kayachikitsa, Mahatma Gandhi Ayurved College & Research centre, Salod (H), Wardha, Maharashtra, having complaints of Pain and Swelling in both knee joints since 3 months, Pain in both wrist joints and Loss of appetite since 1 month and morning stiffness more than 60 mins since 1 month.

The patient was alright before 3 months. Gradually pain and swelling started in both knee joints. Thereafter he developed Pain in both wrist joints. He had complained of loss

### TREATMENT PLAN

Table no.1. *Abhyantar Chikitsa- (Internal Medication)*

Sr.No.	Medicine	Dose	Anupana	Duration
1	<i>Simhanad Guggul</i>	500 mg, twice a day	<i>Koshna jala</i>	30 days
2	<i>Maharasnadi Kwath</i>	20 ml, twice a day	<i>Koshna jala</i>	30 days

of appetite and morning stiffness since one month. For that he took allopathic treatment but did not get satisfactory results and for further management he came to MGAC & RC. There was no history of Diabetes, Hypertension or any other major illness in the past.

### EXAMINATION

Vitals of patient were within normal limits. Systemic examination showed no any abnormal findings. *Jivha* was *Saam*. Rest of the *Ashtavidha pariksha* was within normal limits.

### LOCAL EXAMINATION

Swelling presents on both wrist and knee joints.

Tenderness presents on both wrist and knee joints.

Local temperature-Raised

Range of movement-Restricted and painful movement of both knee and wrist joints

### DIFFERENTIAL DIAGNOSIS

*Amavata* (Rheumatoid arthritis), *Sandhivata* (Osteoarthritis), *Vatarakta* (Gout).

### INVESTIGATIONS DONE

CBC

ESR

CRP

RA test

S.Uric Acid

**DIAGNOSIS:** *Amavata* (Rheumatoid arthritis) was diagnosed on the basis of symptoms described in the classics of *Ayurveda* and criteria fixed by the American Rheumatology Association in 1988.<sup>5</sup>

**Bahya- (External Treatment)**

Swedana- Valuka Pottali sweda

Mahavishgarbha Tail- For local application

**Duration-** 30 days.

**Pathya-apathya (dos and don'ts) - Adviced to patient as follow:**

	Pathya	Apathya
<b>Aaharaja (Food)</b>	Yava (barley), kulattha (horse gram), raktashali (rice),	Flour of mash (black gram), Rajmah (kidney beans), sweets.
	shigru (drum sticks), punarnava, karvellak (bitter gourd), parawar, ardrak (ginger)	Fast food, uncooked food, salty, spicy, oily food.
	rasona or ginger (shodhit with takra)	
	Jangal mansa (meat).	Fish
	Hot water	Cold water, Curd, jaggery, milk, cold beverages ,ice creams.
<b>Viharaja (Behaviour)</b>	Sunlight exposure for at least 15 minutes in a day.  Pranayam, yoga, meditation	Daytime sleeping, vegavadharan (suppression of natural urges); exposure to cold, wind, A.C., excess of stress

**Follow up** - After 60 days

**ASSESSMENT CRITERIA:**

**Table no.2.-Grading of Sandhishoola (pain)**

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

**Table no.3.-Grading of Sandhishotha (swelling)**

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

**Table no.4.-Grading of Sparshasahatwa (tenderness)**

Sr.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

**OBJECTIVE CRITERIA:**

**Table no.5.-Gradation of Foot pressure**

Sr.no	Foot pressure (In kg)	Grade
1	25-21 kg	0
2	20-16 kg	1
3	15-10 kg	2
4	<10 kg	3

**Table no.6.-Gradation of Walking time**

Sr.no	Walking time (for 25 feet in number of seconds)	Grade
1	15-20 sec	0
2	21 – 30 sec	1
3	31-40 sec	2
4	>40 sec	3

**OBSERVATIONS AND RESULTS**

**Table no. 7.-Assessment of Sandhishoola**

Left		Name of joint	Right	
BT	AT		BT	AT
2	0	Knee joint	3	1
2	0	Wrist joint	3	1

**Table no. 8.-Assessment of Sandhishotha**

Left		Name of joint	Right	
BT	AT		BT	AT
2	0	Knee joint	3	1
2	0	Wrist joint	3	1

**Table no. 9.-Assessment of Sparshasahatwa**

Left		Name of joint	Right	
BT	AT		BT	AT
3	0	Knee joint	3	0
3	0	Wrist joint	3	0

**Table no. 9.-Assessment of Objective Criteria**

Criteria	BT	AT
Foot pressure(In kg)	2	0
Walking time (for 25 feet in number of seconds)	2	1

**INVESTIGATIONS**

**Table no.10.-Showing Laboratory values before and after treatment**

Investigations	B.T	A.T
Hb%	10.1gm%	11.3 gm%
TLC	8,200/cumm	79,00/cumm
Neutrophils	90%	65%
Lymphocytes	32%	24%
Monocytes	2 %	1%
Eosinophils	1%	1%
Total Platelet Count	2.63 Lacs/cu.mm	1.44 Lacs/cu.mm
ESR	48mm/hr	12 mm/hr
RA Test	Negative	Negative
CRP	Positive	Negative
Uric acid	4.0mg/dl	3.8mg/dl

## DISCUSSION

Chakradatta was the first, who described the *Chikitsa Siddhant* for *Amavata*. It includes *Langhana*, *Swedana*, drugs having *Tikta*, *Katu Rasa* and *Deepana* action, *Virechana*, *Snehapana* and *Anuvasana* as well as *Ksharabasti*. *Yogaratanakara* have added *Upanaha* without *Sneha*, to these therapeutic measures.

*Amavata* is mainly caused due to vitiation of *Vata Dosha* and formation of *Ama*. *Mandagni* is the main cause of *Ama* production<sup>6</sup>. In *Yogaratanakara* *Langhana* has been mentioned to be the best measure for the treatment of *Ama*. *Langhana* in the form of *Laghu Ahar* was advised to the patient. *Amavata* is considered to be an *Amasayotha vyadhi* and *Rasaja Vikara*. *Langhana* is the first line of treatment in such conditions<sup>7</sup>.

*Swedana* have been specially indicated in the presence of *Stambha*, *Gaurava* and *Shula*.<sup>8</sup>

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 leads to relieve pain and stiffness.

*Simhanada Guggul* 500mg twice a day and *Maharasnadi kwatha* 20 ml twice a day with luke warm water were given to the patient. *Simhanada Guggul* has *Laghu*, *Ruksha*, *Ushna*, *Tikshna* properties<sup>9</sup>. Majority drugs of *Simhanada Guggul* have *Deepan* (enzyme activating), *Ama-Pachan* (biotoxin neutralizing), *Shothaghna* (oedema reducing), *Shoolghna* (analgesic), *Jwaraghna* (antipyretic), *Balya* (energy enhancing) and *Amavatahara* (anti-rheumatic) properties. It enhances the *Agni-Bala* (digestive and metabolic capacity), alleviates the *Ama* (biotoxins) and prevents the further *Ama* (biotoxins) formation into the body. This reduces the clinical manifestations of *Amavata* (Rheumatoid arthritis) and helps in breaking the *Samprapti* (pathogenesis) of *Amavata*.

*Maharasnadi Kwath* has *Amapachana*, *Deepana*, *Vatahara* and *Shulaghna* properties which help in breaking *Samprapti* and relieving symptoms of *Amavata*.<sup>10</sup>

*Mahavishgarbha Tail* contains *Dhatu* (*Datura mete* linn), *Vatsanabha* (*Aconitum ferox*), *Eranda* (*Ricinus communis*) and *vatahar* drugs. These drugs have

vedanasthapana, shothahar, swedajanana, dipana and pachana properties which help to relive the pain by vatashaman and causes amapachana on local application<sup>11</sup>

The assessment of the patient before and after treatment was taken which showed improvements in the subjective and objective criteria.

### CONCLUSION

From this case study it can be concluded that Amavata can be effectively and safely treated by using Chikitsa Siddhant described by Acharya Chakradatta. But this is a single case study hence to prove its efficacy there is a need to conduct a study on large number of patients.

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