

CASE STUDY

Role of *Ayurveda Chikitsa Siddhanta* in the Management of Amavata W.S.R. to Rheumatoid Arthritis - A Case Study

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ARTICLE INFO

Article history:

Received on: 11-10-2023

Accepted on: 14-12-2023

Published on: 31-12-2023

Key words:

Amavata,
Basti Karma,
Langhana,
Swedan,
Rheumatoid Arthritis,
Virechan

ABSTRACT

Day by day, musculoskeletal problems are rapidly increasing. *Aamvata* is the most common one of them due to the impairment of *Agni* (digestive fire). *Amavata* is also a challenging and burning issue in medical sciences in the world as well as India. In the present scenario, “*Amavata*” word has been used extensively in comparison to “Rheumatoid Arthritis” (RA). The *Ayurvedic* approach toward the treatment of *Amavata* is the need of the present era as no system is successful in providing the complete cure to this disease. The management of modern sciences includes the use of NSAIDS (nonsteroidal anti-inflammatory drugs, glucocorticoids, diseases-modifying anti-rheumatic drugs, and immunosuppressant therapies, long-term use of which leads to many side effects. Due to the wide spectrum of diseases, much prevalence in society, and the lack of effective medicine, the diseases have been chosen. The aims of this study are to find out the efficacy of *Ayurvedic* treatment methodically as per the line of management of *Amavata*. Here, a 28-year-old female patient came to OPD complaining of right *Kurpar Sandhi Shula* (right elbow joint), *Uvaya Parsha Sandhi Shula* (bilateral finger joint pain), *Angamarda* (Bodyache), morning sickness, stiffness. Depend on the clinical features, the patient was given *Langhana*, *Swedan*, *Virechan*, and *Basti Karma*, followed by oral administration of some *Samana Aushadhi*. Before treatment, the Report of RA Factor was 262.4, which were reduced to 65.8. These treatments showed remarkable results in swelling, pain, and stiffness, which were reduced with an improved range of movement of joints after almost 4 months of treatment.

1. INTRODUCTION

Aamvata is one of the challenging diseases for clinicians due to its chronicity, incurability, complications and morbidity. In the present time, due to very hectic schedule, sedentary lifestyle and stress, diseases are increasing day by day. *Aamvata* is one of them. *Ama* is responsible for the formation of this disease, which get circulates throughout the body by *Iyan vayu*. Then, it occupies the *Shlesmathana*, and producing *Amavata*. Here, *Ama* means improperly or partially digested food due to the poor strength of *Agni*. *Amavata* is first described in detail as a separate disease by Madhava in Madhava Nidhan.^[1] Acharya Chakradutta describes Chikitsasiddhanta of *Amavata*.^[2] Acharya Madhava has described causative factors for the diseases as *Viruddhaahar* (unwholesome diet), *Viruddhacesta* (erroneous habits), *Mandagni*, exercise after taking food.^[3] The only text which describes the premonitory symptoms is *Vangasen Samhita*, namely: *Sira ruja*

(Cephalgia), and *Gatraruja* (bodyache).^[4] General signs and symptoms of *Aamvata* are *Angyamarda* (body ache), *Aruchi* (anorexia), *Trishna* (thirst), *Alasya* (heaviness), *Jwara* (fever), *Apaka* (indigestion), and *Sunataanganam* (numbness).^[5] These symptoms includes joint pain like that of *Brishchikdamsabat* vedana (scorpion sting), swelling of multiple joints, *Agnidourbalya* (hindered digestive mechanism), *Praseka* (excessive salivation), *Aruchi* (anorexia), *Gourav* (heaviness), *Utshahahani* (lack of enthusiasm), *Vairasya* (tastelessness in mouth), *Daha* (burning sensation), *Bahumutrata* (excessive urination), *Katinya* and *Sula* in *Kukshi* (hardness and pain in abdomen), *Nidrabiparyaya* (sleep disturbance), *Trishna* (thirst), *Chardi* (vomiting), *Murchha* (fainting), *Hridayagraham* (stiffness in pericardium), *Bidbaddhatam* (constipation), *Jaddya* (stiffness), and *Antrakujan* (distention of abdomen).^[5] There are four types of *Amavata*, according to Madhavakara. i.e., *Vataja amavata* have a severe type of pain, *Pittaja amavata* has burning sensation, inflammation, and excessive thirst. In *Kaphaja amavata*, the symptoms such as heaviness and itching all over the body. The person is feeling that his whole body is covered by wet cloths.^[6] In the diseases of *Amavata*, movement is restricted

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because of swelling and inflammation of joints. Hence, some *Deepen*, *Pachan Oushadi*, *Langhan*, and *Basti* are suggested to the patient for the removal of *Amadosha*. In Modern science, it is correlated with Rheumatoid arthritis. RA affects about 24.5 million people as of 2015. This is between 0.5 and 1% of adults in the developed world, with 5 and 50 per 100000 people newly developing the condition each year. It is the more common form of chronic inflammation, potentially crippling with multisystem involvement affecting approximately 1% of the adult population. Onset is between 30 and 50 years but can occur at any age, and females are more prone than the male. Rheumatoid diseases are conditions affecting some part of the musculoskeletal system (joint, bone, bursa, tendon, sheath, fascia, and fibrous tissue), and clinically important manifestations are pain stiffness and swelling. Rheumatoid arthritis may be acute in onset with morning stiffness, polyarthritis, and pitting edema. Rheumatoid arthritis can affect any of the synovial joint, and involvement is usually in a symmetric distribution. There is spindling of the finger, and in chronic conditions, destruction of joint and soft tissue may lead to chronic irreversible deformities such as ulnar deviation, swan neck deformities, boutonniere Z deformities, etc. Three types of medical therapies are used in the treatment of RA, i.e., NSAIDS, Glucocorticoids, DMARDS. Moreover, other general measures include rest, splinting, physiotherapy, cessation of smoke, etc.

The aims and objectives of this study are to evaluate the effectiveness of simple ayurvedic herbo-mineral formulation and *Panchakarma* therapy for the treatment of *Amavata*.

2. MATERIALS AND METHODS

A single case of 28-year-old female patient having signs and symptoms of *Amavata* for 2 years is discussed here.

Assessment criteria, which mainly include subjective parameters and the investigation, were done before and after the treatment.

The patient was given *Ayurveda* herbo mineral formulation and *Panchakarma* therapy, including *Valuka sweda* and *Vaitaran basti*.

2.1. Patient Information

A 28-year-old female patient came to OPD complaining of.

2.2. History of Present Illness

- *Right kurpar sandhi Shula*(right elbow joint pain) for 2 years
- *Uvaya parvasandhi shula* (bilateral finger joint pain) for 1 year
- *Angamarda* (malaise) since 1 year
- Difficulty in walking due to stiffness and severe pain for 6 months
- Morning stiffness for 6 months
- Bilateral pitting edema over legs 3 month
- Severe bony tenderness for 2 month.

2.3. History of Past Illness

The patient has not any history of diabetes mellitus, hypertension, thyroid diseases, or any major surgery.

2.4. Personal History

- *Occupation* - housewife
- *Appetite* - decreased
- *Addiction* - no such
- *Allergy* - No history of any food or drug allergy
- *Gait* - Disturbed.

2.5. Astabidhapariksha

- *Nadi- vata kaphaja*
- *Mala- vibandha*
- *Mutra- prakrut*
- *Jihwah-sama*
- *Sabda-prakrut*
- *Drik-prakrut*
- *Akriti- sthula*.

2.6. Dashvidha Pariksha

- *Prakriti: Obese (vata kapha pradhan)*
- *Vikriti: dosha (vata pradhan tridosha)*
- *Dushya: (Rasa, meda, asthi)*
- *Satwa: Madhyam*
- *Sara: Meda sara*
- *Praman: Madhyam*
- *Satmya: Sarva rasa*
- *Aharasakti: Avara*
- *Vyamasakti: Avara*
- *Vaya: Madhyam vaya*.

2.7. Clinical Findings

1. Tenderness and pain in all finger joint
2. Morning stiffness present for about 1 h
3. Pain in right elbow joint.

Diagnosis – *Amavata* is the diseases which is confirmed after assessment of subjective parameter [Tables 1 and 2].

2.8. Treatment Procedure Continue for 4 Months

After considering the *Samprapti* (etiopathogenesis) of *Amavata*, the following treatment plan is advised in the form of pacification treatment, *Panchakarma*, and wholesome diet. For 5 days *Panchakola churna* (3 g twice daily before food) along with light food was advised for *Deepan* and *pachan*. Later on, the patient was admitted to the female ward after 5 days. After that, *Vaitarana Basti* with box *Sweda* is given for the next 16 days.

To make the *Vaitarana Basti* at first 10 g *Saidhava lavana* is triturate properly. Thereafter, 100 g *guda* is mixed well with lukewarm water. Then, mixed it with *Saindhava lavana*. Thereafter, 40 ml *Tila taila* is added and stirred well. Next 50 g *Chincha kalka* is added to this mixture, and finally, 200 ml of *Gomutra* is added, mixed well and a homogeneous mixture is obtained. Obtained mixture is kept in *Basti putak* after warming and administered to the patient by *Basti netra*. *Basti* was given by proper methods in the left lateral position, as mentioned in the *Ayurveda* classic. After the completion of *Basti karma*, the patient was discharged with conservative management of *Sunthi churna* with 10 ml *Eranda taila* in the morning in an empty stomach for 21 days, *Simhanada guggul* 2 table twice daily after food, *Vaiswanara churna* 3 g twice daily before taking food, *Valuka Sweda* twice daily for two and half month. After completion of *Vasti karma*, the patient felt 50% relief in signs and symptoms. After that, she was advised for *Samana chikitsa* for two and half months. Patient was back to her daily activities after 3 month [Table 3].

2.9. Content of Vaitaran Basti

1. *Saindhava lavana* (rock salt) = 12 g
2. *Guda* (jeggary) = 100 g
3. *Tila taila* = 40 g
4. *Cincha kalka* (tamarind) = 50 g
5. *Gomutra* (cow urine) = 200 g.

3. OBSERVATION AND RESULTS

After 3 months of treatment, the patient was able to do her own activities, stiffness and pain were profoundly reduced, the digestive fire increased, and constipation was eradicated. Restricted movement s and bilateral pitting oedema over legs were markedly reduced [Tables 4 and 5].

4. DISCUSSION

In the present study, the patient got relief from the pain, stiffness, and constipation, and was able to perform her daily activities. The main mode of treatment is to relieve the patient from stiffness and pain. Treatment modality acts as *Vatakapha* pacifying, which in turn acts as a barrier in the etiopathogenesis of *Amavata*.

4.1. Panchakola Churna

Panchakola churna acts as *Deepan pachan* drug as *amapachan* is mentioned as the first line of treatment for *Ama*. Ingredients of *Panchakola churna* are *katu rasa* dominated also having *Laghu*, *Ruksha*, *Sukshma guna* and being *Ushna Virya* helps in *Pachan* and *Agnideepan* thus corrects the *Agnimandhya*.^[7] It also acts as a *ruchikarak* (enhanced appetite) drug.

4.2. Sunthi Siddha Eranda Taila

Sunthi is the best *Amapachak*, *Sothagna*, and *eranda taila* is one of the best drugs in *Amavata* due to its *srotomukhavisodhan* activity. Due to *Deepan*, *Pachan* properties, *Sunthi* improves *Jatharagni*. *Eranda taila*, which acts as a base, possess *madhura*, *tikta*, and *katu rasa* and *madhura vipaka*, so it provides a very good *vataharatwa* when there is *kaphanubandha*. Both drugs act together as *Vata kapha samak*, immune-modulator, *Sothahara*.

4.3. Simhanda Guggul

Yogaratanakar mentioned that *Simhanada guggul* is the drug of choice of *Amavata*. Its contain *Swarnamakshika*, *triphala*, *shuddha guggul*, *eranda taila*. *Triphala* has antimicrobial, antibacterial, antioxidant, and immunomodulatory properties. *Eranda Taila* acts as a *Srotosodhak*, *Agnibardhak*, balance *Vata Kapha dosha*.^[8]

4.4. Vaiswanara Churna

Vaiswanara churna is prepared with *saindhava lavan*, *Yavani*, *Ajmoda*, *Sunthi*, *Haritaki* mentioned in *Sarangadhar samhita*. Content of *Vaiswanara churna* are *KatuTiktika rasatmaka*, *Laghu*, *Ruksha* and possessing *Deepan*, *Pachan*, *Vatalunamak*, *Vibandhahara*, *Sothhara*, *Shulahara* and *Kapha Vata hara karma*. Hence, *Vaiswanara churna* destroys *Ama* and regularizes *Vata* in a normal state.

4.5. Valuka Sweda

This is one type of *Ruksha sweda*. *Valuka sweda* contains *Ruksha*, *Ushna guna*, which liquefies the *Dosha* and *Ama*, thus decreasing the *Sandhishool* (pain in joint) and *Sandhisotha* (inflammation in the joint) and mitigates *srotaaborodha* (obstructions of channels). Much care should be focused mainly on the heat of the bolus, mainly during *Valuka sweda*.

4.6. Vaitaran Basti

Vaitaran basti is advised for *Amavata* in *Chakradutta Niruhadhikar* 73/72 and *Vangasen in basti karmadhikar* 186–190. *Vaitarana basti* has *Laghu*, *Ruksha*, *Ushna*, *Tikshna Guna*, which helps in overcoming the *Srotadusti* and helps in breaking down the pathogenesis of the diseases.

5. CONCLUSION

From this case study, it can be concluded that *Aamvata* can be safely treated by *Chikitsa siddhanta* of *Ayurveda*. However, this is a single case study; hence, to prove its efficacy, there is a need to apply this treatment protocol on a large scale.

6. ACKNOWLEDGMENTS

None.

7. AUTHORS' CONTRIBUTIONS

All the authors contributed equally in design and execution of the article.

8. FUNDING

Nil

9. ETHICAL APPROVALS

This study not required ethical clearance as it is the case study.

10. CONFLICTS OF INTEREST

Nil.

11. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from principal investigators.

12. PUBLISHERS NOTE

This journal remains neutral with regard to jurisdictional claims in published institutional affiliation.

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How to cite this article:

Nandi A, Ghosh S. Role of *Ayurveda Chikitsa Siddhanta* in the Management of Amavata W.S.R. to Rheumatoid Arthritis - A Case Study. *IRJAY*. [online] 2023;6(12):59-63.

Available from: <https://irjay.com>

DOI link- <https://doi.org/10.47223/IRJAY.2023.61210>

Table 1: Subjective criteria

S. No.	Subjective criteria	Scoring
1.	Joint pain (<i>sandhi shula</i>)	
	No pain	0
	Occasional bearable pain	1
	Moderate pain in with difficulty in joint movement, appear frequently and requires some measures for pain relief	2
	Daily/severe pain may awake at night/more difficulty in moving the joint	3
2.	Affected joint	
	One big joint (shoulder, hip, elbow, knee, ankle)	0
	More than one big joint	1
	One to three small joint	2
	Four to ten small joint	3
>10 joint	4	
3.	Joint stiffness (<i>Sandhi Graha</i>)	
	No stiffness	0
	Stiffness lasting for 5 min	
	Stiffness lasting for 6 min–2 h	2
	Stiffness lasting >2 h–8 h	3
Stiffness lasting >8 h	4	
4.	Joint tenderness (<i>Sparsasatwam</i>)	
	No tenderness	0
	Simple tenderness	1
	Wincing of face on pressure	2
	Wincing of face and withdraw of affected part	3
Resist to touch	4	

Table 2: Score of subjective parameter before the treatment

S. No.	Sign and Symptom	Score before treatment
1	Joint pain (<i>Sandhi shula</i>)	3
2	Affected joints	1
3	Joint stiffness (<i>Sandhi graha</i>)	1
4	Joint tenderness (<i>Sparsasatwa</i>)	2

Table 3: External and internal tretment given for 3 months

Treatment	Duration
<i>Vaitarana basti</i> followed by <i>swedan</i>	16 days
<i>Vaishwanar churna</i> 3 g	Twice daily before food for three and half month
<i>Simhanad guggul</i>	500 mg twice a day after food for three and half month
<i>Valukapotalisweda</i>	Twice daily for three and half month
<i>Sunthi churna</i> with <i>Eranda taila</i>	3 g powder with 10 ml taila 21 days

Table 4: Subjective parameter before and after treatment

S. No.	Sign and symptom	Before treatment	After treatment
1	Joint pain (<i>Sandhi shula</i>)	3	1
2	Affected joint	1	0
3	Joint stiffness (<i>Sandhi graha</i>)	1	0
4	Joint tenderness (<i>Sparsasatwa</i>)	2	1

Table 5: Lab investigation

Investigation	Before treatment	After treatment
RA factor	262.4mg/L	65.8 mg/L

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Barcode: [REDACTED] Sample Coll Date Time: 14/May/2022 11:28AM
 Patient Name: [REDACTED] Lab Received Date Time: 14/May/2022 11:34AM
 Patient ID: [REDACTED] Result Despatched: 14/May/2022 05:28PM
 Age/Gender: [REDACTED] Sample Source: Standard
 Contact: 8777461144 Patient's Address: RAJABAZAR
 Referred By: Dr. BABUN KUMAR SEN Report Status: Final

Test	Result	Unit	Biological Ref. Interval	Method
C-REACTIVE PROTEIN (QUANTITATIVE) Specimen: Serum	4.5	mg/L	Upto 6.0	Immunoturbidimetry
Anti CCP Antibody Specimen: Serum	505.00	U/mL	Normal <20.00 Elevated >=20.00	Elisa
RHEUMATOID FACTOR	262.4	U/mL	0 - 20	Immunoturbidimetric

*** End Of Report ***

Report of Before Treatment

GOVERNMENT OF WEST BENGAL
 DEPARTMENT OF HEALTH & FAMILY WELFARE
 Medical College and Hospital, Kolkata
 88, College Street, Kolkata-700073
 (PH-0)

Collection Date: 03/09/2022
 Reporting Date: 09/09/2022

Ward/Outdoor: RHEUMATOLOGY OPD
 Reg No.: MCHK/RG2200578406

Gender: Female
 Unit/Doctor Name: Prof. Udas Ch. Ghosh/
 DR. RAJA. BHATTACHARYA
 Serial No: MCHK/OR2200492503

E.S.R	42 mm/1st hr	220903PT68
RA FACTOR	65.8 mg/L	220903BC107
Serum Creatinine	0.7 mg/dl	220903BC107

M: 0.9 - 1.6 mg/dl, F: 0.60-1.20 mg/dl

This is a computer-generated document. No signature and stamp is required

Report of After Treatment