CASE STUDY

Role of Ayurveda Chikitsha 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, Swedish, 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, Swedish, 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 Vyāna vāyus. Then, it occupies the Shlesmasthan, 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. Acharya Chakradutta describes Chikitshadiddhanta of Amavata. Acharya Madhava has described causative factors for the diseases as Viruddhaaḥar (unwholesome diet), Viruddhacesta (erroneous habits), Mandagni, exercise after taking food. The only text which describes the premonitory symptoms is Vangasen Samhita, namely: Sira ruja (Cephalgia), and Gatroarjua (bodyache). General signs and symptoms of Aamvata are Angyamarda (body ache), Aruchi (anorexia), Trishna (thirst), Alasya (heaviness), Jvara (fever), Apaka (indigestion), and Sunataanapanam (numbness). These symptoms includes joint pain like that of Brischchikdamsabat vedana (scorpion sting), swelling of multiple joints, Agnidourbalya (hindered digestive mechanism), Praseka (excessive salivation), Aruchi (anorexia), Gourav (heaviness), Utshahanani (lack of enthusiasm), Vairasya (tastelessness in mouth), Daha (burning sensation), Bahumatrata (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). 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. In the diseases of Amavata, movement is restricted...
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. Astabidhpariksha

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

2.6. Dashvidha Pariksha

- Prakriti: Obese (vata kapha pradhan)
- Vikriti: dosha (vata pradhan tridosha
- Dushya: (Rasa, meda, asthi)
- Satwa: Madhyam
- Sarva: 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, Vairatarana Basti with box Sweda is given for the next 16 days.

To make the Vairatarana Basti at first 10 g Saindhava lavana is triturate properly. Thereafter, 100 g guda is mixed well with lukewarm water. Then, mixed it with Saindhava lavana. Thereafter, 40 ml Tila taille is added and stirred well. Next 50 g Chinchka 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 taille 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 Vairataran Basti

1. Saindhava lavana (rock salt) = 12 g
2. Guda (jeggary) = 100 g
3. Tila taille = 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 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 Agni deepan 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 kaphanibandha. Both drugs act together as Vata kapha samak, immune-modulator, Sothahara.

4.3. Simhanda Guggul
Yogaratnakar 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, Agnihardhak, balance Vata Kapha dosha.[8]

4.4. Vaiswanara Churna
Vaiswanara churna is prepared with saindhava lavan, Yavani, Ajmoda, Sunthi, Hariyati mentioned in Sarangadhar samhita. Content of Vaiswanara churna are Katu Tikta rasatmaka, Laghu, Ruksha and possessing Deeppan, Pachan, Vatalunamak, Vibhandhahara, 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 Sandhisheel (pain in joint) and Sandhisitha (inflammation in the joint) and mitigates srotadborodha (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. Vaitaranama 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 Amavata can be safely treated by Chikitsha 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.

REFERENCES

How to cite this article:
Table 1: Subjective criteria

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

Table 2: Score of subjective parameter before the treatment

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Sign and symptom</th>
<th>Score before treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Joint pain (<em>Sandhi shula</em>)</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Affected joints</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Joint stiffness (<em>Sandhi graha</em>)</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Joint tenderness (<em>Sparsasahatwa</em>)</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 3: External and internal treatment given for 3 months

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Vaitarana basti</em> followed by <em>swedan</em></td>
<td>16 days</td>
</tr>
<tr>
<td><em>Vaishvanar churna</em> 3 g</td>
<td>Twice daily before food for three and half month</td>
</tr>
<tr>
<td><em>Simhanad guggul</em> 500 mg twice a day after food for three and half month</td>
<td></td>
</tr>
<tr>
<td><em>Vahkapotalisweda</em></td>
<td>Twice daily for three and half month</td>
</tr>
<tr>
<td><em>Sunthi churna with Eranda taila</em></td>
<td>3 g powder with 10 ml taila 21 days</td>
</tr>
</tbody>
</table>

Table 4: Subjective parameter before and after treatment

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Sign and symptom</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Joint pain</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><em>Sandhi shula</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Affected joint</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Joint stiffness</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td><em>Sandhi graha</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Joint tenderness</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><em>Sparsasahatwa</em></td>
<td></td>
<td></td>
</tr>
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</table>

Table 5: Lab investigation

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Before treatment</th>
<th>After treatment</th>
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<tbody>
<tr>
<td>RA factor</td>
<td>262.4 mg/L</td>
<td>65.8 mg/L</td>
</tr>
</tbody>
</table>
Report of Before Treatment

Report of After Treatment