

CASE STUDY

Ayurvedic Treatment of Rheumatoid Arthritis: A Case Study

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ABSTRACT

Rheumatoid arthritis is a common chronic systemic inflammatory disease that clinically presents as symmetric polyarthritis affecting small and large diarthroidal joints of the extremities. In India, prevalence of RA is 0.50 to 0.75 %¹. Females are five times more likely to develop RA than males. The management of RA in modern medical science includes the use of NSAIDs, glucocorticoids, DMARDs (Disease modifying antirheumatic drugs), immunosuppression therapies. Long term use of these drugs has so many adverse effects. Hence, there is much better scope for Ayurved treatment for this disease. Considering clinical features of RA, it can be correlated with *Aamavata*. As per principles of *Ayurved*, *Aamavata* is a result of impairment of *Agni*, formation of *Aama* and vitiation of *Vata Dosha*.¹ *Acharya Chakrapanidutta* mentioned the *Chikitsa Siddhanta* of *Aamavata*, that consists *Langhana*, *Swedana*, use of drugs having *Tikta*, *Katu Rasa* and *Dipana Karma*, *Virechana* and *Basti*¹. These medicines help in *Aamapachana* and also do *agnidipana*. By using this *Chikitsa Siddhanta*, a case of RA (*Aamavata*) was treated successfully. Marked improvement was observed in signs and symptoms as well as laboratory investigations after treatment.

Key Words *Aamavata*, *Rheumatoid arthritis*, *Ama*

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INTRODUCTION

Rheumatoid arthritis is a chronic progressing autoimmune arthropathy and characterized by bilateral symmetrical joint involvement with some systemic clinical features. If not treated properly in early stage, it may result in permanent joint deformity as well as other complications. The age group of 30-50 is affected the most. Male female ratio for the disease is 1:4.85. In India, the prevalence of RA is 0.50 to 0.75 %. The patients are gradually crippled physically as well as mentally due to bad prognosis of the

disease. Hence, OA is a burning problem in the society.

RA can be correlated with *Aamavata*, based on symptomatology. *Aamavata* is a disease of *Rasavaha Srotas*⁴. *Aamavata* is developed by *Agnimandhya*, formation of *Aama* and vitiation of *Vata Dosha*. *Aama* is carried by aggravated *Vata Dosha* and deposited in *Shleshma Sthanas*(seats of *Kapha* like joints etc.) producing features like *Angamarda* (bodyache), *Aruchi* (loss of appetite), *Alasya* (lethargy), *Sandhi Shoola* (joint pain), *Sandhi Shotha* (inflammation in joints). *Madhavkar* (700AD) was the first who

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described the *Aamavata* as a separate disease in *Madhava Nidana*, whereas, treatment of *Aamavata* was first described by *Acharya Chakrapanidutta*. *Aamavata* is a disease of *Madhyama Rogamarga*⁵. Hence, it is said to be *Krichchhrasadhya* or *Yapya*.

Principles of *Ayurveda* concern in treating the root cause of the disease to break the sequence of pathology (*Samprapti Vighatana*). *Acharya Chakrapanidutta* described the *Chikitsa Sutra* of *Aamavata*. It includes *Langhana*, *Swedana*, use of drugs having *Tikta*, *Katu Rasa* and *Dipana Karma*, *Virechana* and *Basti*. Here, a case of *Aamavata* was treated with above mentioned *Chikitsa Siddhanta*.

CASE REPORT

A 48 years old female, housewife, visited OPD (no. 11146) of Kayachikitsa, Government Akhandanand Ayurveda Hospital, Bhadra, Ahmedabad having complains of pain and swelling of both wrist joints, ankle joints and knee joints with morning stiffness for 1 hour from last 6 years. The patient was alright before 6 years. Gradually, pain and swelling started in both wrist, ankle and knee joints She had complain of loss of appetite and morning stiffness. Patient had restriction of movements and hence, she was unable to do her routine work and personal care by herself. For that, she took allopathic treatment. She had positive RA factor and increased ESR. Patient got relief in pain and swelling during allopathic medication, but

symptoms tend to persist after stopping medication. So, for further management she came to Government Akhandanand Ayurveda Hospital, Bhadra, Ahmedabad. When she came first time she was even unable to walk few steps without help of her husband. There was no history of DM, HTN or any other major illness in the past.

General Examination

Vitals of patient were within normal limits. Systemic examination showed no any other abnormal findings. *Jihva* was *Sama*. Rest of the *Ashtavidha Pariksha* was normal.

Local Examination

- Swelling present on both wrist, ankle and knee joints.
- Tenderness present on both wrist, ankle and knee joints.
- Local temperature raised on both wrist, ankle and knee joints.
- Range of movement – severely restricted and painful movements of both wrist, ankle and knee joints.

Differential Diagnosis

Aamavata (Rheumatoid arthritis), *Sandhivata* (Osteoarthritis) and *Vatarakta* (Gout)

Investigations

- CBC
- ESR
- CRP
- RA factor
- S.uric acid

Diagnosis

Aamavata (Rheumatoid arthritis) diagnosed on the basis of symptoms described Of *Aamavata* in
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the classics and criteria fixed by the American Rheumatology Association in 1988⁶.

Treatment Plan

Patient was treated with *Amapachan* medicines as mentioned in table no. 1 along with *Bahya*

1. Sanshamana Chikitsa

Table 1 Management of RA (*Amavata*) with duration

Sr. no.	Medicine	Dose	Anupana	Duration
1	<i>Maha Sudarshana Churna</i> ⁷	3 gm, bd	<i>Koshna Jala</i>	6 months
2	<i>Trikatu Churna</i>	3 gm, bd	<i>Koshna Jala</i>	6 months
4	<i>Yogaraja Guggulu</i> ⁸	2 tds	<i>Koshna Jala</i>	6 months
5	<i>Vishatinduka Vati</i>	2 tds	<i>Koshna Jala</i>	6 months
6	<i>Dashmool Kwatha</i>	30 ml, bd	<i>Koshna Jala</i>	6 months
7	<i>Sunthi Siddha Jala</i>	Whole day only on <i>Sunthi</i> water	-	6 months
8	<i>Guggulu Tiktaka Ghrita</i>	1 TbSP, morning	<i>Koshna Jala</i>	After 6 months of previous treatment and <i>Sanshodhana</i>

(*Shamana Snehpana* with *Guggulu Tiktaka Ghrita* was given after *Amapachana* by *Tikta* and *Katu Rasa Pradhana Aushadhi* and *Virechana Karma*)

2. Sanshodhan Chikitsa:

Vidhivat Virechana Karma was performed. Patient was given 3 days of *Dipan – Pachana Aushadha* (*Chitraladi Vati* – 2 bd and *Agnitundi Vati* – 2 bd) followed by *Snehpana* (*Goghrita* in increasing quantity of 30 ml upto **manifestation** of *Samyak Sneha Lakshana*-for 5 days). After *Snehpana*, *Sarvanga Abhyanga* and *Swedana* was performed for three days and then *Virechana Aushadha* (*Triphala Kwatha* – 100 ml with *Eranda Taila* – 20 ml). Patient had 10 *Vegas* of *Virechana*, that is *Hina Shuddhi*. On the basis of that *Triannakala Sansarjana Krama* was advised.

3. Bahya Chikitsa (External Treatment):

*Ruksha Swedana*⁹ (*Valuka Sweda*) was advised.

4. Pathyapathya :

Upachara. After attaining *Nirama* state, *Vidhivat Virechana Karma* was performed. After *Sanshodhana* (*Virechana*), *Shamana Snehpana* was performed as mentioned in table no. 1.

Patient was advised to follow wholesome diet and regimen as mentioned in table no. 2.

Table 2 Pathya-apathya (dos and don'ts) advised to patient as follows

	Pathya	Apathya
Aaharaja	<i>Yava</i> (barley), <i>Kulattha</i> (horse gram), <i>Shali</i> (rice), <i>Shigru</i> (drum sticks), <i>Punarnava</i> , <i>Karvellaka</i> (bitter gourd), <i>Parvala</i> , <i>Ardraka</i> (ginger)	Sweets, <i>Masha</i> (black gram), <i>Rajamasha</i> (kidney beans), fast food, uncooked food, oily food, milk, curd, buttermilk, ice cream, nonveg food
	<i>Sunthi Siddha Jala</i>	Cold water
Viharaja	Sunlight exposure for at least 15 minutes per day	<i>Divaswapna</i> (Daytime sleeping), <i>Vegaavadharana</i> (suppression of natural urges), stress, exposure to cold wind, exposure to A.C.

ASSESSMENT CRITERIA:

Assessment was made on the basis of gradation of symptoms as well as objective criteria as mentioned in table no. 3 to 8.

Table 3 Grading of *Sandhishoola* (pain)

Sr. no.	Severity of Pain	Grade
1	No pain	0

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2	Mild pain	1
3	Moderate, but no difficulty in moving	2
4	Much difficulty in moving the body parts	3

Table 4 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 5 Grading of *Sparshasahatwa* (tenderness)

Sr. no.	Severity of tenderness	Grade
1	No tenderness	0
2	Subjective experience of tenderness	1
3	Winching of face on pressure	2
4	Winching of face and withdrawal of the affected part on pressure	3

Table 6 Grading of Restriction of movements

Sr. no.	Severity of Restriction of movements	Grade
1	No Restriction of movements	0
2	Restriction of movements, but person can perform daily routine	1
3	Patient can't perform daily routine except personal care	2
4	Patient can manage personal care only with help	3

OBJECTIVE CRITERIA

Table 7 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 8 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

Patient got benefits in all symptoms as mentioned in table no. 9 to 12. Objective criteria also showed markedly improvement as mentioned in table no. 13.

Table 9 Assessment of *Sandhishoola*

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

Table 10 Assessment of *Sandhishotha*

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

Table 11.-Assessment of *Sparshasahatwa*

Left		Name of joints	Right	
BT	AT		BT	AT
2	0	Wrist joint	2	0
2	0	Ankle joint	2	0
2	0	Knee joint	2	0

Table 12 Assessment of Restriction of movements

Criteria	BT	AT
Restriction of movements	3	0

Table 13 Assessment of Objective Criteria

Criteria	BT	AT
Foot pressure (In kg)	3	0
Walking time (for 25 feet in number of seconds)	3	0

INVESTIGATIONS

Changes were found in patient's lab investigations, that is mentioned in table no. 14.

Table 14 Laboratory values before and after treatment

INVESTIGATIONS	BT	AT
Hb%	10.5 gm%	10.2 gm%
TLC	5960 /cumm	6590 /cumm
Neutrophils	72%	64%
Lymphocytes	25%	26%
Monocytes	01%	08%
Eosinophils	02%	02%
Basophils	00%	00%
Total RBC Count	4.05 million/cumm	3.98 million/cumm
Total Platlet Count	3,38,400/cumm	3,98,000/cumm
CRP	18.2 mg/L	31.3 mg/L
RA factor	253.1 IU/ml	21 IU/ml

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DISCUSSION

Aacharya Chakrapanidutta was the first, who described the *Chikitsa Sutra* of *Aamavata*. It includes *Langhana*, *Swedana*, use of drugs having *Tikta*, *Katu Rasa* and *Dipana Karma*, *Virechana*, *Snehapana* and *Basti*. *Yogaratanakara* have added *Upanaha Sweda* 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.

उष्मणो=ल्पबलत्वेन धातमुद्यमपाचितम्

दष्टुमामाशयगतं रसमामं प्रचक्षते ||¹⁰

(Ah.su.13/25)

In *Yogaratanakara*, *Langhana* has been mentioned to be the best measure for the treatment of *Ama*. *Langhana* in the form of *Laghu Ahara* was advised to the patient.

Amavata is considered to be an *Amasayotha vyadhi* and *Rasaja Vikara*. Hence, *Langhana* is the first line of treatment in such conditions. *Swedana* have been specially indicated in the presence of *Stambha*, *Gaurava* and *Shoola*.

As per *Amavata Chikitsa Siddhanta*, drugs having *Tikta* (bitter) and *Katu* (pungent) *Rasa* should be used, considering *Amapachana* as the main goal of treatment. *Mahasudarshan Ghan Vati* is a *Tikta Rasa Pradhana Aushadha*. In texts, it is mentioned in *Jwara Rogadhikara*. The main ingredient of *Mahasudarshan Ghan Vati* is *Kirattikta*. *Trikatu Churna* is mixture of *Sunthi*, *Maricha* and *Pippali* in equal parts, that is *Katu Rasa Pradhana*. Both of these drugs break the

pathogenesis of *Ama* formation. As *Ama* is the root cause of the disease, all the medicines having *Tikta* and *Katu Rasa* are helpful in *Samprapti Vighatana* of *Ama*.

Yogaraja Guggulu is the medicine of classical text *Bhesajya Ratnavali* in *Aavata Rogadhikara*. Here, anti-inflammatory properties of ingredients like *Guggulu* helps in decreasing the inflammation, thus resulting in recovery from pain and stiffness.

Because *Vishatinduka* is having *Tikta Rasa*, it it *Amapachana*. It also has anti-inflammatory, as well as, analgesic properties, that helps in recovery from pain and stiffness. Thatswhy, *Vishatinduka Vati* is the main drug in the treatment of *Amavata*

Dashamoola Kwatha has also *Shothahara* (anti-inflammatory) properties.

Sunthi performs *Amapachana* action as well as *Vata Shamana* action. *Sunthi Siddha Jala* makes the recovery faster, as patient drinks water number of times.

After doing *Amapachana*, when status of *Agni improved* (improved appetite and digesion) with above mentioned drugs, for the purpose of *Vata Shamana* and for non-reoccurrence of disease, *Snehapana* was administered. *Guggulu Tiktaka Ghrita* was the choice of *Ghrita* due to anti-inflammatory and anakgesic properties of *Guggulu* and *Amapachana Karma* of *Tikta Rasa Pradhana Dravya*, as ingredients of the *Ghrita*. *Valuka Sweda* was advised to the patient, as mentioned in texts. It is a *Ruksha Sweda* (dry in nature).

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