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Ayurvedic Management of *Amavata*- A Case Study

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ABSTRACT

According to one report out of every 100,000 people, 41 are diagnosed with Rheumatoid arthritis (RA) every year. It does not have a cure but many new treatments have been developed over the last 30 years. *Amavata* is most common disease among various joint disorders. According to Ayurveda, vitiated *Ama* or *Vata* are lodged simultaneously in *Trike & Sandhi* & leads to *shotha* (swelling), *stabdhata* (stiffness), *Mandagni Avayayama Guruuhara*, etc are etiological factors of *Amavata*. According to modern medicine, analgesics, steroids, anti-inflammatory drugs are used which provide only symptomatic relief and serious side-effects. According to Ayurveda classical treatment *Langhana* (light diet or fasting), *deepana* (appetizers), *pachana* (digestives), carminatives, *shamshodhana* (purifications) are beneficial in *Amavata*. A 41year old female patient, diagnosed with Rheumatoid arthritis (*Amavata*). She was undergoing NSAIDs treatment which was proved to be ineffective for her. She later attended the OPD of Kayachikitsa at Ayurvedic & Unani Tibbia College for the same, treated according to the *Amavata* protocol and had significant improvement in the condition and on further follow up with regular medication her condition was better.

KEYWORDS

Amavata, Rheumatoid arthritis, Ama, Deepana pachana



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INTRODUCTION

Rheumatoid arthritis (RA) is a chronic inflammatory disease of unknown etiology marked by symmetric, peripheral polyarthritis. Rheumatoid arthritis (RA) The typical presentation of RA is pain, swelling and stiffness affecting feet and wrists small joints of the hands. Large joint involvement with extra-articular features may also occur³. Severe development during the past 2 decades have changed the therapeutic landscape in RA. The emergence of methotrexate as the disease modifying anti rheumatic drug (DMARD) is first choice for the treatment of early RA⁴.

Rheumatoid arthritis (RA) can be compared to disease *Amavata* according to Ayurveda. The sign and symptoms of both diseases are near about same. In Ayurveda *Amavata* is a special disease entity, where *ama* and *vata* plays a predominant role in the *samprapti* (~pathogenesis) of the disease⁵.

Further discussed case is a known case of Rheumatoid arthritis showing classical symptoms with raised erythrocyte sedimentation rate (ESR) and positive RA factor. The patient was treated according to treatment protocol of *Amavata*.

CASE HISTORY

A 41 year old female patient (OPD NO.10010) visited OPD of Kayachikitsa at

ayurvedic and unani tibbia college karol bagh new delhi with chief complaints of pain and swelling in metacarpophalangeal joints (MCP), bilateral knee joint and ankle joint along with morning stiffness lasting for 1 hour. She consulted an allopathic hospital where she was diagnosed as a case of RA. NSAID'S were advised which gave her temporary relief. Laboratory investigation showed that RA factor was positive (RA test titre 25.10 IU/ml). ESR was also raised (26 mm/1st hour by Wintrobe's method). Haemogram showed mild anaemia but other parameters like haemoglobin and uric acid were in normal range. X-Ray of wrist joint was normal.

General examination of the patient showed that the patient is ill-looking, stable, well oriented, hyposthenic with antalgic gait and absence of icterus, cyanosis, pallor, lymphadenopathy and mild oedema at B/L ankle and knee joint. Vitals being pulse rate 80 per minute, respiratory rate of 20 per minute, Blood pressure of 130/80 mm of hg and body weight of 45 kg (BMI 18). All Systemic examination was found to be normal.

The patient was diagnosed as having 'Rheumatoid arthritis' based on the "2010 American College of Rheumatology (ACR) diagnostic criteria"/ EULAR criteria for RA.



TREATMENT PROTOCOL

Oral medications were administered in the patient as shown in Table 1. On follow up, after 15 days of the treatment, the symptoms were markedly improved. This shows that not only there was improvement symptomatically but the laboratory

investigations also shows improvement as shown in figure 1 and 2.

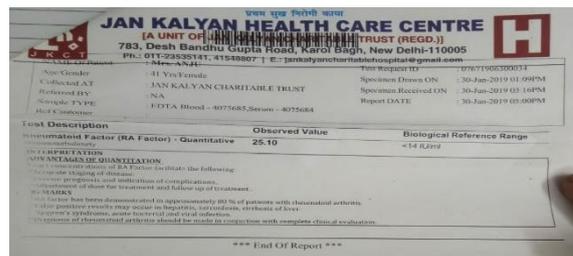


Figure 1 Before treatment

Table 1 Oral medicines administered

S. no.	Drug	Dose	Anupana
1.	<i>Chitrakadi vati</i> ⁶	3 gm twice a day	Luke warm water
2.	<i>Sanjeevani vati</i> ⁷	3 gm twice a day	Luke warm water
3.	<i>Amvatari ras</i> ⁸	250 mg twice a day	Luke warm water
4.	<i>Simhanad Guggulu</i> ⁹	2 tab thrice a day	Luke warm water
5.	<i>Rasna saptak kwatha</i> ¹⁰	15ml thrice a day	Luke warm water

RESULTS

Changes in *Sandhi shola* (~joint pain), *Sandhi shotha* (~edema), *Sandhi graha* (~morning stiffness), *Sparshasahatva* (~tenderness), *Angamarda* (~body-ache), *Aruchi* (~anorexia), *Thrishna* (~thirst), *Alasya* (~tiredness), and *Gaurava* (~heaviness in body), *Jwara* (~fever), and *Apaka* (~decreased digestion) were observed before and after therapy¹¹. The effect of above medications are shown in Table 2.

Table 2 Scoring pattern: Adopted for gradation of symptoms and overall effect of therapy

Sr.no	Parameters	Before Treatment	After Treatment
1	ACR/ EULAR criteria	6	3
2	<i>Sandhishoola</i>	3	1
3	<i>Sandhishotha</i>	2	0
4	<i>Sandhigraha</i>	1	0
5	<i>Sparshasahatva</i>	1	0
6	<i>Angmard</i>	1	0
7	<i>Aruchi</i>	1	0
8	<i>Trishna</i>	1	0
9	<i>Aalasya</i>	1	0

10	<i>Gaurava</i>	1	0
11	<i>Jwara</i>	2	0
12	<i>Shunata-anganam</i>	1	0
13	Hb	10.8 g/dl	10.7g/dl
14	ESR	26mm/hr	19mm/hr
15	RA factor	25.10 IU/ml	Negative
16	CRP	30.7 mgm/l	2.74 mgm/l

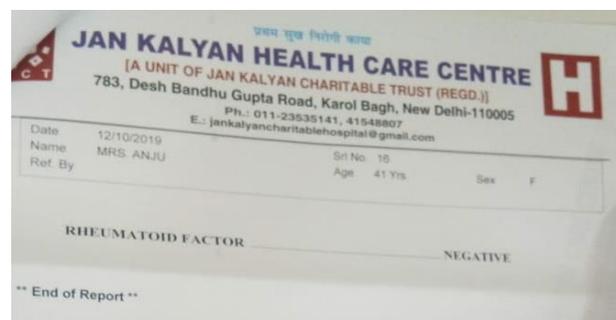


Figure 2 After treatment

DISCUSSION

Chitraka is a major component of *Chitrakadi vati* which is the best for *Dipana Pachana*. *Sanjivani Vati* is used in *Krimihara*, *Jvarghna*, *Medhya* and *Rasayana*. Properties are *Vidanga* (*Kriminasana*), *Sunthi* (*Amadosahara*), *Pippali* (*Sulaprsamana*), *Haritaki*



(*Sarvadosaprasamana* and *Anuloman*)
Amalaki (*Rasayana*), *Vibhitaki*
(*Kaphapittajita* and *Bhedaka*) *Vaca*
(*Medhya*), *Guduchi* (*Jvaraghna Rasayana*
and *Raktasodhaka*) *Bhallataka* (*Vatahara*,
Kaphahara, *Vatsanabha* and *Tridosahara*),
Gomutra (*Kaphavatanut* and *Virechaka*).
Most of the ingredients have *Usna virya*
property except *Amalaki* that have *Sita*
virya. *Sanjivani Vati* is best prescribed in
Agnimandaya due to its *Usna virya* and
Dipana- Pachana property. It can be used
in almost every disease as *Agnimandaya* is
supposed to be the main causative factor of
all diseases. It is used in *Vatakaphaja* or
Tridosaja roga.

Amavatari rasa has unique action on
Amavata. Ingredients are herbo - mineral
drugs like *Triphala*, *Guggulu Chitraka*,
Kajjali, *Eranda*,. Herbo - mineral
compound balance with all ingredients can
be analyzed as follows, *kajjali* acts as
Dipana Pachana and *Rasayana* along with
Anulomana property, *Chitraka* is the best
Dipana, *pachaka*. *Triphala*, which are
taken in equal quantity, it has
Vatanulomana property in RA. *Eranda* has
been *Amavatahara* due to its *Amapachana*
property as well as *Sara guna* which
attributes due to *Vatanulomana* property
which significantly acts on pain in joints.

Simhanada guggulu has
Vatakaphashamaka, *Ampachaka*,

Srothoshodhaka properties which helps in
clearing of *Srotasa* and regulation of
movement of *Vata dosha*. *Simhanada*
guggulu is a drug of choice in *Amavata* act
as *Shothahara Vatahara*, therefore it
regulates the pain.

Rasna is a major ingredient of *Rasnasaptak*
kwatha which is the best for *Vata dosha*. It
is used to treat swelling and painful
affliction due to its *Sothahara* (~anti-
inflammatory) *Vednashamaka* (~analgesic)
properties.

CONCLUSION

It can be said that Ayurvedic treatment of
the above mentioned oral Ayurvedic drugs
had shown encouraging results especially in
reducing the pain, decreasing the severity of
deformities and also improving quality of
life of patient without causing any adverse
effects. It is concluded that, Ayurvedic line
of treatment gives satisfactory answer as
well as equally beneficial for the promotion
and prevents the side effects of drug which
result for the long term use of these
medicines and also prevent deformity of
joints in future.



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