

MANAGEMENT OF AMAVATA W.S.R TO RHEUMATOID ARTHRITIS: A CASE STUDY

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ABSTRACT

Amavata, a pathological disease, results from a failure of Agni, the digestive fire. This malfunction results in the formation of Ama, a biotoxin, and exacerbates the Vata Dosha. In most cases, Amavata is the result of Vata becoming out of balance in conjunction with the production of Ama itself. Having the Ama interact with the Vata Dosha and residing in the Shleshmasthanas (Asthisandhi) is what causes the situation that is referred to as "Amavata." Due to the fact that amavata and rheumatoid arthritis share similar clinical characteristics, the two conditions can be linked together. The autoimmune illness known as rheumatoid arthritis is characterized by the development of persistent symmetrical polyarthritis that encompasses the entire body. The use of glucocorticoids, NSAIDs (Nonsteroidal Anti-inflammatory Drugs), DMARDs (Disease-Modifying Antirheumatic Drugs), and immunosuppressive therapy are all components of the management approach that is utilized in contemporary medical practice. Which, when used for an extended period of time, causes a number of adverse effects. Ayurveda takes a natural approach to addressing illness, without causing any unintended consequences. A reference was made by Acharya Chakradatta to Chikitsa Siddhanta for the treatment of Amavata. This treatment consists of Langhana, Swedana, and the application of substances with Tikta and Katu Rasa characteristics that have Dipana and Pachan characteristics together. Employing Virechana, Snehapana, and Vasti when necessary. In the practices of Amapachana, Vatashamana, Strotosshodhana, and Sthana Balya, these techniques are quite helpful. With the help of this Chikitsa Siddhanta, a patient being diagnosed with Amavata was successfully treated. Following the completion of treatment, a notable improvement in the signs and symptoms was observed. Throughout the course of treatment, there were no issues discovered.

KEYWORDS: Amavata, Rheumatoid Arthritis, Panchkarma, Gandharvahastadi Kwath.

INTRODUCTION

Amavata affects the Asthivaha and Rasavaha Strotas. It is mostly caused by Ama and Vata Dosha disruption. The aggravated Vata deposits Ama in the Sleshmasthanas (Kappa seats, such as joints), causing symptoms like Angamarda (body soreness), Aruchi (lack of appetite), Alasya (weakness), Sandhiruk (joint pain), and Sandhishotha. One. Madhavakara (700 AD) first described Amavata in Madhava Nidana, whereas Acharya Chakradatta first described its cure. Amavata is Krichrasadhya or Yappa since it is a Madhyama Rogamarga condition. Clinically, amavata resembles rheumatoid arthritis. Rheumatoid arthritis is a chronic, progressive inflammatory disease with bilateral symmetrical joint involvement and systemic symptoms. A major issue is that this disease mostly affects youngsters and causes physical and mental incapacitation due to its dismal prognosis. Modern medicine is limited by side effects. RA affects 0.8% of the population (0.3% to 2.1%), with women three times more often than men.

Around 80% of people get the condition between 35 and 50. Three Ayurveda treatments address Amavata (RA)'s root cause, disturbing Samprapti. Acharya Chakradatta defined Amavata's Chikitsa Siddhant. It includes Langhana, Swedana, and the administration of Tikta, Katu Rasa, Virechana, Snehapana, and Basti drugs with Dipana characteristics. A case of Amavata was cured using Shaman Chikitsa from this Sutra.

CASE REPORT

A 40-year-old a homemaker with bilateral knee joint pain and swelling for one year, bilateral wrist joint pain for two months, morning stiffness exceeding 60 minutes for two months, bilateral ankle joint pain and swelling, and loss of appetite for one month presented to the outpatient department (Reg. A29295) at Panchkarma, G.A.C.H, Patna. Four months ago, the patient was fine.

Pain and swelling increased in both knees. She then developed wrist pain, which allopathic medication failed

to relieve, so she sought treatment at our clinic. There were no previous diabetes, hypertension, or other major illnesses.

EXAMINATION

Patient had normal vitals. No abnormalities were found systemically. Jihva was Saam. Rest of Ashtavidha pariksha was usual.

LOCAL EXAMINATION

Both wrist and knees ache.

Both wrist and knees are tenderness.

Local temperature-Raised range of motion-Restricted and uncomfortable knee and wrist mobility.

DIFFERENTIAL DIAGNOSIS

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

INVESTIGATIONS

CBC, ESR, CRP RA Test, Sr.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.^[5]

1. Abhyantar Chikitsa (Internal Medication)

Table 1.

S.No.	Kalp	Matra	Anupana	Duration
1.	Gandharvahastadi Kwath	50ml HS	Gud with Saindav Lavan	15 days

2. Pathya-Apathya (does and don'ts) - Advised to patient as follows

	Pathya	Apathya
Aaharaja (Food)	horsegram, rice, barley,	kidney beans, sweets, black gram
	drum sticks, punarnava, hattergourd, parawar, ginger rasona or shodhit with takra, jangal mansahot water	Curd, jaggery, milk, cold beverages ice creams, Fast food, uncooked food, salty, spicy, oily food. Fish Cold water,
Viharaja (Behavior)	Pranayam, yoga, meditation, Sunlight exposure for at least 15 minutes in a day.	wind, A.C. excess of stress, Daytime sleeping suppression of natural urges; exposure to cold.

Follow up - After 15 days

Assessment Criteria

Table 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	Difficulty in moving the body parts	3

Table 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 4: Grading of Sparshasahatwa (tenderness).

Sr. No	Sparshasahatwa	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

Objective Criteria**Table 5: Gradation of Foot pressure.**

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

Table 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 7: Assessment of Sandhishoola.**

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

Table 8: Assessment of Sandhishotha.

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

Table 9: Assessment of Sparshasahatwa.

Left		Name of joint	Right	
B T	AT		B T	A T
3	0	Knee joint	3	0
3	1	Wrist joint	3	0
2	0	Ankle joint	2	0

Table 10: Assessment of Objective Criteria.

Sr. No	Criteria	B.T.	AT
1	Foot pressure (kg)	1	0
2	Walking time (for 25 feet in number of seconds)	2	1

Investigations**Table 11: Showing Laboratory values before and after treatment.**

Sr.No	B.T	A.T
1. Hb%	8.6gm%	12.8gm%
2. TLC	7100/cumm	9700/cumm
3. Neutrophils	62%	69%
4.Lymphocytes	33 %	22%
5 .Monocytes	1%	2%
6.Eosinophils	4%	3%
7.Total Platelet Count	2.02 Lacs/cu.mm	2.10 Lacs/cu.mm
8.ESR	62mm/hr	18.5mm/hr
9.RA Test	196.4 IU/mL	4.70 IU/mL
10. CRP	19.70 mg/dl	4.70 mg/dl
11. Uric acid	4.80mg/dl	4.50mg/dl

DISCUSSION

Chakradatta was the first to delineate the Chikitsa Siddhant for Amavata, and Shashrayoga referenced Gandharvahastadi Kwath. It encompasses Langhana, Swedana, substances possessing Tikta and Katu Rasa, Dipana action, Virechana, Snehapana, Anuvasana, and Kshara Basti. Yogaratnakara has been incorporated. Upanaha devoid of Sneha, pertaining to these therapeutic interventions.

Amavata mostly results from the aggravation of Vata Dosh and the accumulation of Ama. Mandagni is the primary catalyst for Ama formation.^[6] In Yogaratnakara, Langhana is identified as the most effective method for the treatment of Ama. Langhana, in the form of Laghu Ahar, was recommended to the patient. Amavata is classified as an Amasayotha vyadhi and Rasaja Vikara. Langhana constitutes the primary therapeutic approach in such circumstances. Seven Swedana is specifically advised in cases of Stambha, Gaurava, and Shula. Eight 50 ml of H. S with Gud and Saindav Lavan were administered to the patient. Gandharvahastadi Kwath possesses Laghu, Ruksha, Ushna, and Tikshna attributes.^[9] The predominant constituents of Gandharvahastadi Kwath possess Dipan (enzyme-activating), Ama-Pachan (biotoxin-neutralizing), Shothaghna (edema-reducing), Shoolghna (analgesic), Jwaraghna (antipyretic), Balya (energy-enhancing), and Amavata hara (anti-rheumatic) characteristics. It improves Agni-Bala (digestive and metabolic capability), mitigates Ama (bio toxins), and inhibits the future production of Ama (bio toxins) in the body. This alleviates the clinical symptoms of Amavata (Rheumatoid arthritis) and aids in disrupting the Samprapti (pathogenesis) of Amavata.

Gandharvahastadi Kwath possesses Amapachana, Dipana, Vatahara, Shulaghna, Vatanuloman, and Kosthuddhi qualities that aid in disrupting Samprapti and alleviating symptoms of Amavata.^[10]

Gandharvahastadi Kwath comprises Erandmool (Ricinus communis Linn), Chirubilwa (Holoptelea integrifolia Planch), Chitraka (Plumbago zeylanica Linn.), Haritaki (Terminalia chebula Retz), Shunti (Zingiber officinale Roxb.), Punarnava (Boerhavia diffusa Linn.), Yavashaka (Tragia involucrata Linn.), and Bhumithala (Musali) (Asparagus adscendens Roxb.) herbs. These medications possess vedanasthapana, shothabar, swedajanana, dipana, and pachana characteristics that alleviate pain through local application by vata-shamana.^[11] The evaluation of the patient prior to and during therapy indicated enhancements in both subjective and objective criteria.

CONCLUSION

Using the Chikitsa Siddhant described by Acharya Chakradatta and the Gandharvahastadi Kwath that is mentioned in Shashrayoga, this case study comes to the conclusion that Amavata can be effective and risk-free when it is addressed. It is important to do a study that

includes a broader group of patients in order to validate the effectiveness of this particular case study, which is a unique case study.

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