



### Ayurvedic Management of *Amavata* w. s. r. to Rheumatoid Arthritis : A Case Report.

Ugale Suwarna<sup>\*1</sup>, Rathod Sanjivani<sup>2</sup>, Upasani Shripad<sup>3</sup>, Gadekar Smita<sup>4</sup>

1. PG Scholar, Dept. of Kayachikitsa,
2. Assistant Professor, Dept. of Kayachikitsa, [sanjivanirathod431@gmail.com](mailto:sanjivanirathod431@gmail.com)
3. Associate Professor, Dept. of Shalyatantra
4. Professor, Dept. of Panchakarma

ASS Ayurved Mahavidyalaya And Arogyashala Rugnalaya,  
Panchavati, Nashik, Maharashtra, India- 422003.

\*Corresponding Author: [suwarnaugale83@gmail.com](mailto:suwarnaugale83@gmail.com) ; 8263941291

#### ABSTRACT

*Amavata* the name itself suggests that the disease is caused by formation of *Ama* and vitiated *Vata dosh*. The formation of *Ama* is due to impairment of *Agni*. The vitiated *Vata* along with *Ama* deposit in *shleshmasthanas* especially *Asthi-Sandhi*, circulates through *dhamani*, got vitiated by *Tridosha* ie *Vata*, *Pitta* and *Kapha* and produces symptoms of *Amavata*. Thus *Amavata* is a chronic inflammatory systemic disease affecting mainly synovial joints. It is correlated with Rheumatoid Arthritis in modern medicine due to similarities in clinical features. *Amavata* disease affects patient's routine life due to its chronicity causing crippling condition in the patient. In modern medicine the treatment of Rheumatoid Arthritis which resembles *Amavata* is use of NSAID (non steroidal anti inflammatory drugs), Corticosteroids, DMARDs (disease modifying anti inflammatory drugs) and the use of

biologics. Due to various side effects and substantial toxicity of these drugs patient do not get complete relief and leads to progression of disease causing deformity and disability. In *Ayurveda*, treatment of *Amavata* is mentioned by *Acharya Chakradatta*. It includes *Langhana*, *Swedan*, use of *tikta-katu rasatmak dravyas*, *Virechan*, *Snehpan* and *Basti*. By using this treatment modality a case of *Amavata* was successfully treated. There was marked relief in symptoms of patient.

#### KEYWORDS:

*Amavata*, *Asthisandhi*, Rheumatoid Arthritis, *Langhan*, *Swedan*, *Snehpan*, *Virechan*, *Basti*.

#### INTRODUCTION

*Amavata* is a disease of *madhyam marga*. The features of *Amavata* was first mentioned by *Madhavakara* (700AD) in *Madhava Nidana* and the treatment of *Amavata* was

first explained by *Acharya Chakradatta*. *Amavata* is a disease of *Rasavaha strotas* and *Asthivaha strotas*. It is mainly produced due to *Ama* and vitiation of *Vata Dosha*. The *Ama* is carried by the aggravated *Vata* and deposited in *Shleshmasthanas* {especially *sandhi sthana*}. Initially it produces symptoms like *Angamarda* (body ache), *Aruchi* (loss of appetite), *Alasya* (weakness), *jwara* (fever), *ang-gaurav* (heaviness in body) etc. When it gets *pravruddha*, it produces symptoms like severe joint pain, joint swelling, stiffness in joints<sup>[1]</sup> etc.

According to the clinical features *Amavata* very closely resembles with the Rheumatoid arthritis. Rheumatoid Arthritis is a chronic inflammatory rheumatic disease. It has a multi-factorial pathogenesis with various genetic and environmental factors being implicated, giving rise to immune dys-regulation with consequent joint inflammation and tissue damage. Patients typically develop a chronic symmetrical *polyarthritis* with systemic inflammation. Rheumatoid Arthritis has a worldwide distribution affecting 0.5-1 % of the population with a female preponderance of 3:1. Rheumatoid Arthritis is the 42<sup>nd</sup> highest contributor to global disability. The most common age of onset is between 30 and 50 years.

In RA patients complain of pain and stiffness of the small joints of the hands (MCPS, PIPs) and feet (MTPs) The DIPs are usually spared. Wrists, elbows, shoulders, knees and ankles are also affected.

The pain and stiffness are significantly worse in the morning. Sleep disturbance and

fatigue are common complain. The joints are usually warm and tender with some joint swelling. There is limitation of movement and muscle wasting. Deformities and non-articular features develop if the disease cannot be controlled.<sup>[2]</sup> Despite of various treatment modalities mentioned in modern medicine the disease progression occurs in patients leaving them in crippling condition and causing loss of work to the patients. Conventional medicines - NSAIDs (Non-steroidal anti-inflammatory drugs) have adverse effects on GIT (gastrointestinal tract) and DMARD's (Disease modifying anti-rheumatoid drugs) cause hepatic, renal and bone marrow suppression. Thus, Ayurveda provides a safe, economic and effective treatment of *Amavata*. A treatment protocol described by *Chakradatta* in *Chikitsa Siddhant* of *Amavata* was administered to a patient of *Amavata* which is presented as a case study. It includes *Langhana*, *Swedan*, use of *tikta-katu rasatmak dravyas*, *Virechan*, *Snehpan* and *Basti*.<sup>[3]</sup>

## CASE REPORT

A 56 years old female patient visited in OPD of *Kayachikitsa, Ayurved Seva Sangh Ayurved Mahavidyalaya & Arogyashala Rugnalaya*, Nashik, Maharashtra, having complaints of *Shool*, *Shoth*, *Sparshasahatva* and *Grahata* in multiple joints since 3 years.

### History of present illness:

A 56 years old female patient developed pain, swelling and stiffness of knee joints. After few days, she had pain, swelling and stiffness on bilateral elbow joints. Gradually she developed pain, swelling and stiffness on bilateral wrist joints, *metacarpophalangeal* joints and ankle joints. She was also

suffering from *generalised* body ache and decreased appetite for last 2 months. She had difficulty in performing her day today activities due to pain and stiffness. She had taken allopathic treatment-NSAIDS but got only temporary relief. So she visited *Arogyashala Rugnalalaya* to seek treatment.

### History of past illness:

No history of diabetes, hypertension or any other major illness in the past.

### Personal history:

The patient was asked about her personal habits

- *Ahara- Samishra,*
- *Vihara- Diwaswap,* drinking two to three glass of water early in the morning.
- *Vyasana- Tea* 3 to 4 times.

### Ashtavidha Pariksha:

- *Nadi- 80/min, Regular*
- *Shabd- Prakrut*
- *Mala- Vibandha*
- *Sparsha- Ruksha*
- *Mutra- Prakrut*
- *Drik- Pallor*
- *Jivha- Sam*
- *Akriti- Madhyama*

### General examination Vitals

- Pulse Rate -80/min, regular

### Treatment Protocol

Treatment	No. of days	Remark
1. <i>Anashanrupi Langhan</i> 2. <i>Ruksha valuka pottali sweda.</i> <i>Shunthi siddha Jala</i>	7 days 30 days	Advised <i>Moun dharan</i> <i>Gurupravarana</i>
<i>Erand Taila Pana</i> (Castor oil)	40 ml for 3 days in early morning with milk.	Advised <i>Laghvashan</i>
<i>Tiktak Ghrut Snehapana</i> for	4 Days in <i>vardhmana</i>	Day 1- 30 ml

- Blood Pressure-130/80 mmHg
- Temperature- 98. 8 F

### Systemic Examination

Cardiovascular system, Respiratory system, Central nervous system was within normal limits. On palpation Abdominal examination was normal. On inspection of Musculoskeletal system, marked swelling was present on bilateral knee joints, wrist joints, elbow and ankle joints. On palpation, tenderness was observed in MCP joints of hands, knee joints, elbow joints, wrist and ankle joints. However, no joint deformity was present.

### Blood investigation

Blood investigations of the patient shows:

- 1) Hb-8. 5g/dl
- 4) ESR-42 mm at end of 1 hour
- 2) RA factor- Positive
- 5) CRP-Positive
- 3) TLC, DLC and S. Uric acid values were within normal limits.

### Treatment plan

Patient was admitted in *Kayachikitsa* indoor department for 30 days. Then patient was discharged and advised to come for follow up every 15 days. The duration of treatment was 60 days. The patient was given following treatment.

<i>Virechan karma</i>	<i>matra</i>	Day 2- 60 ml Day 3- 90 ml Day 4- 120 ml
<i>Sarvang snehana and swedana (Purva karma)</i>	2day ( <i>Virechan purva karma</i> )	
<i>Virechan Karma (Pradhan karma)</i>	1 day	<i>Virechan by Trivruttavaleha</i>
<i>Vaitaran Basti</i>	7 days	
1. <i>Agnitundi Vati</i> 500 mg bd with <i>koshna jal</i> 2. <i>Simhanada Guggulu</i> 500 mg bd with <i>koshna jal</i> 3. <i>Maharasnadi Kadha</i> 20 ml bd with <i>koshna jal</i>	30 days	

### ***Pathya – Apathya***

Patient was advised following *aharaj* and *viharaj pathya -apathya*.<sup>[4]</sup>

	<b><i>Pathya</i></b>	<b><i>Apathya</i></b>
<b><i>Aharaj (Food)</i></b>	<i>Sunthi</i> (dry ginger) <i>Ajawayan</i> (carom seeds) <i>Saindhav</i> , <i>Lasun</i> (garlic), <i>Sahijan</i> (drum stick) <i>Karela</i> (bitter melon), <i>Kodrum</i> , <i>Kulathha</i> (horse gram), <i>Ushnodak Arishta</i> , <i>Adrak</i> , <i>Marich Hingu</i> , <i>Jeerak</i> , <i>Patol</i> , <i>Yava</i> (barley) <i>Takra</i> , <i>Gomutra</i> , <i>Erand Tail</i>	Curd, Fish, Jaggary, Milk Fast food, salty, spicy, oily food. Cold water, cold beverages, ice cream
<b><i>Viharaj (Behavioural)</i></b>	Keep body warm, meditation.	<i>Exposure to cold wind</i> , <i>Vega dharan</i> (suppression of natural urges), <i>Ratri jagaran</i> ( late night sleeping), <i>Bathing with cold water</i> <i>Sleeping during day time</i>

### **Criteria for selection of medicine**

In *Amavata* treatment of *Ama* is most important. Selection of internal medicine is done on the basis of *karmukata*

of the ingredients in the formulation. The ingredients in formulation are *Vata-Kapha shamak and Amapachak*.<sup>[5]</sup> So they relieve the signs and symptoms of *Amavata*.

### Assessment Criteria

Patient was assessed on the basis of clinical signs and symptoms of *Amavata* mentioned in *Ayurvedic text*. Criteria fixed by American Rheumatology association ACR criteria (1987) and 2010 ACR/EULAR Classification Criteria was also implemented. Therapeutic effect was recorded using specially prepared Grading scale.

### Subjective Criteria

Symptoms	0	1	2	3	4
<i>Sandhi-shool</i> (Pain)	No Pain	Mild Pain	Moderate but no difficulty in moving	Slight difficulty in moving	Much difficulty in moving bodily parts
<i>Sandhi-shoth</i> (Swelling)	No Swelling	Mild Swelling	Moderate Swelling	Severe Swelling	-
<i>Sandhi-grahata</i> (Stiffness)	No Stiffness	5minute to 2 hours	2 hours to 8 hours	More than 8 hours	-
<i>Jwar</i>	Absent	Occasional	Intermittent	Often	-
<i>Angamarda</i>	Absent	Occasional	Intermittent	Often	-
<i>Aruchi</i>	Absent	Occasional	Intermittent	Often	-

### Haematological Assessment

Patient was assessed for the haematological parameters before and after treatment.

1. Haemoglobin
2. Erythrocyte Sedimentation Rate
3. C- Reactive Protein
4. RA factor

### Objective Criteria

Parameters	0	1	2	3
General function capacity	Ability to do all activities without difficulty	Ability to do activities but with difficulty	Ability to do few activities with help	Unable to perform activities
Walking time (25 feet in no. of seconds)	15-20 Sec	21-30 Sec	31-40 Sec	> 40 Sec

### Observations and Results

#### Assessment of *Sandhishool* (Pain)

Joint	Before treatment	During treatment		After treatment
		15 <sup>th</sup> Day	30 <sup>th</sup> Day	60 <sup>th</sup> Day
Metacarpophalangeal joint	2	1	1	0
Wrist joint	4	3	1	0

Elbow	4	3	1	0
Knee	4	3	1	0
Ankle	4	3	1	0

### Assessment of *Sandhishoth* (Swelling)

Joint	Before Treatment	During treatment		After treatment
		15 <sup>th</sup> Day	30 <sup>th</sup> Day	60 <sup>th</sup> Day
Metacarpophalangeal joint	1	1	0	0
Wrist joint	2	2	1	0
Elbow	2	2	1	0
Knee	3	2	1	0
Ankle	2	2	1	0

### Assessment of *Sandhigrahata* (Stiffness)

Joint	Before treatment	During treatment		After treatment
		15 <sup>th</sup> Day	30 <sup>th</sup> Day	60 <sup>th</sup> Day
Metacarpophalangeal joint	1	1	1	0
Wrist joint	2	1	1	0
Elbow	2	1	1	0
Knee	2	1	1	0
Ankle	2	1	1	0

### Assessment of *Sandhisparsh- Asahatva* (Tenderness)

Joint	Before treatment	During treatment		After treatment
		15 <sup>th</sup> Day	30 <sup>th</sup> Day	60 <sup>th</sup> Day
Metacarpophalangeal Joint	1	1	1	0
Wrist joint	3	2	1	0
Elbow	3	2		0
Knee	3	2	1	0
Ankle	3	2	1	0

### Assessment of Symptoms

Symptoms	Before treatment	During treatment		After treatment
		15 <sup>th</sup> Day	30 <sup>th</sup> Day	60 <sup>th</sup> Day



Angamarda	3	2	1	0
Aruchi	3	2	1	0
Jwara	1	0	0	0

### Assessment of Function

Functional assessment	Before treatment	During treatment		After treatment
		15 <sup>th</sup> Day	30 <sup>th</sup> Day	60 <sup>th</sup> Day
General Function Capacity	1	1	1	0
Walking Time (25 feet in no. of seconds)	3	2	1	0

### Haematological Parameters

Parameters	Before treatment	After treatment
Haemoglobin (gm/dl)	8.5	11.5
ESR (mm at end of 1 hour)	42	20
C-Reactive Protein	Positive	Negative
RA Factor	Positive	Positive

## DISCUSSION

*Amavata* is caused by formation of *Ama* and vitiated *Vata dosha*. Due to etiological factors such as consumption of *viruddha ahar*, *abhishyandi ahar* etc. there is *agnimandya* and formation of *Ama*. *Vata dosh* also get vitiated due to etiological factors like less exercise or exercise after eating *abhishyandi* food. Due to this vitiated *Vata* along with *Ama* is carried all over body and deposited in *shleshmasthanas* especially *sandhi* (joints), *urapradesh* (chest), stomach etc. producing symptoms of *Amavata*. *Acharya Chakradatta* has mentioned treatment of *Amavata*. These treatment modalities are *Langhan*, *Swedan*, use of *katu -tikta dipan dravyas*, *Virechan* and *Basti* especially *kshar basti*. *Chakradatta* also mentioned use of *Vaitaran basti* in *Ama* predominance diseases. *Yogratnakara* further suggested *Valuka Pottali swed* as

*ruksha swed* in *Amavata*. The patient was treated implementing all these treatment modalities.

**Langhana** helps to increase digestive power by *Amapachan* and remove blockages in body channels (*strotorodh*).<sup>[6]</sup>

**Ruksha Valuka Pottali Sweda** was given to the patient owing to the presence of *Ama*. Due to *Ruksha guna* there is metabolism of *Ama* and relieves symptoms *Stambha*, *Gaurava* and *Shoola* in *sandhi*. This constitutes the predominant features of *Amavata*.<sup>[7]</sup>

**Eranda sneh** is excellent in *Deepana*, *Pachan* and *Vatanulomak*. So *Eranda sneh* was given to the patient.<sup>[8]</sup>

After *Langhana*, *Swedana* and *Eranda Snehan* doshas attain *Niramavastha* and may require elimination from the body by *Shodhana*. So *Virechan* with *trivrutavaleha* was given to the patient.

**Vaitarana basti** is a type of *Mridu kshara basti*, it constitutes *Amlika, Guda, Saindhava, Gomutra* and *Tila taila*. The properties of *Vaitarana basti* can be considered as *Laghu, Ruksha, Ushna Tikshna guna* causing *Vatakapsha Shamak* action. Hence it provides significant improvement in the sign and symptoms of disease.<sup>[9]</sup>

**Agnitundi Vati**<sup>[10]</sup> is herbal formulation. It is carminative, digestive and has *Vata* pacifying properties. The content *Vatsanabh, Vidang, Jeerak, Ajmoda* alleviates *kapha dushti*. Thus it digests *Ama* the toxic metabolite of indigested food and helps in detoxification of the body. **Simhanada Guggulu**<sup>[11]</sup> has *katu tikta rasatmak, Ushna Laghu Tikshna Ruksha gunatmak, Ushna viryatmak* properties. It reduce *Snigdha, Pichchila, Sheeta, guru guna* of *Ama* in the body. The drug *Simhanada Guggulu* also increases the *Agni bala* i. e. *Pachakagni* and *Dhatvagni* in the body by its *Agni deepaniya* action and hence it prevents the further formation of *Ama* in the body. It pacifies *Vitiated Vata* and *Ama* by its *Vata kapha shamaka* property. *Vedanasthapan* and *shoth-har* properties of this drug helps in reducing *Sandhi shoola, Sandhi shotha, Sandhi sparshasahatva* and *Sandhigrahata*. **Maharasnadi kwath** is *deepaniya, Amapachak, Shoolaghna* and *Vataghna*. So it helps in breaking *samprapti* and relieving signs and symptoms of *Amavata*.

The above treatment protocol used to the patient helped in breaking pathogenesis of *Amavata*. There was marked improvement in signs and symptoms of patient.

It caused the patient comfort and improvement in functional activities.

## Conclusion

This treatment protocol which is mentioned by *Acharya Chakradatta* is found very effective in *Amavata* patient in this case study. It prevented progression and further deformities of *Amavata* in this patient . So there is need to study *Amavata* cases in large number by using this protocol to make its data potential.

## References

1. Yadunandan Upadhyay, Madhav Nidan of Sri Madhavkara, The Vidyotini Hindi Commentary and notes, first volume, 24th chapter, Amavatanidanam, Chaukhamba Sanskrit Sansthan, Varanasi, 21th edition ;1993 Page number 461-462
2. Adam Feather, David Randall, Mona Waterhouse:Kumar & Clark's Clinical Medicine, International Edition, 18<sup>th</sup> chapter, Elsevier:United Kingdom Rheumatology, 10<sup>th</sup> Edition;2021 Page number 437&440.
3. Dr. Indradeva Tripathi, Chakradatta of Sri Chakrapanidatta, The Vaidyaprabha Hindi Commentary, 25th chapter, Amavat Chikitsa, Chaukhamba Sanskrit Sansthan, Second Edition:1994:Page number 166.
4. Vaidya Lakshmipati Shastri, Yogratnakara, Vidyotini Hindi Commentary, Chaukhamba Prakashan, Reprint;Page number 573
5. Baidyanath Bhavan, Ayurved Sar Sangraha, Guggul Prakaran, Shree Baidyanath Ayurved Bhavan, Allahabad, Reprint;2006, Page no. 521.



1. 6. Dr. Brahmanand Tripathi, Astangahrdayam of, Srimadvagbhata, Nirmala Hindi Commentary 13 th chapter, Doshopkramaniyadhyay, Chaukhamba Sanskrit Pratishthan, Delhi, Reprint;2017;Page number 188-189
6. Dr. Brahmanand Tripathi, Charaka-Samhita of Agnivesa, Charaka-Chandrika Hindi Commentary, Sutrasthana 22 nd Chapter, Langhanbruhniyadhyay, Chaukhamba Surbharati Prakashan, Varanasi, Reprint;2019;Page number 416.
7. Kaviraj Shri Ambikadattashastri Ayurvedacharya, Bhaishajya-Ratnavali, Vidyotini Hindi Commentary, Amavatchikitsa-Prakaranam, Chaukhamba Sanskrit Sansthan Varanasi, Reprint;1987, Page number 435.
8. Ramnath Dwivedi, Chakradatta of Sri Chakrapanidatta, The Vaidyaprabha Hindi Commentary, 25th chapter, Amavat Chikitsa, Chaukhamba Sanskrit Sansthan, Second Edition:1994:Page number 166.
9. Kaviraj Shri Ambikadattashastri Ayurvedacharya, Bhaishajya-Ratnavali, Vidyotini Hindi Commentary, Amavatchikitsa-Prakaranam, Chaukhamba Sanskrit Sansthan Varanasi, Reprint;1987, Page number 244.
2. 11. Dr. Indradeva Tripathi, Chakradatta of Sri Chakrapanidatta, The Vaidyaprabha Hindi Commentary, 25th chapter, Amavat Chikitsa, Chaukhamba Sanskrit Sansthan, Second Edition:1994:Page number 168.

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