

## Management of *Amavata* (Rheumatoid Arthritis) through Ayurved *Chikitsa Siddhanta* – A case Study

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### Abstract:

Amavata is one of the challenging disease to the medical field . The disease in which the Ama combines with the *vrudha vata* and gets accommodate in *shleshma sthana* i.e sandhi and shows symptoms such as *sandhishotha* ,*sandhishool*, *stambha* . These symptoms resembles the disease called Rhumatoid Arthritis . Rhumatoid Arthritis is managed by DMARDs (Disease modifying anti Rhumatoid drugs) but it won't completely cures the disease. In Ayurveda Chakradatta has described the treatment principle for Amavata .It includes *Langhana*, *Sedana*,*Tikta Katu ras*, *Basti*,*Upanah* are beneficial in the management of Amavata .So here we present a case study of Amavata after combined intervention including Shaman and Shodhan chikitsa.

**Keywords:** *Amavata*, *Rheumatoid Arthritis*, *Deepan Pachan*, *Upanah*, *Basti*, *Snehan*, *Lepa*

### Introduction:

The disease *Amavata* has described by

*Mahavnidan* . In this disease the '*Ama*' and '*Vata*' *dushti* occurs individually and so the *vrudha vata* combines with ama and circulates throughout the body and get accommodate at sandhi *sthana* causing symptoms *shiila*, *gaurav*, *aruchi*, *shoth*. These symptoms resembles the Rheumatoid Arthritis. According to modern medicine it is chronic autoimmune disease which affects the synovial joints with extra articular manifestation. This disease decrease the human working capacity and the pain is such a unbearable that makes once life glum. So here we presented a case study in which the treatment protocol based on *Ayurvedic Chikitsa Siddhant of Amavata* was administered to the patient.

### Materials and methods:

Place of study: *Laxmanrao Kalaspurkar Ayurvedic Rugnalaya, Yavatmal*

Case Report: A 55 yr female patient with OPD no 508080 and IPD no 2470 was admitted infemale *Kayachikitsa* ward

**History of Present Illness:** A 55yr female patient presented with complaints

of *Sarvanga Sandhishoola and shotha, Sakashta Chankraman, Jwaranubhuti, Aruchi, Uradaha, Parvasandhi shool and stambha* since 5-6 yrs. She was facing difficulty in her day to day activity. She had undergone treatment for 5 months but didn't get satisfactory relief. So patient visited to L.K. Hospital for further management

- Past History: No H/O Diabetes, Hypertension or any chronic disease  
Family History: No any family history of Rheumatoid Arthritis  
*Rugna Parikshan:*
- *Nadi* : 78/min

- *Mal* : *Asamyak Mutra* : *Samyak*
- *Jivha* : *Saam Shabda* : *Spashta*
- *Sparsha:Samsitoshna* *Druk* : *Spashta Aakruti: Krush*
- *Nidra* : *Samyak*
- BP : 120/80 mmHg  
Temp : 99<sup>0</sup>F

Assessment Criteria:

### 1) 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	Much difficulty in moving the body parts	3

### 2) 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

### 3) Gradation of *Sakashta Chankraman*(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

**Treatment plan: Shaman and Shodhan ChikitsaShaman:**

## 1)Abhyantar Chikitsa(Internal medicine)

Sr.No	Medicine	Dose	Anupana
1	<i>Simhanad Guggul</i>	500mg twice a day	<i>Koshnajal</i>
2	<i>Amvatari Ras</i>	250mg twice a day	<i>Koshnajal</i>
3	<i>Mahavatvidhvansa Ras</i>	250mg twice a day	<i>Koshnajal</i>
4	<i>Agnitundi Vati</i>	250mg twice a day	<i>Koshnajal</i>
5	<i>Guuchi Dashmool kwath</i>	30 ml twice a day	-
6	<i>Combination of Eranda+Rasna+Guduchi+Punarnava+Trikatu</i>	1 gm each Total 5gm Twice a day	<i>Koshnajal</i>
7	<i>Gandharva Haritaki Churna</i>	3gm HS	<i>Koshnajal</i>

- 2) *Bahya Chikitsa*(External Medicine)
- 1.*Mahavishgarbha Tail* – For Local application
  - 2.*Valukapottali Swedan*
  - 3.*Dashanga Lepa-* For Local Application

*Shodhan Chikitsa: Matra Basti* – By *Saindhavadi Tail* -8 basti of 60 ml Tail

**Observations and Results:**

Assessment According to Gradations-

Sr. No	Assessment Criteria	BT	AT
1	<i>Sandhishoola</i>	3	1
2	<i>Sandhishotha</i>	2	1
3	<i>Sakashtachankraman</i>	3	0

**Investigations-**

Sr. No	Investigations	BT	AT
1	Hb	7.7 gm%	8.6 gm%
2	TLC	11,500/cumm	10,340/cumm
3	Platelet Count	2.75 lakh/cumm	4.39 lakh/cumm
4	RA	Positive	Negative
5	CRP	Positive	Negative
6	ESR	56	32
7	Widal	Positive	Negative

**Discussion:**

*Amavata* is a disease in which *Ama* combines with *Vruddha Vata* and gets accommodate at *sandhi sthana*. Hence *Ama* and *Vata* are the two predominant pathological factors actng in disease process. In *Amavata*, *Ama* is primary

cause of the disease caused due to *Agnimandya* , so *Langhana* is the first and best line of treatment.

*Agnitundi Vati* is *agnideepak* and as it contains *Kuchala*, it has pain relieving and anti-inflammatory property.

*Simhanad Guggul* have its *rogadhikar* as *amavata* and it helps in *ama pachan* due to presence of *tikta rasatmak dravya*. Acts as *rasayana*.

*Amvatari ras*, the itself tells that it is drug of choice in *Amavata* to reduce the *ama* and to balance theviated *Vata dosha*.

*Dashmula kwatha* is *shothaghna* and *shulaghna*. *Guduchi* is *rasayan* and *tikta ras* helps in *pachan*.

*Swedana* have been specially indicated in the presence of *stambha*, *Gaurav* and *shula*. In *Amavata* to reduce pain and stiffness *ruksha sweda* by *Valukapottali* is indicated.

*Basti* is the most effective treatment in *Vata* predominant disease. *Saindhavadi tail* is *amapachana* and *jwaraghna*, helps in *Stotoshodhana*. *Saindhav* due to its *sukshma*, *ushna*, *arukshya*, *vyavayi guna* clears *sukshma strotas*.

### Conclusion:

From above case study we can conclude that the *Amavata* can effectively treated by the treatment totally based on Ayurveda's *Siddhant*. the symptoms like swelling stiffness reduces and quality of life of patient can be increase. Thus *Panchkarma* procedures along with internal medicine showed encouraging results in the case of Rheumatoid Arthritis.

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