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Ayurvedic Holistic Approach in the Management of *Amavata* (Rhuematoid arthritis): A Single Case Study

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ABSTRACT:

Amavata is a disease caused due to the vitiation of *Vata* in association with *Ama*. The *Ama* is carried by the aggravated *Vata* and got deposited in *sleshmasthanas* producing *lakshanas* like *Angamarda(body ache), Aruchi(anorexia), Alasya(fatigue), Sandhiruk(joint pain), Sandisopha(joint swelling)*etc. Clinical features of *Amavata* resembles to Rheumatoid Arthritis which is an autoimmune disease causing chronic symmetrical polyarthritis with systemic involvement. Here is a case report of a 48 year old female patient who presented with symptoms of *Amavata.* Considering the signs and symptoms, patient was treated on the line of *Amavata. Langhana, Deepana-Pachana* and *Ruksha Swedana* were administered along with oral medications for a period of 45 days. The combination of internal and external *Ayurveda* medications, including *Dhanyamladhara , Valuka sweda, Choorna pinda sweda* and *Vasti* were used in conjuction with dietary modifications and lifestyle corrections. After 45 days of treatment, the patient reported marked decrease in symptoms and reduced her dependency on anti-inflammatory medications and steroids. The case highlights the effectiveness of *Ayurveda* treatment for *Amavata* and the importance of dietary modifications in improving the quality of life.

KEYWORDS: *Ama, Amavata,* Rheumatoid Arthritis, *Vata*

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INTRODUCTION:

Amavata is one among the crippling diseases prevailing in the present era. The disease orginate by the frequent use of *virudhahara* and *cheshta* with the pre-existence of mandagni, which results in *Ama* formation. [1] The vitiated *Vata dosha* along with *Ama* takes shelter in *sleshma sthanas* and further circulates to all parts of the body. This *Ama* that settles in *sandhi* causes immense pain in joints, inflammation, fever and ultimately

stiffness with temporary to permanent disability of the joints.[2]

The features of *Amavata* are much identical to RA, an autoimmune disorder which causes chronic inflammatory and symmetrical polyarthritis.[3] In global scenario, more than one million people are affected by rheumatic disorders and one fifth of these are severely disabled. The prevalence of the disease is approximately 0.8% of the total population worldwide (range 0.3% to 2.1%) with male and female ratio of 1:3. The onset is most frequent during the fourth and fifth decades of life, with 80% of patients developing the disease between age group of 35 and 50.[4] This disorder can significantly impair the quality of life of the patient by affecting their physical, psychological, economical and social life. *Ayurveda* looks at the healing process from a holistic viewpoint. It involves both internal and external therapies along with specific diet and activities that can restore the balance of the body. This case report aims to emphasize the effective management of *Amavata* and its long term effect in promoting the quality of life and general wellbeing of the patient.

CASE REPORT:

A 48 years old female patient came to the OPD of PNNM Ayurveda Medical College and Hospital, Cheruthuruthy with complaints of pain and swelling in multiple joints since 2008. She had feverishness in the morning hours and stiffness of the joints after getting up from bed. She also complained of generalised weakness along with loss of appetite and reduced sleep due to pain.

As per patient's words, initially the pain started on the metacarpal joints of both hands. Gradually the pain became progressive in nature and affected her bilateral wrist, elbow, shoulder, knee and ankle joints. She also had pain over the low back region radiating till both knee joints through the lateral aspect of bilateral thighs. On course of time, her joints became swollen with raised temperature and tender to touch. Pain and swelling gradually worsened and badly affected her quality of life. She was unable to do her day to day activities like chopping veggies, draining water from cloths by squeezing it etc. The condition used to increase in cold climatic conditions and while taking rest. For that she consulted a Rheumatologist on Nov 11 2022, and underwent full body check-up. Results concluded that, she was RA positive; Fig-2 (204.06 IU/ml) with increased CRP; Fig- 1(47.13mg/dl) and ESR (85mm/hr). Since then she has been taking allopathic medications for the same and got only temporary relief from pain.

On August 8th 2023, she visited our OPD. At that time she had pain all over her body especially on all major and minor joints. Her appetite was reduced and sleep was disturbed due to pain. She also had an unsatisfactory and irregular bowel pattern. She was reported allergic to certain allopathic medications like sulfasalazine that contain sulphur compounds. During morning hours she had feverishness along with morning stiffness which last for more than one hour. At time of fever episodes, she had heaviness and stretching type of pain all over her body. On further enquiry it was found that she had a history of *Virudhahara seva*, untimely food intake, reduced sleep at night etc. So she was advised to take an IP treatment.

The treatment regime was planned according to the classical references. In the initial phase of management the patient was made to undergo various fomentation therapies like *Dhanyamladhara, Valuka sweda,*

Choorna pinda sweda, etc which is directly indicated for *Amavata*. Initially *Dhanyamladhara* without oil application on the body was given for 4 days (8/08/2023 - 11/08/2023) along with internal medications like *Chithrakadi kashaya* (6am, 5pm) and *Amrithotharam kashaya* (6pm). Patient was comfortable with the treatment and felt lightness of body. On 12th Aug 2023, *Valuka sweda* was advised and continued until the patient got considerable relief from pain and swelling (till 21/08/2023). Stiffness has reduced to a great extent and patient seems to be more energetic than usual. From 22nd Aug 2023, *Choorna pinda sweda* was advised with *kolakulathadi choorna* after application of *kottamchukkadi thailam* for 7days (till 28/08/2023), treatment showed *upashaya* with no increase in pain and swelling. *Lepana* with *jadamayadi choorna* and *tandulodaka* was also advised to reduce the pain and swelling. On 27th and 28th *ruksha vasthi* was done, and on 28th evening, she had a mild increase in pain with febrile episodes. AMV - 600 was given in 4 hrs gap and fever along with body pain got subsided. As *valuka sweda* gave more *upashaya* she was again advised for it, for the next 10 days (29/08/2023 - 7/09/2023), this *swedana karma* helped her to reduce the inflammation and made her joint movements easier. The only complaint persisted after the 10 days of *Valuka sweda* was pain in the left leg. Internally she was advised to take *Rasnapanchakam kashyam* along with *Amavatari rasa* and *Rasnasapthakam kashaya* along with *Yogaraja guggulu gulika*. From 8/09/2023 to 12/09/2023 she was given *Choorna pinda sweda* with *Kottamchukkadi choorna* after application of *Dhanwantharam thailam*. This was followed by *matravasthi* with *pippalyadi anuvasana thaila* (12/09/2023) and *madhutailika vasti* (13/09/2023), patient felt tiredness after the procedure and developed fever by evening. The condition was managed accordingly and fever subsided. *Choorna pinda sweda* was continued after *vasthi* for 4 days as it helped her to feel more light and free from swelling and stiffness.

After 45 days of treatment patient reported 70% of improvement in her symptoms. The pain and swelling reduced considerably. Her appetite improved to a great extent and her sleep disturbances almost vanished. Assessment done after 1 month showed reduced RA Factor from 204.06 IU/ml (Fig-2) to 121.35 IU/ml (Fig-3), CRP levels changed from 47.13mg/dl (Fig-1) to 7.64mg/dl (Fig-3). She also had a remarkable relief from pain and morning stiffness along with marked reduction in swelling of the joints. From this study, it was observed that the signs and symptoms, daily dose of steroids and other anti-inflammatory drugs were reduced more than 60% with a highly significant result. In short, this case highlights the effectiveness of *Ayurveda* treatment for *Amavata*, as per classical references.

THERAPEUTIC INTERVENTION:

Internal medications and external treatments are mentioned in table- 1 and table-2 respectively.

Table-1: Internal Medications:

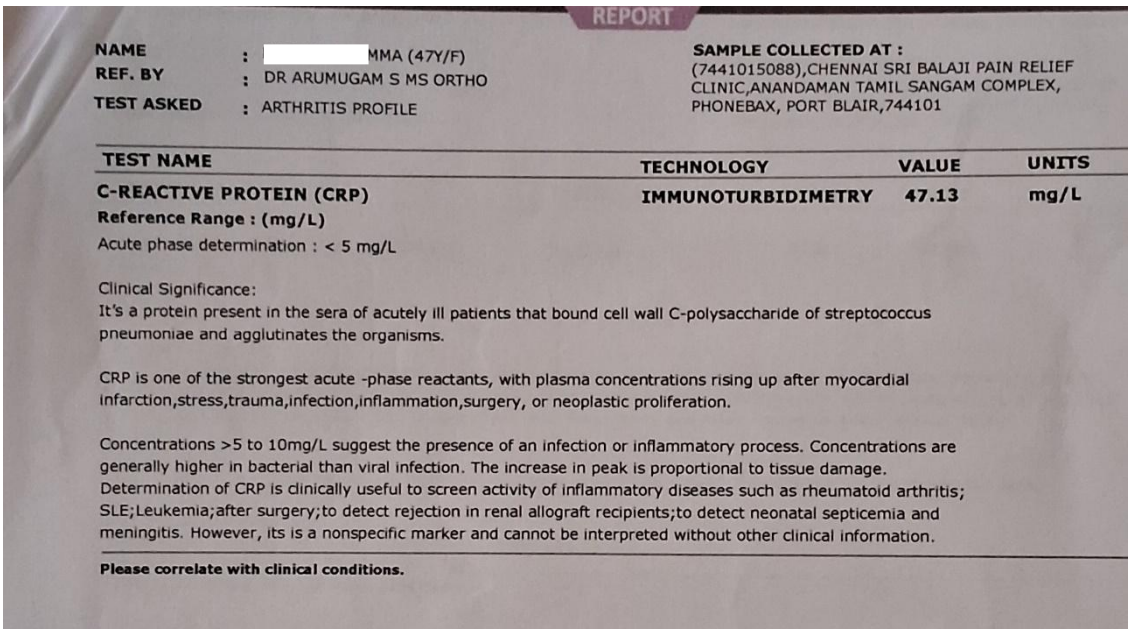
Date	Medicines	Dose	Time
08/08/2023	*Chithrakadi kashayam*	15 ml *kashaya* + 60ml luke warm water	6 am, 5pm
08/08/2023	*Amrithotharam kashaya*	96ml *kashaya* – single dose	3pm
28/08/2023	*Rasnapanchakam kashaya*+ *Amavatari rasa*	15ml *Kashaya* + 60 ml luke warm water + 1 tablet	6 am, 11am, 6pm
28/08/2023	*Rasnasapthakam* + *Yogaraja guggulu gulika*	15ml *Kashaya* + 60ml luke warm water + 1 tablet	3pm

Table -2: External Treatment:

Date	Procedure	Medicines	Condition of patient
8/08/2023 to 11/08/2023	*Dhanyamla dhara* without oil	*Dhanyamla*	Patient felt lightness to her body after undergoing *Dhanyamla dhara* without oil.
12/08/2023 to 21/08/2023	*Valuka sweda*	*Valuka*	After 10 days of *Valuka sweda*, her morning stiffness reduced from more than 1 hr to 20 - 30 mnts.
21/08/2023 to 20/09/2023	*Lepam* for external application over painful and swollen joint	*Jatamayadi choorna* + *tandulodaka*	Pain and swelling reduced.
22/08/2023 to 28/08/2023	*Choorna pinda sweda* with oil	*Kolakulathadi choornam* + *Kottamchukkadi thaila*	Patient feels better after treatment
27/08/2023 & 28/09/2023	*Ruksha vasti*	*Amrithotharam kashaya* (300ml)+*Vaishwanara choornam*(30gm)+ *Shaddharam choornam* (15gm)	Retention time - 2 min. (27/08/2023) Retention time -1 min 30 sec (28/08/2023)
29/08/2023 to 7/09/2023	*Valuka sweda*	*Valuka*	Pain on the left leg only persisted
12/09/2023	*Matra vasthi*	*Pippalyadi anuvasana thaila*	Bowel evacuated after 6 hrs.
13/09/2023	*Asthapana vasthi*	*Madhuthailika Vasthi*	Retention time - 2min 30 sec Motion evacuated thrice Patient complaints of fever and tiredness.
17/09/2023 to 20/09/2023	*Choorna pinda sweda*	*Kottamchukkadi choorna* + *Dhanwantharam thailam*	Pain and swelling persisting on the whole body reduced

Table -3: Laboratory Findings:

Before Treatment	After treatment
RA Factor – 204.06 IU/ML	RA Factor –121.35 IU/ML
CRP levels – 47.13 mg/dl	CRP levels –7.65 mg/dl



REPORT

NAME : [redacted]MMA (47Y/F)
REF. BY : DR ARUMUGAM S MS ORTHO
TEST ASKED : ARTHRITIS PROFILE

SAMPLE COLLECTED AT :
(7441015088),CHENNAI SRI BALAJI PAIN RELIEF CLINIC,ANANDAMAN TAMIL SANGAM COMPLEX, PHONEBAX, PORT BLAIR,744101

TEST NAME	TECHNOLOGY	VALUE	UNITS
C-REACTIVE PROTEIN (CRP)	IMMUNOTURBIDIMETRY	47.13	mg/L

Reference Range : (mg/L)
Acute phase determination : < 5 mg/L

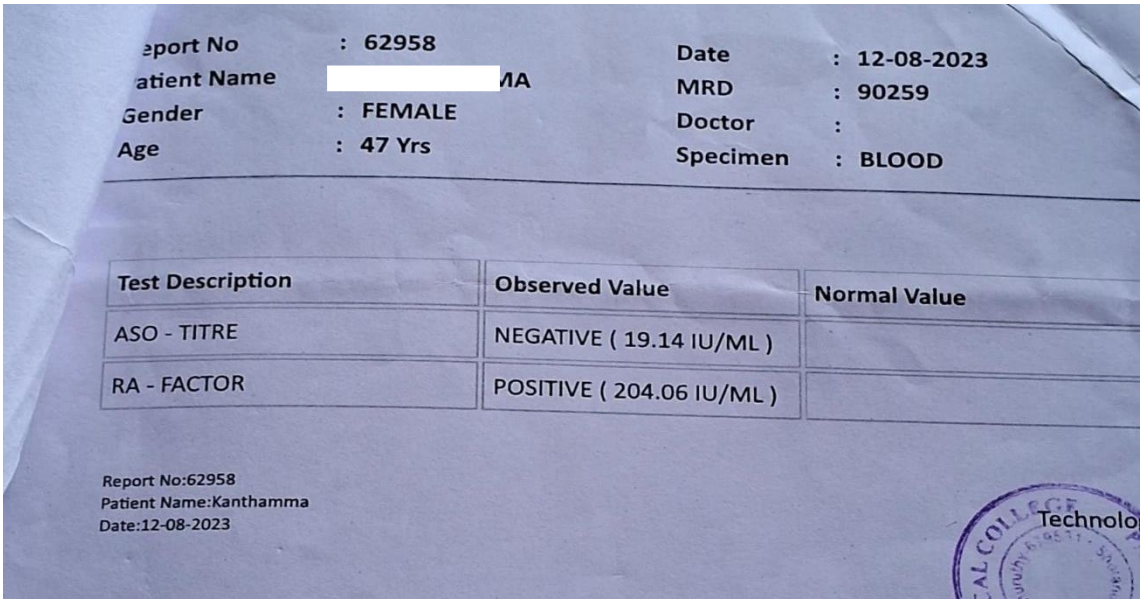
Clinical Significance:
It's a protein present in the sera of acutely ill patients that bound cell wall C-polysaccharide of streptococcus pneumoniae and agglutinates the organisms.

CRP is one of the strongest acute -phase reactants, with plasma concentrations rising up after myocardial infarction,stress,trauma,infection,inflammation,surgery, or neoplastic proliferation.

Concentrations >5 to 10mg/L suggest the presence of an infection or inflammatory process. Concentrations are generally higher in bacterial than viral infection. The increase in peak is proportional to tissue damage. Determination of CRP is clinically useful to screen activity of inflammatory diseases such as rheumatoid arthritis; SLE;Leukemia;after surgery;to detect rejection in renal allograft recipients;to detect neonatal septicemia and meningitis. However, its is a nonspecific marker and cannot be interpreted without other clinical information.

Please correlate with clinical conditions.

Figure-1: CRP level Before treatment



eport No : 62958
atient Name [redacted]MA
Gender : FEMALE
Age : 47 Yrs

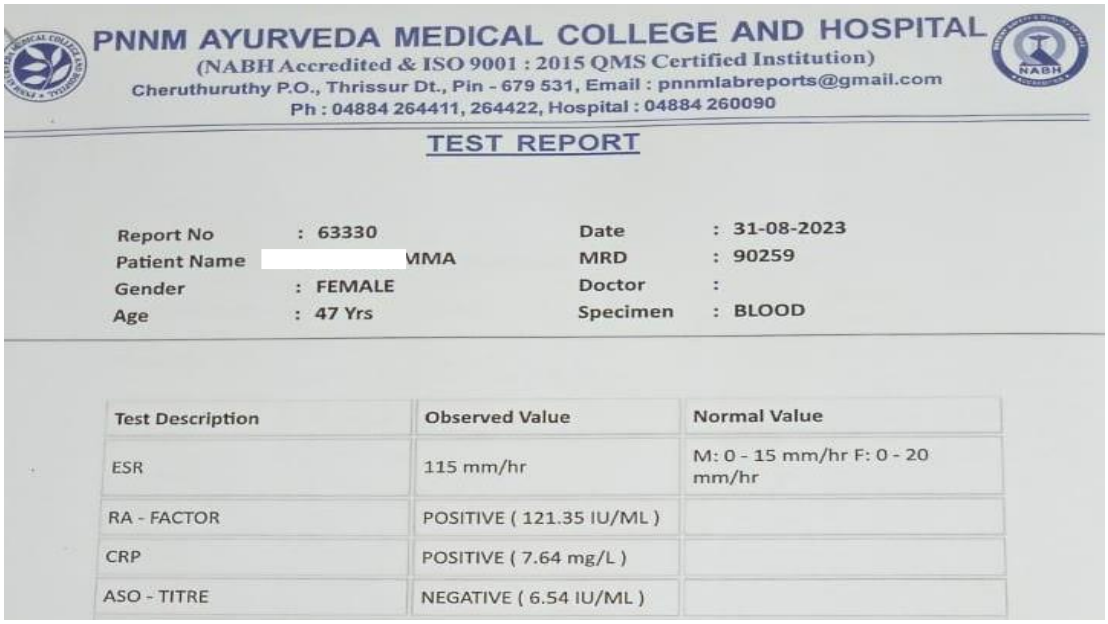
Date : 12-08-2023
MRD : 90259
Doctor :
Specimen : BLOOD

Test Description	Observed Value	Normal Value
ASO - TITRE	NEGATIVE (19.14 IU/ML)	
RA - FACTOR	POSITIVE (204.06 IU/ML)	

Report No:62958
Patient Name:Kanthamma
Date:12-08-2023

Technolo

Figure-2: RA factor before treatment



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Ph : 04884 264411, 264422, Hospital : 04884 260090

TEST REPORT

Report No	: 63330	Date	: 31-08-2023
Patient Name	: MMA	MRD	: 90259
Gender	: FEMALE	Doctor	:
Age	: 47 Yrs	Specimen	: BLOOD

Test Description	Observed Value	Normal Value
ESR	115 mm/hr	M: 0 - 15 mm/hr F: 0 - 20 mm/hr
RA - FACTOR	POSITIVE (121.35 IU/ML)	
CRP	POSITIVE (7.64 mg/L)	
ASO - TITRE	NEGATIVE (6.54 IU/ML)	

Figure-3: CRP and RA after treatment

RESULT:

- Pain all over the body reduced considerably.
- RA Factor reduced from 204.06 IU/ml to 121.35 IU/ml
- CRP levels changed from 47.13mg/dl to 7.64mg/dl
- Remarkable relief from morning stiffness along with marked reduction in swelling of the joints.
- Dose of painkillers- Predmet 4 and Acemiz plus reduced to half.

DISCUSSION:

As *Amavata* is an *Amapradoshaja vyadhi*, correcting the *Agni dusti* is the primary therapeutic objective. *Langhana, Swedana, Deepana, Virechana, Snehana and Vasti* is the line of management mentioned for Amavata. Here the treatment regime was planned according to the classical references. Initially the patient was given with *Chithrakadi kashya* for *ama pachana* and *agni deepana karma* [5] . Later *Amrithotharam kashya along with mukkadi gulika* was added as she had fever along with joint pain and swelling. *Rasnasapthakam kashya* and *Rasnapanchakam kashyaya* was also advised due to its *deepana, pachana, vatakaphaghna* and *shoola prashama* properties. These drugs prevent the further production of *ama* and thereby clearing the *sroto avarodha.*[6]

Externally in the initial phase patient was made to undergo various fomentation therapies starting with *Dhanyamla dhara. Dhanyamla dhara* being *Amla pradhana dravya* helps in pacifying *vata* and *kapha dosha. Sweda kriyas* like *Valuka sweda, Choorna pinda sweda* etc. were followed by *kaya seka.* These *rooksha swedas* helped in softening the channels of body by removing the obstruction.[7]

Vasthi was also given to the patient as it is one of the prime treatment modality for *Amavata* and helps in eliminating the toxins that are accumulated in the body as *ama.* Here *ruksha vasthi* provided a better result by creating *rukshata* to the body and thereby helped in *amapachana* and *deepana* at *dhatu* level and relieved *dhatwagni mandhya*. Thus the treatment principle adopted here is the *Amapachana* along with *rooksha bahya kriya* as a part of *langhana* therapy.

In present era changing of lifestyle, intake of unwholesome food and lack of exercises etc. will leads to Mandagni, which results in the production of Ama. Whenever that Ama gets localized in the body tissue or joints, it can lead to production of pain, stiffness, swelling, tenderness, etc in the related joints. So Nidana Parivarjana (avoidance of causative factors) should be the first and foremost line of management. Nidanas (causes), such as Viruddha Ahara (incompatible food), Viruddha Chestha (incompatible actions), Mandagni (hypoactive agni functioning), Nischala (lack of exercise), and Snigdha Ahara (oily food) followed by immediate exercise, Poor eating habits, an unhealthy lifestyle, and sedentary habits were advised to avoid for the prevention of ama formation.

CONCLUSION:

Treatment modalities like *langhana, swedana*, use of drugs having *katu, tikta rasa* and *deepana* property along with *virechana, snehapana* and *vasthi* can be adopted. These procedures help in *Amapachana, srothoshodana* and *vatashamana.* Conventional drugs provide only temporary control to the pain but the possibilities of further damage to the joints remains the same. *Ayurvedic* medications not only improves the quality of life but also made able to get rid of the use of steroids.

Patient Perspective:

As a patient I experienced very much discomfort in the joints due to pain and swelling for the past few years. My movements where restricted due to pain along with swelling and stiffness. I was not able to do my household activities due to restricted movements. Since one year, I was under allopathic medication from which I got only temporary relief .When I started taking *Ayurvedic* medicines both internally and externally, showed very much improvement to my condition. My body started to feel lightness and gradually I became free from pain and stiffness. I was also able to reduce the dose of my painkillers to a certain extent which I used extensively before.

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Limitation of the study:

The patient was not advised for any sookshma vyayamas as she is suffering from severe joint pain along with swelling especially in the morning.

Patient consent:

In the form the patient was given her consent for her clinical information to be reported in the journal.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

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