IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

An Integrated Approach In The Management Of Rheumatoid Arthritis W.S.R. *Amavata*: A Case Study

Author:

Prof. Dr. Sachinkumar Sahebrao Patil 1

Ph.D. (Kayachikitsa), M.D.(Kayachikitsa), M.B.A.(H.R.),

M. A.(Sanskrit), P.G.D.E.M.S; D.Y.A.

Professor and Head of the Department(H.O.D.), Department of Kayachikitsa,

M.A.M.'s Sumatibhai Shah Ayurved Mahavidyalaya, Malwadi,

Hadapasar, Pune 411028, Maharashtra State, India

ABSTRACT:

Rheumatoid arthritis (RA) is a chronic inflammatory disease of unknown etiology characterized by a symmetric polyarthritis and is the most common form of chronic inflammatory arthritis. Factors producing RA includes infectious trigger, genetic predisposition and autoimmune response. Since persistently active RA often results in articular cartilage and bone destruction and functional disability, it is vital to diagnose and treat this disease early and aggressively before damage ensues. RA., a systemic disease, may lead to a variety of extra- articular manifestations, including subcutaneous nodules, lung manifestations, pericarditis, peripheral neuropathy, vasculitis and haematologic abnormalities which must be managed accordingly. Despite the progress and advanced treatments, incomplete understanding of the initiating events of RA and the factors perpetuating the chronic inflammatory response remains a barrier to its cure and prevention.

In *Ayurveda*, we can correlate RA, here, with multiple factors like *Amavata, Saam vayu, Vatavyadhi, Asthivaha strotas dushti* etc.

The present case study is a case report of management of a female patient 43 years old with RA. *Ayurvedic* medication along with modern medicines were found to be effective in this case.

KEYWORDS: Rheumatoid Arthritis, *Amavata, Vatavyadhi, Samavayu,* Modern medicine etc.

INTRODUCTION:

Rheumatoid Arthritis is a chronic inflammatory joint disease with multisystem involvement. The incidence of RA increases between 25 and 55 years of age, after which it plateaus until the age of 75 and then decreases. The presenting symptoms of RA typically results from inflammation of joints, tendons and bursae. Patients often complain of early morning joint stiffness lasting more than 1 hour that eases with physical activity. The earliest involved joints are small joints of the hands and the feet. The initial pattern of joint involvement may be mono-articular, oligo-articular or poly-articular, usually in symmetric distribution. Once disease process of RA is established, the wrists and MCP (metacarpophalangeal) and proximal interphalangeal (PIP) joints stand out as the most frequently involved joints. Progressive destruction of the joints and soft tissues may lead to chronic, irreversible deformities.

Ulnar deviation (subluxation of MCP joints), SWAN NECK DEFORMITY(hyperextension of PIP joint with flexon of DIP joint), BOUTONNIERE DEFORMITY (flexion of PIP joint with hyperextension of DIP joint), Z LINE DEFORMITY(subluxation of first MCP joints with hyperextension of the first IP joint, may also result from damage to tendons, joint capsule and other soft tissues in these small joints. Although metatarsophalangeal joint involvement is an early feature of disease, chronic inflammation of ankle and mid-tarsal region usually comes later. Large joints, including knee and shoulder, often affected in established disease.

Extra-articular manifestations may develop during clinical course of RA in upto 40% of patients, even prior to the onset of arthritis. Subcutaneous nodules, secondary Sjogrens syndrome, Interstitial Lung Disease, Pulmonary nodules and Anaemia are among most frequently observed extra-articular manifestations.The treatent in allopatic includes anti rheumatic drugs which includes disease modifying antirheumatic drugs (DMARDs). Methotrexate and chloroquine are some examples of DMARDs. The prolonged use of these drugs may produce adverse effects .

Aacharyas have mentioned that *Vata Dosha* is the one, responsible for *Dosha-gati* and *Samprapti. ''Pittam pangu Kapham pangu pangavo mala-dhatavah, Vayunam yatra niyanti tatra varshati meghvat.*" *Amavata* in *Ayurveda* is correlated with Rhematoid Arthritis. Due to poor strength of *Agni* undigested *Ahara* in *Amashaya* known as *Ama* . The aggrevated *Vata Dosha* along with *Ama-rasa* into circulation when reach to *Kapha sthana* and *Sandhi*(small joints) get localized, which cause obstruction in joints and leading to pain and swelling in the joints. *Amavata* explained in *Ayurvedic* texts are *Sandhi shoola, Sandhi shotha, Stabdhata, Sparshasahatva, Sashabda sandhi* etc. Apart from these classical symptoms *Angamarda, Aruchi, Trishna, Alasya, Gaurava, Jwara* are also found.. Detailed description of *Amavata i*s explained in *Madhavnidana*. Other *Ayurvedic Samhitas* includes references regarding *Saamvaayu* etc.

CASE PRESENTATION: A 43 year old female, Staff nurse by profession, reported at hospital Outpatient Department on 25/03/2023 C/O:1)Interphalyngeal joint pain & swelling (on & off)- since 2-3years 2)Shoulder joint pain, restricted movements(on & off) since 2-3 years 3)Knee joint pain; difficulty in walking 4)Morning stiffness, painful movements (pain relief after analgesics, local heat application)

K/C/O : Rheumatoid Arthritis since 2.5 years
S/H/O : LSCS 18 years ago No any known allergy to drug or food till date. No any known addiction.

Apetite: loss of apetite Bowel: semisolid stools Bladder: normal

Exercise: None Sleep: Irregular; Disturbed , Daytime

Investigations:

Haemogram	21/1/2023	25/3/2023	8/7/2023
Hb	12.2 g/dl	11.4g/dl	11.8g/dl
RBC's	4.44 mill/uL	4.24/uL	4.48/uL
WBC's	5678/uL	4910/uL	4610/uL
Platlet	211000/uL	256000/uL	286000/uL
MCV	80.6fl	78.8fl	82.3fl
HCT	35.6%	33.8%	35.6%
RA Factor	256 IU/mL	128IU/mL	64IU/mL
ESR	38m/hr	44mm/hr	28mm/hr
Sr.Uric acid	4.5mg/dl	5.2mg/dl	4.2mg/dl
CRP	12.6	11.6	10.8
Anti CCP	Positive	----------	Positive

1) Anti Nuclear Antibody : POSITIVE (ANA # 1.16) 2)Thyroid Function Test: Sr. T3: 0.85ng/dl; Sr. T4: 7.60 ug/dl, Sr. TSH: 2.45mIU/L 3)BUL: 44.2mg/dl, SR. Creat:0.77 mg/dl 4)URINE-R: colour-pale yellow, Reaction:Acidic, Albumin:absent, Sugar; Absent, Ketones: Absent, Bile salt-Bile pigment: Absent, Pus cell: ab, RBC: Ab, Crystals:Ab 5)USG (A+P): USG Study does not show any abnormality. 6)BSL F: 104 mg/dl, PP: 138 mg/dl 7)LFT's: Total protein :6.8 g/dl, Albumin: 4.07 g/dl, Globulin: 2.7g/dl, Total Bilirubin: 0.34 mg/dl, Direct Bilirubin: 0.16, Indirect Bilirubin: 0.18, Sr. Alkaline phosphatise: 116.9 U/L

Table No. 1: Ayurvedic Treatment with following drugs

	Name	21/1/2023	25/3/2023	8/7/2023
1)	*Yograja Guggulu 500 mg*	2TDS	----------	2TDS
2)	*Aampachak Vati 500 mg*	2TDS	2TDS	----------
3)	*Erandmoola+Punarnava+Bala+Dhamasa+Jatamansi each 200 mg with koshna jala*	1TDS	----------	----------
4)	*Erandmoola+Punarnava+Bala+Asthimajjapachak+Jatamansi each 200 mg with koshna jala*	----------	1TDS	----------
5)	*Erandsneha 20 ml with koshna jala*	BD	----------	----------
6)	*Vaatvidhwans Rasa 250 mg*	1TDS	1TDS	1TDS

7)	*Mharasnadi Kwatha 20 ml*	----------	BD	BD
8)	*Narsinha Rasayana 2 tsp with koshna jala*	----------	----------	OD

Yogabastikrama: *Anuvasana basti with Sahachara taila* *Niruha basti with Erandmoola + Dashmoola kwatha*

no	Day	*Snehana*	*Swedana*	*Anuvasana*	*Niruha*	Symptoms
1)	D1	Y	Y	----------	A	4Hour-1 *vega*
2)	D2	Y	Y	N	----------	5Minute-2 *vega*
3)	D3	Y	Y	----------	A	6Hour-1 *vega*
4)	D4	Y	Y	N	----------	5minute-1 *vega*
5)	D5	Y	Y	----------	A	6Hour-1*vega*
6)	D6	Y	Y	N	----------	5Minute-2 *vega*
7)	D7	Y	Y	----------	A	8 Hour-1 *vega*
8)	D8	Y	Y	----------	A	7Hour-1 *vega*

Table No. 3 Treatment with Modern Medicine:

No.	Name	21/3/2023	25/3/2023	8/7/2023
1)	Tablet. Ecort 6 mg (Deflazacort)	1OD	1 SOS	----------
2)	Tablet. Folitrax (Methotrexate) 15 mg	Once a week	Alternate week	----------
3)	Tablet. Folitrax(Methotrexate) 7.5 mg	----------	----------	Once a week
4)	Tablet.Nimucare(Nimesulide) 100 mg	SOS	----------	----------
5)	Tablet. Ozytac (Ketoralac Tromethamine) 20 mg	1 BBF	1 BBF	----------
6)	Tablet. Folvite (Folic acid) 5 mg	1 OD	1 OD	----------
7)	Tablet.HCQ (Hydroxychloroquine) 300 mg	1 OD	1 OD	----------
8)	Tablet.HCQ (Hydroxychloroquine)200 mg	----------	----------	1 OD

DISCUSSION:

Amavata is progressive disorder which involves formation and accumulation of *Ama* along with *Vata* vitiation. *Viruddhashana*, *Ativyayama* and *Divaswapa*, etc. are *Aharatmaka* and *Viharatmaka* factors mainly involves in *Amavata.* These factors are responsible for *Mandagni* which leads production and accumulation of *Ama*, this *Ama* along with vitiated *Vata* circulates and get deposited at the *Sleshma-sthana* (joints). These all pathological events produces cardinal symptoms of *Amavata* like *Shoola*, *Shotha* and *Sthamba*, etc. The treatment approaches involve cessation of *Ama* by *Amapachana* therapies and pacification of vitiated *Vata* and *Kapha dosha.*

Yograja guggulu and *Vata vidhwans rasa* are mainly indicated in *Vata Roga*. Pain is the classical symptom of RA due to *Vata* . So these medicines do the best in this case. *Yograja guggulu* is, *Rasayana, Tridoshahara* and works in *Mandagni*. When it consumed with *Rasnadi kwath* it kills all types of *Vata* disorders, *'Rasnadi kwath samyukto vividham hanti marutam'.*

Aampachak vati as name suggests, it improves *Agni and ultimately causes Aampachana.* It is anti-spasmodic, carminative and digestive. *Erand Sneha* considered to be powerful treatment in *Aamvata*. Its *Ushna veerya* helps to digest the *Ama*, the *Sneha* helps to calm the *Vata*. Along with *koshna Shunthi jala* it acts *Mridu Virechana*, without causing stomachache, which is a *Chikitsa* of *Vata vyadhi.*

The polyherbal combination of *Erandmoola, Bala, Punarnava, Dhamasa and Jatamansi* potentiates These ingredients potentiate Agni, pacify Doshas and relieves inflammatory symptoms such as; pain, swelling and tenderness. This formulation gives symptomatic as well as pathological benefits in case of Amavata.

Maharasnadi kwatha, contai ning a number of *Tikta Rasatmaka Dravya* which helps to digest the *Ama* and related *Jwara*.The *Panchkarma* always reamains mainstay of the treatment, but only after *Deepana-Pachana.* After suffering from alot of pain it is very usual that the patient became irritated and suffered with depression, so, *Yoga* and Meditation was highly recommended to overcome the mental issue and help to build the strong mental power in the patient.

CONCLUSION:

An integrative treatment of *Ayurveda* and Modern medicine is always found to be beneficial .Here all these Drugs and therapy help the patient to get rid of Rheumatoid Arthritis. At present , the patient is free from all signs and symptoms and she is leading a comforTabletle life by carefully avoiding the *Nidana (*causative factors).

The case report demonstrates that the treatment of Rheumatoid Arthritis along with *Ayurvedic* medicinal drugs which helps in gradually withdrawing the allopathic drugs. No surgical intervention was given.

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Authors short Biography

Dr Sachinkumar Sahebrao Patil M.D. (Kayachikitsa) Medicine, Ph.D. (Kayachikitsa) Medicine, M.B.A. (H.R.), M.A. (Sanskrit), P.G.D.E.M.S., D.Y.A. Professor and H.O.D., Ph.D. Guide, M.D. Guide, Department of Kayachikitsa, M.A.M.'s Sumatibhai Shah Ayurved Mahavidyalaya, Malwadi, Hadapsar, Pune – 411028, Maharashtra State, India. He is working as an Ayurved Physician and Panchakarma Specialist since last 18 Years. He is a BOARD OF STUDIES MEMBER for Paraclinical Ayurved Board of Maharashtra University of Health Sciences (M.U.H.S.), Nashik. He is a FACULTY MEMBER for Post Graduate Paraclinical Ayurved Board of M.U.H.S., Nashik. He is working as a Research Faculty for Research Methodology and Medical Statistics for M.U.H.S., Nashik. He is a Ph.D. GUIDE for 08 Ph.D. Kayachikitsa (Medicine) students and M.D. GUIDE for 28 M.D. Kayachikitsa (Medicine) students out of which 21 M.D. Kayachikitsa (Medicine) students have been already passed out. His research experience is 15 Years. His research interests in Anxiety disorder, Diabetes Mellitus, Obesity, Hyperacidity, Diarrhoea, Anaemia, Infertility etc.