AN AYURVEDIC APPROACH TO RHEUMATOID ARTHRITIS (AMAVATA) – A CASE STUDY

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INTRODUCTION

Rheumatoid Arthritis is an autoimmune disease causing a chronic symmetrical polyarthritis with systemic involvement. Its course is extremely variable and is associated with non-articular features also (Parveen Kumar et al., 2009). In approximately two-thirds of the patients, it begins insidiously with fatigue, anorexia, generalized weakness and vague musculoskeletal symptoms until the appearance of synovitis becomes apparent. Although there are a variety of systemic manifestations, the characteristic feature of established RA is persistent inflammatory synovitis, usually involving peripheral joints in a symmetric distribution. The potential of the synovial inflammation to cause cartilage damage and bone erosions and subsequent changes in joint integrity is the hallmark of the disease (Anthony.S. Fauci et al., 2008). Morning stiffness of >1-h duration is an almost invariable feature of inflammatory arthritis.

The prevalence of RA is ~0.8% of the population (range 0.3–2.1%); women are affected approximately three times more often than men. The prevalence increases with age, and sex differences diminish in the older age group. The onset is most frequent during the fourth and fifth decades of life, with 80% of all patients developing the disease between the ages of 35 and 50 (Anthony.S.Fauci et.al, 2008).

The various therapies employed are directed at nonspecific suppression of the inflammatory or immunologic process with the expectation of ameliorating symptoms and preventing progressive damage to articular structures (Anthony.S.Fauci et al., 2008). The modern medical management which involves the use of NSAID’s, Glucocorticoids, DMARD’s, biologics, immunosuppression therapies is more towards causing toxicity in the body causing GI ulceration, bleeding, hepatotoxicity etc.

There is a need for an effective, safe and less complicated treatment for Rheumatoid arthritis. As Ayurveda aims at the reversal of the disease condition to a healthy state by removing the root cause and not merely treating the symptoms, it can be the best option for RA. The signs and symptoms mentioned for RA can be correlated to the Amavata lakshanas such as Angamarda, Aruchi, Trishna (feeling of thirst), Alasya, Gourava (heaviness of the body), Jwara (fever), Apakata (indigestion) and Soonangata (swelling) (Prof.K.R.Srikanta Moorthy, 2007). The severity of the disease can be seen in Pravriddha Amavata lakshanas like vrischikadamsa (hands), pada (feet), gulpha (ankles), trika (shoulder, low...
back) etc (Prof.K.R.Srikanta Moorthy, 2007). As the disease exhibits lakshanas in both Abhyantara (internal) & Madhyama (middle) rogamarga (pathway of disease), it is said to be krichrasadhyya (difficult to cure) or yapya (long lasting). The nidanas (causes) lead to the formation of Ama and vitiation of Vata resulting in the symptoms of Amavata. Ayurvedic approach to Amavata (RA) leads to break in the Samprapti (pathogenesis) of the disease and thereby removing the root cause of the disease. Ayurvedic treatment modalities like Langhana, Swedana, use of drugs having Tikta, Katu rasa and Deepana property, Virechana, Snehapana, Vasti etc. are said to be done in Amavata (Indradeva Tripati, 2011).

MATERIALS AND METHODS

Case report
A female patient aged about 58yrs with MRD No: 68401 visited OPD of Kayachikitsa, Amrita School of Ayurveda, Vallikkavu, Kerala presenting with complaints of multiple joint pain, swelling of joints and morning stiffness of the joints since 6 months.

History of present illness
6 months before, the patient had a gradual onset of stiffness and pain in the right knee joint followed by symptoms in the left knee joint. Gradually pain and stiffness developed in B/L ankle joints, toes, B/L wrist joints. The pain was so severe that it was associated with swelling and felt difficulty while initiating any action and aggravated on exposure to cold. The symptoms subsided by application of heat. There is occasional night starts of Movements – Painful movements of B/L shoulder joints, B/L wrist joints, B/L knee and ankle joints, MTP joints. Lateral flexion of lumbar sacral spine painful

Investigations
Hb- 12.9 g%
S.Uric acid – 3.8 mg/dl
TC – 7300 cells/mm³
RA – 30.7 IU/ml (Normal: <18)
DC - N- 53, L- 39, E- 6, M- 2, B-0
ASO- 287 IU/ml (Normal: <200)
ESR – 36mm/hr

AshtasthanaPareeksha (examination of 8 seats)
1. Nadi (pulse): mandam (slow)
2. Mootram(urine): sugha pravruti (regular)
3. Malam (stool): sugha pravruti (regular)
4. Jihwa(tongue): Upalepa (coated)
5. Sabda (voice): vyakta (clear)
6. Sparsha (touch): sadharana (regular)
7. Drik (eyes): sadharana (normal)
8. Akriti (built): madhyama (moderate)

Dasavidhapareeksha (10 fold examination)
1. Prakruti (constitution): Vatakapha
2. Vikruti(morbidities): Dosha- Vatapradhana tridosh, Dooshya- Rasa
3. Satwa(psychic conditions): Madhya
4. Sara(excellence of tissue elements): Asthi
5. Samhanana(compactness of organs): Madhya
6. Prama(measurement of organs): Madhya
7. Satmya(homologation): Sarva
8. Aharasakti(power of intake & digestion of food): madhyama
9. Rookshana(power of excretion): avara
10. Vyayamasakti(power of performing exercise): avara

Treatment
Valuka Sweda (fomation therapy with sand) was done for the first 7 days followed by Sarvanga Abhyanga Bahpa Sweda (Massage and steam) with Kottamchukkadi taila for the next 7 days, and on the 15th day, Virechana with Moorchita eranda taila was given. Internal medicines like Rasnasaptakam kashayam and Dasamoohahareetaki lehyam were given for 30 days. The patient was discharged on the 15th day and advised to continue the internal medicines for 15 more days and to come to the OP after 15 days for taking the AT assessment. The treatment has been mentioned in Table 1 and Table 2.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Medicine</th>
<th>Dose</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Rasnasaptakam kashayam (with Nagarachoornam)</td>
<td>100ml in divided dose</td>
<td>30 days</td>
</tr>
<tr>
<td>2.</td>
<td>Dasamoohahareetaki lehyam</td>
<td>1 tsp</td>
<td>30 days</td>
</tr>
</tbody>
</table>

Table 1 External treatment

Table 2 Internal medicines

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roodshana (Valuka Sweda)</td>
<td>7 days</td>
<td></td>
</tr>
<tr>
<td>Sarvanga Abhyanga Bashpa Sweda</td>
<td>Kottamchukkadi taila</td>
<td>7 days</td>
</tr>
<tr>
<td>Virechana</td>
<td>Moorchita eranda taila (30 ml)</td>
<td>1 day</td>
</tr>
</tbody>
</table>

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expulsion of Ama from the Koshta and in the form of Moorchi Eranda properties was selected as one of the drugs for treatment. It was selected because of its Rasnasaptakam Amavata. Pandit Hari Sadasiva Sastri Paradakkara, 2012 (AravattazhikathuK.V. Krishnanvaidyan and AanekhaleelilS. Gopalanpillai, 2012) makes it an ideal choice for Abhyanga in Amavata.

Rasnasaptakam kashayam (Indradeva Tripati, 2011) was selected because of its deepana, pachana, kaphavata, samana, vatakaphasamana properties of Kottamchukkadi taila (AravattazhikathuK.V. Krishnanvaidyan and AanekhaleelilS. Gopalanpillai, 2012) in the form of Sarvanga Lehya (Indradeva Tripati, 2011) and on the day of completion of treatment (Day 30).

Pathya (Bhishakratna Sri Brahma Shankar Mishra, 2009, a) Rice, Horse gram, Buttermilk, Warm water, Garlic, ginger, Drumstick.

Apathya (Bhishakratna Sri Brahma Shankar Mishra, 2009, b) Curd, Fish, Jaggery, Milk, Black gram, Fast food, uncooked food, oily food Suppression of urges, Keeping awake at night.

Grading for assessment of disease

The results of the therapy were assessed on the basis of clinical signs and symptoms mentioned in Ayurvedic classics as well as by ARA (1988). The assessment was done on the zero day (ie one day prior to initiation of treatment) and on the day of completion of treatment (Day 30).

Blood parameters were assessed before and after treatment. Grading of subjective criteria is shown in tables 6,7,8 and 9.

Preparation of medicine

All medicines for internal and external use were manufactured with Good Manufacturing Practice in Amrita Ayurveda Pharmacy associated with the hospital.

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Table 11 Assessment of Sandhisotha

<table>
<thead>
<tr>
<th>LT</th>
<th>AT</th>
<th>Name of the joint</th>
<th>RT</th>
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</thead>
<tbody>
<tr>
<td>BT</td>
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<td>Knee joint</td>
<td>BT</td>
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<tr>
<td>1</td>
<td>0</td>
<td></td>
<td>AT</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>Ankle joint</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>Wrist joint</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 12 Assessment of Sandhiagram

<table>
<thead>
<tr>
<th>LT</th>
<th>AT</th>
<th>Name of the joint</th>
<th>RT</th>
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</thead>
<tbody>
<tr>
<td>BT</td>
<td>0</td>
<td>Knee joint</td>
<td>BT</td>
</tr>
<tr>
<td>1</td>
<td>0</td>
<td></td>
<td>AT</td>
</tr>
<tr>
<td>1</td>
<td>0</td>
<td>Ankle joint</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>0</td>
<td>Wrist joint</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 13 Assessment of Sparsha asahatwa

<table>
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<th>AT</th>
<th>Name of the joint</th>
<th>RT</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT</td>
<td>0</td>
<td>Knee joint</td>
<td>BT</td>
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<tr>
<td>2</td>
<td>0</td>
<td></td>
<td>AT</td>
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<tr>
<td>0</td>
<td>0</td>
<td>Ankle joint</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
<td>Wrist joint</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 14 Assessment of objective criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>BT</th>
<th>AT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESR</td>
<td>36 mm/hr</td>
<td>16 mm/hr</td>
</tr>
<tr>
<td>RA</td>
<td>30.7 IU/ml</td>
<td>7.62 IU/ml</td>
</tr>
<tr>
<td>ASO</td>
<td>287 IU/ml</td>
<td>165.4 IU/ml</td>
</tr>
<tr>
<td>VAS</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>

DISCUSSION

The signs and symptoms of Rheumatoid Arthritis can be correlated to that of Amavata. MadhavaNidana was the first to describe the features of Amavata whereas the treatment of Amavata was first explained by Cakradatta. In this case, the patient presented with multiple joint pain and swelling along with morning stiffness and early fatigue. It can be compared to the Amavata features like Angamarda, Alasya, Angasoonata, Sarujam sotham in sandhis. Along with that other Ama features like Jihwa upalepa, Aruchi etc. also was seen. Drugs having Ushna, Tikshna, Deepana, Pancha, Shothahara, Vadanahara properties can be the choice of drugs for the treatment of the complaints. The combined efficacy of internal medicines like Rasnasaptakam kashaya, Dasamoolahareetaki lehyam and external procedures like Valuka Sweda, Sarvanga Abhyanga Bashpa Sweda and Virechana with Moorchita eranda taila were tried in the patient. Rasnaspatakam kashayam and Dasamoolahareetaki lehyam having Deepana, Pancha, Vatakapha samana, sothahara properties helped in reducing the Ama symptoms like reduced appetite, jihwa upalepa, stiffness, swelling etc. Valuka Sweda helped in bringing rookshata (dryness) as well as Swedana to the body so that the stiffness and swelling were reduced. Kottamchukkadi taila having Vadanasthapana (pain alleviating), sothahara properties used for Abhyanga helped in reducing the joint pain. Eranda taila described as the best drug for Amavata acted as Vatanulomana. The assessment of the patient before and after treatment was taken which showed improvements in the subjective and objective criteria.

CONCLUSION

Hence it can be concluded that the combined effect of Rasnaspatakam kashayam, Dasamoolahareetaki lehyam, and Valuka Sweda, Sarvangaabhyanga Bashpa Sweda and Virechana with Moorchita Erandataila is fruitful in the management of Rheumatoid Arthritis (Amavata).

Acknowledgement

The authors feel highly grateful to Dr.Ratnaprava Mishra, Professor, and HOD, Department of Kayachikitsa, Amrita School of Ayurveda for the valuable suggestions and timely help she has rendered in preparing this article. We also take this opportunity to thank the management of Amrita School of Ayurveda for providing all the necessary facilities for the successful completion of the work.

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