

An Ayurvedic Approach in the Management of Rheumatoid Arthritis (Aamvata) – A Case Study

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Abstract

Rheumatoid Arthritis (RA) is a most common chronic immune-inflammatory disease characterized by inflammation and deformity of joints. The hallmark of the disease is chronic, symmetric, polyarthritis (synovitis) that affects the joints of hands and feet although any joint lined by a synovial membrane may be involved. The disease resembling clinically to RA is described in Ayurvedic texts as Aamvata. The symptoms are produced due to vitiation of Vata (biophysical force) along with the formation of Aam (bio-toxin). The Aam is carried by the aggravated Vata and deposited in Sleshmasthanas (Seats of biophysical force, kapha like joints etc.) producing features like Angamarda (body ache), Aruchi (anorexia), Alasya (laziness), Sandhishoola (joint pain), Sandhishotha (joint swelling) etc. Ayurveda acharya, Shri. Madhavakara in his book Madhav Nidan described the features of Aamvata for the first time whereas the treatment of Aamvata was first explained by Acharya Chakradatta. The treatment modalities like Langhana (fasting therapy), Swedan (fomentation/steaming therapy), use of drugs having Tikta Katu rasa (bitter and pungent taste), Deepana-pachana properties (digestion promoting medicines), Virechana (purgation therapy), Basti (Medicated enema) etc. are the treatment advised. In the present study, we have discussed a female patient having rheumatoid arthritis (aamvata) who has treated with Dravyas having Tikta Katu rasa, Deepana-Aampachana, Shoolprashmana and Shothhara properties. The assessment was made on the basis of relief in signs and symptoms, serological findings of RA factor, erythrocyte sedimentation rate and was found fruitful.

Keywords: Aamvata; Rheumatoid Arthritis; Deepana-Aampachana; Valuka Sweda

Introduction

Rheumatoid arthritis is a chronic immune-inflammatory disease. It causes joints to swell and can results in pain, stiffness and progressive loss of function. In approximately two thirds of patients, it begins insidiously with fatigue, anorexia, generalized weakness and vague musculoskeletal symptoms. Morning stiffness is an almost invariable feature of Rheumatoid arthritis. Rheumatoid Arthritis affects between 0.5 and 1% of adults in the developed world with between 5 and 50 per 100,000 people newly developing the condition each year.

Onset is uncommon under the age of 15 and from then on the incidence rises with age until the age of 80. Women are affected three to five times as often as men.

In modern system of medicine many drugs are available to reduce the symptoms of arthritis, like inflammation and pain in the form of non steroid anti-inflammatory drugs (NSAIDs), corticosteroids and the long term suppression is achieved by disease modifying anti-rheumatic drugs (DMARDs). These medications have shown their best results to reduce symptoms of arthritis, but at the same time they have also shown remarkable side effects which may cause some complications in body. Most of the NSAIDs have gastrointestinal side effects (GI ulceration, bleeding etc.) whereas corticosteroids, DMARDs cause bone marrow, renal and hepatic suppression. Thus, it is a demand of time, now to approach for alternative therapy which is safe, effective and less complicated. Consequently, there is much scope in traditional medicine system. i.e Ayurveda. 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 Aamvata lakshanas such as Angamarda (body ache), Aruchi (anorexia), Trishna (feeling of thirst), Alasya (laziness), Gourava (heaviness of the body), Jwara (fever), Avipaka (indigestion) and Shotha (swelling) (Madhav Nidan, 2002). The term Aamvata comprises of two vital words AAM & VATA i.e. aam (an endogenous toxic substance) associated with vata dosha (biophysical force), causing an acute disease mainly affecting various kapha dosha sites like joints and later on heart.

The severity of the disease can be seen in Pravridha Aamvata lakshanas like vrischikadamshvat vedana (pain as that of a scorpion sting), involvement of joints like hasta (hands), pada (feet), gulpha (ankles), trika (shoulder, low back) etc. (Madhav Nidan, 2002). As the disease exhibits lakshanas in both Abhyantara (internal) & Madhyama (middle) rogamarga (pathway of disease), it is said to be krichrasadhya (difficult to cure) or yasya (long lasting). The nidanas (causes) lead to the formation of Aam and vitiation of Vata resulting in the symptoms of Aamvata. Ayurvedic approach to Aamvata (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, Swedan, use of drugs having Tikta, Katu rasa and Deepana-Pachana property, Virechana, Basti etc. are said to be effective in Aamvata (Yogarajakar, 2007).

Materials and Methods

Case report

A 40 yrs old female patient with MRD No. 2018/1691 Visited OPD of Kayachikitsa, at B.S.D.T.'S Ayurved Hospital and Cancer Reaserach Centre, Wagholi, District-Pune with complaints of multiple joint pain, swelling of joints and morning stiffness of the joints since 2 years.

History of present illness

Patient was apparently alright 2 years before, after which she had a gradual onset of stiffness, pain and swelling at left knee joint followed by symptoms in the right knee joint. Gradually pain and stiffness developed in bilateral wrist and ankle joints. The pain was so severe that it was associated with difficulty while initiating any activity and aggravated on exposure to cold. Patient was on steroid i.e. T. Methotrexate 15 mg OD Orally twice a week and also taking pain killers as and when required but had no relief hence she came to ayurvedic hospital for further medical management.

History of past illness

H/o Chronic Rhinitis since 15 years

Treatment History

She took antibiotics and inhaler many a times for rhinitis

H/o taken pain killers for arthritic complaints as and when required.

Taking methotrexate 15 mg OD Orally twice a week for Rheumatoid arthritis since 2 months but had no relief.

Personal History

Name: xyz

Age: 40 yrs

Sex: Female

Marital Status: Married

Occupation: Housewife

Appetite: Low

Bowel: 1 time/day

Bladder: 4-5 times/day, 1-2 times at night

Allergy: Dust

Pulse: 72/min

BP: 100/70 mm Hg

Respiratory Rate: 24/min

Temperature: 98.4⁰F

Systemic examination

Musculoskeletal System:

Inspection: Swelling present on B/L wrist joints, B/L ankle joints and Right knee joint.

Palpation: Tenderness present on B/L wrist and right knee joint.

The range of movements – Painful movements of B/L wrist joints, right knee and B/L ankle joints.

Painful movements of fingers of hands.

Investigations:

Hb - 9.6 gm/dl

RBC - 4.3 mil

WBC - 6300/cumm

ESR – 36 mm/hr

RA – 80 IU/ml

ANA- Negative

Uric acid – 4.2 mg/dl

Ashtavidha (Ashtasthana) Pareeksha (Examination of 8 seats)

1. Nadi (Pulse): Manda (Slow)
2. Mootram (Urine): Samyak Pravrutti (Regular)
3. Malam (Stool): Samyak Pravrutti (Regular)
4. Jiwaha (Tongue): Upalepa (Coated)
5. Shabda (Voice): Vyakta (Clear)
6. Sparsha (Touch): Sadharan (Regular)
7. Drik (Eyes): Sadharan (Normal)
8. Akriti (Built): Madhyama (Moderate)

Dashvidha Pareeksha (10 fold examination)

1. Prakruti (Constitution): Vatakapha
2. Vikruti (Morbidities): Dosha – Vatapradhana tridosha, Dooshya – Rasa
3. Satwa (Psychic condition): Madhya
4. Sara (excellence of tissue elements): Asthi
5. Samhanana (Compactness of organs): Madhyama
6. Pramana (Measurements of organs): Madhyama
7. Satmya (Homologation): Sarva rasa
8. Ahara Shakti (Power of intake and digestion of food): Madhyama
9. Vyayama Shakti (Power of performing exercise): Avara
10. Vaya (Age): 40 yrs

Treatment:

External treatment in the form of valuka pottali sweda and shunthi lepa on affected joints.

Internal medications like Navayas lauh, Simhanad Guggul and Rasapachaka vati were given for 21 days.

The patient was advised to continue the medications for total 21 days and to come for follow up in OPD.

Table 1 External Treatment

Treatment	Medicine	Duration
Rooksha sweda	Valuka Pottali	21 days
Lepa	Shunthi Lepa	7 days

Table 2 Internal Medicines

Sr. No.	Medicine	Dose	Duration
1.	Navayas Lauh	2 tablet – Vyanodan Kale (After lunch and dinner)	21 days
2.	Simhanad Guggul	2 tablet – Pratah and Sayam Kale (Morning and Evening)	21 days
3.	Rasapachaka Vati	2 tablet - Pratah and Sayam Kale (Morning and Evening)	21 days

Table 3 Ingredients of Simhanad Guggul

Sr. No.	Dravya	Botanical Name
1	Haritaki	Terminalia chebula
2	Bibhitaki	Terminalia bellirica
3	Amalaki	Emblica officinalis
4	Shuddha Gandhak	-
5	Shuddha Guggulu	-
6	Eranda Tail	Castor Oil

Table 4 Ingredients of Navayas Lauh

Sr. No.	Dravya	Botanical Name
1	Haritaki	Terminalia chebula
2	Bibhitaki	Terminalia bellirica
3	Amalaki	Emblica officinalis
4	Shunthi	Zingiber officinale
5	Marica	Piper nigrum
6	Pippali	Piper longum
7	Musta	Cyperus rotundus
8	Vidanga	Embelia ribes
9	Chitraka	Plumbago zeylanica
10	Aayoraja	Lauha bhasma

Table 5 Ingredients of Rasapachaka Vati

Sr. No.	Dravya	Botanical Name
1	Patola	Trachosantes Dioica
2	Indrayava	Holorrhena Antidysenterica
3	Kutaki	Picorrhiza Korroo

Criteria of selection of treatment

Rookshana and Sthanik Aampachan in the form of Valuka sweda (Yogaratkarnar, 2007) and shunthi lepana were selected in the beginning of the treatment. The deepana, aampachana, strotorodhhara, shool-shothahara, vatanulomak and vatakaphasamana properties of Simhanad Guggul, Navayas Lauh and Rasapachaka Vati makes them an ideal choice for treatment of Aamvata.

Preparation of medicine

All medicines for internal and external use were manufactured with Good Manufacturing Practice in Atharva Pharmacy associated with the hospital. Tables 3, 4 and 5 shows the ingredients of the medicines used for treatment

Follow up – 21 days after completion of treatment.

Pathya (Yogaratanakar, 2007)

Yava, Kulattha, Raktashali, Shigru, Karvellak, Patol, Aadrak, Lashoon, Jangal Mansa etc.

Apathya (Yogaratanakar, 2007)

Dadhi, Guda, Kshir, Viruddha Bhojan, Vishamashan, Abhishyandi and Picchila Dravya, Aanup Mansa, Vegavrodh and Jagaran etc.

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 blood investigations performed before the start of therapy and after completion of treatment. The assessment was done on the zero day (i.e. on the day of initiation of treatment) and on Day 21.

Grading of subjective criteria is shown in tables 6, 7, 8 and 9.

Table 6 Grading of Sandhishoola

Sr. No	Severity of Pain	Grade
1	No pain	0
2	Mild pain	1
3	Moderate, but no difficulty in moving body parts	2
4	Slight difficulty in moving body parts due to pain	3
5	Much difficulty in moving the body parts due to pain	4

Table 7 Grading of Sandhishotha

Sr. No	Severity of Swelling	Grade
1	No swelling	0
2	Slight swelling	1
3	Moderate swelling	2
4	Severe swelling	3

Table 8 Grading of Sandhigraha

Sr. No	Severity of Stiffness	Grade
1	No stiffness	0
2	Stiffness for 5 minute to 2 hours	1
3	Stiffness for 2 hours to 8 hours	2
4	Stiffness for more than 8 hours	3

Table 9 Grading of Sparshasahatwa

Sr. No	Severity of Tenderness	Grade
1	No tenderness	0
2	Subjective experience of tenderness	1
3	Wincing of face on pressure	2
4	Wincing of face and withdrawal of the affected part on pressure	3
5	Resist to touch	4

Observation And Results

The observation and results are displayed in Tables 10,11,12,13 and 14. Figures 1, 2 and 3 represent the improvement in objective criteria assessment of the patient.

Table 10 Assessment of Sandhishoola

Left		Name of Joint	Right	
BT	AT		BT	AT
0	0	Knee Joint	2	0
2	0	Ankle Joint	2	0
3	1	Wrist Joint	1	0

Table 11 Assessment of Sandhishotha

Left		Name of Joint	Right	
BT	AT		BT	AT
1	0	Knee Joint	2	0
3	1	Ankle Joint	2	0
2	0	Wrist Joint	2	0

Table 12 Assessment of Sandhigraha

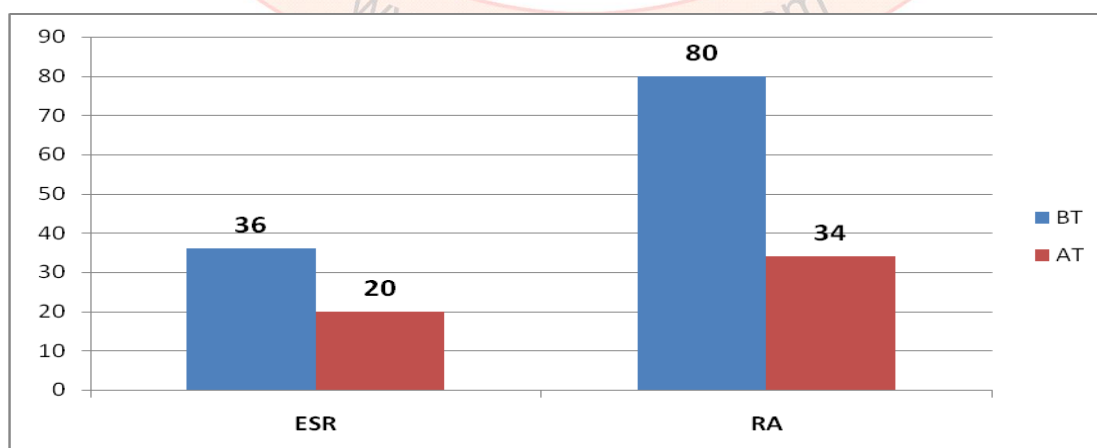
Left		Name of Joint	Right	
BT	AT		BT	AT
1	0	Knee Joint	3	1
3	1	Ankle Joint	2	0
2	0	Wrist Joint	2	0

Table 13 Assessment of Sparshasahatwa

Left		Name of Joint	Right	
BT	AT		BT	AT
1	0	Knee Joint	2	0
3	0	Ankle Joint	2	0
2	0	Wrist Joint	2	0

Table 14 Assessment of Objective criteria

Criteria	BT	AT
ESR	36	20
RA	80	34
VAS	5	1



Discussion

The signs and symptoms of Rheumatoid Arthritis can be correlated to that of Aamvata. 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 Aamvata features like Angamarda, alasya Sarujam shotham in sandhis. Along with that other Aam features were also seen. Dravyas having Ushna, Tikshna, Deepana, Pachana, Shothahara, Vedanahara properties can be the choice of treatment. The combined effect of internal medicines like Simhanad Guggul, Navayas Lauh, Rasapachak Vati along with external procedures like Valuka Pottali Sweda and Shunti lepa helped in reducing the symptoms like Sandhishoola (joint pain), Sandhishotha, Sandhigraha, Sparshasahatwa and kshudhamandya etc. Valuka Sweda and Shunthi lepa helped in sthanik aamapachana and thus the swelling and stiffness of joints get reduced. Tablet Methotrexate dose was tapered down to 15mg OD Orally once a week before start of ayurvedic treatment and after completion of treatment i.e. after 21 days, the tablet was stopped and the patient was advised for follow up regularly.

Conclusion

Hence it can be concluded that the combined effect of Valuka Sweda, Shunthi Lepa and internal medications like Simhanad Guggul, Navayas Lauh, Rasapachak Vati are found to be effective in the management of Aamvata (Rheumatoid Arthritis).

References

1. Anthony. S. Fauci, Eugene Braunwald, Dennis. L. Kasper, Stephen. L. Hauser, Dan. L. Longo, J. Larry Jameson, Joseph Loscalzo (2008), Harrison's Principles of Internal Medicine 7th Edition, Volume 2.
2. Chakradatta 'Vaidyaprabha' Hindi Commentary by Dr. Indradev Tripathi, Edited by Shri. Ramnath Dwivedi, Edition 2010, Publication Choukhamba Prakashan.
3. Yogratnakar- Vidyotini Hindi Tika By Vaidya Shri. Laxmipatishastri, Edited by Bhisakratna Brahmashankar Shastri, Edition 2007, Publication Choukhamba Prakashan.
4. Madhav Nidan – Acharya Madhav Pranit Madhukosh Hindi Tika, Edited by Acharya Narendranath Shastri , Edition Fourth, 2002, Published by Motilal Banarasidas Pratishthan.
5. Bhavprakash Nighantu – Author – Dr. K.C. Chunekar, Edited by Dr. G.S. Pandey, Edition 2006, Published by Choukhamba Bharti Academy.