

# Management of *amavata* (Rheumatoid arthritis) using *Ayurveda* standard treatment protocol: A case report

## Case Report

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## Abstract

Rheumatoid arthritis is a systemic autoimmune disease that mostly affects synovial joints. It's linked to *amavata* in Ayurveda, where the fundamental reason is the production of *Ama* and its link to vitiated *Vata dosha*. The vitiated *vata* and *ama* were deposited in *Shleshma sthana*, or joints. Because of its chronicity, morbidity, and consequences, it presents a challenge to the physician. This case is a unique due to its morbidity and non-responding to modern medicine treatment. A 37-year-old male patient reported to hospital with the complaints of *Sandhishool* (pain in multiple joints) with *sandhishoth* (swelling over both knee and ankle joints) and *sandhistabhata* (morning stiffness in joints) and *jwara* (fever on and off). He was treated as per *ayurvedic* treatment principle including *swedana*, *langhana* in the form of *laghu ahara*, *deepana pachana*, *mrudu virechana*, and *basti* for 15 days. There was significant improvement in pain, swelling and stiffness of the joints. This case revealed the potential of *Ayurvedic* treatment principle to manage *Amavata*.

**Key Words:** *Amavata*, *Rheumatoid Arthritis*, *Ayurveda* treatment principle, *Swedana*, *Langhana*.

## Introduction

*Ayurveda's* vast knowledge includes explanations of *Dinacharya* and *Rutucharya*. Following these rules allows the body's vital homeostasis to be maintained. It teaches how to choose food, how to adapt procedures to food, when to eat, how to eat, and how to adjust food and lifestyle modifications according to the season.

In today's erroneous way of life, not only improper diet plans, but also a flawed way of lifestyle brings a lot of disturbance in human life both physical & psychological aspects. This leads to impairment of *Jatharagni* which results in the genesis of *ama*. *Amavata* is a condition that occurs when the *Ama* and *Vata doshas* become vitiated at the same time and enter the *Trika Pradesh* and *Sandhi* (joints), resulting in *stabhata* (stiffness) of the body. (1) *Acharaya Madhavkara* has clearly quoted the *roopas* (sign & symptoms) of *Amavata* in *Madhav Nidana*. The *pratyatma linga* (Cardinal symptoms) are *gatrastabhata*, *sandhishoola*, *sandhishoth*, *sparshasahatva* and *samana linga* (generalized symptoms) are *angmarda*, *aruchi*, *trishna*, *alashya*, *gaurav*, *jvara*, *apaka*. *Amavata* has similarities to many

arthritic disease conditions, but it most closely resembles Rheumatoid Arthritis (RA), a long-term autoimmune inflammatory systemic condition that primarily affects synovial joints but can also cause extra-articular symptoms.(2) RA is thought to affect between 0.3 and 1% of the world's population, with females in affluent countries being the most affected.(3) In modern medicine different drugs such as NSAIDS, DMARDS, steroids and drugs acting symptomatically are given which are not cost effective and they have to be used for longer duration which can cause potential side effects on body. Therefore, *Ayurvedic* approach which has root cure to this condition is urgently needed. *Amavata* is a hard and burning topic in medical science. Considering *ama* as a chief factor in pathogenesis of the disease, *deepana* and *pachana* along with the *langhana*, *swedana*, *virechana* and *basti* is the mainstay of the management of the disease. (4)

Here a case of *amavata* was treated successfully by using the complete treatment modality given in its *chikitsa sutra*.

## Case history

A 37-year male patient visited OPD of *Kayachikitsa* in the month of 7<sup>th</sup> of August 2020 with chief complaints of *sandhishool* (pain in multiple joints), *sandhistabhata* (morning stiffness in joints), *angamarda* (generalized malaise), and *aruchi* (loss of appetite) for 2 years (since 2018). This was succeeded by *sandhishoth* (swelling over both knee and ankle joints) with associated complaints of *jwara* (on and off fever).

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The patient was apparently well before 2 years. After that, he gradually started the above symptoms. For that, he had undergone allopathic treatment but did not get satisfactory relief. Day by day his condition got worse, and he was unable to walk due to severe pain in his knee joints. Hence, he approached us for further management.

There was no previous history of diabetes, hypertension, or any other serious ailment.

**Examination**

On local examination

Swelling and tenderness were present on both knee and ankle joints. (+++ Tenderness -Wincing of face and withdrawal of affected part)

Local temperature was raised (both knee and ankle joints) and there was a significantly restricted movement of both knees and ankle joints.

In a general examination, he was pale, non-icteric, mild febrile (99.7° F), having severe anorexia. His blood pressure was 100/60 mm of Hg. *Ashtavidha pariksha* showed *vata-pittaj nadi*, *mlabaddhata* (constipation) and *saam jivha*. Other parameters were non-significant.

On admission, a complete blood count, ESR, CRP, and RA test were done. His haemoglobin was 7.3 gm/dl, WBC count was within normal limit, ESR was 109 mm/1<sup>st</sup> hour, CRP was positive and RA factor was reactive.

**Diagnosis**

*Amavata* (Rheumatoid arthritis) was diagnosed based on the criteria established by the American Rheumatology Association in 1988 and the symptoms specified in *Ayurvedic* classics. (5)

**Treatment plan**

Treatment Protocol	Medicine	Dose	Anupana	Duration
<i>Langhana</i>	Use of <i>Laja</i> and <i>jawar</i> roti in daily food. Less quantity of food To avoid <i>guru ahara</i>	-	Lukewarm water	15 days
<i>Swedana</i>	<i>Savanga nadi sweda</i>	Once a day at morning	-	15 days
	<i>Shigrupatra pottali sweda</i>	Once a day at night		
<i>Deepana Pachana</i>	<i>Trikatu churna</i>	1gm twice a day at 8 AM And 6 PM	Honey	15 days
<i>Virechana</i>	<i>Sunthi siddha eranda taila</i>	20 ml in the morning Empty stomach	Warm water	Weekly thrice (Alternate day)
<i>Basti</i>	<i>Vaitarana basti</i>	250 ml	-	11 days ( <i>Matrabasti</i> and <i>Vaitarana basti</i> were given on alternate days.)
	<i>Matra basti (Saindhavadi taila)</i>	50 ml		
<i>Shothshamak</i>	<i>Sinhanad guggulu</i>	500mg twice a day After meal	Warm water	15 days
	<i>Punarnavadi kwatha</i>	15ml thrice a day After meal	An equal amount of water	
	<i>Lepa (Sunthi, Rasna, Punarnava, Daruharidra)</i> Both knee and ankle joints	Once a day In the afternoon at 4pm	-	
<i>Raktavardhak</i>	<i>Punarnava mandoor</i>	500 mg Twice a day before meal	Warm water	15 days

**Patient assessment: The patient was assessed on the following parameters**

Parameter	Gradation				
	0	1	2	3	4
<i>Sparshasahatva</i> (Tenderness)	Not found any tenderness	individual experience of tenderness	Grimace of face after applying pressure	Grimace of face & abolition of exaggerated part on pressure	Resist to touch
<i>Sandhistabdahta</i> (joint stiffness)	Absent	Stiffness that lasts less than an hour after getting up in morning	Stiffness that lasts more than an hour after getting up in morning	-	-

<i>Sandhishool</i> (By VAS)	
<i>Sandhishoth</i> (Joint swelling)	<i>Sandhishoth</i> was assessed by measuring the knee joint circumference with the help of measuring tape.
<i>Lakshanas of ama</i>	Present / Absent

### Objective Parameters

#### Foot pressure

Foot pressure	Grade
Less than 10 kg	0
15 to 10 kg	1
20 to 16 kg	2
25 to 21 kg	3

(Patient was asked to apply pressure on the weighing scale with his leg. The foot pressure was recorded in kg depending upon the weight displayed on the weighing scale)

#### Walking time

Walking time (for 25 feet in a certain number of seconds)	Grade
15-20 sec	0
21-30 sec	1
31-40sec	2
>40 sec	3

#### Haematological assessment:

Before and after treatment, the patient's following haematological parameters were examined.

- Haemoglobin b%
- Erythrocyte Sedimentation Rate (ESR)
- Serum Rheumatoid Factor (RF)
- C-reactive protein (CRP)

### Observations and Results

#### Subjective assessment

Symptoms		Before treatment (On 07/08/2020)	On 7 <sup>th</sup> day (On 13/08/2020)	On 15 <sup>th</sup> day (On 21/08/2020)
<i>Sparshasahatva</i>		3	2	1
<i>Sandhistabdhatva</i>		3	2	1
<i>Sandhishool</i>		8	6	4
<i>Sandhishoth</i> (Knee joint circumference)	Rt knee	41 cm	39 cm	38 cm
	Lt knee	40 cm	38.5 cm	37.5 cm

<i>Lakshanas of ama</i>		Before treatment	On 7 <sup>th</sup> day	On 15 <sup>th</sup> day
<i>Balabhransh</i>		Present	Present	Absent
<i>Gauravata</i>		Present	Present	Absent
<i>Alasya</i>		Present	Present	Absent
<i>Apakti</i>		Present	Absent	Absent
<i>Nishthiva</i>		Absent	Absent	Absent
<i>Malasanga</i>		Present	Absent	Absent
<i>Aruchi</i>		Present	Present	Absent
<i>Klama</i>		Present	Present	Present

**Objective assessment**

	Before treatment	On 7 <sup>th</sup> day	On 15 <sup>th</sup> day
Foot pressure (in kg)	14	15	16
Walking time (For 25 feet in a certain number of seconds)	35	33	30

**Hematological assessment**

Investigations	Before Treatment	After Treatment (on 15 <sup>th</sup> day)
Hb%	7.3 gm%	7.3 gm%
ESR	109 mm / 1 <sup>st</sup> hour	56 mm / 1 <sup>st</sup> hour
CRP	Positive	Negative
RA test	Positive	Positive

**Discussion**

*Amavata* is a complicated disease whose pathophysiology is linked to *Ama* production after *Mandagni*.(6) This *Ama*, when combined with vitiated *Vata* and *Kapha dosha*, creates a *Dosha-dushya* combination, resulting in *Amavata* symptoms. The treatment's goal is to normalise the vitiated *Vata* and *Kapha dosa* by reducing *Ama* through its metabolism (*Amapachana*). The medications utilised in the therapy procedure work by interrupting the disease's pathogenesis.

*Trikatu churna* strengthens *Agni* by digesting *Ama*, which is the primary cause of disease appearance. *Punarnavadi kashaya* possesses anti-inflammatory properties due to the presence of *Punarnava* and *daruharidra* in it. *Punarnava mandoor* helps in increasing hemoglobin because of *mandoor* in it & thus useful in anemia. *Guggulu* in *Sinhanad guggulu* is *shothara* and *vedanasthapak*.(7) It also has antiarthritic properties, owing to the prevention of connective tissue disintegration, reduced capillary permeability, and immune system enhancement.(8) *Deepan* (enzyme activating), *Ama-Pachan* (biotoxin neutralising), *Shoolghna* (analgesic), *Shothaghna* (anti-inflammatory), *Balya* (energy increasing), *Jwaraghna* (antipyretic), and *Amavatahara* (anti-rheumatic) are among the most common *Simhanada Guggul* formulation. It improves *Agni-Bala* (digestive and metabolic capacity), reduces *Ama* (biotoxins), and prevents the creation of further *Ama* (biotoxins) in the body. *Sunthi Siddha eranda taila* is advocated because of its *virechana* and *amapachana* property.(9)

*Swedana* is an external treatment that relieves stiffness, discomfort, and heaviness throughout the body while also inducing sweating.(10) It aids in the *Shoshan* (digestion and drying) of *Ama* in *Kapha sthana* (joints), reducing muscle soreness. *Swedana* also improves the function and mobility of the concerned portion by increasing *Dhatwagni*, particularly the joints in this scenario.(11) *Vaitarana Basti*, mentioned by *Chakradutta* in *Niruhadhikar*, possess *Laghu*, *Ruksha*, *Ushna*, and *Tikshna* qualities. The majority of the medications have a *Vata Kapha Shamaka* effect. Treatment with *Basti* has resulted in a considerable improvement in the disease's signs and symptoms due to these features. The *Tikshna Guna* of *Basti* aids in the treatment of *Srotodushti* caused by *Sanga*, thereby

assisting in the pathogenesis of the condition. Ingredients of *lepa* (*Sunthi*, *Rasna*, *Daruharidra*, *Punarnava*) possess anti-inflammatory and analgesic properties which results in a significant reduction of inflammation and pain in the knee and ankle joints of the patient.(12)

The combination of this treatment apart from giving symptomatic relief to the patient also helps in breaking the pathogenesis of the disease. The patient's subjective and objective metrics showed marked improvement in condition of the patient following treatment, as evidenced by the assessment done before and after treatment. Also, the patient is now free from any type of steroid and analgesic medications.

**Conclusion**

The treatment principle incorporated a combination of external and internal medications that worked together to alleviate the features. The patient tolerated the medications well, and his range of motion improved as well. To create possible data to substantiate the outcomes of this case report, full detailed clinical research is warranted.

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