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# A HOLISTIC APPROACH TO INTEGRATED MANAGEMENT OF *AMAVATA* WITH SPECIAL REFERENCE TO RHEUMATOID ARTHRITIS: A CASE STUDY

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## Abstract-

Amavata is a sickness that develops when the Vata Dosha connected with Ama becomes aggravated. Aggravated Vata circulates Ama throughout the body via Dhamanies, seeks refuge in the Shleshma Sthana (Amashya, Sandhi and so on)and manifests as Angmarda, Aalasya, Gaurav, Jwara, and other symptoms in tiny and large joints, deforming the person. In modern parlance, it simulates rheumatoid arthritis. Pain and swelling in various joints, as well as morning stiffness lasting more than 60 minutes, were reported by a 65-year-old female patient. Medicines like Simhanada Guggulu and Rasnasaptak Kashayam,Arand sneha as well as Panchakarma with Panchatikta Ghrit and Arand Dashmooladi Kashay Basti kriya in vyatyasat manner, were prescribed as part of whole integrative intervention. The Rheumatoid Factor qualitative and

CRP qualitative was too much raised before treatment and found to get reduced after treatment. Also symptoms get reduced. Simhnada Guggulu, Rasnasaptak Kashayam, Amapachak vati as well as Panchakarma and pathya, physiotherapy with modern DMARDs showed remarkable relief in symptoms and serological markers such as RA factor qualitative, CRP qualitative, Anti-CCP and ESR. So in management of Amavata holistic approach with Ayurveda and modern should be considered to improve patients quality of life.

Keywords –Simhanad guggulu,Rasnasaptak kashaym,Ampachak,Arand sneha,

Panchatikta ghrit, DMARDs, Rheumatoid Arthritis, Amavata, Case report

#### Introduction:

*Aacharya Madhavkara* was the first to describe *Amavata* as a distinct illness entity. He has described the diseases of *Samprapti, Lakshana, Doshanubandhta, Nidana*, and *Sadhyata-Asadhyata*.[1]The role of *Vata Dosha* in *Amavata* illness manifestation is significant.Poor diets and lifestyle choices vitiate *the Kapha* and *Vata Doshas*, hindering *Agni* and leading to *Mandagni* (weak digestion). *Mandagni* slows down the body's metabolism (gastrointestinal tract), which helps *the Amasaya* create *Ama* (metabolic poison). The production of *Ama* and *Vata Prokopa* is the main triggering event in the appearance of *Amavata*.[2] When undigested *Ahara Rasa Ama* combines with *Vata*, it quickly passes through the *Dhamanis* and gathers at different *Kapha* points, resulting in joint pain, taste loss, thirst, lassitude, fever, indigestion, and swelling of body parts, especially the joints. *Rasa Dushtijanya Vikara* is *Amavata*. In contemporary medicine, there seems to be some correlation between it and Rheumatoid Arthritis.

The main organs affected by the chronic autoimmune illness Rheumatoid Arthritis (RA) are the joints. It is characterized by joint stiffness and discomfort, as well as warmth and swelling. Joints on both sides of the body are frequently affected. Between 0.5 to 1% of people worldwide suffer from RA. The prevalence is three to five times higher in females. Middle-aged people are more severely impacted.

This disease is brought on by a complex interaction between genes, hormones, the environment, and the immune system. The gut is a passageway for environmental antigens, which can be food or infectious organisms. The immune system and metabolic balance are impacted by the gut bacteria.Numerous studies have been conducted on the relationship between the immune system and the gut bacteria.

By rectifying intestinal dysbiosis, dietary patterns have been suggested as a viable means of mitigating or maybe preventing autoimmune diseases. Therefore, nutrition and diet are key factors in the therapy of disease. In terms of both direct and indirect expenses, including contemporary medication treatment, RA has a significant financial burden.

Analgesics, NSAIDS (nonsteroidal anti-inflammatory drugs), and other pharmaceuticals are frequently utilized in current research; however, hepatic and hematological damage need constant observation. In contrast, the management of *Amavata*, which includes *Langhana*, *Swedana*, the use of *Tikta* and *Katu Dravya*, *Dipana*, *Virechana*, *Snehapana*, *and Basti*, was initially documented by *Acharya Chakradatta* in *Ayurvedic* science.[3]

*The Ayurvedic* diagnosis was made *as Amavata*. Rheumatoid arthritis (RA), an auto-immune inflammatory disease is one of the challenging conditions for the physicians to handle due to its chronicity, incurability, complications, morbidity,bony disability etc.[4]The major goal of treatment was to alleviate the disease's symptoms. Present study shows that *Amavata* can be managed successfully with correct approach of *Pathya* and medicines along with modern medicines.

# www.ijcrt.org Case presentation-65year old female named XYZ patient presented with-1.B/L Wrist joint ,B/L shoulder joint , B/l knee joint pain (Rt knee joint more than left) - 10 years(increased since 8 days) Nature of pain- pricking pain, swelling , pain and stiffness increases at morning ,relieved on hot fomentation since 8 days 2. Stiffness in joint present 3.Annorexia since 8 days since 10 days 4.Irregular bowel History-K/C/O- HTN (15 years) K/C/O-Rheumatoid arthritis (10 years) On regular Rx. 1.Tab.Folitrax 15 mg once a week 1HS 2.Tab. HCQ 200mg 1HS 3.Tab.Cireta (Calcium vit D3) 10D 4.Tab.Telma 40 mg 10D 5.Tab.Lefutoid 20 mg 10D 6.Tab.Folvite 5mg 10D 7.No any major surgical illness history 8.No any allergy to drug or food 9.Addiction chronic misri application since 20 years Ashtavid Parikshan: Nadi- 76/min. Mal-asamandharak malpravartan Mutra- Samyak. Jivha-alap sam Shabda-spashta. Sparsha-samashitoshna

Akruti- sthool Druk-spasta

#### 0/Е-

- afebrile
- P-76/min
- Bp-130/90mmhg
- Rs-b/l clear
- Cvs-s1s2n
- Cns-conscious and oriented.
- P/a soft and nontender

#### Daignosis

On the basis of the 1987 revised criteria by American College of

Rheumatology for diagnosis of Rheumatoid Arthritis[5], diagnosis of

Rheumatoid Arthritis was made.

#### **Clinical Examination**

- Dashvidha Pariksha
- Prakriti :VataKafapradhan
- Vikriti :Vatapradhanatridoshaja
- Sara :Avara
- Samhana :Madhyama
- Ahara Shakti :Pravara

AbhyaranaShakti:Madyam Jarana Shakti :Avara VyayamShakti : Avar Vaya :Vridha Satva :Madhya

#### Methods for determining objective parameters[6] Grip power and pressing power: measures with the help of SPHYGNOMANOMETER

# Grading for assessment of disease

## Pain

- 0 No pain
- 1 Pain complaints but tolerable
- 2 Pain complaints difficult to tolerate and taking analgesic once a day
- 3 Intolerable pain and taking analgesics two times a day

Intolerable pain and taking analgesics more than two times in a day.

#### Swelling

- 0 -No swelling
- 1 -Feeling of swelling + Heaviness
- 2 Apparent swelling
- 3 -Huge (Synovial effusion) swelling

#### Tenderness

- 0 No tenderness
- 1 Mild tenderness
- 2 Moderate tenderness
- 3 Severe tenderness

#### Stiffness

- 0 No stiffness
- 1 20% limitation of normal range of mobility
- 2 50% limitation of mobility

3 75% or more reduction of normal range of Movement

# Investigations

- Anti Nuclear Antibody: POSITIVE (ANA# 1.17)
- TFT- Sr.T3-0.84ng/dl Sr.T4- 7.61ug/dl Sr.TSH-2.24mlU/L
- BUL-44.24mg/dl SR.CREAT- 0.77mg/dl
- Urine R- ALBUMIN- absent, sugar- absent, ketones- absent, bile salt, bile pigment- absent ,pus cellabsent RBC- absent
- USG- does not show any abnormality
- BSLF- 104mg/dl PP- 138mg/dl
- LFT- total protein-6.8g/dl, Albumin-4.07g/dl ,Globulin-2.7g/dl, total bilirubin-0.34mg/dl, Direct bilirubin-0.16mg/dl Indirect bilirubin- 0.18,Sr.Alkaline Phosphatise-116.9U/L
- 2DECHO-EF-60%
- NIDAN PANCHAK-

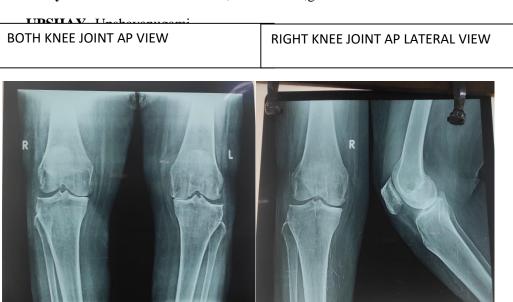
NIDAN-virudha ahar sevan ,bhojanottar vyayam

PURVAROOP- Jwar ,angagaurav

ROOP-

Samanya laksan- Angamarda, aruchi, Gaurav, alasya, trushna

Pratytma Lakshan-Sandhi shoth, sandhi shool, gatra stabdhata



#### **Treatment** -

#### Table no 1. Treatment : Ayurvedic medicine chart: Shaman Chikitsa

SR.NO	) Name	20/11/23	10/12/23	5/01/24
1.	Sinhanad guggul	2TDS	2TDS	Stoped
2.	Ampachak Vati	2TDS	Stoped	Stoped
3.	Amruta Guggul	-	2TDS	2TDS
4.	Rasna saptak Kwath		20ml TDS	20mlTDS
5.	Cap.MINMINXT	-	1 HS	1 HS
6.	Arand Sneha with			
S	sunthi siddha jal	2tsp TDS	Stoped	Stoped
C1 11				

#### Shodhan Chikitsta:

#### Table No. 2 Anuvasan Basti- Panchatikta Grita; Niruh Basti-Erand Dashmooladi kwath

Sr. No.	Day	Snehana	Swedana	Niruha	Anuvasan	Pratygaman
				Basti	Basti	
1	D1	Yes	Yes	No	Yes	8 hr 30 min
2	D2	Yes	Yes	Yes	No	15 min
3	D3	Yes	Yes	No	Yes	6 hr 15 min
0	20	105	165	110	105	o m ro mm
4	D4	Yes	Yes	Yes	No	10 min
5	D5	Yes	Yes	No	Yes	8 hr
6	D6	Yes	Yes	Yes	No	10 min
0	50	105	105	105	No	10 1111
7	D7	Yes	Yes	No	Yes	8 hr 20 min
8	D8	Yes	Yes	No	Yes	8 hrs

#### **Observation:**

- Change in appetite over 15 days.symptoms like anorexia nausea was completely relieved.
- There was mild reduction in pain tenderness and stiffness after 30 days
- Change in haemotological aspect in 1.5 month by 1.5
- Change in dependency on steroids.
- After 1.5 months drastic changes in parameters-

Grading of subjective and objective parameters

### **Before Treatment**

Pain: 1 Stiffness: 0 Tenderness: 0 Press power: 2 Swelling: 1 Grippower: 2

#### After treatment –

Pain: 2 Stiffness: 1 Tenderness: 2 Press power: 2 Swelling: 3 Grippower: 2

11			
HAEMOGRAM	20/11/23	5/1/24	
Hb	8.4g/dl	9.9g/dl	
RBC	3mil/ul	3.66mil/ul	
WBC	2000	4910	
PLT	111000/ul	259000/ul	
MCV	80.1fl	82.3fl	
НСТ	35%	35.6%	
	21/10/23	5/1/24	
RA factor	256	128	
ESR	40mm/hr	28mm/hr	
Sr.uric acid	4.5mg/dl	4.1mg/dl	
CRP 13.6mg/dl		10.8mg/dl	
Anti CCP	POSITIVE(9.5)U/ml	POSITIVE(8.5)U/ml	

#### **DISSCUSION-**

#### NEED FOR INTEGRATED MANAGEMENT-

- Modern drugs give relief but have some limitations –
- Drugs like DMARDS, methrotrexate causes-Low white cell count (leukopenia), red blood cell count (anemia) and platelet count (thrombocytopenia).
- Long term steroids may causeweight gain.
  rounded face, also known as moon face.
  increased blood glucose levels.
  Dependacy
- Long term use of NSAIDS Chronic kidney diseases

*Ama and vata* both are important components in the pathogenesis of *Amavata*. As no disease occurs without impairment of *Agni*[7], the important issue in *chikitsa* is *Deepana* and *Amapachana*.

Deepana Pachana: As described in Amavata Chikitsa[8], Deepana-Pachana was done using Eranda Taila and Shunthi Kwatha [9]

*Eranda Taila* is described to be best for the treatment of *Amavata* [10]. It has *Katu, Ushna and Vataghna, Sukshma Guna*, it reaches *Sandhi* and breaks *Doshasanghata*.

*Shunthi is Deepana*, *Vibandhahara*. Also due to its *Pachana* action, it helps in *Aamapachana*.*Eranda Taila* as a choice for *Virechan in Amvata*.

*Simhanada Guggulu*: As a whole the qualities of drugs in *Simhanada Guggulu* can be considered as *laghu*, *ruksha*, *ushna*, *tikshna* [11] . Majority of the drugs are having *Vata-Kaphashamaka* action. Owing to this property, antagonism to *Kapha* and *Ama* it brings significant improvement in sign and symptom of disease.

*Amrutaguggul- Deepana*, *Paachana*, *Virechana* properties and also by their *Rasa*, *Guna*, *Veerya*, *Vipaka*, *Prabhavaand Karma* properties, which are help to break the pathogenesis of *Amavata* 

**Rasna saptak kwath**-Sothahara, Sheethara and Vednashamak & in Nervous system as an analgesic (Uttam Vedanashamak), Aampachan, Shoolprashaman (alleviates intestinal spasms), Rasayan (rejuvenative), and Vrishya (increases sexual potency). It is useful for Kaphaj and Vataj disorders.

Ampachak vati-Ushna Tikshana drugs like Trikatu Sandhav causes Pachan of Ama

**Busti**-The control gained over Ama and Vata leads to Samprapti vighatana of Amavata. Drugs of Panchamuladi Basti: Drugs of Dashmula mainly control Vata Dosha along with Kapha Dosha and also aid in Ama pachana.

Arandadashmooladi busti- antiinflammatory, vatahar, vatanulomak, shothhar,

**Panchaiktagrit-** Vata-Kapha Doshahar, Pandugna, antiinflamatory, increase Dhatwagni and Poshana of all the Dhatus, especially Asthi and Majja Dhatu which controls Asthi and Majja Kshaya.

**Conclusion** : The case study shows *Ayurvedic* as well as modern treatment for *Rheumatoid Arthritis*, increase the quality of life of patient reduces complications.

In this patient haematological improvement seen .Haemogram increased by 1.5 gm/dl in 1.5month.Other symptoms like anorexia , joint pain is also reduced significantly.

We should consider holistic integrated approach in management of Amavata or Rheumatoid arthritis.

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#### **Disclosure of conflict of interest**

The authors declare that there was no conflict of interest regarding the publication of manuscript.

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