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, Amapachak, Arand sneha, Panchatikta ghritya, 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 Ama and 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, Snahapana, 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.
Case presentation-

65 year 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

2. Stiffness in joint present since 8 days

3. Anorexia - since 8 days

4. Irregular bowel since 10 days

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) 1OD

4. Tab. Telma 40 mg 1OD

5. Tab. Lefutoid 20 mg 1OD

6. Tab. Folvite 5mg 1OD

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

Druk-spasta  Akruti- sthool
O/E-

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

Diagnosis

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 AbhyaranaShakti:Madyam
- Vikriti :Vatapradhanatridoshaja Jarana Shakti :Avara
- Sara :Avara VyayamShakti : Avar
- Samhana :Madhyama Vaya :Vridha
- Ahara Shakti :Pravara 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-2.24mIU/L
- BUL-44.24mg/dl SR.CREAT- 0.77mg/dl
- Urine R- ALBUMIN- absent, sugar- absent, ketones- absent,bile salt,bile pigment- absent ,pus cell-absent 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 lakshan- Angamarda,aruchi,Gaurav,alasya,trushna

Pratytma Lakshan- Sandhi shoth,sandhi shool,gatra stabdhata

UPSHAY- Upshayanugami

| BOTH KNEE JOINT AP VIEW | RIGHT KNEE JOINT AP LATERAL VIEW |
Treatment -

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

<table>
<thead>
<tr>
<th>SR.NO</th>
<th>Name</th>
<th>20/11/23</th>
<th>10/12/23</th>
<th>5/01/24</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sinhanad guggul</td>
<td>2TDS</td>
<td>2TDS</td>
<td>Stoped</td>
</tr>
<tr>
<td>2</td>
<td>Ampachak Vati</td>
<td>2TDS</td>
<td>Stoped</td>
<td>Stoped</td>
</tr>
<tr>
<td>3</td>
<td>Amruta Guggul</td>
<td>-</td>
<td>2TDS</td>
<td>2TDS</td>
</tr>
<tr>
<td>4</td>
<td>Rasna saptak Kwath</td>
<td>20ml TDS</td>
<td>20mlTDS</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Cap.MINMINXT</td>
<td>-</td>
<td>1 HS</td>
<td>1 HS</td>
</tr>
<tr>
<td>6</td>
<td>Arand Sneha with</td>
<td></td>
<td>Stoped</td>
<td>Stoped</td>
</tr>
</tbody>
</table>

Shodhan Chikitsta:

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

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Day</th>
<th>Snehana</th>
<th>Swedana</th>
<th>Niruh Basti</th>
<th>Anuvasan Basti</th>
<th>Pratyagaman</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>D1</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>8 hr 30 min</td>
</tr>
<tr>
<td>2</td>
<td>D2</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>15 min</td>
</tr>
<tr>
<td>3</td>
<td>D3</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>6 hr 15 min</td>
</tr>
<tr>
<td>4</td>
<td>D4</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>10 min</td>
</tr>
<tr>
<td>5</td>
<td>D5</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>8 hr</td>
</tr>
<tr>
<td>6</td>
<td>D6</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>10 min</td>
</tr>
<tr>
<td>7</td>
<td>D7</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>8 hr 20 min</td>
</tr>
<tr>
<td>8</td>
<td>D8</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>8 hrs</td>
</tr>
</tbody>
</table>

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 haematological 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

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

**DISSCUSSION**

**NEED FOR INTEGRATED MANAGEMENT**

- Modern drugs give relief but have some limitations –
- Drugs like DMARDS, methotrexate causes–
  - Low white cell count (leukopenia), red blood cell count (anemia) and platelet count (thrombocytopenia).
- Long term steroids may cause–
  - Weight 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, Prabhavaaand 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 Dosshahar, Pandugna, antiinflammatory, 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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