

## “A Case Study on Amavata W.S.R to Rheumatoid Arthritis”

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### **Abstract**

*RA is a chronic inflammatory joint disease with multisystem involvement. In the present case, 54 years old female came with the complaints of pain, swelling and tenderness of bilateral metaphalangeal joints, bilateral wrist and knee joints. She also had angarmarda, aruchi, apaka and morning stiffness since 3 years. She was registered in Kayachikitsa OPD, Mahatma Gandhi Ayurveda College & Hospital, Wardha, Maharashtra. The patient was diagnosed as Amavata by the subjective and objective parameters of amavata. The clinical presentation of amavata closely resembles that of RA. Ayurvedic medicines such as Rasna Panchaka Kashaya, Panchakola curna, Hinguvachadhi ghritha, Amrita guggulu were given internally and valuka Sveda given externally for 30 days. These treatments had deepana - pachana and kaphavatahara properties, which helped in samprapti vighatana of amavata. The assessment was made on subjective and objective parameters before and after treatments. This single case study revealed that the said Ayurvedic treatment protocol is effective in the treatment of amavata.*

**KEYWORDS:** Amavata, Rheumatoid Arthritis, Ayurvedic management, Valuka sveda, Ama pachana, Agni deepana.

### **INTRODUCTION:**

Due to the malfunctioning of digestive & metabolic mechanism of body, Ama with vata localized in the trika sandhis resulting in pain, stiffness, swelling, tenderness etc. and presents as Amavata<sup>1</sup>. The disease which is initiated by simultaneous indulgence in viruddha ahara-vihara in presence of Mandagni<sup>2</sup>. Then the ama acts as a visha padartha in the body and cause different disorders. Amavata has unique importance due to its gravity of problems with severe pain like scorpion bite also have angamarda, aruchi, alasya, jwara and angashoonata. The clinical presentation of Amavata is closely related to Rheumatological disorder called Rheumatoid Arthritis (RA), similar clinical features like pain, swelling, stiffness, fever, redness and general disability. RA is a chronic inflammatory joint disease with multisystem involvement<sup>3</sup>.

Yogarantakara, Chakradatta, Gadanigraha and Bhavaraprakasha includes langhana, amapacana followed by virechana, snehapana and kshara basti. For rukshana chikitsa valuka sweda was advised<sup>5</sup>. Amavata is a challenging problem in medical sciences as no system is successful in providing the complete cure. As there is lack of effective medicine and much prevalence, this disease has been chosen for the study. For complete cure, without recurrence or to manage this disease given Rasna panchaka Kashaya, Panchakola churna, Amrita

guggulu and Hinguvadi ghrita orally and Ruksha sweda (Valuka sweda) externally<sup>6</sup>.

### CASE REPORT:

A 54 years old female patient presented with three-year history of pain, swelling and tenderness of bilateral metaphalangeal joints, bilateral wrist and knee joints. Pain was pricking and severe in nature. It was aggravating on cold exposure and relieved by rest and hot fomentation. Along with pain, she had stiffness in multiple joints which was more in morning hours and lasts for half to one hour. Patient also complains of aruchi (tastelessness), apaka (indigestion), weakness since 3yrs. She had no history of Hypertension, Hyperglycemia or any other major illness in the past.

### EXAMINATION:

#### General Physical Examination

Patient was fully conscious, cooperative and well oriented to time, place and person at the time of history taking. She had moderate bulit on her age. Normal skin colour of skin without any pigmentation. No skin lesion was present.

Systemic examination of respiratory, cardiovascular, CNS and G.I.T system abnormality detected.

**Personal history:** Poor appetite, Constipated bowel, Micturation: 3-4/day and 1-2/night, attain menopause at the age of 49.

**Vital Signs:** Pulse:71/min, BP: 120/70mmHg, RR: 17/min.

**Ashta sthana pariksha:** Nadi: 72/min, Mutra: Anavilam, Mala: Baddam, Jihwa: Anupalipitam, Shabda: Vyktam, Sparsha: Anushnasheeta, Drik: Vyakta, Akrti: madhyama

**Table 1: Local Examination**

| <b>Inspection</b> |   |                                   |
|-------------------|---|-----------------------------------|
|                   | <b>Upper Limb</b>                         | <b>Lower Limb</b>                 |
| Joint involved    | MCP and wrist joints                      | Bilateral knee joints             |
| Redness           | Not present                               | Not present                       |
| Symmetry          | Symmetrical                               | Symmetrical                       |
| Swelling          | Present in bilateral MCP and wrist joints | Present in knee joints            |
| Deformity         | Not present                               | Not present                       |
| Movement          | Bilateral restricted wrist joints.        | Bilateral restricted knee joints. |
| <b>Palpation</b>  |   |                                   |
| Temperature       | Not raised                                | Not raised                        |
| Crepitus          | Not present                               | Present B/L knee joints           |

### DIFFERENTIAL DIAGNOSIS

Amavata (Rheumatoid Arthritis), Vatarakta (Gout), Sandhivata (Osteoarthritis).

### INVESTIGATION DONE

Hb – 11.7g/dl

TLC –  $11.3 \times 10^3$  mcL

DLC – L - 23% M – 12.5% N – 63.6%

PLT – 215242/mcL

ESR – 120 mm fall in first hour

RA Factor – Positive

C-reactive protein – Positive

S. Uric acid – 6.5 mg/dl

All other parameters remain same.

#### Positive findings for Diagnosis

- Clinical presentations.
- Morning stiffness.
- Swelling in bilateral knee, wrist and MCP joints.
- Symmetrical involvement of more than 3 joints.
- Investigations.
- Elevated ESR.
- Positive C-reactive protein.
- Positive RA factor.

#### DIAGNOSIS

Diagnosis was made on the basis of symptoms described in the classics of Ayurveda and criteria fixed by American college of Rheumatology (ACR) /European league Against Rheumatism criteria 2010.

Table 2: Grading of Assessment Criteria of Rheumatoid Arthritis

| Parameters  | Grade 0          | Grade 1            | Grade 2                | Grade 3               |
|---|------------------|--------------------|------------------------|-----------------------|
| Sandhi shoola<br>(Joint pain)                                       | No pain          | Mild pain          | Moderate pain          | Difficulty in moving  |
| Sandhi shotha<br>(Joint swelling)                                   | No swelling      | Slight swelling    | Moderate swelling      | Severe swelling       |
| Sandhigraha (Joint stiffness)                                       | No stiffness     | 5min to 2 hrs      | 2 hrs to 8 hrs         | More than 8 hrs       |
| Sparshasahata<br>(Tenderness)                                       | No tenderness    | Mild tenderness    | Moderate tenderness    | Resist to touch       |
| Angamarda<br>(malaise)  | No body pain     | Slight body pain   | Moderate body pain     | Severe bodyache       |
| Aruchi (tastelessness)  | No tastelessness | Mild tastelessness | Moderate tastelessness | Total tastelessness   |
| Gaurava (body heaviness)  | No heaviness     | Mild heaviness     | Moderate heaviness     | Severe heaviness      |
| Apaka<br>(indigestion)  | No indigestion   | occasionally       | Daily                  | Daily after each meal |
| Grip strength (compress an inflated ordinary sphygmomanometer cuff) | >200mmHg         | 199-200mmHg        | 119-70mmHg             | <70mmHg               |

|  |             |                |                |               |
|--|-------------|----------------|----------------|---------------|
| Foot pressure (exert pressure over the weighing machine) | 25 to 21 Kg | 20 to 16 kg    | 15 to 10 kg    | <10 kg        |
| Walking time (To cover 25 feet distance)                 | 15 – 20 sec | 21- 30 sec     | 31 – 40 sec    | >40 sec       |
| Range of movements (with help of Goniometer)             | 130 degree  | 120-130 degree | 60- 119 degree | 0 – 59 degree |

Amavata (Rheumatoid arthritis) is confirmed by the fulfillment of American college of Rheumatology (ACR) /European league Against Rheumatism criteria 2010. As the patient was affected by 2-3 small joints. The patient also has high positive Rheumatoid Factor with symptoms presented more than 6 weeks. ESR and CRP were also abnormal. According to Ayurveda, Amavata is confirmed by the symptoms such as presence of sandhi shoola, sandhi shotha, sandhigraha, sparshasahatva, angamarda, aruchi, gaurava, apaka.

**Final Diagnosis:** Rheumatoid Arthritis

#### **THERAPEUTIC FOCUS:**

Focus on principles of Aama Vata chikitsa described in Ayurvedic classics. For complete cure, without recurrence or to manage this disease given Rasna panchaka Kashaya, Panchakola churna, Amrita guggulu and Hinguvadi ghrita orally and Ruksha sweda (Valuka sweda) externally<sup>6</sup>.

**Table 3: Treatment Protocol**

| Medicines                           | Dose                             | Route | Anupana        |
|-------------------------------------|----------------------------------|-------|----------------|
| Hinguvadhi ghrita <sup>7</sup>      | 12 gms morning empty stomach     | Oral  | Hot water      |
| Rasna panchaka kashaya <sup>8</sup> | 15ml with 30ml of lukewarm water | Oral  | Lukewarm water |
| Panchakola churnam <sup>9</sup>     | 3 gms                            | Oral  | Lukewarm water |
| Amrita guggulu <sup>10</sup>        | 2tab                             | Oral  | Lukewarm water |
| Valuka sweda <sup>11</sup>          | Once a day – 30min               |       |                |

#### **Advised**

Patient was advised general physical activity and avoid dadhi, guda, ksheera, vegarodha, vishamasana<sup>12</sup>.

**Duration of treatment:** 30 days

**Follow up period:** After 15 days

#### **ASSESSMENT:**

The results were assessed on the basis of clinical signs and symptoms mentioned in Ayurvedic classics as well as by American college of Rheumatology (ACR) /European league Against Rheumatism criteria 2010.

**Table 4: Assessment of Subjective Parameters**

| Parameter     | Before treatment | After treatment | Follow up |
|---------------|------------------|-----------------|-----------|
| Sandhi shoola | 3                | 1               | 0         |
| Sandhi shotha | 3                | 0               | 0         |
| Sandhigraha   | 3                | 0               | 0         |
| Sparshasahata | 3                | 0               | 0         |

|                   |              |              |              |
|-------------------|--------------|--------------|--------------|
| Angamarda         | 3            | 1            | 0            |
| Aruchi            | 3            | 0            | 0            |
| Gaurava           | 2            | 0            | 0            |
| Apaka             | 3            | 0            | 0            |
| Grip strength     | Rt:3<br>Lf:3 | Rt: 0<br>L:0 | Rt:0<br>Lf:0 |
| Foot pressure     | Rt:3<br>Lf:3 | Rt:0<br>Lf:0 | Rt:0<br>Lf:0 |
| Walking time      | 3            | 0            | 0            |
| Range of movement | 2            | 0            | 0            |

**Table 5: Assessment of Objective parameters**

| Sr.no | Before treatment | After treatment | Follow up |
|-------|------------------|-----------------|-----------|
| Hb%   | 12.9             | 14              | 14        |
| RBC   | 4.28             | 4.76            | 4.77      |
| WBC   | 7.01             | 6.07            | 6.09      |
| ESR   | 80               | 30              | 28        |
| RA    | 95               | 51              | 50        |
| C-RP  | 22.7             | 1.8             | 1.5       |

**OBSERVATIONS AND RESULTS:**

It is observed that there is significant result in the treatment protocol within a week. During the period of treatment patient feels comfort with reduction of symptoms such as sandhi shoola, sandhi shotha, sandhigraha, sparshasahata, angamarda, aruchi, gaurava, apaka. The grip strength, foot pressure, walking time and range of movement also presents marked improvement after the treatment period. The follow up of the patient is done after 15 days of the treatment and the symptoms of amavata are found to be nil.

**DISCUSSION:**

The aim of Ayurveda treatment is to restore the dosha to harmonious equilibrium, it also strengthens the immunity of the individual. Amavata (RA) can be effectively managed by Ayurvedic treatment and pathyapathya as there is limitation in allopathy treatment. The root cause of Amavata is amatva and mandagni so the treatment protocol requires complete digestion of Ama. As ama and vata dosha are the main cause of the disease so that treatment for this case is vatahara and amapachaka chikitsa.

**Mode of action of drugs**

1. *Rasna panchaka Kashaya* contains rasna, guduchi, eranda, devadaru and sunthi. These drugs act as best pain relieving, anti- inflammatory and immunomodular. It also balances vata dosha thus helps in reducing the symptoms of amavata such as joint pain and joint swelling.
2. *Panchakola curnam* contains pippali, pippalimula, chavya, chitraka and shunthi. It relieves constipation, cures aruchi, balance vata and kapha dosha and it is best amapachana and agni deepana drug useful in the management of amavata.
3. *Hinguvadhi ghrita* contains hingu, trikatu, chavya, saindhava and go ghrita. Generally, snehapana is indicated for nourishment and also cures vatavyadhi. Properties like shothahara, shoolahara, deepana and

amapachana of hinguvadhi ghrita helps in breaking the pathogenesis of amavata.

4. *Amrita guggulu* contains guduchi, triphala and guggulu. The anti-inflammatory properties of amrita guggulu helps to get rid of pain and inflammation of the joints associated with rheumatoid arthritis. Reoccurrence of amavata is prevented by the action of amrita guggulu. It acts as agni deepana, amapachana and rasayana. The ushna veeryata of drugs helps in breaking the pathogenesis of amavata, improves digestion, absorption and excretion by its shodhana karma. Rasayana properties helps in curing the disease as well as maintain the healthy status of the body.
5. *Valuka sweda* is a ruksha type of sweda indicated in amavata. The symptoms such as stambha, gaurava and shula are relieved by valuka sweda. It also removes sankocha (contraction), supti (numbness) and khanja (lameness) like upadrava of amavata and it affects the whole body.

### CONCLUSION:

From the present case study, concluded that amavata can be effectively treated by the ayurvedic medicines and therapy. The objective and subjective parameter show significant improvement in curing the amavata disease. Pathya also plays an important role in the management of amavata. Thus, this ayurvedic treatment protocol proven to be effective in the management of amavata as well as improving quality of life.

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