



CASE REPORT

AYURVEDIC MANAGEMENT OF AAMAVATA- A CASE REPORT

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ABSTRACT

According to one report out of every 100,000 people, 41 are diagnosed with Rheumatoid Arthritis every year. Rheumatoid Arthritis does not have a cure at this time. Many new treatments have been developed over the last 30 years, but none of them “cure” Rheumatoid Arthritis. Instead, they aim to lower inflammation and pain, prevent joint damage, and slow the progression of the disease. In Ayurveda it can be compared with Aamavata characterized by pricking pain in the joints, body pain, fever, heaviness of the body, anorexia, etc. A 35yr patient was diagnosed with rheumatoid arthritis and was undergoing DMARDs and NSAIDs treatment which was proved to be ineffective who was later admitted to SDMCA-Udupi for the same, treated according to the aamavata protocol and had significant improvement in the condition and on further follow up with regular medication his condition was better.

Keywords: Rheumatoid Arthritis, *Aamavata*,

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INTRODUCTION

Rheumatoid arthritis (RA) is the most common persistent inflammatory arthritis, occurring throughout the world and in all ethnic groups^[1]. It is likely that the prognosis of RA will improve as more effective treatment regimens are introduced in patients with early disease^[2]. The typical presentation is with pain, joint swelling and stiffness affecting the small joints of the hands, feet and wrists. Large joint involvement, systemic symptoms and extra-articular features may also occur^[3]. Sometimes RA has a very acute onset, with florid morning stiffness, polyarthritis and pitting oedema. The clinical features of RA are similar to the *aamavata* described in Ayurveda. The *pravuddha amavata* has features like acute onset, pricking pain in the joints pain described as the pain as that of scorpion sting, joint stiffness, heaviness in the body, burning sensation in the body and anorexia^[4]. The treatment of *aamavata* is given in our classics clearly and step wise so that it will not lead to any complication and chances of reoccurrence are less. The simultaneous administration of *antaparimarjana* and *bahihparimarjana* are required. The main aim of treatment is to destroy the *aama* which has been formed and remove it from the root. First it is told to do *langhana kriya* so that *aama* will be destroyed and for the removal of dosha unaffected by

the *langhana kriya* are removed by *shodhana kriya*^[5]. Also other *sodhana chikitsa* has been described. Moreover *pathya*^[6] and *apathya*^[7] has been described vividly which is a must for the treatment of *aamavata*.

CASE REPORT

A Hindu, married, 35 year old male patient, mason by occupation was admitted at SDM College of Ayurveda and Hospital, Udupi. For the complaints of multiple joints pain, morning stiffness and swelling of joints for 3 months and with the associated complains of fever, body pain, loss of sweat and night sweat for 2 months.

A history of the present illness revealed the patient was apparently well 3 months back. Gradually, he started to feel pain over right heel which was mild in nature initially then severe in nature after 2-3 days and mild swelling over the affected joint. The pain was pricking type, radiating to knee joint and toe, aggravated by cold application, drinking cold water, at morning time and evening time and in cloudy day, relieved by hot application. He also had mild fever at evening time and morning time and night sweating. The patient consulted an allopathic hospital for the same and took medication. He took the medicine with regular follow up for almost 1month but the condition did not get improved.

Then gradually stiffness of the joint started 2 months back with increased swelling of joint.

The stiffness was severe at evening and morning and after application of hot water stiffness reduced. Initially the pain was only in right heel (ankle joint) gradually he started to have pain in right knee, b/l fingers of legs and hands, and cervical region. Small swollen lump developed at the right index finger.

Then he consulted some ayurvedic clinic for same. He was prescribed with *avipattikara choorna* and *rasnasaptaka kashaya* and was taking it regularly for about 2 months.

It was also proved ineffective for him so he consulted SDM hospital - Udupi for the same and was admitted for further treatment

Personal history revealed that the patient is non vegetarian with reduced appetite, disturbed sleep because of the pain, and frequency of micturation 4-5 times per day, and the patient had no addiction. The patient had habit of sleeping at day time for half an hour per day after food. They used to have non vegetarian diet especially chicken once a month. He had habit of eating curd, *masha* and other *guru aahara* frequently. There was no genetic linkage of the disease observed in the family.

The general examination of the patient showed that the patient is ill-looking, stable, well oriented, hyposthenic with antalgic gait and absence of icterus, cyanosis, pallor, lymphadenopathy and mild edema at B/L ankle and knee joint. Vitals being pulse rate 80

per minute, respiratory rate of 20 per minute, Blood pressure of 120/80 mm of hg and body weight of 45 kg (BMI 17.85). Systemic examination was found to be normal. Local examination of arm revealed that ROM was reduced in right index finger, tenderness at right index finger, decreased in active movement in interphalangeal joint, and boutonniere deformity was present. Examination of legs revealed difficulty in standing, warmness and swelling present on both side, ROM decreased (Right>Left), mild tenderness was present at metatarsalphalangeal joint. On examination of spine mild tenderness was present at cervical spine.

The treatment given was *aalepa, dhamyamla dhara* and *eranda taila* 20 ml with *shunthikashaya* 30ml on empty stomach of *aamapachana* for 3 days. Then *matra vasti* with *Balaagudhyadi taila, Dashmoola Niruha vasti* and *valuka sweda* was given. The patient was discharged after 13 days with marked improvement with discharge medicine as follows and *pathyapathya* were also advised to strictly follow:

1. Tab Mahayograj Guggulu 2 tab tds
2. Tab rumalaya forte 2 tab bd
3. Rasna erandadi kashaya 10 ml bd
4. Gandarbha Hastadi taila 10ml hs
5. Syrup Forblood 10ml bd
for 1 month.

On follow up after 1 month of the trial the symptoms was markedly improved and the gait was also normal.

The medicines were procured from the outpatient dispensing section, SDM College of Ayurveda and Hospital.

As for the laboratory investigation the plain x-ray of right knee and right ankle, taken at the starting of the symptoms shows nothing significant, the report looks apparently normal with slight soft tissue swelling .

His blood investigation before trial on 20/02/17 revealed that Hb% was 9 gm %, ESR was 120 and RA factor was negative and on follow up after trial on 03/04/17 the reports shows Hb as 9.5 gm % and ESR as 38. This shows that not only there was improvement symptomatically after trial but also the laboratory investigations also shows improvement after the application of therapy and internal medications.

Discussion:

According to Ayurveda, the patient was diagnosed as a case of *pravridha Amavata* with main *dosha* being *kapha* associated with *vata* and *pitta dosha*. The clinical presentation were *angamarda, aruchi, trishna, aalasya, gaurabha, jvara, shunataanganm* which are the cardinal features of *aamavata* ^[8]. Similarly, *sotha* with *rooja* in the *sandhi, daaha* and *utsaahahaani* were also present. The aggravating factors for the *prabruddhata* may

be the favourable *desha* ^[9] (*anupa desha*) and *ritu* (*vasanta ritu*).

According to modern concept the case was diagnosed with seronegative Rheumatoid arthritis ^[10]. The RA factor was negative and the sign and symptoms were that of rheumatoid arthritis.

Here *aalepa, dhamyamla dhara* and *shunthikashaya* will do *aamapachana*. Similarly the *bast* ^[11] given will help in reduction of inflammation and also there will be removal of residual *aama* and vitiated *doshas*.

CONCLUSION:

Rheumatoid Arthritis can be taken parallel to *Amavata*. Ayurveda can provide solution to the daily increasing concern about this disease. When treated with Ayurvedic treatment schedule as described in Ayurveda according to the condition of patient and state of the disease along with the suitable *pathyapathya*, we can get best results for treating many other diseases like this.

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