



Rheumatoid Arthritis and Amavata: Short Communication

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What is Rheumatoid Arthritis? (Modern view)

Rheumatoid Arthritis is a disease of unknown etiology, characterized by a chronic polyarthritis mainly affecting the smaller peripheral joints, accompanied by general ill health and resulting eventually in varying degree of crippling joint deformities and associated muscle wasting. [1]

What is Amavata? (Ayurvedic view) [2]

According to Madhavidana, Adhyaya No.25, Shloka No 6, Clinical features of Amavata are Angamarda (Bodyache), Aruchi (Tastelessness), Trushna (Thirst), Alasya (Laziness), Gaurav (Heaviness), Jwara (Fever), Apaka (Indigestion) and Anganam Shunata (Swelling of body).

OTHER DESCRIPTION IN MODERN SCIENCE:

Criteria for the diagnosis [3]:

- Morning stiffness (more than one hour for more than six weeks)
- Arthritis involving three or more joint areas (with or without soft tissue involvement lasting more than six weeks)
- Arthritis of hand joints (more than six weeks)
- Symmetrical arthritis (at least one area lasting for six weeks)
- Rheumatoid nodules
- Rheumatoid factor
- Radiographic changes

Diagnosis of rheumatoid arthritis is made when four or more criterias are present.

Clinical features [3]:

Systemic manifestation-

- Fatigue
- Weakness
- Vague arthralgia
- Myalgia
- Joint stiffness
- Low grade fever
- Weight loss
- Excessive sweating
- Lymphadenopathy

Joint manifestations-

- The joint manifestations are swelling, warmth, tenderness, and synovial thickening without erythema.
- The joints most commonly involved are: Finger joint (40%), Shoulder joint (20%), Foot joint (20%), Wrist joint (15%).

Investigations [3]:

A} Complete blood count B} C-reactive protein

C} Serum proteins

- Albumin ↓
- Gamma globulins ↑
- α 2 globulin ↑
- IgG, IgM, IgA ↑

D} Serological tests

- Rheumatoid factor
- Antinuclear antibody is positive in 20 to 50%
- Synovial fluid analysis
- Antibodies to CCP (Cyclic citrullinated polypeptide)

Management [4]:

There are three main categories of drugs used in the treatment of Rheumatoid arthritis:

A} NSAIDs

B} Standard (DMARDS) Disease Modifying Anti-Rheumatic Drugs:

Low-dose methotrexate (LD-MTX), Sulphasalazine, Hydroxychloroquine, Leflunomide

3}Biological (DMARD) Disease Modifying Anti-Rheumatic Drugs: Infliximab, Etanercept, Rituximab, Abatacept, Tocilizumab

4}Glucocorticoids

Background: -

All the abovesaid medicines are best painkillers, but they usually develop side effects like Hyperacidity etc. So, it was an effort to see the efficacy of Ayurvedic herbal medicines in case of Rheumatoid Arthritis diagnosed and treated by Allopath initially. Additionally, patient desired to undergo Ayurvedic treatment for eradication of the said disease.

Details about case: -

A fifty-year-old lady was treated in medical Indoor patient's department of M.A.Podar (Govt.) Hospital,Worli,Mumbai-18, who was with complaints of Sandhishoola (with Angamarda), Gaurav and Shunata since four years.

Clinical examination: -

Revealed a madhyama built. The patient was having B.P- 120/84 mm of Hg, Pulse- 78/m, Temp- 97.5⁰F, Resp- 21/min. CNS and CVS were normal.

Metacarpals, wrists and knee joints were with pain, swelling and tenderness.

Laboratory investigations were : -

1. Hb: 10.5 g/dl
2. TLC: 10,500/Cumm

3. ESR: 35 mm (W.G. Method)
4. Urine Exam (Chemical & Microscopic): NAD
5. Stool Exam (Chemical & Microscopic): NAD
6. Blood sugar (Fasting-91 mg/dl, Pp-121 mg/dl)

Special investigation was: -

RA (Rheumatoid Arthritis) Factor:

Detected positive by 'Latex Agglutination method' and as per clinical examination and clear history her case was diagnosed as 'Amavata'.

Treatment prescribed : -

1. Amrita Guggulu 500 mg thrice daily (after some food)
 2. Samshamani vati 250 mg thrice daily (after some food)
 3. Amritarishta 20 ml thrice daily
(with 100 ml ushnodaka as Anupana)
 4. Erandasneha 1 teaspoonful at bed time daily (followed by 100 ml ushnodaka)
 5. Valukapottali sveda (lukewarm sand fomentation) twice daily to Sandhis (joints)
- } for 1 month

Patient was advised to avoid snigdha bhojana and much ruksha annapana. Also, restricted for day sleep.

Observation & result: -

There was no marked improvement in first three weeks of treatment, but at the end of the month she started feeling relief; given below:

Table no. 1

	Sandhishoola {Joints pain}	Gaurav {Heaviness}	Shunata {Swelling/Inflammation}
Before treatment	2+	3+	3+
After treatment	0	1+	0

Table no. 2

	Sandhishoola	Gaurav	Shunata
Grade 0	Absent	Absent	Absent
Grade 1	Mild-Bearable without medication also	-Disappears after movements	Mild-Swelling without tenderness
Grade 2	Moderate- Bearable with medication only	oderate- Disappears after medication	oderate- Swelling with tenderness
Grade 3	Severe- Unbearable after medication also	Severe-Remains after medication and movement also	Severe- Swelling with tenderness and stiffness

Discussion: -

In Amavata , predominant doshas are Vata and Kapha and dushtas are Rasa and Asthi (Sandhis). Madhavnidankar has mentioned four types of Amavata viz. Vataj, Pittaj, Kaphaj and Sannipatik, among which patient was having Kaphaj type.

Indulgence in Viruddha Ahara and Vihara, lack of Cheshta (Physical activity) or doing Vyayama (Physical exercise) after Snigdha Bhojana and those who have Mandagni (Poor digestive capacity) even also produce 'Ama' (undigested food) in body.

This Ama, associated itself with Vata moves quickly to the different Sleshmasthanas in body and fills dhmanis with Vidagdhatava. It develops dooshit-aannajarasa with help of Vata, Pitta and Kapha and blocks the strotasas (channels in body) with Atipicchilatva. It produces Hrudaorbalya and Gaurav also.

Additionally It affects sandhis in body, such as Trika (Pelvis) etc. This dreadful disease known as 'Amavata' producing Stabhdhata (stiffness) of body becomes a cause of many other diseases also.

Conclusion: -

After three months of treatment, patient felt very much better. All the signs and symptoms of disease almost disappeared. The patient had been advised to continue the above oral medicines for another 2 months.

References: -

- 1 Nancy Roper,(editor),Churchill Livingstone Pocket Medical Dictionary,14th edition, ,New York 1987, p-233.
2. Shri Sudarshan Shashtri, Madhav Nidanam Purvardha, Trutiya Sanskaran, Chaukhambha Prakashan, Varanasi 2012, p-511.
3. R. Alagappan, Manual of Practical Medicine, 4th edition, Jaypee brothers,2011, p- 696,699,700.
4. YP Munjal, API Textbook of Medicine,11th edition, Association of physician,2012, p-1389.