

MONTH: JULY: AUG -2015

VOLUME: 3, ISSUE: 2

ISSN: 2348-1846



Punarnav

TITLE

AYURVEDIC MANAGEMENT OF RHEUMATOID ARTHRITIS: A CASE REPORT

TIWARI BEENA SHRIKANT

**AN INTERNATIONAL PEER REVIEWED AYURVED JOURNAL
ON LINE BI-MONTHLY AYURVED JOURNAL**

www.punarnav.com

Email: explore@punarnav.com, punarnav.ayu@gmail.com



AYURVEDIC MANAGEMENT OF RHEUMATOID ARTHRITIS: A CASE REPORT

TIWARI BEENA SHRIKANT

M.D. Scholar, Department of Dravyaguna, S.V. Ayurvedic college, Tirupati, Andhra Pradesh, India.

ABSTRACT:

Ayurveda has since long time provided answer to the problems arising due to lifestyle disorders. Rheumatoid arthritis is a disorder with varied clinical signs and symptoms related to multiple organ systems, being both articular and extra-articular. On the basis of clinical presentation, it is close to Amavata, a disease described in newer Ayurvedic texts. Non-steroidal anti-inflammatory drugs (NSAIDs) are the mainstay of treatment in this condition; however, they have limitations for a long term therapy. Hence, there is a need for drugs having good efficacy with low toxicity profile in this debilitating disorder. The whole treatment includes Deepana, Pachana. Drugs and combinations like Shunthi Kwatha with Eranda Taila for Deepana Pachana and Ashwagandha churna, as Balya and Rasayana after completion of treatment were also incorporated in the schedule. Thus the case described in this article was treated with the same guideline of Amavata Chikitsa in Ayurveda and results were obtained. Though a single case is not enough to prove the efficacy, author has tried to share his experience through this article to state that Ayurvedic treatment for Rheumatoid Arthritis is very effective and enhances the quality of life of patient without creating any side effects. More deeper study in this regards is required.

KEY WORDS: Amavata, Ayurveda, Rheumatoid Arthritis, Shaman chikitsa.

INTRODUCTION

**CORRESPONDENT:
DR. TIWARI BEENA
SHRIKANT
P.G Scholar,
Department of Dravyaguna,
S.V. Ayurvedic college,
Tirupati, Andhra Pradesh,
India.**

Rheumatoid arthritis is now-a-days a commonest disorder occurring due to changes in the lifestyle. On the basis of sign and symptoms, it can be correlated with *Amavata* described in *Ayurveda*. *Amavata* is one of the commonest disorders caused by the impairment of *agni*, formation of *ama* and vitiation of *vata*^[1] As in *Ayurveda*, treatment is aimed towards complete cure from disease leading to reversal to healthy state and not merely the absence of symptoms, it has best answers to many diseases where modern medical science fails to give results. *Amavata* can be a best example. *Ayurvedic* treatment of *Amavata* leads to break in pathogenesis of the disease and hence provides complete cure. The treatment is safer, cost effective and

traditionally proven. The case described in this article cannot prove it concretely as there's no large data, but it can be helpful to show path towards the *Ayurvedic* management of Rheumatoid Arthritis.

CASE REPORT

A male patient of age 39 presented with pain and swelling over wrist, metacarpophalangeal and interphalangeal joints of right side. There was mild stiffness and tenderness in joints. He also had minor complaints like anorexia, nausea, constipation, heaviness in body etc.

General Physical Examination

B.P. = 122/78 mmHg,

P/R = 78/min,

Pallor absent,

Icterus absent,

Cyanosis absent. Clubbing absent.

CVS: S1 S2 Normal

Chest: B/L equal air entry with no added sound

CNS: Patient conscious, well oriented to time, place, person.

METHODS FOR DETERMINING OBJECTIVE PARAMETERS: Grip power and Press

Power

1. Grip power and pressing power: The functional status of wrist joints, metacarpophalangeal joints and interphalangeal joints was assessed by measuring of pressing power and grip power. For this test (Grip power), patients were asked to grip the inflated cuff of a sphygmomanometer by both palms and fingers separately and the rise of manometer readings was recorded in mmHg of mercury at the time of registration and follow ups of the patients of *Amavata*. For measuring the pressing power the cuff of sphygmomanometer was inflated at the basal value and was placed on the table. The

patient sitting on front of the table on a chair was told to press the inflated cuff by both hands separately. While pressing the cuff pressure should be applied from all the involved joints of upper limbs and the extent to which the patient can press the cuff is observed in terms of the rise in mercury column in mm of Hg at the time of registration and follow ups. In both the test the cuff of sphygmomanometer was inflated up to basal value of 30 mm of Hg. Grading was done.

GRADING FOR ASSESSMENT OF DISEASE

<p>PAIN</p> <p>0 No pain</p> <p>1 Pain complaints but tolerable</p> <p>2 Pain complaints difficult to tolerate and taking analgesic once a day</p> <p>3 Intolerable pain and taking analgesics two times a day</p> <p>4 Intolerable pain and taking analgesics more than two times in a day.</p>
<p>SWELLING</p> <p>0 No swelling</p> <p>1 Feeling of swelling + Heaviness</p> <p>2 Apparent swelling</p> <p>3 Huge (Synovial effusion) swelling</p>

<p>TENDERNESS</p> <p>0 No tenderness</p> <p>1 Mild tenderness</p> <p>2 Moderate tenderness</p> <p>3 Severe tenderness</p>	<p>STIFFNESS</p> <p>0 No stiffness</p> <p>1 20% limitation of normal range of mobility</p> <p>2 50% limitation of mobility</p> <p>3 75% or more reduction of normal range of movement</p>
<p>GRIP POWER AND PRESSING POWER</p> <p>0 = 200 mmHg</p> <p>1 =198 – 120 mmHg</p> <p>2 =118 – 70 mmHg</p> <p>3 =<70 mmHg</p>	

Grading of subjective and objective parameters before treatment

Pain: 2

Tenderness: 2

Stiffness: 1

Swelling: 3

Grippower:2

Press power:2

Laboratory findings:

Hb: 11.2 gm%;

TLC:11,540/cumm;

ESR:14 at the end of first hour,

RA factor: positive.

Diagnosis

On the basis of the 1987 revised criteria by American College of Rheumatology for diagnosis of rheumatoid arthritis^[2],

diagnosis of Rheumatoid Arthritis was made.

Clinical Examination

Dashvidha Pariksha

Prakriti :VataKafapradhan

Vikriti :Vatapradhanatridoshaja

Sara:Avara

Samhana :Madhyama

Ahara Shakti :Pravara

AbhyaranaShakti : Pravara

Jarana Shakti :Avara

VyayamShakti : Madhyama

Vaya :Vridha

Satva :Madhyam

Bala:Avara

Satyama: Madhyam

Astavidha Pariksha

Nadi :Vata Pittapradhana, sama. (80/min)

Samprapti Ghataka

VyadhiAvastha: Jeerna

Dosha: Tridosha (Vata dominated)

Agni: Manda

Dushya: Ras, Mamsa, Asthi, Majja.

Sabda: Kshama, (low tone speech)

Srotas :Rasvaha, annavaha, Asthivaha,

Sparsa :Ruksha (dry, rough)

Majjavaha,Udakavaha,

Drika :Samanya

Mutravaha,Purishavaha.

Akriti: Samanya

Adhithana: Sandhi, hridaya

Mala: Baddha.

Samuthana: Ama-Pakvashya

Mutra: Bahumutrata

Vyaktisthana: Sandhi

Jihva :Sama

Rogamarga: Madhyama

TREATMENT

In *Ayurveda*, Rheumatoid Arthritis can be taken parallel to *Amavata*. Hence following *Amavata Chikitsa Sutra*^[3], *Deepana, Pachana, and snehana* was done. After this, for *apunarbhav*, *bringhan chikitsa* was done. Following treatment schedule was selected:

-*Simhanada guggulu* 2 tablets (500 mg) twice a day

-*Shunthi Kwatha* (20ml) with *Eranda Taila* (5ml) in morning on empty stomach.

After completion of 2 months' therapy,

-*Ashwagandha churna* 2gm + *Bala churna* 2 gm BD for 1 month

RESULT

On first follow up after 15 days' treatment, symptoms like anorexia, nausea were completely relieved. There was mild

reduction in pain, tenderness and stiffness of joints. After completion of treatment of 2 months, there was drastic change in the parameters as:

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

After completion of whole treatment, at the last follow up, all the complaints of patient were relieved and all

the objective parameters were to normal (all grade 0).

Laboratory findings after completion of treatment:

Hb: 10g%;
TLC: 11,000/comm;
ESR:11;
RA factor: negative.

DISCUSSION

Ama and vata are the important components in the pathogenesis of Amavata. As no disease occurs without impairment of agni^[5], the important issue in chikitsa is deepana and Amapachana.

Deepana Pachana: As described in *Amavata Chikitsa*^[6], at the start of the therapy. *Deepana-Pachana* was done using *Eranda Taila* and *Shunthi Kwatha*^[7]. *Eranda Taila* is described to be best for the treatment of *Amavata*^[8]. It is *Katu, Ushna* and *Vataghna*^[9]. Due to its *Sukshma Guna*, it reaches *Sandhi* and breaks *Doshasanghata*. *Shunthi* is *Deepana, Vibandhahara*^[10]. Also due to its *Pachana* action, it helps in *Amapachana*. Thus is helpful in *Samprapti Vighatana*.

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.

Apunarbhava and *Balya Chikitsa*: The disease was chronic one. The diseased state of patient leads to weakness of body and mind. Also, due to prolonged *Agnimandya* and *Ama, Poshana* gets disturbed. Thus to counteract all these problems and gain the patients *bala*, he was given *Balya Chikitsa*. As patient gains *bala* and the drugs are *Rasayana*, there is no chance of recurrence, hence it is called as *Apunarbhava Chikitsa*. The drug used is *Balya, Bringhana* and *Rasayana*^[12].

CONCLUSION

From this case study, it can be concluded that Rheumatoid Arthritis can be taken parallel to *Amavata*. *Ayurveda*

can provide a 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, we can get best results for treating many other diseases like this.

REFERENCES

1. Madhavakara, Madhavanidana, VimalaMadhudharaTeeka by TripathiBrahmanand, ChaukhambhaSurabharatiPrakashana, Varanasi, ed. 2010, poorvardha, adhyaya 25, page.571-577.
2. Arnett FC, Edworthy SM, Bloch DA, McShane DJ, Fries JF, Cooper NS et al. The American Rheumatism Association 1987 revised criteria for the classification of rheumatoid arthritis. *Arthritis & Rheumatism*|Arthritis & Rheumatism-Arthritis Care & Research 1988;31(3):315-324.
3. Sri Govindadas, BhaishajyaRatnavali, Hindi commentary by Shri AmbikadattaShastri, ChaukhambhaPrakashana, Varanasi, Edition2014, Amavatachikitsa, 29/1, page no.613.
4. Chakrapanidatta, Chakradatta, Vaidyaprabha Hindi Commentory by Acharya RamanathDwivedi, Chaukhambha Publication, Varanasi, 2002, Niruhaadhikara 25/52-56, Page no.455.
5. Vagbhata, AshtangaHridaya, Marathi Translation by Garde G. K., Anmol Prakashan, Pune, 2006, Nidanasthana 12/1, Page no. 197
6. Sri Govindadas, BhaishajyaRatnavali, Hindi commentary by Shri AmbikadattaShastri, ChaukhambhaPrakashana, Varanasi, Edition2014, Amavatachikitsa, 29/2, page no.613.
7. Sri Govindadas, BhaishajyaRatnavali, Hindi commentary by Shri AmbikadattaShastri, ChaukhambhaPrakashana, Varanasi, Edition2014, Amavatachikitsa, 29/20, page no.615.
8. Sri Govindadas, BhaishajyaRatnavali, Hindi commentary by Shri AmbikadattaShastri, ChaukhambhaPrakashana, Varanasi, Edition2014, Amavatachikitsa, 29/20, page no.615.
9. Agnivesha, Charakasamhita, Charaka Chandrika Hindi

commentary by
TripathiBrahmanand,
ChaukhambhaSurabharatiPrakasha
n, Varanasi, 2006, sutrasthana
13/12/1, page no.164.

10. **Vagbhata, AshtangaHridaya,
Marathi Translation by Garde
G. K., Anmol Prakashan, Pune,
2006, Sutrasthana6/161, page
no.35.**

11. Sri Govindadas,
BhaishajyaRatnavali, Hindi
commentary by Shri
AmbikadattaShastri,
ChaukhambhaPrakashana,
Varanasi, Edition2014,
Amavatachikitsa, 29/181-189, page
no.628

12. Bhavamishra, Bhavaprakasha
Nighantu commentary by
Chunekar K.C.,
ChaukhambhaBharati
Academy,ed.2010, page
no.257,351

