


CASE STUDY

Management of Rheumatoid Arthritis through Ayurveda – A Case Study

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ABSTRACT

The article deals with the management of a case of *Amavata* through Ayurveda, aiming assistance to patients to have a healthy lifestyle, thereby reducing the severity and frequency of symptoms of the disease. This study is about a previously diagnosed male patient with rheumatoid arthritis who had strictly followed diets and regimens, and experienced recurrence when he neglected the routine which became difficult to manage by him. On the basis of signs and symptoms, it can be correlated with *Amavata* described in Ayurveda. Rheumatoid arthritis is a chronic inflammatory disease of joints with unknown etiology. It manifests as symmetrical, peripheral polyarthritis. It is more common in females than in males with a 3:1 ratio. According to WHO in 2019, the prevalence of people living with rheumatoid arthritis was around 18 million. The development of the disease may be triggered by genetic predisposition along with environmental factors and is prolonged with intermittent exacerbations and remissions. While there is no cure physiotherapy, medications can help to slow the disease progression. The treatments are from classic *Amavata Chikitsa* where *Amapachana* was attained initially by correcting the *Agni* with the help of internal medicine. External *Panchakarma* therapies were planned to eliminate the lodged *Doshas* from *Shaka*. The patient showed a significant reduction in symptoms and was advised to follow *Pathya*. The outcome was remarkable and worth documenting. Assessment was done with specific criteria before and after treatment. Thus, this study demonstrates the potential benefits of integrating *Panchkarma* to manage *Amavata* and to improve their quality of life.

1. INTRODUCTION

Rheumatoid arthritis is an inflammatory disease of the joints that often manifests as a systemic illness.^[1] It is the most common form of chronic inflammatory arthritis and results in joint damage and physical disability.^[2] Because it is a systemic disease, rheumatoid arthritis may result in a variety of extra-articular manifestations, including fatigue, subcutaneous nodules, lung involvement, pericarditis, peripheral neuropathy, vasculitis, and hematologic abnormalities.^[2] Rheumatoid arthritis can be assessed based on a revised criteria 1987 American College of Rheumatology (ACR) which includes morning stiffness, arthritis of 3 or more joint areas, arthritis of hand joints, symmetrical arthritis, rheumatoid nodules, serum rheumatoid factor, and radiographic changes.^[1] Rheumatoid arthritis can be correlated with *Amavata* according to Ayurveda. *Amavata* is one of the most common disorders caused by the impairment of *Agni* and formation

of *Ama* along with vitiation of *Vata*. Due to indulgence in incompatible food and habits (*Virudhaaharachestasya*), low digestive power and not indulging in physical activities (*Mandagninischalasya Cha*), consuming oily food (*Snigdham bhuktavantho Hi Annam*) causes derangement of *Agni* yielding in immature *Rasa* which in turn lead to the formation of *Ama*.^[3] *Ama* along with aggravated *Vayu* lodges in *Kaphastana* and getting associated with *Tridosas* produce *Dourlabhya*, *Gourava*, affects all the *Sandhi* and ultimately leading to *Stabdhatata* in the body. According to *Cakradatta*, *Amavata Chikitsa* includes *Langhana*, *Swedana*, *Bheshaja*, *Virechana*, *Snehapana*, *Bastikarma*.^[4] Here, the article deals with a diagnosed case of rheumatoid arthritis and its relative management as per Ayurvedic classics.

2. MATERIALS AND METHODS

2.1. Case Study

A 42-year-old male patient came to outpatient department (OPD) with symptoms of pain on low back, right knee joint, cramps on calf muscle (right), and numbness of toes of the right foot for 2 months.

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While evaluating history, it was noticed that patient had a history of rheumatoid arthritis at the age of 17 years where he presented with numbness of both hands, pain, and stiffness of the right knee joint, and cramps on the right foot associated with occasional fever. He underwent Ayurvedic *Panchakarma* treatment and got considerable relief. The patient was thoroughly educated about his condition and was advised to follow the internal medication, seasonal *Panchakarma* therapies along with strict *Pathyas* that time itself.

Later now, the condition was hard to manage when he stopped following the routine. As by profession, he is a goldsmith, the prolonged sitting posture may also lead to the aggravation of symptoms. He came to OPD with the right knee joint pain that progressed to pain over the lower back, ankle, calf cramp, and numbness in his toes of the right foot. The pain was gradual in onset with pricking in nature, and increased at night and on cold exposures. Patient also had a sensation of insects crawling over his body. He was unable to sit with straight legs and in the morning associated with pain in the right knee joint.

2.2. Personal History

- Bowel: Constipated, once/day
- Appetite: Reduced Appetite
- Micturition: 3 times/day, 1 time/night
- Sleep: Disturbed due to pain
- Habit: Alcohol occasionally
- Addiction: Nil
- Allergy: Nil.

2.2.1. Dashavidha Pareeksha

Dashavidha Pareeksha is included as table (Table 1).

2.3. Examination

The condition of the patient is assessed based on ACR 2010 criteria.^[5] Table 3 denoting subjective parameter for assessing the severity of the disease (ACR 2010 criteria). The *Amavata Lakshana* is analyzed based on *Pradhana Lakshana* – *Shoola* (Tenderness), *Shopha* (Swelling), *Stabdhat* (Stiffness), and *Samanya Lakshana* – *Angamarda* (Generalized body ache), *Aruchi* (Tastelessness), *Aalasya* (Lack of enthusiasm), *Jwara* (Feverishness), and *Apaka* (Lack of digestion).^[3] This is assessed with Grading 0-absent, 1-mild, 2-moderate, and 3-severe. Fever grading 97.5°F–98.9°F – Normal, 99.5°F–100.9°F – low grade, 101°F–102.9°F – moderate, 103°F–104.7°F – high. Table 2 denoting examination of joints.

2.4. Investigation

Table 4 showing investigation.

3. INTERVENTION

3.1. Internal Medicine

1. *Pachanamrutham Kashaya* 20 mL + 45 mL hot water (6 am, 6 pm) before food (from September 03, 2023 to October 09, 2023)
2. Tab *Simhanada Guggulu* 2-0-2 before food with *Kashaya* (from September 03, 2023 to October 09, 2023)
3. *Bruhath Triphala Choorna* 1tsp with hot water at bedtime (from September 03, 2023 to October 09, 2023)
4. *Dasamoolarsnadi Kashaya* 15 mL + 45 mL hot water (6 am, 6 pm) before food (from September 10, 2023 to October 20, 2023)
5. Tab *Yogaraja Guggulu* 2-0-2 before food with *Kashaya* (from September 10, 2023 to October 20, 2023).

3.2. Panchakarma Procedures

1. *Udwartana* with *Kolakulathadi Choorna* for 3 days from September 03, 2023
2. Steam bath for 3 days from September 03, 2023
3. *Dhanya Kizhi* with *Kottamchukkadi Taila* for 4 days from September 06, 2023
4. *Pippalyadi Anuvasana Vasti* for 3 days on September 06, 2023, September 10, 2023, September 13, 2023
5. *Vaitarana Vasti* for 3 days from September 07, 2023 and for 2 days from September 11, 2023
6. *Jambeera Pinda Sweda* with *Kottamchukkadi Taila* for 10 days from September 10, 2023
7. *Upanaha* with *Gruhadhoomadi Choorna* + *Saindhava* in *Dhanyamla* for 5 days from September 14, 2023.

3.3. Discharge Medicine for 2 Weeks

1. *Amavatari Kashaya* 15 mL + 45 mL hot water (6 am, 6 pm) before food
2. Tab *Simhanada Guggulu* 1-0-1 with *Kashaya*
3. *Sahacharadi Taila* + *Myaxyl* liniment for external application
4. *Vara Choorna* 1tsp with hot water at bedtime, in every 3 days.

3.4. Assessment

Patient's consent was taken and the assessment of the disease condition was made before and after treatment. Table 5 showing Assessment of disease condition before and after treatment.

Table 6 showing Assessment of disease condition according to Ayurvedic parameters.

4. DISCUSSION

Treatment was planned for 17 days where the patient got significant relief. After a detailed clinical evaluation, a targeted intervention plan was developed and executed. Here in this case, there is the formation of *Ama* due to *Virudha Ahara*, also his occupation along with the cold climatic conditions aided in the aggravation of *Vayu*. The treatment was planned as *Ama Pachana* initially followed by *Swedana*, *Virechana*, and *Vasti*. The deranged *Agni* became normal when the lodged *Ama* was corrected which in turn relieved the constipation, pain, and stiffness of the patient. The probable mode of action can be as follows.

4.1. Internal Medicines

Pachanamrutham Kashaya: Also known as *Amritadi Kashayam*. It helps in *Dosha Paka*, reduce *Amatva* condition.^[6] It also helps in regulating the *Agni* which was impaired by *Vata Dosha* and is *Deepana*, *Pachana*, *Vatanulomana*, and *Hridya*.

Tab *Simhanada Guggulu*: According to *Bhaishajyaratnavali Amavata Chikitsa* it has the properties of *Deepana*, *Amapachana*, *Balya*, also helps in *Dhatu Vridhi*.^[7] It reduces swelling, stiffness, and inflammation.

Bruhath Triphala Choorna: It has *Rooksha Virechana* property, as it contains *Triphala* along with *Yashtimadhu* and *Swarnapatri*. To get *Alpa Alpa Shodhana*, it is given as *Nitya Rechana*.

Dasamoolarsnadi Kashayam: According to *Chakradutta Amavathaadhikaram*, it is *Amahara*, *Vatahara*, and reduce *Gurutva*.^[4] It is indicated in *Amavata*.

Tab *Yogaraja Guggulu*: It is indicated in *Vata Roga*, *Sandhi Majjagata Roga*. It also helps in *Agni Deepthi* and *is Balyam*. It has anti-inflammatory property.

4.2. Panchakarma Procedures

Udwartana with *Kolakulathadi Choorna* along with a Steam bath is done for 3 days. *Udwartana* is a *Langhana* and *Rookshana* procedure which was performed to bring *Niramaavastha* from *Saamaavastha*, where *Kolakulathadi Choorna* helps to pacify *Vata*. Steam bath helps to alleviate non-acute rheumatic complaints, restricted or painful movement of joints, and muscular tension.

Dhanya Kizhi with *Kottamchukkadi Taila* is done for 4 days as *Swedana* procedure is one of the treatments mentioned in *Amavata Chikitsa*. After attaining the *Niramaavastha* by *Udwartana* the aggravated *Vata* is then pacified by advocating this *Snigdha Swedana* procedure. The oil used here mainly treats *Vataja* disorders and has the property of *Vataprashamana*, *Vedana Sthapana*, *Shodhahara*, etc.

Vasti Karma was administered, as *Vasti* is the ideal treatment for *Vata Dosh*. Here, in this condition to correct the predominant *Vata*, *Yoga Vasti* was planned with three *Anuvasanavasti* and five *Niruhavasti*. Ingredients used in *Vasti* are *Chincha*, *Saindhava*, *Guda*, *Gomutra*, and *Taila*. *Chincha* has *Deepana* property and is *Vata Pitha Shamaka*. *Saindhava* is *Tridosha hara*. *Guda* is *Vata Kapha Shamaka*. *Gomutra* act as *Agni Deepana* and *Shoolahara*. *Taila* used here is *Pippalyadi anuvasana Taila* and is beneficial in *Amavata*. According to *Aacharya Kashyapa*, since the number of *Sneha Vasti* is less, it is *Laghu*.

Jambheera Pinda Sweda with *Kottamchukkadi Taila* is done for 10 days. It is a type of *Ushmasweda* which is *Ruksha*, *Theekshna*, *Shobhahara*, and also alleviates *Vata-Kapha* predominant conditions. The *Taila* used also aids in pacifying *Vata*.

Upanaham with *Gruhadhoomadi Choorna* + *Saindhava* in *Dhanyamla* is done along with *Jambheera Pinda Sweda* for 5 days. *Gruhadhoomadi Choorna* is *Shoolanuth*, *Vata-Kaphahara*, and is used in the management of inflammatory joint diseases like rheumatoid arthritis in Table 6: Score of Ayurvedic parameters before and after treatment is mentioned.

5. CONCLUSION

From the present case study, it can be concluded that diseases like *Amavata* can have remarkable changes in the signs and symptoms with Ayurvedic management. The therapies done in this case were aimed to restore balance to the body, focusing not only on symptomatic management but also on addressing the root cause of *Amavata*. The internal medicines opted and dietic regimens followed provided a significant impact on signs and symptoms. Moreover, *Panchakarma* procedures were successfully administered to alleviate the patient's pain and stiffness. The therapies significantly improved joint mobility reduced the severity of the condition, and effectively detoxified and rejuvenated the body. Thus, bring about an overall well-being and long-term health outcome to the patient.

6. ACKNOWLEDGMENT

Nil.

7. AUTHORS' CONTRIBUTIONS

All the authors contributed equally to the design and execution of the article.

8. FUNDING

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9. ETHICAL APPROVALS

The study not require ethical approval as it is a case study

10. CONFLICTS OF INTEREST

Nil.

11. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from principal investigators.

12. PUBLISHERS NOTE

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Table 1: Dashavidha Pareeksha

1	Dosha and Dushya	Vata, Pitta and Rasa, Meda, Majja
2	Desha	Sadharana
3	Bala	Madhyama
4	Kala	Sarath
5	Analam	Madhyama
6	Prakriti	Vata Pitha
7	Vayah	Yowvanam
8	Satwa	Madhyama
9	Satmya	Sarvarasasathmya
10	Ahara	Madhyama

Table 2: Examination of joints

S. No.	Joint	Inspection	Palpation	Range of movement
1	Knee joint	No deformities No swelling	No tenderness No temperature	Flexion possible on both knees Extension painful (right), possible (left)
2	Lumbo Sacral Joint	No deformity found	No tenderness No temperature	Flexion and extension possible Left and right lateral flexion possible
3	Ankle joint	No deformity found	No tenderness	Plantar flexion and dorsi flexion possible Inversion and eversion possible

Table 3: Subjective parameter for assessing the severity of the disease

1	Joint pain (<i>Sandhi Shoola</i>)	
	No pain (VAS 0)	0
	Occasional bearable pain (VAS 1–3)	1
	Moderate pain with difficulty in joint movement, appears frequently and requires some measures for pain relief (VAS 4–6)	2
	Daily/severe pain may awake at night/more difficulty in moving joint (VAS 7–10)	3
2	Affected Joints (REF-ACR 2010) (5)	
	One large joint (shoulder, elbow, hip, knee, ankle)	0
	Two to ten large joints	1
	One to three small joints	2
	Four to ten small joints	3
	>Ten joints	4
3	Joint stiffness (<i>Sandhi Graha</i>) (REF-ACR 2010) (5)	
	No stiffness or stiffness lasting for 5 min	0
	Stiffness lasting for 5 min to 2 h	1
	Stiffness lasting for 2 h–8 h	2
	Stiffness lasting >8 h	3
4	Joint tenderness (<i>Sparshasahatwa</i>) (REF-ACR 2010) (5)	
	No tenderness	0
	The patient says joint is tender	1
	Wincing of face on pressure	2
	Wincing of face and withdrawal of affected part	3
	Resist to touch	4

VAS: Visual analogue scale, ACR: American College of Rheumatology

Table 4: Investigations

Test description	Result	Reference value
ESR	45 mm/h	0–22 mm/h
RA	27 IU/mL	<20 IU/mL
ASO titre	258 IU/mL	Upto 200
Anti CCP	22 U/mL	Upto 17.0
Uric acid	6.22 mg/dL	3.0–7.0

ESR: Erythrocyte sedimentation rate

Table 5: Score of subjective parameters before and after the treatment

S. No.	Sign and symptom	Score before treatment	Score after treatment
1	Joint pain (<i>Sandhi Shoola</i>)	3	1
2	Affected joints (REF-ACR 2010)	1	0
3	Joint stiffness (<i>Sandhi Graha</i>) (REF-ACR 2010)	1	0
4	Joint tenderness (<i>sparshasahatwa</i>) (REF-ACR 2010)	2	1

ACR: American College of Rheumatology

Table 6: Score of Ayurvedic parameters before and after treatment

S. No.	Lakshana	Before treatment	After treatment
1	<i>Angamarda</i>	3	1
2	<i>Aruchi</i>	2	0
3	<i>Trishna</i>	2	0
4	<i>Aalasya</i>	3	0
5	<i>Gourava</i>	3	0
6	<i>Jwaram</i>	Low grade (101.6°F)	Normal (98.6°F)
7	<i>Apaki</i>	3	0
8	<i>Sandhi Shodha</i>	3	0
9	<i>Sandhi shola</i>	3	1
10	<i>Gatra stabdhata</i>	3	1