

A CASE STUDY OF RHEUMATOID ARTHRITIS IN AMAVATA

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ABSTRACT

The terms Ama and Vata are combined to form Amavata. Agni derangements, such as Jatharagni, Dhatvagni, Bhutagni, etc., are frequently the cause of the illness. This leads to the production of Ama, which circulates throughout the body via vitiated Vata and is positioned in the Shleshmashana (Amashaya, Asthisandhi, etc.), causing pain, stiffness, and swelling over both small and large joints, ultimately rendering a person lame. Based on their shared medical characteristics, Amavata's scientific presentation closely resembles the distinct spectrum of rheumatological problems known as rheumatoid arthritis. A persistent inflammatory, unfavourable, and deforming symmetrical polyarthritis with systemic involvement is called rheumatoid arthritis (RA). It has been reported that the prevalence of rheumatoid arthritis varies between 0.15-1.35% in men and between 0.5-3.8% in women in India. Allopathic treatment relieves symptoms, but because there is no effective therapy, the underlying pathology is left untreated. It also causes a lot of side effects, toxic symptoms, and unfavourable responses. In addition to avoiding these kinds of negative effects, Ayurvedic medicine offers a better approach by addressing the underlying causes of Ama and Agni. Langhana, Swedana, Dravyas possessing tikta, katu rasa, and deepanpachana as Shamana chikitsa are the principles of Amavata administration. **Madhav Nidan** provides the earliest known description of Amavata as a disease, therefore Langhana, Swedana, Dravyas possessing tikta, katu rasa, and deepanpachana as Shamana chikitsa are the principles of Amavata administration. Since Madhav Nidan was the first person to specifically describe Amavata as a disease, the current study provides a systematic evaluation of Amavata in relation to rheumatoid arthritis based on all of the traditional Ayurvedic treatments.

OVERVIEW

In the condition known as Amavata, Ama with vitiated Vata Dosha builds up Sleshma Sthana, simulating what is now called rheumatoid arthritis. Modern lifestyle changes, eating fast food and unhealthy food, not exercising, and other factors might cause Mandagni, which in turn causes Ama to be produced. Amavata, which manifests as Sandhi Shotha, Shoola, Sparshaasahatwa, and Gatrastabdghata, is the result of Ama combining with the vitiated Vata dosha in Sleshma sthana. Amavata shares clinical characteristics with rheumatoid arthritis. Numerous joints, particularly the minor and major joints in the hands and feet, are affected by this chronic inflammatory disease. It has been reported that the prevalence of rheumatoid arthritis varies between 0.15-1.35% in men and between 0.5-3.8% in women in India. Ama can cause pain, stiffness, oedema, soreness, and other symptoms in the associated joints once it becomes localised in bodily tissue or joints. Amavata shares many characteristics with RA, an autoimmune disease that results in symmetrical polyarthritis and chronic inflammation. In Ayurveda, The first and most important line of treatment for any illness is *Nidana parivarjana*, or avoiding the causes. A *Shodhana* (biological purification of the body) procedure called *Virechanakarma* is used to balance the Pitta Dosha in particular and the vitiated Dosha in general. Therefore, in order to properly manage Amavata, this study comprised both treatment techniques, namely Nidana Parivarjana and Virechanakarma.

CASE STUDY

Chief Complaints	Multiple joint pain and stiffness, Fatigue ,Weakness especially morning stiffness since last 6-7 months
H/O Present illness	A 40 years old female patient visited in my OPD with the complaints of symmetrical proximal interphalangeal joint pain with tenderness, warmth in joints. Symmetrical swelling of the metacarpophalangeal and proximal interphalangeal joints was seen on examination. These joints were inflamed and tender on pressure, and have stress pain on passive movement. Patient was also suffering with the joint stiffness especially early in the morning for more than 20-30 minutes that gradually decreases during day time. Patient had suffered from this problem for last 6-7 months and her condition become vaster over the period of time.

	<p>After history taking, we came to know she had a severe pain in all small joints of the body especially in metacarpophalangeal, metatarsophalangeal and proximal interphalangeal joint about last 6 -7 months. She took treatment for this from local doctor as well as well equipped hospital but she got no any relief in clinical & laboratorial outcome and expenses lot money during this period. This treatment was continued for 3-4 months. The symptoms subsided but do not got complete relief. Patient was advised to take these medicines for very long time. After knowing the adverse effects of these drugs, the patient became anxious and was not satisfied with the allopathic medicines. Then she came for ayurvedic treatment because she wants to shift the treatment to other pathy after knowing the adverse effects of prolonged use of allopathic drugs. For the search of better management and advice by someone she came here for further management in Ayurveda keeping faith in it as somebody nearby her recommended to visit here</p>
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H/O Past Illness	<p>H/O Umbilical Hernia No H/O HTN/DM/CAD or Any chronic inflammatory condition.</p>
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Treatment History	Conservative T/t	H/O taking steroidal therapy with analgesic medicine
	Surgical T/t	2 times umbilical hernia repair

FAMILY HISTORY	No familial history present
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Personal History	Addiction	No	Diet	vegetarian
	Appetite	Dec. appetite	Thirst	Normal
	Bowel movements	Mild constipation	Sleep	Normal
	Micturition	normal	Exercise	Only walk
	Menstrual history	Normal		

General Examination	General condition	Normal	Pallor	No
	Icterus	No	Temp.	Normal
	Cyanosis	No	Pulse	84/min
	Height	5.2 feet	B.P.	126/84mmhg
	Weight	93.5 kg	R.R.	20/min

Dashavidha Pariksha	Prakriti	Vata-Kapha	Vikriti	Visham Samvay
	Sara	Mansasar	Samhanana	Avar
	Pramana	Madhyam	Satmya	Madhya Ras
	Satva	Avar	Ahara Shakti	Madhyam
	Vyayama Shakti	Avyayami	Vaya	Madhyam avastha

Ashtavidha Pariksha	Nadi	Vat-kaphaj	Mutra	Normal
	Mala	Saama	Jihwa	Aam
	Shabda	Samanya	Sparsa	Normal
	Drika	Normal	Aakriti	Sthool

1. Systemic Examination:

GIT	Soft, non-tender Umbelicus-Soft bulge Organomegaly- No Dilated Veins-No Shifting dullness-No Scar- No
Respiratory System	Inspection-B/L symmetry with normal movement of chest Palpation- Not any tenderness Percussion- Normal resonating note. Auscultation- B/L equal air entry
CVS	Apex beat- normal Heart sounds- normal Murmur sound-normal
CNS	Mental Status-Well oriented person, place and time with intact higher mental function (memory, speech & intelligence) Co-ordination-Good Motor-Normal Sensory- NAD
Urino-genital System	Colour Pale Odour-Distinct Haematuria-No Burning Micturition-No Total Intake of water-2.0-2.5 liter / day Total Output of water- normal
Locomotory System	NAD
Other	NO ANY

Vyadhi Ghataka	Dosha	TRIDOSH (VAATKAPHAJ)	Dushya	Rasa,Majja,Asthi,Sandhi, Snayu,Purisa,Mutra.
	Srotasa	Rasavaha, Majjavaha, Asthivaha, Purishavaha, Mutravaha.	Srotodusti	Sanga
	Adhisthana	Slesmasthanasandhi	Rogamarga	Madhyam

• Provisional Diagnosis :AAMVAAT

• Differential Diagnosis:

Synovitis

Viral polyarthritis

Palindromic rheumatism

Osteoarthritis

Stenosing tenosynovitis

Carpal tunnel syndrome

Psoriatic arthritis

• Final Diagnosis: **AAMVAAT**

• Prognosis:Kricchsadhya

• Management:-

1. **Shodhan:**Srotosodhana (MriduVirechan).

2. Shaman

- ❖ Kwath
- ❖ RasBhasm
- ❖ Vati
- ❖ Churna
- ❖ Oil

- Improve quality of life

- TREATMENT MANAGEMENT: **1ST VISIT**

Divya Sarvakalp Kwath Divya Peedantak Kwath	100 gm 200 gm	Mix and Take 1 tsp of medicine and boil it in 4 cups of water. Boil till it reduces to 1 cup. Strain and take it twice a day an hour before meal.
Divya AjmodadiChurna Divya Aamvatari Ras Note:- take Ajmodadi churna for 3 daysonly and repeat it after every 15 days.	100 gm 40 gm	Take half-a-spoon of ajmodadichurna and 2 tablet ofaamvatiriras in morning and evening with the above mention decotion.
Divya Mahavatvidhwanshak Ras Divya Pravaal Pishti Divya SwarnmakshikBhasm Divya GodantiBhasm Divya Brihat Vatchintamani ras	5 gm 10 gm 5 gm 10 gm 1 gm	Mix all the medicine and prepare 30 parts. From it take 1 part Before 1 hour of meal with honey twice a day.
Divya Singhnad Guggulu Divya Punarnavadi Mandoor Divya Peedantak Vati	60 gm 40 gm 40 gm	Take 1 tab of Each medicine After 1 hour of meal thrice a day with lukewarm water

पथ्यापथ्य

	पथ्य	अपथ्य
अनाज	पुराना चावल ,गेहू ,जौ	नया धान ,मैदा ,तला हुआ एवं कठिनाई से पाचन वाला भोजन
दाले	अरहर ,मूंग,मसूर दाल	काला चना , काबलीचना, चना, मटर
फल एवं सब्जियां	शिंगु ,टिण्डा, परवल, लौकी, तरोई, खीरा, पुनर्नवा, करेला, लसहुन, तक्र/छांछ	आलू तथा अन्य ग्रन्थि युक्त सरसों के पत्तों की सब्जी,भिंडी,अरबी
अन्य	खीरा,कड़वा भोज्य पदार्थ जैसे – अजवाइन,शुंठी ,अदरक ,सौंफ , हिंगु , कालानमक , तेल ,हल्का गर्म पानी ,काली मिर्च, सैंधा नमक, धनिया, लहसुन, जीरा, घी, एरण्ड तेल, गुनगुना पानी, बिना मलाई का दूध, गोमूत्र का सेवन करे	दही,मछली,गुड़,दूध,अधिक नमक, कोल्ड्रिक्स, संक्रमित /फफूंदी युक्त भोजन,अशुद्ध एवं संक्रमित जल सख्त मना :- तैलीय मसालेदार भोजन,अचार,अधिक तेल,अधिक नमक कोल्ड्रिक्स,मैदे वालेपदार्थ, शराब, फास्टफूड, सॉफ्टडिक्स, जंक फूड, डिब्बा बंद खाद्य पदार्थ
जीवन शैली		अध्यसन (भोजन के बाद दोबारा 1 -2 घंटे बाद भोजन करना) अधिक व्यायाम , गुस्सा , डर , चिंता ,शीतल जल दिन में सोना , आधारणीयवेग को रोकना,आसमान बादलपर होने पर,ठंडे जल का सेवन ,पूर्वी हवाओ का अत्यधिक सेवन

1ST FOLLOW UP:

Gen. Examination	General Condition	Normal	Pallor	No
	Icterus	No	Temp.	Normal
	Cyanosis	No	Pulse	76/min
	Height	5.2 feet	B.P.	130/82 mmhg
	Weight	92	R.R.	18/MIN

Personal History	Addiction	No	Diet	Vegetarian
	Appetite	Imrove appetite	Thirst	Normal
	Bowel movements	Normal	Sleep	Normal
	Micturition	Normal	Exercise	Walking and yoga
	Menstrual History	Normal		

Divya Sarvakalp Kwath Divya Peedantak Kwath	100 gm 200 gm	Mix and Take 1 tsp of medicine and boil it in 4 cups of water. Boil till it reduces to 1 cup. Strain and take it twice a day an hour before meal.
Divya AjmodadiChurna Divya Aamvatari Ras Note:- take Ajmodadi churna for 3 days only and repeat it after every 15 days.	100 gm 40 gm	Take half-a-spoon of ajmodadichurna and 2 tablet of aamvatiriras in morning and evening with the above mention decotion.
Divya Mahavat vidhwanshak Ras Divya Pravaal Pishti Divya Swarnmakshik Bhasm Divya Godanti Bhasm Divya Brihat Vatchintamani ras	5gm 10gm 5 gm 10 gm 1 gm	Mix all the medicine and prepare 30 parts. From it take 1 part Before 1 hour of meal with honey twice a day.
Divya Singhnad Guggulu Divya Punarnavadi Mandoor Divya Peedantak Vati	60gm 40gm 40gm	Take 1 tab of Each medicine After 1 hour of meal thrice aday with lukewarm water

2nd FOLLOW UP

Gen. Examination	General Condition	Normal	Pallor	No
	Icterus	No	Temp.	Normal
	Cyanosis	No	Pulse	79/min
	Height	5.2 feet	B.P.	132/82 mmhg
	Weight	90 kg	R.R.	17/min

Personal History	Addiction	No	Diet	Vegetarian
	Appetite	Imrove appetite	Thirst	Normal
	Bowel movements	Normal	Sleep	Normal
	Micturition	Normal	Exercise	Walking and yoga
	Menstrual History	Normal		

Divya Sarvakalp Kwath Divya Peedantak Kwath	100gm 200 gm	Mix and Take 1 tsp of medicine and boil it in 4 cups of water. Boil till it reduces to 1 cup. Strain and take it twice a day an hour before meal.
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REPORT

<p>Reference:</p> <p>NATIONALITY: Indian</p> <p>Mrs. USHA</p> <p>Patient ID: 0632208090049</p> <p>Age: 45 Y Gender: Female</p> <p>Refer Doctor: Dr. SHREE SHYAM LAB</p> <p>Barcode NO: 23042218</p>	<p>Sample Collected AT:</p> <p>HR122 ALFA UMEED CLINIC</p>	<p>Registered ON:</p> <p>09/Aug/2022 04:04AM</p> <p>Sample Coll. DATE:</p> <p>09/Aug/2022 04:04AM</p> <p>Receiving ON:</p> <p>09/Aug/2022 04:32AM</p> <p>Reported ON:</p> <p>09/Aug/2022 05:28AM</p>
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Testing Done By Wellness Diagnostic Pvt. Ltd.

TEST NAME	RESULT	UNIT	REF. RANGE
Primary Sample Type: Serum			
Rheumatoid Factor (RA Factor) - Quantitative	6.38	IU/ml	0-20

INTERPRETATION

ADVANTAGES OF QUANTITATION

Exact concentration of RA Factor facilitate the following:

- * Accurate staging of disease.
- * Precise prognosis and estimation of complications.
- * Adjustment of dose for treatment and follow up of treatment.

REMARKS

- * RA factor has been demonstrated in approximately 80 % of patients with rheumatoid arthritis.
- * False positive results may occur in hepatitis, sarcoidosis, cirrhosis of liver.
- * Sjogren's syndrome, acute bacterial and viral infection.
- * Diagnosis of rheumatoid arthritis should be made in conjunction with complete clinical evaluation.

Please Correlate with Clinical Condition.

*** End Of Report ***



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Panel Name: HR122 ALFA UMEED CLINIC

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(Revisit after 1 month)

4th FOLLOW UP

Personal History	Addiction	No	Diet	Vegetarian
	Appetite	Improve appetite	Thirst	Normal
	Bowel movements	Normal	Sleep	Normal
	Micturition	Normal	Exercise	Walking and yoga
	Menstrual History	Normal		

Gen. Examination	General condition	Normal	Pallor	No
	Icterus	No	Temp.	Normal
	Cyanosis	No	Pulse	82/min
	Height	5.2feet	B.P.	130/84mmhg
	Weight	88 kg	R.R.	19

Assessme

Remarks for Medicine:

These medicine continue for next 1 Month and then stop.

Divya Peedanil Gold Divya Aamvatari Ras	60 pc 40 gm	Take 2 tab of Each medicine Before 1 hour of meal with water twice a day with lukewarm water
Divya Singhnad Guggulu Divya Punarnavadi Mandoor Divya Peedantak Vati	60 gm 40 gm 40 gm	Take 1 tab of Each medicine After 1 hour of meal with water thrice a day with lukewarm water
Divya Vatari Churn	100 gm	Take ½ tsf with lukewarm water after meal twice a day
Nutrela Bone Health Natural	30 cap	Take 1 tab After 1 hour of Lunch with water once a day

Now patient completly relief and report is negative.