



ROLE OF *BAHIRPARIMARJANA CHIKITSA* IN THE MANAGEMENT OF *AMAVATA* W.S.R TO RHEUMATOID ARTHRITIS - A CASE STUDY

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ABSTRACT

Amavata is an Inflammatory joint disorder, where *Ama* combines with *Vata dosha* and occupies specific *Shleshma Stanas* i.e. multiple *Sandhis* resulting in severe *Shoola*(pain), *Shotha*(swelling), *Stabdatha*(stiffness) in multiple joint of the body.^[1] It can be paralleled with Rheumatoid arthritis in modern science. RA is a chronic inflammatory disease of joints characterized by symmetrical polyarthritis affecting mainly the peripheral small joints along with major joint areas associated with varied constitutional symptoms and serological evidence of auto reactivity., The prevalence of RA is approximately 0.8%(0.3%-2.1%) of population. In India, the

prevalence of RA is 0.5%-0.75%.^[2] Peak incidence in third-fourth decades with 3-5 times higher in females.^[3] In the present study, the patient aged about 78 years complaining of *Shoola*, *Shotha* and *Stabdatha* in *Sarva Sandhi* since 20 years, aggravated since 6 months was treated with *Bahyachikitsopakramas* and *Shamanoushadis* with remarkable improvement.

KEYWORDS: *Amavata*, Rheumatoid Arthritis, *Swedana*, *Lepa*, *Shamanoushadi*.

INTRODUCTION

Amavata is a chronic inflammatory Autoimmune disease, that affects multiple joints, though *Ama* and *Vata* are the initiating factors in the pathogenesis, clinical features of *Tridoshas* are seen here. The symptoms of *Amavata* most closely resemble with that of Rheumatoid Arthritis in modern science. *Chakrapanidatta* has described the principles or line of treatment for

Amavata as Langhana, Swedana, use of Katu and tikta rasa, Deepana dravyas, Virechana, Snehapana. Basti.^[4] The modern science treatment includes early usage of DMARD'S, NSAID;S, analgesics, use of biological agents etc.^[5] But they require regular monitoring because of the associated risk of hepatic and haematological toxicity. RA Patients are continuously looking with a hope towards Ayurveda to overcome this challenge. As the Patient is 78 years old and unfit for *Shodhana chikitsa*, she was treated with *Bahirparimarjana chikitsa* and *Shamana* effectively.

Patient was first treated for *Ama* with *Rooksha Dhanyamla Seka* followed by a *Pottali sweda* made out of cooked *Shastika shali* (3/4th part) and *Kolakulattadi churna* (1/4th part) which is neither too *Rooksha* nor *Snigdha*.^[4] *Ekanga Taila Seka*^[6] to knee was performed as a treatment for secondary OA knees. *Dashamoola Ksheera Lepa* was done for the correction of *Sandhishoola* and *Sandhi vakrata* of *Hasta* and *Pada* .Patient was also administered with *Shamanoushadhas*.

MATERIALS AND METHODS

Case report- A 78 year old female patient presented with the following complaints;

- *Shoola, Shotha* and *Stabdata* (Morning stiffness) in *Sarva Sandhi* for more than 1 hour(*Ubhaya, Kurpara, Manibandha, Janusandhi* and *Gulpha Sandhi*) since 20 years, aggravated since 6 months.
- Stiffness was more in left knee joint, unable to walk because of severe knee joint pain.
- Associated with *Alasya, Gowrava, Angamarda*.

Past History: No history of Diabetes, Hypertension or any other major illness in the past.

Family History: Nothing specific.

Personal history

Diet	- <i>Shakahari</i>
Appetite	- Good
Bowel habit	- Regular
Micturation	- 4-5 days /day
Sleep	- Sound
Addiction	- Nothing

Astavidha Pariksha

<i>Nadi</i> - 80 /min
<i>Mala</i> - Regular
<i>Mutra</i> - 4-5 times/day
<i>Jihwa</i> - <i>Aliptata</i>
<i>Shabda</i> - <i>Prakruta</i>
<i>Sparsha</i> - warm on B/L knee joint
<i>Druk</i> - <i>Madhyama</i>
<i>Akruti</i> - Moderately built

Musculoskeletal Examination**❖ Hand joints**

On Inspection: Swelling –present in both wrist joint, Ulnar deviation of metacarpophalangeal joints.

Swan neck deformity of fingers with Boutonniere deformity of thumbs.

On Palpation- Local raise temperature - absent

Tenderness –present in B/L wrist joint

Range of movements- restricted movements in wrist joints, metacarpophalangeal joints

❖ Bilateral Elbow joint examination

On Inspection: Swelling- present B/L

Flexor contraction of left elbow joint present.

On Palpation : Local raise temperature-present B/L

Tenderness - Present B/L

❖ Bilateral Knee and Ankle joint

On Inspection: Redness +, Swelling- present in B/L knee joint.

Foot deformity – Claw toe deformity present bilaterally

On Palpation: Local raised temperature – present in both knee joint

Tenderness – Present in both knee joint

Restricted movement in both knee joints

Crepitus in knee joint +++ B/L

❖ Blood investigations: RA Factor – Positive (1:32)

ESR – 60 mm in 1st hr

VYADHI VINISHCHAYA – Amavata / Rheumatoid Arthritis.

INTERVENTION

External treatment	Days
<i>Sarvanga Dhanyamla Seka</i>	6days
<i>Sarvanga Shastika Shali</i> 3/4 th part and <i>Kolakulattadi Churna</i> 1/4 th part <i>pottali sweda</i>	6 days
<i>Ekanga Taila Seka</i> with <i>Kottamchukadi taila</i> to both knee joints	12 days
<i>Dashamoola Ksheera Lepa</i> i.e <i>Sukshma Choorna</i> of <i>Dashamoola</i> added with milk,boiled,cooked and make into consistency of <i>Kalka</i> applied to elbow, wrist, palm, ankle and foot	12 days

Internal medication	Dose	Days
1. <i>Amrita arista</i> ^[7]	15ml-0-15ml	45days
2. <i>Sudharshana Ghana vati</i> ^[8]	2-0-2	45days
3. <i>Gokshuradi guggulu DS</i> ^[9]	2-0-2	45days
4. <i>Tab. Pranada</i> (Bipha Pharmacy)	1-0-1	45days
5. <i>Shunti Gokshura Kashaya</i> ^[10]	50ml in the morning	45 days

OBSERVATION AND RESULTS^[6]

OBSERVATIONS	BEFORE TREATMENT	AFTER TREATMENT	AFTER 1 MONTH
<i>Shoola</i>	4	3	1
<i>Shotha</i>	3	2	0
<i>Sparshasahishnuta</i>	3	0	0
<i>Stabdata</i>	3	2	1
<i>Gaurava</i>	3	2	0
<i>Aruchi</i>	2	1	0
General functional capacity	3	2	2
Walking time	3	2	2
ESR	60mm in 1 st hr	-----	42 mm in 1 st hr

RESULTS

During the course of treatment patient found gradual relief in her complaints. From the day of admission *Sarvanga Seka* and *Pottai Sweda* were performed on alternate days for a total period of 12 days, by this patient got mild relief in *Shoola* and *Stabdata*. *Ekanga Taila Seka* to both knee joint with *Kottamchukadi Taila*, gave maximum relief in the symptoms *Shoola*, *Shotha*, *Stabdata* of knee joint bilaterally, *Dashamoola Ksheera Lepa* applied to wrist, elbow and ankle joints Which is *Shoola* and *Shothahara*, and reduced *Shoola* and *Shotha* in the patient in the particular joints.

Amrita Arista, Sudharshana Ghana Vati, given internally are *Jwarahara* drugs which has reduced inflammation in the joints. *Gokshuradi Guggulu, Pranada* are *Shoola* and *Shothahara*, reduced *Shoola* and *Shotha* of the multiple involved joints in this patient.

DISCUSSION

Madhavakara is the first to give the detailed description of *Amavata*. It affects the individuals who indulges in *Viruddha Ahara* (improper and irregular dietary habits), *Viruddha Chestha* (improper physical and psychological activities), sedentary habits, has *Mandagi* does exercise immediately after food.^[7] Here the development of *Ama* and aggravation of *Vata* takes place simultaneously which enters the multiple joints to present with the disease. Apart from *Shoola. Shotha* and *Stabdata* in multiple joints, patient presents with *Sarvadaihika Lakshanas* of *Ama* also.^[7]

Pathogenesis of RA includes Synovitis (synovial cell hyperplasia, hypertrophy with CD4 lymphocytic infiltration and synovial effusion), pannus formation, cartilage loss, fibrosis, bony erosion, deformity, fibrous and bony ankylosis, muscle wasting, periarticular osteoporosis and results in both articular and extra articular manifestations.

Course of the disease may be variable. It can be slowly progressive with oligoarthritis or rapidly progressive erosive arthritis with marked deformity with down hill course.

Complete haemogram, C-reactive protein, plasma viscosity, serum proteins (albumins, gammaglobulins, alpha 2 globulin, IgG, IgM, IgA), Rheumatoid factor (RF), radiology of affected joints, anti CCP (cyclic citrullinated polypeptides), synovial fluid analysis are the investigations necessary for the diagnosis and to know the prognosis of RA.

The plan of treatment differs for different presentation of patients of *Amavata*. The *Shodhana* like *Virechana, Bastis* are contraindicated when *Amavata* associates with *Pitta* and patient presents with *Jwara*. When *Shotha* and *Stabdata* are more or equal to the *Sandhi Shoola* i.e when *Ama* dominates or equal to the degree of vitiated *Vata* then *Kshara* or *Vaitarana Bastis* are useful. When *Vata* dominates than that of *Ama* where in *Sandhi Shoola* and *Sandhi Vakra* are more than that of *Sandhi Shotha*, then *Ksheera Basti* is beneficial. In total, the plan of treatment is to reduce *Ama* followed by *Vatashamana* measures.

As the patient was *Durbala* and suffering from *Pravruddha* stage of *Amavata*, she was unfit for *Shodhana*, hence treated with *Bahirparimarjana Chikitsa*. Clinical features of *Vata* like

Sandhi shoola and *Sandhi Vakrata*, atrophy of muscles were comparatively more in this patient than the features of *Ama*. So *Brumhana* with *Sarvanga Shastika Shali Pottali Sweda* was done by adding 1/4th of *Kolakulatadi Churna* to it, so that it should not aggravate *Ama*. Care is taken to see that *Shastika Shali Pottali Sweda* not increase *Ama* by alternating the procedure with the *Sarvanga Dhanyamla Dhara*. These two treatment procedures dramatically reduced the clinical symptoms.

Sukshma Churna of *Dashamoola* added with milk, boiled, cooked, made into the consistency of *Kalka* was applied over elbow, wrist, ankle and knee joints and asked to retain it for 6 hours. This treatment again contributed to the relief of *Shoola*, *Shotha*, *Stabdata* of these multiple joints.

Taila Parisheka with *Kottamchukadi Taila* to both the knee joints gave maximum relief to the knee joint complaints i.e, *Shoola*, *Shotha*, *Stabdata*, which has developed OA secondary to RA. This combination of treatment has made the patient mobile.

The *Jwarahara* drugs like *Amrita arista* and *Sudharshana Ghana Vati* were given to reduce the inflammatory pathology of the joints. *Gokshuradi Guggulu*, *Pranada*, *Shunti Gokshura Kwatha* are *Amahara*, *Shothahara*, *Shoolahara* thereby reduced the *Stabdata* of involved joints.

CONCLUSION

Rheumtoid arthritis fall under the spectrum of *Amavata* in *Ayurveda* based on the *Nidana Panchakas* which has been explained by *Madhavakara*. In the present study 20 years chronic case of *Amavata* has responded very well to the *Bahirparimarjana* treatments like *Sarvanga dhanyamla dhara*, *Pottali Sweda* and *Dashamoola Ksheera Lepa*. These treatments can be effectively adopted according to clinical presentation in the treatment of *Amavata* along with *Shamanoushadhas* in the clinical practice.

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