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An Ayurvedic Management of Rheumatoid arthritis – A Case Study

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ABSTRACT

Rheumatoid arthritis (RA), an autoimmune inflammatory disease which is one of the challenging condition for the allopathic physician to handle due to its chronicity, complications and incurability. The line of treatment for RA is NSAIDs, DMARDs and immunosuppressive agents in modern science. The prognosis is not so good as these drugs have certain limitations and side effects as symptomatic pain and inflammation reduces but the underlying prognosis goes on with restricted quality of life. So the alternatives are being searched from our traditional system of medicines. Ayurveda has provided important role in the management of RA as it is similar to *Amavata* in its clinical presentation. *Agnitundi Vati* and *Sinhanad Guggulu* are one of the classical medicines used throughout India by Ayurvedic physicians for *Amavata*. In current study, a clinical experience with these drugs is placed. At the end of treatment 60% improvement was observed in overall effect of therapy.

Key Words *Amavata, Sinhanad Guggulu, Agnitundi Vati, Rheumatoid arthritis*

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INTRODUCTION

Rheumatoid arthritis (RA), an autoimmune inflammatory disease which is one of the challenging condition for the allopathic physician to handle due to its chronicity, complications and incurability in modern science. It is the most common persistent inflammatory arthritis occurring throughout the world and in all ethnic groups¹. The symptoms are typically stiffness, pain, inflammation and warmth of the joints. Mostly the symmetrical joints are get involved. Associated problems due to RA include cardiovascular disease, osteoporosis, systemic

infections, physical disability, depression, interstitial lung disease and cancer. The exact cause of RA is not yet clear in modern science but it is claimed that some genetic and environmental factors are the risk factors for RA. The lives of more than one million people are physically impaired due to Rheumatic disorders and one fifth of these are severely disabled. Around 40% of RA patients are registered as disabled within 3 years of onset and around 80% are moderately to severely disabled within 20 years. In former years, around 25% of affecting people required a large joint replacement therapy². The patients with



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severe forms of this disease die 10-15 years earlier than expected.

In Allopathy science, the line of treatment for RA is anti-inflammatory, analgesics and immunosuppressive drugs. These drugs are potent and powerful but the prognosis of RA is not so good as these drugs have certain limitations including dependency and other side effects restricting the quality of life. So it is very needful to find out Ayurveda treatment. Ayurveda medicine play important role in the management of RA as it is similar to *Amavata* in its clinical presentation.

CASE REPORT

A 48 year old female patient named Beenaben J. Patel, weighing 56kg, residing in urban area named Ghatlodia, Ahmedabad-Gujarat visited OPD of *Kayachikitsa* at Akhandanand Ayurveda College, Ahmedabad - Gujarat during February 2020. She had complaints of B/L multiple small joints (PIJ, Wrist, Elbow, Knee and Ankle) pain with moderate swelling associated with *Angmarda*, *Aruchi*, *Alasya*, *Gaurava*, *Apaka* and *Shunata* with chronicity of 1 year. She had episodic attack of fever in past 4 months at 20 days of interval lasting for 1-2 days. Gradually onset of B/L joints pain & stiffness was reported in morning up to 45 to 50 min. The symptoms were exaggerated during rainy and winter season. No any previous medical history was noticed. Family history was also negative. For these symptoms she was under supervision of an allopathic physician

since 1 year and was prescribed with NSAIDs and Analgesics like VOLTAREN-XR (DICLOFENAC SODIUM 50MG) and FOLITRAX INJECTION.

The vital data including Pulse (80/min), Respiration (18/min) and Temperature (98°F) were normal with clear respiratory and cardiac observation. She was not having complaints related to oropharyngeal or urinary tract. She was not having abdominal tenderness and organomegaly. She was not having other life style disorders.

On examination moderate swelling over both wrists, ankle and PIJ with moderately restricted movement of joints due to pain. She had disturbed sleep due to pain. Digestive capacity was so poor that she had constant feeling of heaviness in abdomen with loss of appetite. Her diet was *Guru*, *Abhishyandi*, *Snigdha* and *Vata Vardhaka*. She was using *Amla* rasa in diet dominantly.

Routine hematological investigations like Hb, DLC, total leukocyte count, Erythrocyte Sedimentation Rate (ESR), C-reactive protein (CRP) and RA factor were done. Biological investigations like FBS, PPBS, SGPT and SGOT etc. were also carried out for any underlying pathology.

Improvement in *Sandhi Shula* (Joint pain), *Sandhi Shotha* (swelling), *Sandhi Graha* (joint stiffness), *Angamarda* (Body-ache), *Alasya* (Tiredness), *Aruchi* (Anorexia), *Apaka* (Poor digestion), *Shunata* (Numbness), *Gaurava* (Heaviness of body), *Trushna* (Thrust) and *Jwara* (Fever) were observed before and after treatment [Table 3].



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TREATMENT

Agnitundi vati [Table 1] was given in dose of 1 tab.

QDS with *Shunthi siddha* luke warm water before

meal and *Sihnad Guggulu* [Table 2] was given in

dose of 2 tab. TDS with *Shunthi siddha* luke warm

water after meal for the 6 weeks.

Table 1 Compositon of *Agnitundi vati*³

Ingredient	Latin Name/English name	Part used	Proportion	Karma
<i>Shuddha Parad</i>	Processed <i>Parada</i>	-	1 part	<i>Rasayana, Sarvaamayahara Yogavahi, Tridoshaghna</i>
<i>Shuddha Gandhaka</i>	Processed <i>Gandhaka</i>	-	1 part	<i>Rasayana, Kapha-Vatahara</i>
<i>Shuddha vatsnabha</i>	<i>Aconitum ferox</i>	Tuberous root	1 part	<i>Shohta-Shulahara Deepan-Pachana</i>
<i>Ajmoda</i>	<i>Trachyspermum ammi</i> Linn.	Seed	1 part	<i>Deepana, Ama-pachana Kapha-Vatahara</i>
<i>Haritaki</i>	<i>Terminalia chebula</i> Linn.	Dried pericarp	1 part	<i>Anulomana, Deepan, Pachana</i>
<i>Bibhitaki</i>	<i>Terminalia bellerica</i> Linn.	Dried pericarp	1 part	<i>Kapha-Vatahara</i>
<i>Amalaki</i>	<i>Embelica officinalis</i>	Dried pericarp	1 part	<i>Vatahara, Rasayana, Vrushya</i>
<i>Swarjika Kshar</i>	-	-	1 part	<i>Deepana, Agnikrut</i>
<i>Yava kshar</i>	-	-	1 part	<i>Deepana, Shulahara, Vata-Kapha hara Aamapachaka</i>
<i>Tankan</i>	-	-	1 part	<i>Vahnikrut, Kaphahara</i>
<i>Saindhava lavan</i>	-	-	1 part	<i>Deepan, Pachana, Ruchikara, Tridoshanashak</i>
<i>Samudra lavan</i>	-	-	1 part	<i>Deepana, Vatahara</i>
<i>Vidang</i>	<i>Embelia ribes</i>		1 part	
<i>Chitraka</i>	<i>Plumbago zeylanica</i>		1 part	<i>Pachana, Vahnikrut, Vata-Kaphahara</i>
<i>Kupilu</i>	<i>Strychnos nux-vomica</i>		16 part	<i>Param Vyathahara, Shleshmaghnam</i>
<i>Jambir swarasa</i>	<i>Nimbu Citrus limon</i> Burm.f	<i>Swarasa</i>	Q.S	

QS: Quantity Sufficient

Table 2 Composition of *Sihnad Guggulu*⁴

Ingredient	Latin/English name	Part used	Proportion	Karma
<i>Haritaki</i>	<i>Terminalia chebula</i> Linn.	Dried pericarp	1 Pala	<i>Anulomana, Deepan, Pachana</i>
<i>Bibhitaki</i>	<i>Terminalia bellerica</i> Linn.	Dried pericarp	1 Pala	<i>Kapha-Vatahara</i>
<i>Amalaki</i>	<i>Embelica officinalis</i>	Dried pericarp	1 Pala	<i>Vatahara, Rasayana, Vrushya</i>
<i>Shuddha Gandhak</i>	Processed <i>gandhak</i>	-	1 Pala	<i>Rasayana, Ama-Pachaka Kapha-Vatahara</i>
<i>Shuddha Guggulu</i>	<i>Commiphora mukul</i>	Exudate	1 Pala	<i>Deepana, Vrushya, Rasayana, Ama-marutaan jayet</i>
<i>Erاند Taila</i>	<i>Ricinus communis</i> Linn.	Oil	1 Kudava (8 pala)	<i>Deepana, Vrushyam, Hanti vata-katigrahaan, Nihanti amavata</i>



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DISCUSSION

Mandagni is the main cause for production of the diseases⁵. Due to the low capacity of digestive fire (*Agni*), the food can't get properly digested and it is not useful for the nourishment of the *Deha-Dhatu*.

उष्मणोऽल्पबलत्वेन धातुमाद्यमपाचितम् |

दुष्टमामाशयगतं रसमामं प्रचक्षते ||⁶ (Ah.su.13/25)

Due to improper metabolism of the foods, there is the production of some residual byproducts which is not useful for the nourishment of the *dhatu*s is considered as “*Aam*”.

The improperly digested food is called as *Ama*, which is the main cause of the *Dosha-prakopa* and development of the diseases. *Jatharagni* digest the food and forms *Sarabhaga* and *Kittabhaga*. *Viruddhahara* means the unwholesome food or any combination of the foods which have adverse effects due to their potency variant. *Viruddhahara*, Poor digestive power or defective metabolism, *Guru*, *Snigdha*, *Abhishyandi*, *Vata Vardhaka Ahara*, *Sedentary lifestyle* and lack of exercises or exercise after taking *Snigdha Ahara* leads to the *Agnimandhya*⁷. The metabolism gets improper due to the above mentioned causes and leads to the production of *Ama*. Constant formation of *Aam* is gradually transformed into fermented form (sour substance) and acts like a poisonous substance (*Amavisha*)⁸. *Vagbhatta* described the same phenomena regarding the *Amavisha* that the impaired *Vatadi Dosha* after mixing with *Aam* produces the *Amavisha* as the *Visha* produces after fermentation of *Kodrava*⁹ (A.H.Su.13/26). Later

on the *Doshas* get involved with the *Aam* and it converts in to *Aamdosha*. This byproduct gets influenced by *Vata Dosha* and through the *Dhamani*, circulates whole over the body and reaches to the *Kapha Sthana* especially to the *Trika sandhi*. Thus, *Prakupita Ama* and *Vata* both lodged in *Trika Sandhi* produce *Shotha*, *Shoola* and *Stabdhatu*. This production of *Aam* and sticky material produces more secretion (*Kleda*) in the *Srotas* so that the *Dhatu* are deprived of their nutritions and causes *Dhatukshaya* and *Sharirdaurbalya*. Later on at this stage there is *Kha-vaigunya* in body where *Dosha-Dushya Sammurchana* occurs and symptoms of *Amavata* are produced.

Significant relief in *Sandhi Shula*, *Sandhi Shotha*, *Sandhi Graha*, *Angamarda*, *Alasya*, *Aruchi*, *Apaka*, *Gaurava*, *Shunata* etc. were observed at the end of treatment [Chart 1].

Agnitundi vati is mentioned under the heading of *Agnimandhya Chikitsa* in *Bhaishjyarnavali*. It is *Tikta Rasa Pradhan yoga* which is useful for *Aampachana* in *Amavata*.

Sihnad Guggulu is mentioned under the heading of *Amavata Chikitsa* in *Chakradatta*.

Shothaghna (Anti-inflammatory) property of *Guggulu* and *Triphala* might be responsible for reduced *Sandhishotha*. *Deepan* and *Pachana* properties of *Haritaki*, *Chitraka*, *Kshara*, *Lavana*, *Ajmoda* are mainly helpful for normalizing the digestive function as it should normal the *Agni* and reduced the abnormal formation of *Aam* or it eliminate the circulation of *Aam* which is accumulated in the *Sandhi Sthana*. Thus, there is



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reduction of *Sandhi Shotha*, *Angmarda*, *Gauravata*, *Aruchi* and *Apaka*. *Snigdha*, *Sukshma Guna* and *Vata Shamak* (pacifying *Vata*) properties of *Erand Taila* might have played a major role in pacifying the aggravated *Vata dosha* resulting in reducing *Sandhi Shula*.

Erand Tail is mentioned as the best *Amavatahara* drug in our classical text *Bhavprakash*.

आमवातगजेन्द्रस्य शरीरवनचारिणः ।

एक एव निहन्तायमेरण्डलेह केशरी ॥¹⁰

Primary pathology in RA is inflammation of synovial membrane. This membrane secretes synovial fluid, which nourishes the cartilage covering the bone at joints. When this membrane

thickens, synovial fluid accumulation takes place, resulting in increased pressure and pain. Here, anti-inflammatory properties of ingredient like *Guggulu* and *Triphala*, helps in decreasing the inflammation and thus reducing the pressure and pain ultimately improving grip power.

At the end of 6 weeks of treatment, RA factor is decreased from 42.6 IU/mL to 13.2 IU/ml.[Chart 2].

The patient was taking 50 mg of Diclofenac sodium once daily, but at the end of 4 weeks of treatment, as the pain reduced, gradually the analgesic was reduced to twice in a week. The reduction in need of NSAIDs is also an outcome of the Ayurvedic therapy. This improved her quality of life.

Table 3 Scoring Pattern-Gradation Of Symptoms

<i>Sandhishoola</i> (Pain in joints)	Grade
No pain	0
Mild pain	1
Moderate , but no difficulty in moving	2
Slight difficulty in moving due to pain	3
Much difficulty in moving body parts	4
<i>Sandhishotha</i> (Swelling in joints)	Grade
No swelling	0
Mild swelling	1
Moderate swelling	2
Severe swelling	3
<i>Sandhigraha</i> (Stiffness In Joints)	Grade
No stiffness	0
Less than 1 hour	1
1 min to 3 hours	2
3 hours to 8 hours	3
More than 8 hours	4
<i>Sparshasahatva</i> (Tenderness)	Grade
No Tenderness	0
Subjective experience of Tenderness	1
Wincing of face on pressure	2
Wincing of face on pressure and withdrawal of the affected part on pressure	3
Resist to touch	4
<i>Angamarda</i> (Bodyache)	Grade
No Bodyache	0
Slight Bodyache	1
Moderate Bodyache	2



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Severe Bodyache	3
Aruchi (Tastelessness)	Grade
No Aruchi	0
Willing towards some specific foods	1
Willing towards only most liking food and not to others foods	2
Totally unwilling for food	3
Trushna (Polydipsia)	Grade
No Trushna	0
Occasional Trushna	1
Very often Trushna	2
Always feeling of Trushna	3
Aalasya (Malaise)	Grade
No Aalasya	0
Doing work satisfactorily with late initiation	1
Doing work unsatisfactorily under mental pressure and takes Time	2
Not starting any work on his own responsibility and doing little work very slowly	3
Does not take any initiation and does not want to work even after Pressure	4
Gaurava (Feeling Of Heaviness)	Grade
No heaviness in the body	0
Feels heaviness in the body but it does not hamper routine work	1
Feels heaviness in the body which hampers daily routine work	2
Feels heaviness in the body which hampers movement of the Body	3
Does not take any initiation and does not want to work even after Pressure	4
Apaka (Indigestion)	Grade
No Apaka	0
Occasionally indigestion related to heavy food	1
Apaka occurs daily after each meals and takes 4 to 6 hours for udgarashuddhi ...etc symptoms	2
Apaka occurs daily after each meals along with the feeling of satiety.	3
Never gets hungry always heaviness in abdomen Followed by Nausea, vomiting etc., like symptoms	4
Jwara(Fever)	Grade
No fever	0
Occasional fever subsides by itself	1
Occasional fever subsides by drug	2
Remittent fever	3
Continuous fever	4

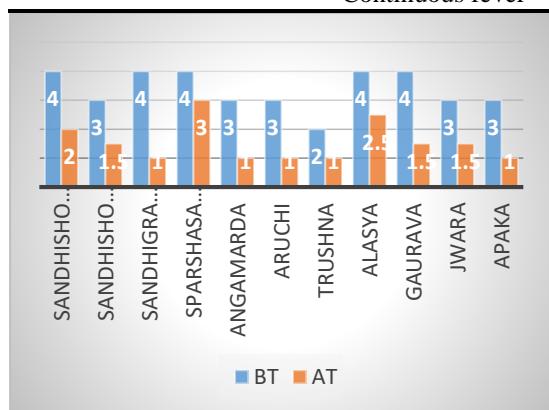


Chart 1 Effect of treatment on symptomatology

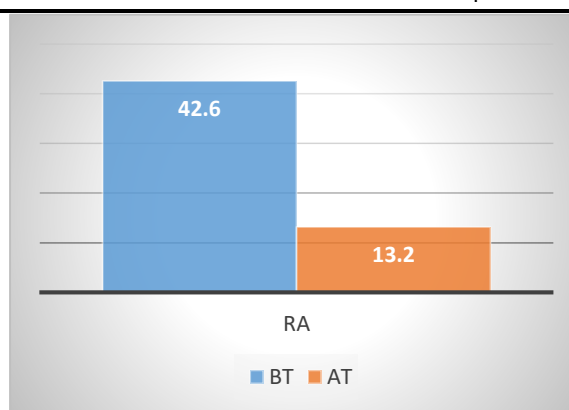


Chart 2 Effect of treatment on Lab Investigation

CONCLUSION

Based on the preliminary observation in clinical presentation it is concluded that *Agnitundi vati* and



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Sihnad Guggulu are effective in the management of *Amavata* as patient had improvement in signs and symptoms and the quality of life is better than previous. Not only clinically but in laboratory investigation it showed significant result by reducing the inflammatory markers. This result was observed after 6 weeks of treatment in only 1 patient, it should be planned for longer duration depending upon the chronicity of disease in more number of patients for getting more significant data. At the end of treatment, it is concluded that both the drugs effectively work as *Amapachana*, *Shothahara*, *Vatanulomana* and *Shoolahara*.



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