



Case Report

Management of *Amavata* (rheumatoid arthritis) with diet and *Virechanakarma*

Sanjay Kumar Gupta, Anup B. Thakar¹, Tukaram S. Dudhamal, Aditya Nema

Departments of Shalyatantra and ¹Panchakarma, Institute for Post Graduate Teaching and Research in Ayurveda, Gujarat Ayurved University, Jamnagar, Gujarat, India

Abstract

Amavata is a disease in which vitiation of *Vata Dosha* and accumulation of *Ama* take place in joint(s), and it simulates rheumatoid arthritis (RA) at modern parlance. *Shamana* (conservative) and *Shodhana* (biological purification of the body) treatments are advised in Ayurveda whereas anti-inflammatory, analgesics, steroids, and disease-modifying antirheumatic drugs are required for its management as per modern medicine, which are not free from side effects. A female was suffering from multiple joints pain with swelling, severe morning stiffness, restricted movements, malaise, and *Mandagni* (poor appetite) for the past 1½ year, which was classified as *Amavata*/RA (having 7/10 score as per the RA classification criteria, 2010). After *Deepana-Pachana* and *Snehapana*, *Virechanakarma* was done by the administration of *Trivrita Avaleha* and castor oil. The assessment was made on the basis of relief in signs and symptoms and serological findings of RA factor, C-reactive protein (CRP), immunoglobulin E (IgE), and erythrocyte sedimentation rate. After *Virechanakarma*, RA factor reduced from 94.0 IU/ml to 50.0 IU/ml, CRP reduced from 22.7 mg/L to 1.8 mg/L, and IgE was reduced from 680 kU/L to 53.7 kU/L, with remarkable reduction in joints pain and swelling. Further, by avoiding specific *Nidanas*, i.e., known allergens for food, drugs, and inhalants, the patient has relief in almost all signs and symptoms for the past 1 year of follow-up with least medications. This single case report highlights that *Amavata*/RA can be managed with appropriate diet regimen, *Virechanakarma* and can be managed effectively with minimum requirement of medicines.

Key words: *Amavata*, *Deepana-Pachana*, rheumatoid arthritis, *Virechanakarma*

Introduction

Amavata is a disease in which vitiation of *Vata Dosha* and accumulation of *Ama* take place in joints, which simulate rheumatoid arthritis (RA) in modern parlance.^[1] *Ama* is a maldigested product, which is not homogeneous for the body. Whenever that *Ama* gets localized in the body tissue or joints, it can lead to production of pain, stiffness, swelling, tenderness, etc., in the related joints.^[2] The features of *Amavata* are much identical to RA, an autoimmune disorder which causes chronic inflammatory and symmetrical polyarthritis.^[3] In Ayurveda, *Nidana Parivarjana* (avoidance of causative factors) is considered as the first and foremost line of management for any disease. *Virechanakarma* is a *Shodhana* process (biological purification of the body) to balance the vitiated *Dosha* in

general and *Pitta Dosha* in particular.^[4] Hence, this study included both the treatment modalities, i.e. *Nidana Parivarjana* and *Virechanakarma* to manage *Amavata* effectively.

Case Report

A 45-year-old female having 60 kg body weight, housewife, of *Vata-Pittaja Prakriti*, residing in an urban area, suffering from multiple joints pain visited the outpatient department of *Panchakarma* for Ayurvedic treatment. The patient was

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Address for correspondence: Prof. Sanjay Kumar Gupta, Head, Dept. of Shalyatantra, I.P.G.T. and R.A., Gujarat Ayurved University, Jamnagar - 361 008, Gujarat, India. E-mail: drskgupta17@gmail.com

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suffering from multiple joints pain of the second and third metacarpophalangeal joints and second and third proximal interphalangeal joints of both hands along with swelling, severe morning stiffness, restricted movements, malaise, and *Mandagni* (poor appetite) for the past 1½ year.^[5] The sleep was also disturbed as pain was increasing at night. Sometimes, symptoms were so severe that the patient was unable to stand or walk even after taking strong pain killers.

There was a history of occasional joints pain since 2009, and most of the times, it was mild in nature and rarely required any anti-inflammatory or analgesic drugs. A single dose of nonsteroidal anti-inflammatory drug tablet was sufficient for pain relief whenever it was required. Such pain was felt in any joint which was shifting in nature and increased during rainy and winter seasons. There was no history of any addiction/treatment/illness except the history of cesarean section for two children in 1993 and 2001, uneventfully.

The patient was diagnosed as a case of *Amavata* provisionally on the basis of the clinical signs and symptoms. The diagnosis was confirmed by performing routine blood investigations and some specific investigations such as rheumatoid factor, erythrocyte sedimentation rate (ESR), immunoglobulin E (IgE), and C-reactive protein (CRP), which was classified as *Amavata*/RA (having 7/10 score as per the RA classification criteria, 2010) [Table 1]. The allergy screening test was also carried out and allergy was reported with carrot (+++), dal chana (+++), lemon (+++), coconut (++), almond (++), yeast (++), house-dust-mite (+++), *Aspergillus fumigatus* (+++), perfume (++), aspirin (++), ibuprofen (+), and diclofenac (++). As the patient did not get any relief with *Shamana Chikitsa* (ayurvedic or modern medicinal treatment), it was decided to go for *Shodhana Chikitsa (Panchakarma)*. The patient underwent *Virechanakarma* (therapeutic purgation) as per indication mentioned in the classics of Ayurveda.^[6,7]

The patient underwent *Virechanakarma* in December 2013. First of all, *Deepana-Pachana* was initiated with *Amapachana Vati*, 500 mg, thrice a day for 1 week followed by *Shunthi Churna*, 3 g, thrice a day with warm water for 1 week. After that, *Snehana* was started with an initial dose of 40 ml of cow ghee, once a day followed by light diet after proper digestion of the ghee. The amount of ghee was increased by 20 g daily up to 120 g on the 5th day as per the protocol of *Snehana*. *Swedana Karma* was started by 6th day for 3 consecutive days after the appearance of symptoms of *Snehana* on the 5th day. *Swedana* was done once daily in the morning by performing whole body fomentation in a special *Swedana* box after *Bala Taila Abhyanga* (body massage). *Virechanakarma* was done by administration of 100 g *Trivrita Avaleha* and 20 ml castor oil at 10 am (*Pitta Kala*) on

the 9th day. About 3 h later, *Virechana Vega* was started, and total 15 *Vega* (passed stool) were observed till the evening. From 10th day onward, *Sansarjana Krama* (a process of resuming normal diet) was started by prescribing *Peya* (preparation of rice and water) and *Vilepi* (preparation of rice) and so on successively for 3 days. From 4th day onward, diet with least spices was suggested. After completion of the *Sansarjana Krama*, by 7th day the patient was put on the routine diet. Care was taken not to consume the known allergic food (as per the allergy report) and other allergic things reported in the test.

After completion of *Virechanakarma*, the patient felt 40% relief in pain and stiffness of the joints. The requirement of anti-inflammatory and analgesic drugs (indomethacin and tramadol) was reduced to 50%. The patient was getting sound sleep after taking one tramadol capsule of 100 mg, at night. Meanwhile, the patient was screened for allergy with food, drugs, and inhalants by sending blood sample to endocrine laboratory, Ahmedabad. After knowing the findings, all known allergy-causing foods, drugs, and inhalants were restricted in routine usage as far as possible. The patient was feeling much relief gradually. After 3 months of *Virechanakarma* and on adopting the usual routine food except foods and drugs known for allergy, the patient felt significant relief in the signs and symptoms of *Amavata*. The patient was followed up by every 15 days for 6 months, and then, every month for further 6 months to observe the recurrence of the symptoms. After follow-up of 1 year, the patient was found free from almost all signs and symptoms of *Amavata*. The quality of life was improved significantly and the patient was enjoying a normal healthy life with no exacerbation.

In this case study, the assessment was done on the basis of signs and symptoms as well as serological tests for RA factor, CRP, IgE, and ESR estimation. Before *Virechanakarma*, RA factor was 94.0 IU/ml, which reduced to 50.0 IU/ml after *Virechana*. CRP level was also reduced to 1.8 mg/L from 22.7 mg/L after avoiding specific *Nidanas*, i.e. known allergens (food, drugs, and inhalants). The value of IgE was reduced from 680 kU/L to normal range (53.7 kU/L) after 3 months. This indicates that after the *Virechanakarma* and restriction of the foods, known for allergy, increased immunity was observed and relief was noted. No change was observed in ESR value though other biochemical parameters showed remarkable changes.

Discussion

Virechanakarma is described for the effective management of *Amavata* as a *Shodhana* therapy. As it is the most suited therapy for the *Sthanika Pitta Dosh*, it might be responsible for *Agnivardhana* and evacuation of *Ama*, which is the main culprit of this disease.

In this case, although RA factor is still high (50.0 IU/ml), yet there is no clinical feature of RA/*Amavata*, which suggests that only increased level of RA factor may not be sufficient to cause features of RA/*Amavata* unless some aggravating factors in the form of food/drugs/allergens associate to initiate the process. Significant symptomatic relief was observed, and no need of medication in the follow-up period of 1 year was required. At present, the patient is almost free from all signs and symptoms and she is enjoying comfortable life by carefully avoiding the known allergens/dietary substances/drugs.

Table 1: Assessment before and after treatment

Investigations	Before treatment	After treatment
Rheumatoid arthritis (quantitative) (IU/ml)	94.0	50.0
C-reactive protein (mg/L)	22.7	1.8
Immunoglobulin E (kU/L)	680	53.7
Erythrocyte sedimentation rate (at 1 h) (mm)	50	50

Conclusion

Virechanakarma followed by the *Vishishta Nidana Parivarjana* in the form of food and drugs showed remarkable symptomatic relief in the features of *Amavata*. This observation needs to be studied in more number of patients for better opinion to manage *Amavata*/RA.

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Conflicts of interest

There are no conflicts of interest.

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हिन्दी सारांश

आहार एवं विरेचन कर्म द्वारा आमवात (रिह्युमेटॉइड आर्थ्राइटिस) पर, एक चिकित्सकीय अध्ययन

संजय कुमार गुप्ता, तुकाराम एस. दुधमल, अनुप बी. ठाकर, आदित्य नेमा

प्रकुपित वात एवं आम संधियों में स्थित होकर आमवात जैसा रोग उत्पन्न करता है जिसे आधुनिक विज्ञान की दृष्टि से रिह्युमेटॉइड आर्थ्राइटिस भी कहा जाता है। आयुर्वेद में आमवात चिकित्सा हेतु शमन एवं शोधन चिकित्सा का वर्णन किया गया है। जबकि आधुनिक चिकित्सा में एण्टी-इन्फ्लामेटरी, स्टीरॉयड्स, एनालजेसिक, डी.एम.ए.आर.डी. आदि का प्रयोग चिकित्सा हेतु किया जाता है जिससे भविष्य में अनेक दुष्परिणामों के होने की संभावना रहती है। शहरी क्षेत्र की रहने वाली एक महिला, आयु ४५ वर्ष, वजन ६० कि.ग्रा. इस अस्पताल के बहिरंग विभाग में आयुर्वेदिक चिकित्सा हेतु उपस्थित हुई। यह रोगी विभिन्न संधियों में शूल, शोथ, स्तब्धता, चलने में अक्षमता, श्रम एवं मंदाग्री, से पिछले डेढ़ वर्ष से पीड़ित थी। उपर्युक्त लक्षणों के आधार पर उसे २०१० आर.ए. वर्गीकरण मापदंड के अनुसार ७/१० अंक देते हुये आमवात/ आर.ए. के अंतर्गत समाविष्ट किया गया। तत्पश्चात् रोगी का दीपन, पाचन एवं स्नेहपानोपरांत त्रिवृत अवलेह एवं एरण्ड तैल द्वारा विरेचन कर्म किया गया। रोग की तीव्रता का मूल्यांकन लक्षणों एवं रक्तगत मानकों में आई न्यूनता के आधार पर किया गया। विरेचन के पश्चात् आर.ए.फेक्टर -९४ आयु/मिली से घटकर ५० आयु/मिली, सी.आर.पी. २२.७ मिग्रा/ली से घटकर १.८ मिग्रा/ली एवं आई जी ई - ६८० केयु/ली से घटकर ५३.७ केयु/ली हो गया। इसके साथ ही संधियों की पीड़ा तथा शोथ, से कमी पाई गयी। तत्पश्चात् पिछले एक वर्ष से मात्र विशिष्ट निदान परिवर्जन से ही रोगी के लक्षणों में असाधारण लाभ देखने को मिला। इस अवधि में यदा कदा ही न्यूनतम दवाईयों की आवश्यकता पड़ी। अतः यह एक मात्र चिकित्सा अध्ययन उपयुक्त आहार-विहार, विरेचन कर्म एवं न्यूनतम दवाओं द्वारा आमवात के प्रभावकारी चिकित्सा विधि पर प्रकाश डालता है।