Ayurvedic Management of Rheumatoid: A Case Report

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ABSTRACT
Rheumatoid arthritis is a chronic inflammatory auto-immune disease which affects many joints. In this disease, body's immune system attacks its own healthy tissues including joints. In severe cases, it attacks internal organs. It is characterized by severe pain redness and swelling in joints. Rheumatoid arthritis is closely correlated to Amvata in Ayurveda. A female patient suffering from Stabdhata (Morning stiffness), Sandhishula (joint pain prominently in right wrist), sandhi shotha (swelling of joints) which resembles the clinical features of rheumatoid arthritis. Method- After confirmation of disease, the patient was given Virecana followed by Hinguadi Curna. It is a retrospective open label clinical study. Patient was kept on hinguadi churna for 30 days post virechana. Results- Before and after results were assessed after 30 days of treatment based on Ayurvedic classics as well as ARA (1988). After 30 days, there was considerable reduction in symptoms like morning stiffness, joint pain and swelling in joints. Conclusion: On the basis of the observation of this study, Hinguadi Curna with Virecana Karma may be recommended for the management of rheumatoid arthritis [1]

KEYWORDS: Amvata, Sandhishula, hinguadi churna, virechana

INTRODUCTION
Rheumatoid arthritis (RA) causes joint inflammation and pain. It happens when the immune system doesn’t work properly and attacks the lining of the joints, called the synovium. The disease commonly affects the hands, knees or ankles, and usually the same joint on both sides of the body, such as both hands or both knees. But sometimes RA causes problems in other parts of the body as well, such as the eyes, heart and circulatory system and/or the lungs [2]. The prevalence of RA is higher in females than males, the incidence is 4–5 times higher below the age of 50 [3]. In 2019, 18 million people worldwide were living with rheumatoid arthritis.
The clinical features and chronicity of RA closely resembles to that of Amvata in Ayurveda. The word Ama and vata join to form the “Amavata”.
Due to indigestion, Ama is produced and along with Vata it causes a well known disease entity

Thus the Vitiated Ama and Vata simultaneously lodge in trika and Sandhi leading to Stabdhatva of the body parts and the condition is known as Amavata. The hypo functioning of Jatharagni causes incomplete digestion of Annarasa, resulting in improper formation of first Dhatu viz. Rasa [5].
Acharyas have stated the specific etiological factors for Amavata, which are described as follows.
1. **Virudha Ahara** – Acharya Charak has mentioned 18 types of Virudha Ahara [6] and also Asta-aharavidhi Visesayatana.

2. **Virudha Cesta** – The habits that exert unfavorable effect on body are considered as Virudha Cesta e.g. Snigdha Bhojanattar Vyayam, Sitosana vyatyas, Vega Vidharana, Diva Svapana etc.

The two factors together join to cause Amavata. Amavata is challenge to present day Clinicians. Despite of many researches, the curable treatment is still awaited. Recent study on free radical generation also implies some role in the pathogenesis. Overall due to its crippling nature it has created a lot of interest among the research scholars. Present study is also an effort on the same line.

**AIM AND OBJECTIVE**

1. To find out the effectiveness of virechana karma and Hinguadi churna in the management of rheumatoid arthritis.

**CASE STUDY**

A 29 years old female patient who was software engineer, with a very busy work schedule and continuously worked on computer system came with the complaints of pain and swelling of multiple joints, morning stiffness, lethargy, anorexia and occasionally fever since 3 years. Recently these symptoms were exaggerated specially, the Right wrist joint was more affected with pain, swelling and redness, must be due to handling of mouse. The patient was relatively healthy before 3 years, but gradually started getting these symptoms and was diagnosed as the case of rheumatoid arthritis on the basis of laboratory findings. The patient had taken allopathy treatment for one and a half year with drugs like anti-inflammatory, hydroquinone and steroids. But due excessive weight gain and intolerance of medicines, patient stopped all medicines. Patient came to the OPD of Mahaveer Ayurvedic Medical College & Hospital, Meerut Uttar Pradesh and the treatment was planned accordingly.

**MATERIAL AND METHOD**

It was a retrospective open label clinical study.

**Diagnostic Criteria**

**Subjective parameters**

A. **Cardinal Symptoms :-**

1. Pain in joints
2. Joint swelling
3. Stiffness around joints
4. Tenderness around joint
5. Functional assessment
6. Walking time
7. Grip strength
8. Foot pressure

**Objective parameters**

1. RA- Factor
2. CRP
3. ESR
4. Ama test before and after treatment
Table no. 1.1 showing grade score of signs and symptoms of Rheumatoid arthritis

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Signs and symptoms</th>
<th>Grade 0</th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pain in joints</td>
<td>No pain</td>
<td>Mild pain which is bearable in nature</td>
<td>Moderate pain which does not affects routine activities</td>
<td>Severe pain, unable to perform routine activities</td>
</tr>
<tr>
<td>2</td>
<td>Swelling in joints</td>
<td>No swelling</td>
<td>Mild Swelling</td>
<td>Moderate swelling</td>
<td>Severe swelling</td>
</tr>
<tr>
<td>3</td>
<td>Stiffness</td>
<td>No stiffness</td>
<td>Stiffness lasting for 5 min. to 2 hrs.</td>
<td>Stiffness lasting for 2 to 8 hrs.</td>
<td>Stiffness lasting for more than 8 hrs.</td>
</tr>
<tr>
<td>4</td>
<td>Tenderness in joints</td>
<td>No tenderness</td>
<td>Subjective experience of tenderness</td>
<td>Wincing of face with withdrawal of affected parts on pressure</td>
<td>Resists to touch</td>
</tr>
</tbody>
</table>

Management of Patients:

After confirming the diagnosis, the patient were given Virecana followed by Hinguadi Curna. Virecna Karma was administered as per classical method in following manner.

Snehapana with Murchita tila tail was given to patient according to Koshtha and agni. The Sneha was given with luke warm water as Anupana. On the next day of passing the 3 days gap following Virecana Yoga was given on empty stomach at 9:30 AM to all patient in doses throughout assessment of Koshtha and Bala.

Eranda mula – 20gm
Nishotha mula – 20gm
Choti Harada – 20gm

Samsarjana karma was followed according to the type of Shuddhi obtained. During Virecana karma patient was admitted in IPD.

Table no. 1.2 showing assessment of patient before and after treatment

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Symptoms</th>
<th>BT</th>
<th>AT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pain in joints</td>
<td>Grade 3</td>
<td>Grade 1</td>
</tr>
<tr>
<td>2</td>
<td>Swelling in joints</td>
<td>Grade 2</td>
<td>Grade 0</td>
</tr>
<tr>
<td>3</td>
<td>Stiffness</td>
<td>Grade 3</td>
<td>Grade 1</td>
</tr>
<tr>
<td>4</td>
<td>Tenderness in joints</td>
<td>Grade 3</td>
<td>Grade 0</td>
</tr>
</tbody>
</table>
Table no. 1.3 showing laboratory findings of patient before and after treatment

<table>
<thead>
<tr>
<th>Sr. no.</th>
<th>Investigations</th>
<th>BT</th>
<th>AT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>RA factor</td>
<td>96</td>
<td>42</td>
</tr>
<tr>
<td>2.</td>
<td>CRP</td>
<td>30</td>
<td>5.5</td>
</tr>
<tr>
<td>3.</td>
<td>ESR</td>
<td>38</td>
<td>25</td>
</tr>
</tbody>
</table>

Also patient showed significant improvement in walking time, grip strength and foot pressure tests.

DISCUSSION
The main culprit behind Amvata is the formation of Aam, which might be due to vitiated pitra Dosha. As Virechana is the most prominent therapy to evacuate vitiated pitta Dosha, it plays an important role in Amvata (Rheumatoid arthritis). Proper virechana karma leads to clearance in all the Srotasas (channels of body), freshness in the sense organs, lightness in the body, improvement in Agni (metabolism) and attains diseasefree status. Also the ingredients of Hinguadi churna are aampachak in nature and hence works on Metabolism of Ama.

Conclusion:
By the above said properties of different constituents the present clinical trial shows that the Hinguadi Curna with Virecana Karma were effective in relieving pain and tenderness. This therapy also proved effective in reducing swelling of joints and morning stiffness.

The functional assessments like joint movements, foot pressure, hand grip and walking time also shows highly significant improvement from this therapy.

On the basis of the observation of this study, Hinguadi Curna with Virecana Karma may be recommended for the management of Amavata.

More research work with longer duration is encouraged for the promising results.

REFERENCE