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CASE REPORT	OPEN

ROLE OF PANCHAKARMA IN MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS): A CASE REPORT

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ABSTRACT:

Rheumatoid arthritis is a systemic autoimmune disease that causes chronic inflammation of joints. It causes inflammation of the tissue around the joints. An autoimmune disease is a condition characterized by an abnormal immune response to a normal body part. *Amavata* can be readily correlated with Rheumatoid arthritis due to resemblance in signs and symptoms. Vitiating *Vata* and *Ama* plays a major role in manifestation of *Amavata*. *Langhana*, *Swedana*, *Deepana Pachana*, *Virechana*, *Bastikarma* are the *Panchakarma* procedures been tried in the case of *Amavata*. The present study reports the case of 46-year-old male patient with symptoms of pain and swelling in multiple joints, along with morning stiffness, disturbed sleep in the past one year. The case was reported to OPD of Panchakarma, Alvas Ayurveda Medical College, Moodbidri. The treatment adopted includes *Shirodhara*, *Sarvanga Agnichikitsa*, *Valuka Sweda*, *Churna Pinda Sweda*, *Virechana*, *Basti* along with internal medicines were advised. The patient was assessed for disease activity using Clinical Disease Activity Index (CDAI) of Rheumatoid Arthritis before treatment, during and after treatment to determine the severity of disease and to assess improvement in patient condition. There was significant reduction in CDAI score during and after treatment. Marked improvement in symptoms were seen after five days of treatment and moderate disease activity by the time of discharge. The treatment principles enumerated in Ayurveda have high success rate in effectively managing Rheumatoid arthritis, owing to the CDAI Score interpretation of disease activity.

KEYWORDS: Rheumatoid arthritis, Panchakarma, *Amavata*, *Bastikarma*

INTRODUCTION

Rheumatoid arthritis is an autoimmune chronic inflammatory disorder. The characteristic features of Rheumatoid arthritis are persistent inflammatory disease of joints, involving symmetrical distribution of peripheral joints also^[1]. The synovium becomes inflamed causing warmth, redness, swelling and pain. With the advance in stage of disease, the inflamed synovium occupies and damages the cartilage and bone of the joint^[2]. According to WHO data published in 2020, Rheumatoid arthritis death in India reached 11,931 or 0.14% of total deaths. The age adjusted death rate is 1.19 per 100,000 of population ranks India 4 in the world^[3]. In Ayurveda *Amavata* is considered as a disease of *Rasavahasrotas* and *Astivahasrotas*. It is generally correlated with Rheumatoid Arthritis due to the resemblance in signs and symptoms. *Amavata* is the outcome of *Agnidushti*, *Amotpatti* and *Sandhi Vikriti*. Vitiated *Vata* and *Ama* plays major role in manifestation of *Amavata*.^[4] Many treatments are advocated in the management of *Amavata* based on stage of disease^[5]. The disease activity in Rheumatoid arthritis needs regular assessment due to regular fluctuations in signs and symptoms. Regular assessment can help in focused treatment and to achieve a low disease activity. Hence it is necessary to ascertain the advancements in therapeutics by using disease activity measurement tools like Clinical Disease Activity Index (CDAI) for assessment on RA patients^[6]. Hence a case study was done on Rheumatoid Arthritis patient.

CASE REPORT:

A 46 year old male patient who was a known case of Hypertension reported to Panchakarma OPD of Alvas Ayurveda Medical College, Moodbidiri, with complaints of pain and swelling in multiple joints along with morning stiffness which lasted more than 30 minutes, difficulty in walking and raising his hands above chest level, disturbed sleep since one year. Patient was apparently normal before five years later he developed shoulder pain during his carpentering works, then he was under oral analgesics, but temporary relief was only noted. The disease was said to be progressive in nature causing multiple joint pain and swelling, restricted range of movements in the joints. Then he approached an ayurvedic physician, he advised for blood investigations and was screened with RA factor (184 IU/ml), CRP (21.6 mg/dl), raised ESR (48 mm/hr), they diagnosed it was Rheumatoid arthritis. Patient was given with oral medications, but once the medicines were stopped symptoms have reappeared. So, he was referred to our OPD for Ayurvedic cure with Panchakarma therapies.

On clinical examination swelling was prominent in bilateral PIP joints, both knee joints, both ankle joints, and both shoulders with tenderness. The treatment was initiated after obtaining the consent of the patient. Regular assessment of disease activity with Clinical Disease Activity Index (CDAI) recommended by American College of Rheumatology was done before treatment, during and after treatment to determine the severity of patient condition and to assess improvement in patient condition.

Table 1: TREATMENT PROTOCOL

Procedure	Medicines	Duration
<i>Shirodhara</i>	<i>Mustamalakasiddha takra</i>	10/8/22-12/8/22
<i>Sarvanga Parisheka</i> (morning)	<i>Dhanyamla</i>	
<i>Sarvanga Agnichikitsalepa</i> (evening)		
<i>SarvangaValuka Sweda</i> (night)		
<i>Koshta Shodhana</i>	<i>Gandharvahastadhieranda tailam-60 ml</i> <i>Gomutra arka-50 ml</i>	13/08/22
<i>Panchakola jala</i>	10gm in 1 litre water advised to take whenever thirsty	10/8/22-21/8/22
<i>Agni lepa chikitsa</i>	5gm orally, once before food in evening	10/8/22-12/8/22

Table 2: TREATMENT PROTOCOL DONE

Procedure	Medicine	Duration														
<i>Sarvanga Churna</i> <i>Pinda Sweda</i>	<i>Kolakulathadi churna</i> dipped in <i>Dhanyamla</i>	14/8/22-21/8/22														
<i>Vaitharana Basti</i>	<i>Anuvasana basti- Brihat saindhavadi taila (80ml)</i> <i>Niruha basti</i> <i>Saindhava -15 gm</i> <i>Gudapaka-25 gm</i> <i>Chincha kalka -25gm</i> <i>Brihat saindhavadi taila-30ml</i> <i>Gomutra arka -200ml</i>	Protocol of treatment <table border="1"> <tr> <td>15/8</td> <td>16/8</td> <td>17/8</td> <td>18/8</td> <td>19/8</td> <td>20/8</td> <td>21/8</td> </tr> <tr> <td>A</td> <td>N</td> <td>N</td> <td>A</td> <td>N</td> <td>N</td> <td>A</td> </tr> </table>	15/8	16/8	17/8	18/8	19/8	20/8	21/8	A	N	N	A	N	N	A
15/8	16/8	17/8	18/8	19/8	20/8	21/8										
A	N	N	A	N	N	A										
<i>Agnitundivati</i>	2 tid before food	15/8/22- 21/8/22														

ASSESEMENT CRITERIA WITH CLINICAL DISEASE ACTIVITY INDEX (CDAI SCORE)

Routine assessment of disease activity is needed for guiding the treatment, So American College of Rheumatology recommended Clinical Disease Activity Index (CDAI) as tool for evaluation of disease activity in Rheumatoid arthritis patient [7]. It is a composite index without acute phase reactants (CRP and ESR) for assessing disease activity. CDAI is based on simple summation of the count of swollen or tender joint count of 28 joints along with patient and physician global assessment on visual analog scale, VAS (0-10) for estimating

disease activity [8]. The CDAI has level of disease activity range from 0 to 76. Score values for remission is <2.8, for low disease activity it is <10, for moderate disease activity ≥ 10.1 to ≤ 22 and for high disease activity it is ≥ 22.1 [9]. So in this present case report CDAI scoring was done before commencement of treatment, after all external procedures (*Rukshana Chikitsa*), after virechana, during Basti and after Basti treatment to evaluate the severity of patient condition and to assess improvement in patient condition.

Table 3: Showing the CDAI score of the patient before commencement of treatment

Variable	Range	Before Rx (10/8/22)	After Rx (13/8/22)	After virechana (15/8/22)	Inbetween Rx (18/8/22)	After Basti (22/8/22)
Tender joint Score	0-28	8	5	6	3	3
Swollen joint Score	0-28	10	9	7	5	3
Patient global Score	0-10	7.5	6.5	6	5.5	4
Provider global score	0-10	8	7	6	5.5	4.5
CDAI Score	0-76	33.5	27.5	25	19	14.5
CDAI Score interpretation	High activity	High activity	High activity	High Activity	Moderate activity	Moderate activity



Fig1: Before Treatment on 10/8/22



Fig2: After Virechana and before Basti on 15/8/22



Fig3: After Basti Treatment on 22/8/22

Table 4: Medicines advised on discharge

Oral medication	Dose
Tab. <i>Abhayadi modaka</i>	1 Tablet daily in night, Before food
Tab <i>Agnitundi Vati</i>	1 Tablet thrice daily, after food
<i>Rasna sapthakam kashayam</i>	20 ml of <i>Kashaya</i> with warm water thrice daily before food
Pyroflex Gel	External application
<i>Kottamchukadi churna</i> & <i>Marmani vatilepa</i>	30g & 20g of <i>Churna</i> , External application

OBSERVATION

Patients with poly arthritis associated with other minor criteria may be correlated to various disorder among which *Amavata* is one. *Langhana, Swedana, Deepana with katutiktha rasa, Virechana, and Basti karma* are the line of treatment of *Amavata*^[10] and same is adopted here. During the hospital stay of three days patient was given with *Shirodhara* with *Mustamalaka Siddha Takra* and *Rasnadhi Churna Pratisarana* to head as he was complaining of sleeplessness. Moreover *Takradhara* is indicated in *Ojo Kshaya* which was evident in this case. Then *Rukshana* therapies like *Sarvanga Dhanyamla Parisheka* along with *Ruksha Sweda* like *Sarvanga Valuka Sweda* was given. Then for *Deepana* and *Amapachana* *Sarvanga Agnichikitsa Lepa* with 5gm of this given internally and *Panchakola Paneeya* (10gm of *Churna* in 1ltr of water) for drinking. Then on 4th day when *Samyak pachana lakshana* observed all other medications were stopped and *Koshta Shodhana* was done with *Gandharvahastadi Eranda Tailam* (60ml) and *Gomutra Arka* (50ml) on empty stomach, 4 *Vegas* were noted. On the same day second assessment of patient was done with CDAI, reduced tenderness of joints was observed and overall CDAI score was decreased to 27.5 from 33.5, with a high disease activity interpretation. Patient was

scheduled for *Basti* from next day. *Rukshana chikitsa* was given with *Sarvanga Churna Pinda Sweda* with *Kolakulathadhi Churna* dipped in *Dhanyamla* along with *Panchakola Paneeya* internally whenever patient is thirsty. Then before commencement of *Basti* patient assesment was done with CDAI score it showed a marked reduction in swollen joints, even though overall CDAI score showed high (25) disease activity. *Vaitharana Basti* was scheduled for the patient for seven days with one *Anuvasana Basti* followed by two *Niruha Basti* and again one *Anuvasana* followed by two *Niruha* and ended with one *Anuvasana Basti*. CDAI Score was noted on 4th day of *Basti* and it was observed as 19 with moderate disease activity. At the end of treatment there was a marked reduction of tender joints (ie,3) and swollen joints (ie,3) with CDAI Score 14.5 and moderate disease activity. It was observed that patient could raise both his hands and he can walk without much difficulty.

On discharge *Shamana Oushadi's* like *Tab Abhayadi Modaka* one tablet before food at night, *Tab Agnitundi Vati* thrice a day after food, *Rasnasapthaka Kashayam* 20 ml with warm water thrice a day, *Pyroflex gel* for external application, *Kottamchukadi Churna* and *Marmani Vati Lepa* for external application were given.

DISCUSSION

The line of treatment was planned based on the *Dosha, Dushya* and *Vyadhi Avastha*. In the present case, heaviness of body and anorexia was observed, indicating the association of *Aama* in *Shareera*, therefore *Amapachana* is the initial line of treatment adopted, *Pachakola Paneeyaw* was given internally as it possess *Laghu, Ruksha, Sukshma Guna* and *Ushna Virya* was selected as the *Deepana Pachana* drug^[11]. This corrects his *Agni* and *Jarana Shakti* which is necessary for further *Panchakarma* procedure. Then *Vatahara* line of treatment was adopted, *Swedana* counteracts stiffness and heaviness of body, therefore *Valuka Sweda* which is a type of *Rukshasweda* contains *Ruksha, Ushna Guna* liquifies the *Ama Dosha* by enhancing the blood circulation and thus relieves the symptoms such as *Sandhi Shotha* (inflammation), *Gaurava* (feeling of heaviness of body), *Aruchi* (anorexia) ^[12]. *Sarvanga Dhanyamla parisheka* was done as it is a *Saagni* and *Drava Sweda* that helps in removing the *Sanga*, thereby reduces *Stamba, Gourava* and *Shoola*^[13]. *Shirodhara* with *Mustamalaka Sidda Takra* was given parallel to the other *Rukshana* procedure as patient had sleeplessness for one year this therapy may stimulate the pituitary gland by its penetrating effect, which decreases the brain cortisone and adrenaline level there by synchronizing the

brain waves, strengthens the mind and provide relaxation to the body ^[14], thereby helping in insomnia. *Takra* used in *Dhara* has *Pancha Rasa* except *Lavana Rasa, Amla Vipaka, Ushnavirya & Vatakaphagna* property, and lactic acid in *Takra* helps in the transdermal absorption ^[15] of drugs like *Amalaki* and *Musta* which has systemic anti-inflammatory & antioxidant property. *Aalepa Chikitsa* was done for *Deepana and Amapachana* ^[16] with *Sarvanga Agnilepa Chikitsa*, with paste of drugs like *Sarshapa, Lavanga, Haridra, maricha, Lashuna Erandapatra Tulasipatra, Nirgundi patra, Bandha patra and Agnimantha patra*. *Churna pinda sweda* with *Kolakulathadhi churna* again gives *Rukshana* to the body and helps in *Vatakaphara* and *Amahara* ^[17] action. *Shodhana* is been described after *Dosha* attaining *Niraamavastha, Snigdha virechana* is given with *Gandaharvahastadi Eranda tailam* and *Gomutra Arka*. *Virechana* helps in removing the *Amadosha* from body by improving the *Sthanika pitha* by removing the *Kapha Avarna* ^[18]. *Erandataila* having *Katu Rasa, Ushna virya*. Also due to the *Sukshma* properties penetrate into microchannels and works as *Srotoshodhaka*^[19]. *Gomutra* having *Katurasa, Katuvipaka, Ushnavirya, Laghu Ruksha Teekshna Guna, Kaphahara* property ^[20] helps in relieving pain and stiffness. *Vaitharanabasti* was the line of treatment

adopted as it possesses *Laghu, Ruksha, Ushna, Teekshna Guna* which removes *Sanga* (obstruction due to Ama), hence removing *Srotodushti* and breakdowns the pathogenesis of RA [21]. *Brihatsaindhavadhi Taila* used for *Anuvasana Basti* act as *Amahara* and *Kaphahara* in which *Erandataila* have immunizing, analgesic and purgative properties, *Rasna* and *Triphala* having anti-inflammatory properties [22]. So, after *Shodhana* on discharge patient was given with various *Agnivardhaka* and *Amapachaka* drugs like *Agnitundivati, Rasnasapthakam kashyam, lepa* of *Kottamchukkadi* and *Marmani vati* and pyroflex liniment for application. Thus patient got symptomatic relief after *Deepana, Pachana* and *Rukshana* therapies and a reduced disease activity index after *Basti* treatment.

CONCLUSION

The use of standard therapeutic tools for the evaluation of disease activity in patients with Rheumatoid Arthritis, helps in preventing the adverse consequences of disease and to give appropriate therapy in time. This case proved that *Panchakarma* therapies are very useful in the management of Rheumatoid arthritis by means of systematic assessment of patient by CDAI Score. *Swedana, Deepana Pachana, Virechana* and *Basti Karma* showed remarkable symptomatic relief in patient. These procedures detoxify the body and modifies the

immune response; hence it is a complete regimen in *Amavata* patients. However, study must be conducted in a greater number of patients to ascertain the same.

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