

## ASSESSMENT OF THE EFFICACY OF AYURVEDIC THERAPY IN EARLY RHEUMATOID ARTHRITIS (RA)

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### Abstract:

Amavata or Rheumatoid arthritis is affecting most of the female population these days. Allopathic medicines is focused on reducing inflammation with use of NSAIDs, DMARDs. On the contrary, *Ayurveda* follows a treatment strategy with *Langhana*, *Swedana*, and *Tikta-Katu –Deepan dravyas* which help in reduction of *Aama* to break pathogenesis of the disease.

Hence present study of drug Rasnasaptak kwatha, Sinhanad Guggulu, Ajamodadi Churna & Aamvateshwar rasa in treatment of Aamavata (Early rheumatoid arthritis).

Patients received Rasnasaptak Kwath, Sinhanad Guggulu, Ajmodadichurna & Aamvateshwar Rasa. Patient's global assessment scale, pain on visual analogue scale, early morning stiffness, swollen & tender joint score, Ritchie index, Lee functional index, CBC and ESR were done at baseline and at the end of the study. RF was done at baseline. Analysis was done using Student's paired t-test.

This small study shows that ayurvedic therapies are useful in early RA or Amavata

### Keywords:

Amavata, Rheumatoid Arthritis, Rasnasaptak Kwath, Sinhanad Guggulu, Ajmodadichurna

### Introduction:

Amavata (Early rheumatoid arthritis) is such a disease which is not dealt with importance in ancient classics. It is well described in 7<sup>th</sup> century by Madhav in 'Madhav Nidan<sup>1</sup>'. Madhavkar being first described amavata as independent disease

along with its etiology, pathogenesis, sign, symptoms and prognosis. 'Chakradatta<sup>2</sup>' was first to describe line of treatment with ayurveda herbs.

*Amavata* (Early rheumatoid arthritis) is disease of madhyama roga marga, there is predominance of aama and vata which

vitiates tridosha. The disease affects sandhi marma which leads to morbidity.

In modern science, the treatment is all together focused on reducing inflammation with use of NSAIDs, DMARDs. On the contrary, *Ayurveda* follows a treatment strategy with *Langhana*, *Swedana*, and *Tikta-Katu –Deeapan dravyas* which help in reduction of *Aama* to break pathogenesis of the disease<sup>3</sup>.

Hence present study of drug Rasnasaptak kwatha<sup>4</sup>, Sinhanad Guggulu<sup>5</sup>, Ajamodadi Churna<sup>6</sup> & Aamvateshwar rasa<sup>7</sup> in treatment of Aamavata (Early rheumatoid arthritis).

### Rationale

1. If not treated properly, may cripple the affected person.
2. In modern science the treatment used is anti-inflammatory drugs like Steroids, NSAIDs and DMARDs which either have side effects or needs a long term medication<sup>4</sup>.
3. So use of Ayurvedic formulations which can provide cure and also helps to overcome side effects of modern treatment will be more beneficial.

**Aim:** To assess the efficacy of Ayurvedic therapy in early rheumatoid arthritis (RA)

**Objective:** To study the efficacy of ayurvedic therapy in early RA.

### Materials and Methods:

Consecutive patients of RA (duration < 3 years) who satisfied the ACR classification criteria were included. During the period of washout (1 month), patients received either an ayurvedic (analgesic) medication, NSAID or prednisolone (<7.5 mg/d) depending upon immediate pretrial therapy. All patients received Rasnasaptak Kwath 40ml/BD, Sinhanad Guggulu 1g/d, Ajmodadichurna 5g/d & Aamvateshwar Rasa 250mg/d. Patient's global assessment scale (GAS), pain on visual analogue scale (VAS), early morning stiffness (EMS), swollen & tender joint score (PIP, MCP, wrist, elbow, shoulder, SC, AC, TM, hip, knee, ankle, midarsus & MTP), Ritchie index, Lee functional index, CBC and ESR were done at baseline and at the end of the study. RF was done at baseline. Analysis was done using Student's paired t-test.

### Study Setting:

OPD and IPD of kayachikitsa dept. Shree Saptashruni Ayurved Mahavidyalaya, Nashik

### Analysis of Patients on Ayurvedic Medicines:

- History of RA confirmed
- Physical examination by investigator.
- Pathological reports were done before and after the study.

### Laboratory Changes on Therapy

- Hemoglobin at the beginning of study (mean) 10.84(9-12)
- Hemoglobin at the end of the study (mean) 10.57(9-15)
- Albumin at the beginning of study (mean)(gm/dl) 3.75(2.4-4.5)

- Albumin at the end of the study (mean)(gm/dl) 3.86(3.5-4.6)
- ESR at the beginning of study (mean)(mm/hr) 83.65(20-130)
- ESR at the end of the study (mean) (mm/hr) 73.15(7-111)

**Efficacy as determined by patient (N=12)**

Very Good	2
Good	5
Moderate	4
Poor	1

**Efficacy as determined by investigator**

Very Good	1
Good	4
Moderate	5
Poor	2

**Tolerability as determined by patient**

Very Good	6
Good	6
Moderate	0
Poor	0

**Tolerability as determined by investigator**

Very Good	9
Good	3
Moderate	0

Poor 0

**Final Evaluation (N=12)**

The following criteria were used

- Improvement in the swollen joints.
- Improvement in the tender joints.
- Global improvement as evaluated by the patient.
- Improvement in the Lee functional index.
- Improvement in the pain scale.

**Discussions and Result:** 18 (F=14) were included. 4 dropped out. 2 were excluded during study for non trial reasons. Data of 12 patients who completed 1 month of study (the rest are still in study) has been analysed. The mean age was 38 years and mean duration of illness was >12.33 months. Improvement was seen in the following parameters: mean EMS 54%, Lee index 30%, swollen joint score 46%, tender joint score 31%, Ritchie index 39%, VAS 21% and ESR 16%. Changes in Lee index, swollen joint score, tender joint score and Ritchie index were significant ( $p<0.05$ ). The mean hemoglobin increased by 1.5% with no change in albumin levels. Mean modified Sharp score for hands of 32.5 (range 14-50) at onset was not requiring drug discontinuation were seen in 5 (GI-1, hairloss -2, itching-1, red eye-1).

**Conclusion:** This small pilot study indicates that Ayurvedic therapy may be useful in early rheumatoid arthritis. More detailed evaluation with large number of patients is necessary.

**References:**

1. Madhava nidana, Madhukosh Vyakhya, Purvardha, Dr. Brahmanand Tripathi, adhyaya 25, verses 6-10, Chaukhambha Prakashana pp575.
2. Pandit Sharma Sadananda, Chakradatta, Meherchand Lachhamabdas Publications, March 2000.
3. Madhava nidana, Madhukosh Vyakhya, Purvardha, Brahmanand Tripathi, adhyaya 25, verses 6-10, Chaukhambha Prakashana page no.575.
4. Bhaishajya Ratnavali of Kaviraj Shree Govind Das Sen, Chaukhamba Orientalia Varanasi, Sahastrayoga, Kashaya Prakaran, Pg.396
5. Pandit Sharma Sadananda, Chakradatta, Meherchand Lachhamabdas Publications, March 2000, Aamvatadhikar, Pg.185-190.
6. Sharangadhara Samhita, Madhukosha Vyakya Purvardha, Shailaja Srivadtava, Chaukhambha Sanskrita Sanstana, Varanasi, Madhyama Khanda, 6/113-117.
7. Bhaishajya Ratnavali of Kaviraj Shree Govind Das Sen, Chaukhamba Orientalia Varanasi, 29/71-80
8. A.S. et al.(2012) Disorders Of Imuune Mediated Injury, In Longo .et al.(eds.) Harrison's Principle Of Modern Medicine. Vol II, Cenveo publisher service, Pg.2738