



Research Article

CASE STUDY: EFFECT OF AYURVEDIC IN RHEUMATOID ARTHRITIS

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ABSTRACT

Rheumatoid arthritis is an autoimmune disease that can cause chronic inflammation of the joints and may involve other areas of the body. Rheumatoid arthritis can cause permanent joint destruction and deformity. Rheumatoid factor is an antibody that can be found in the blood of 80% of people with rheumatoid arthritis. ESR and C reactive protein are the marker of inflammation. A case report of a 38-years- female, having multiple joint pain in both hands was treated successfully with the Ayurvedic treatment, has been presented here.

Key Words: Rheumatoid arthritis, Rheumatoid factor, C reactive protein etc.

INTRODUCTION

Rheumatoid arthritis is a chronic disease characterized by periods of disease flares and remissions. Autoimmune diseases are illnesses that occur when the body's tissues are mistakenly attacked by their own immune system. The immune system contains a complex organization of cells and antibodies designed normally to "seek and destroy" invaders of the body, particularly infections. Patients with autoimmune diseases have antibodies and immune cells in their blood that target their own body tissues, where they can be associated with inflammation. While inflammation of the tissue around the joints and inflammatory arthritis are characteristic features of rheumatoid arthritis, the disease can also cause inflammation and injury in other organs in the body. Because it can affect multiple other organs of the body, rheumatoid arthritis is referred to as a systemic illness and is sometimes called rheumatoid disease¹.

Sign and symptoms²

- Joint pain in the feet, hands, and knees,
- Swollen joints,
- Fever,
- Tender joints,
- Loss of joint function,
- Stiff joints,
- Fatigue,
- Joint redness,

- Rheumatoid nodules,
- Joint warmth,
- Joint deformity

Case history

A 38-years-female patient came on 22/8/11 in Varanasi (UP) with the complaint of pain in multiple joints along with stiffness in joints since 1 month.

Patient was advised for proper investigation. Patient had elevated ESR level, CRP level and RA factor was also high. Patient was diagnosed having rheumatoid arthritis (amavata).

Medication advised

- First of all langhana was advised.
- To take light food.
- Drink only lukewarm water.
- Baluka sweda
- Guduchi or maharasnadi kwatha 40 ml BD
- Agni tundi vati 1 tab BD
- Eranda taila paana 20 ml
- Tribhuwan kirti rasa 2 tab BD
- Amavatari rasa 1 tab BD
- Ajmodadi churna 4 gram BD

This treatment was advised for two months. After this snehapana (tiktarasa pradhana) and Sandhavanuvasana basti was given.

RESULT

There was excellent improvement in symptoms and markers of inflammation also decreased.

Table 1: Effect of treatment on Erythrocyte sedimentation rate (marker of inflammation)

S.N.	Normal range of ESR	Before treatment ESR (on 22/8/2011)	After treatment (on 24/10/2011)
1.	00- 20 mm at the end of 1 st hour	62 mm	35mm

Table 2: Effect of treatment on RA factor and CRP

S.N.	Test	Normal range	Before treatment RA factor and CRP test (on 22/8/2011)	After treatment RA factor and CRP test (on 24/10/2011)
1.	RA test	Less than 20 IU/L	64.6 IU/L	13.7 IU/L
2.	CRP test	Less than 6.0 mg/dl	14.1 mg/dl	1.4 mg/dl

DISCUSSION

ESR is the rate at which erythrocytes sediment on their own weight when anticoagulated blood is held in a vertical column; it is expressed as the fall of RBCs in mm at the end of first hour. ESR increases in any chronic infection as tuberculosis and any extensive inflammation. C-reactive protein (CRP) is an acute phase protein synthesized in the liver. Its rate of synthesis increases within hours of acute injury or the onset of inflammation and may reach as high as 20 times the normal levels. A rapid fall of CRP indicates recovery. The degree of elevation of CRP level directly reflects the mass or activity of inflamed tissue and its ability to fall to normal levels on resolution of the condition renders quantified CRP values to be a good indicator to allow rapid selection of appropriate anti-inflammatory therapy in several rheumatic diseases which are, clinically difficult to assess. Rheumatoid Factor (RF) is an antibody against the Fc portion of human IgG, which joins to form immune complexes with IgG of other mammals. RF is present in 60- 90 % of patients with rheumatoid arthritis (RA) and is included in the classification criteria³. Given agnitundi vati⁴ is pain reliever, causing proper digestion and also increases digestive power. Especially it destroys amavata by increasing digestive power. It destroys excessive heaviness and sticking property of kapha. Tribhuban kirti rasa⁵ is kaphaghnan (decreases bad quality of kapha), normalise body temperature, causes sweat production and acts as pain killer. Amavatari rasa⁶ can treat severe amavata also. Eranda taila has capacity to destroy amavata without any associated drug. It destroy abdominal pain and back pain⁷.

CONCLUSION

On the basis of above results it can be concluded that there are a lot of drugs and methods by which inflammation of joints can be treated properly and patient's life quality can be improved. Chronic inflammation due to rheumatoid arthritis can be prevented which can cause permanent joint destruction and deformity.

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