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Case Study

AN AYURVEDIC INTERVENTION IN AMAVATA: A CASE REPORT

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ABSTRACT

Amavata is described by *Madhavakara* in details in the classical text *Madhavanidana*. We can compare *Amavata* with Rheumatoid Arthritis of modern science based on similar clinical features. Rheumatoid arthritis is most common chronic inflammatory disorders which affecting 0.5% Worldwide and about 0.65% to 0.75% in India. In *Amavata, Ama dosha* is directly involved with *Vata dosha* which causes joint inflammation, resulting in deformity and immobility in the fingers, feet, ankles and stiffness of the body etc. RA is managed by DMARDs and steroids but it is not completely cured by the medicines. In Ayurveda details description of management of *Amavata* is mentioned which includes *Langhana, Swedana, Deepana, Tikta-katu rasa, Virechana, Basti* etc. In this case study patient was given *Udwartana, Pariseka, Matra basti, Vaitarana basti* and *Valuka sweda* along with oral medications i.e., *Amavatari rasa, Guduchi choorna* with *Yastimadhu choorna* etc for ten days. Clinical improvement in the sign and symptoms was reported after two months which also improving the quality of life.

KEYWORDS: Amavata, Rheumatoid arthritis, Inflammatory disorders, Ayurveda.

INTRODUCTION

Avurveda is the science of life. This science guided us with different principles of healthy habits like Dinacharya (daily regimens), Ratricharya (night regimens), Rutucharva (seasonal regimens) etc. To maintain a healthy lifestyle and disease prevention, Avurveda plays a vital role. Due to modernization people forgets this simple livelihood rules. Now days these sedentary lifestyle, unhealthy food habits etc are the major causes of several diseases. Amavata is one of the disease which developed by adopting unhealthy regimen and diet. Madhavakara has given elaborate description about *Nidan* (etiological Samprapti (pathogenesis), factors). sign and symptoms of Amavata in Madhavanidana.^[1] In Amavata, Vata dosha plays an important role in manifestation of disease. Due to unhealthy lifestyle and food behaviour, Kapha dosha and Vata dosha are vitiated which hampered Agni, leads to Mandagni (weak digestion). Body metabolism also hampered by Mandagni, which helps in Ama (metabolic toxin) formation within the Amasaya (gastrointestinal tract). Formations of Ama and Vata prokopa are the main causative factor in the manifestation of Amavata. Angamarda (malaise), Aruchi (lose of appetite), Trishna (thirst), Alasya (weakness), Gourava (heaviness). Iwara (fever). Apaka (indigestion), Sandhi shoola (pain in joint), Stabdhata

(stiffness) etc are the symptoms in Amavata.^[2] According to 'Atanka darpan' commentary both Vata and Ama are responsible for the pathogenesis of the disease. We can correlate Amavata with Rheumatoid arthritis due to similarity of sign and symptoms. Rheumatoid arthritis is the second joint disorder among all joints disorders. Female are more prone to this disease. The main treatment includes NSAIDS (Non steroidal anti inflammatory drugs), analgesics etc but regular monitoring is required because of hepatic and haematological toxicity. In Ayurveda, Langhana, Swedana, Katu Teekta Pachana, Deepana, Virechana, Snehapana, Basti are the line of treatment.^[3] Present study shows that Amavata can be managed successfully with holistic approach of Ayurveda and helped in restoring quality of life of patient.

Patient Information

A 46 year female subject, married patient, Hindu by religion, who was housewife by occupation came to the Swasthavritta OPD at Sri Dharmasthala Manjunatheswara College of Ayurveda and Hospital, Hassan, Karnataka and admitted in In-patient department (IP no-030653) with chief complaint of pain in all major and minor joints since 5 years. It was associated with stiffness, swelling, burning in soles, constipation, loss of appetite, heaviness of body, weakness and feverishness during the episode of pain.

History of Present Illness

Patient was normal 5 years back. Suddenly one day she experienced feverishness followed by multiple joint pains. This pain was subsided without medications. After a year she noticed stiffness in the fingers in both hands. Slowly pain was experienced in low back region. Gradually she started complaining of pain in waist, elbow, shoulder, knee and ankle joints bilaterally. The severity of pain started increasing and sometimes swelling and stiffness also present in all major and minor joint.

History of Past Illness

Menorrhagia - Hysterectomy done in 2018 No history of diabetes and hypertension

Family History

There is no relevant family history contributing to the current situation of the patient.

Personal History

Appetite- Decreased Bowel- One time daily, Constipated Micturation- 5-6 times/ day Sleep - Disturbed Diet- Mixed diet, especially non-vegetarian, spicy food Habits- 3-5 times coffee per day Addiction-No

General Examination

Build - Moderate Pallor - Absent Icterus - Absent Cyanosis and clubbing- Absent Lymphadenopathy- Absent Tongue coated ++ Pulse rate 84/min BP 130/90 mmHg

Higher Mental Activities

Consciousness - well conscious Orientation – good Memory - good Speech - Normal

Ashta Sthana Pareeksha Jiwha – Upalepatwam Naadi – Kapha vata Mala – Amavukta Mootra – Prakruta Shabdha – Prakruta Sparsha – Ruksha Druk – Prakruta Aakruti – Madhvama Dashavidha Pareeksha Prakruti- Vata-pitta Vikruta- Hetu- Ahara - Vatakapha kara Vihara - Avyayama Dosha - Tridosaja Dushya - Rasa, Asthi, Majja Desha - Jangala Bala - Madhayama Sara- Madhvama Samhanana - Madhyama Pramana - 52 kgs Satva- Madhyama Saatmya- Sarva rasa satmya Ahara shakta Jarana shakti- Avara Abhyavarana shakti- Madhyama Koshta- Krura Vyayama shakti- Avara Vaya- Madhyama Systemic Examination **Musculo Skeletal System On Inspection** • Difficulty in extension of fingers • Mild swelling in interphalangeal joints **On Palpation** Rise in temp in joints • Mild tenderness in joints

Diagnosis

Based on the present illness, chief complain and clinical features the case was diagnosed as Amavata. The clinical symptoms are similar to Rheumatoid arthritis like pain, swelling, stiffness of joints, weakness, rise of temperature etc.

Day	Procedures	Observation
1	Sarvanga udwartana + Parisheka with Dashamoola kwatha choorna kashaya	Sandhishotha present Sandhi shula present Gourava present
2	Sarvanga udwartana + Parisheka with Dashamoola kwatha choorna kashaya	No change
3	Sarvanga udwartana + Parisheka with Dashamoola kwatha choorna kashaya	Sandhishotha reduced Sandhi shula present

Table 1: Treatment Schedule

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		Gourava present
4	In addition to above treatment	Sandhi shoula reduced
	Nimbamrutadi eranda taila 3tsp at 6 pm (empty stomach)	Rest same
5	Sarvanga parisheka with Dashamoola kwatha choorna kashaya + Dhanyamla Valuka sweda at night Chitrakadi vati TID Amavatari rasa 4tsp, TID Panchakola phanta 50ml TID (B/F) Guduchi churna+ Yastimadhu churna (2:1ratio) 1tsp with water In addition to above treatment, Nimbamrutadi eranda taila 3tsp at 6 pm (empty stomach)	Sandhi shotha, Shula, Gaurava reduced
	Mudga yusha from Pathyahara	
6	In addition to above treatment, Matrabasti with 80ml Pippalyadi taila	-
7	Vaitarana basti was added to the above treatment schedule	-
8	Same as above	-
9	Sarvanga abhyangya with Sarshapa taila followed by Pariseka with Dashamoola kwatha choorna kashaya + Dhanyamla Valuka sweda at night Chitrakadi vati 3TID Amavatari rasa 4tsf TID Guduchi churna + Yastimadhu churna (2:1ratio) 1 tsp with water Mudga yusha from Pathyahara Vaitarana basti	-
10	Same as above	-
•	Vaitarana Basti	

Anuvasana Basti: Bhrihat saindhavadi taila 80ml

Niruha Basti

Guda paka - 120ml Chincha rasa - 5gm Saindhava - 12 gm Brihat Saindhavadi taila - 100ml Gomutra - 200ml

Table 2: Schedule of Anuvasana and Niruha Basti

Anuvasana	Niruha	Niruha	Niruha	Niruha	Anuvasana
-	Anuvasana	Anuvasana	Anuvasana	Anuvasana	-

Discharge Medicines

Duration: For two months

- *Guduchi churna* (200gm) + *Shunti churna* (30gm)+ *Bala churna* (100gm)+ *Arjun twak churna* (100gm) + *Yastimadhu churna* (10gm)
- Mixture of above *Churna* -1 tsp with warm water
- Amavatari kashaya 4tsf TID, before food with water
- Cap. Cervilon 1tab BD, before food
- Kaishora guggulu 2 tab BD, after food
- *Abhaya* massage oil for external application

Table 3: Pathya Advised [4]		
Ahara	Gunas	
Raktashali	Laghu, Deepana, Pathya, Ruchikara, Vatahara	
Yava	Ruksha, Lekhana, Kapha-Vatahara	
Kulattha	Ruksha, Ushna, Laghu, Kapha-Vatahara	
Kodrava	Grahi, Ruksha, Kaphahara	
Shigru	Ushna, Deepana, Pachana, Pathya, Vata-Kaphahara	
Patola	Deepana, Pachana, Pathya, Kaphahara, Jwaranasaka	
Adraka	Agnideepana, Bhedana, Kapha-Vatahara	
Lashuna	Deepana, Pachana, Kapha-Vatahara, Rasayana	
Jeeraka siddhatakra, Sunthi siddha takra	Deepana, Kapha-vatahara	

RESULTS AND OBSERVATIONS

There were significant changes in before and after treatment.

Clinical features	Before treatment	After treatment
Sotha	+++	Nil
Shula	+++	+ (slight pain on movement)
Sthambha	+++ of Ayurveda	+
		+ (slight pain on mov +

Laboratory investigation	Before treatment	After treatment (on follow up)
ESR	55 mm/hr 🔬 🗼	20mm/hr
RA factor	+ve	-ve

After treatment of 10 days patient was discharged, during discharged time she was feeling better due to treatment. Only oral medicine with appropriate *Anupana* and *Pathya* has been advised to the patient and asked to follow-up visit after 60 days. After 60 days she came to OPD for follow up. As per her statement pain, swellings were reduced. On the day of OPD visit investigations were carried, it shows following results i.e., ESR 20mm/hr and RA factor negative.

DISCUSSION

Amavata is one of the most common problems in present era. There is no such therapy for permanent cure. But through Ayurvedic treatment patient can get better life. Due to consumption of Nidanas i.e., Viruddha ahara, Nischala chesta such as Krodha, Shoka, Bhaya, Chinta etc which leads to the deviation of Agni from the normal stage causing Mandagni. Mandagni is the main cause of Ama formation. In the other hand Vata dosha is vitiated due to indulgence in Vataprokopa nidana. This morbid Ama circulates all over the body through the vitiated Vatadosha. This Ama reaches to the Sleshma Sthana of the body. Here Ama blends with all the Doshas. The vitiated three Ama causes

Srotoabhishyandana and *Srotorodha*, vitiated *Vata* and *Ama* reaches to the joints causing stiffness and thus producing *Amavata*.

In Amavata, Ama and Vata plays an important role. Basti is the best karma to manage Vata dosha. Vata has the qualities of Laghu, Ruksha, Chala, Vishada whereas Ama has qualities of Guru, Snigdha, Picchila etc. So Vata dosha needs Snigdha chikitsa and Ama needs Langhana chikitsa. Along with this therapy Deepana, Pachana, Swedana, Basti chikitsa was performing.

Langhana was done through Udwartana and Dashamula kwatha Parisheka with chorrna. Udwartana is having the Gunas of Kapha and Meda *vilayana*. Due to friction during *Udwartana*, *Ama* gets digested by the increasing heat.^[5] After Udwartana, Pariseka will further makes Paka of Kapha and Medas and it acts as Sthambhanahara, Gouravaghna. Dashamoola kwatha choorna having Kashaya (astringent), Tikta (bitter) Rasa, Laghu (light) and Ruksha (dryness) Guna, so it acts as Amapachana, Vedanasthapak, Sophahara. Rukshana was done by *Valuka sweda*^[6], which helps in specifies the *Kapha* dosha, as well as rectification of Ama. It also reduces swelling, pain and stiffness. *Rukshana* and *Langhana* are having similar qualities. *Chitrakadi vati* acts as Amapachaka, Deepana, Pachana.^[7] Amavatari rasa is well known for Rasayana and Vata doshanasak^[7]. Nimbamrutadi eranda taila contain Eranda taila which acts as *Vatahara*.^[8] Basti is the Ardha chikitsa for Vata dosha. Vaitarana Basti has been mentioned by Chakradutta. It contains Guda, Saindhava lavana, Gomutra, Chincha rasa (tamarind), Taila. The quality of Vaitarana Basti can be considered as Ruksha, Laahu, Tikshna, Usna auna, Brihat saindhavadi taila is known as Amapachaka and Jawaraghna, helps in Srotosodhana. All the Shaman aushadha having the quality of *Amapachana* due to predominancy of *Tikta* immunerasa Amavatari *kashaya* provides modulatory, anti-inflammatory action. It reduces Shoola, Sotha.

Ayurveda describes specific diet in different diseased conditions which are known as *Pathya*. According to Ayurveda derangement of *Agni* (digestive power) occur many diseases which are the prime reason for formation of vitiated *Doshas*, *Ama* and malnourishment of *Dhatus*. So it's important to restoration of *Agni*. *Sabdakalpadruma* mentioned that *Pathya* is beneficial for patients while *Apathya* harms them. *Pathya* used as synonyms for *Chikitsa*. *Pathya ahara* nourishes all *Dhatus*, reduces vitiated *Doshas*. Based on *Dosha* predominance in *Amavata* patient was advised *Pathya* which are mentioned in Ayurveda classics.

CONCLUSION

Amavata is a chronic disease. For that local and systemic management are essential. In this case report patient was treated by *Langhana*, *Deepana*, *Pachaa*, *Basti* along with *Pathya ahara*. Based on the results obtained, this study proved the combined efficacy of treatment helped in reducing pain, swelling, stiffness and improve mobility. Ayurvedic management in *Amavata* also prevents its complications.

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REFERENCES

- 1. Upadhyaya Y, Madhavnidan, Sanskrit complimentary of Madhukosha by Vijayarakshita and Shrikanthadutta, edited with Vidyotini Hindi commentary, Choukhamba prakashan, Varanasi, vol-1, reprint 2010, Amavata nidana 25/2-5, p.509.
- 2. Upadhyaya Y, Madhavnidan, Sanskrit complimentary of Madhukosha by Vijayarakshita and Shrikanthadutta, edited with Vidyotini Hindi commentary, Choukhamba prakashan, Varanasi, vol-1, reprint 2010, Amavata nidana, 25/6, p.511.
- 3. Tripathi I., Sri Chakrapanidatta's Chakradutta with Vaidayaprabha, Hindi Commentary and notes, introduction, indices, appendices etc. Chaukhambha Sanskrit Bhawan, Varanasi, reprint edition, 2018, Amavata chikitsha 25/1, Page 166.
- 4. Shaw B.P., Ayurvediya Pathyapathya Vijnana, Choukhaba Krishnadas Academy, Varanasi, 2012, p-314.
- 5. Patil V.N. Nakil R B, Concept of Udwartana, International Journal of Multidisciplinary Health sciences, vol-1, (issue: 2), 2015.p-8.
- 6. Acharya G. Shrinivasa, Panchakarma illustrated, Chaukhamba Sanskrit Pratisthan, Delhi, Baluka sewdana, 1st edition, 2006, p- 215.
- 7. Sastri A., Bhaisarjya ratnavali, Chaoukhambha Prakashan, Varanasi, reprint edition, 2013, Grahaniroga chikitsaprokaran, 8/27, p-242.
- 8. Sastri A., Bhaisarjya ratnavali, Chaoukhambha Prakashan, Varanasi, reprint edition, 2013, Amavata chikitsa, 29/31-32, p-621.
- 9. Sastri A., Bhaisarjya ratnavali, Chaoukhambha Prakashan, Varanasi, reprint edition, 2013, Amavata chikitsa, 29/20, p-615.

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