



## Case Study

### AN AYURVEDIC INTERVENTION IN *AMAVATA*: A CASE REPORT

Das Aparajita<sup>1\*</sup> Chakraborty Swagata<sup>2</sup>

<sup>1</sup>Assistant Professor, Department of Swasthavritta and Yoga, <sup>2</sup>Assistant Professor, Department of Roga nidana evam vikriti vijnana, Belley Sankarpur Rajib Gandhi Memorial Ayurvedic College And Hospital, West Bengal, India.

#### 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

Ayurveda is the science of life. This science guided us with different principles of healthy habits like *Dinacharya* (daily regimens), *Ratricharya* (night regimens), *Rutucharya* (seasonal regimens) etc. To maintain a healthy lifestyle and disease prevention, Ayurveda 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 factors), *Samprapti* (pathogenesis), sign and symptoms of *Amavata* in *Madhavanidana*.<sup>[1]</sup> 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), *Jwara* (fever), *Apaka* (indigestion), *Sandhi shoola* (pain in joint), *Stabdhatta*

(stiffness) etc are the symptoms in *Amavata*.<sup>[2]</sup> 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.<sup>[3]</sup> 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 – Amayukta

Mootra – Prakruta

Shabdha – Prakruta

Sparsha – Ruksha

Druk – Prakruta

Aakruti – Madhyama

### Dashavidha Pareeksha

Prakruti- Vata-pitta

Vikruta- Hetu- Ahara - VataKapha kara

Vihara - Avyayama

Dosha - Tridosaja

Dushya - Rasa, Asthi, Majja

Desha - Jangala

Bala - Madhayama

Sara- Madhyama

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.

**Table 1: Treatment Schedule**

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

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

<i>Anuvasana</i>	<i>Niruha</i>	<i>Niruha</i>	<i>Niruha</i>	<i>Niruha</i>	<i>Anuvasana</i>
-	<i>Anuvasana</i>	<i>Anuvasana</i>	<i>Anuvasana</i>	<i>Anuvasana</i>	-

#### **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]**

<b>Ahara</b>	<b>Gunas</b>
<i>Raktashali</i>	<i>Laghu, Deepana, Pathya, Ruchikara, Vatahara</i>
<i>Yava</i>	<i>Ruksha, Lekhana, Kapha-Vatahara</i>
<i>Kulattha</i>	<i>Ruksha, Ushna, Laghu, Kapha-Vatahara</i>
<i>Kodrava</i>	<i>Grahi, Ruksha, Kaphahara</i>
<i>Shigru</i>	<i>Ushna, Deepana, Pachana, Pathya, Vata-Kaphahara</i>
<i>Patola</i>	<i>Deepana, Pachana, Pathya, Kaphahara, Jwaranasaka</i>
<i>Adraka</i>	<i>Agnideepana, Bhedana, Kapha-Vatahara</i>
<i>Lashuna</i>	<i>Deepana, Pachana, Kapha-Vatahara, Rasayana</i>
<i>Jeeraka siddhatakra, Sunthi siddha takra</i>	<i>Deepana, Kapha-vatahara</i>

## RESULTS AND OBSERVATIONS

There were significant changes in before and after treatment.

**Table 4: Improvement of Clinical Features After Treatment**

<b>Clinical features</b>	<b>Before treatment</b>	<b>After treatment</b>
<i>Sotha</i>	+++	Nil
<i>Shula</i>	+++	+ (slight pain on movement)
<i>Sthambha</i>	+++	+

<b>Laboratory investigation</b>	<b>Before treatment</b>	<b>After treatment (on follow up)</b>
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 20 mm/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 three *Doshas*. The vitiated *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 *Parisheka* with *Dashamula kwatha chorna*. *Udwartana* is having the *Gunas* of *Kapha* and *Meda vilayana*. Due to friction during *Udwartana*, *Ama* gets digested by the increasing heat.<sup>[5]</sup> 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*<sup>[6]</sup>, 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*.<sup>[7]</sup> *Amavatari rasa* is well known for *Rasayana* and *Vatadoshanasak*.<sup>[7]</sup> *Nimbamrutadi eranda taila* contain *Eranda taila* which acts as *Vatahara*.<sup>[8]</sup> *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*, *Laghu*, *Tikshna*, *Usna guna*. *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 rasa Amavatari kashaya* provides immune-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) occurs many diseases which is the prime reason for formation of vitiated *Doshas*, *Ama* and malnourishment of *Dhatu*s. 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 *Dhatu*s, 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*, *Pachana*, *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.

## ACKNOWLEDGEMENT

The authors sincerely extend their gratefulness to the patient and Department of Swasthavritta and staff of SDM college of Ayurveda & Hospital, Hassan for supporting us to carry this study.

## 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 chikitsa 25/1, Page 166.
4. Shaw B.P., Ayurvediya Pathyapathya Vijnana, Choukhamba 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. 8. Sastri A., Bhaisarjya ratnavali, Chaoukhambha Prakashan, Varanasi, reprint edition, 2013, Amavata chikitsa, 29/20, p-615.

### Cite this article as:

Das Aparajita, Chakraborty Swagata. An Ayurvedic Intervention In Amavata: A Case Report. International Journal of Ayurveda and Pharma Research. 2021;9(3):84-88.

**Source of support: Nil, Conflict of interest: None Declared**

### \*Address for correspondence

**Dr. Das Aparajita**

Assistant Professor  
Department of Swasthavritta and  
Yoga, Belley Sankarpur Rajib Gandhi  
Memorial Ayurvedic College and  
Hospital, North 24 Parganas,  
West Bengal, India.  
Mob no: 7411223195  
Email: [aparajita.rg@gmail.com](mailto:aparajita.rg@gmail.com)

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.