

A CASE STUDY ON AMAVATA W.S.R TO RHEUMATOID ARTHRITIS

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ABSTRACT

Amavata is made up of two words Ama and Vata. Amavata is one of the commonest disorders caused by the impairment of Agni (digestive fire), formation of Ama (bio-toxin) and vitiation of Vata Dosha. Amavata is produced mainly due to vitiation of vata along with the formation of Ama. The Ama combines with Vata Dosha and occupies shleshmasthan (Asthisandhi) which results in 'Amavata'. When the disease grows in intensity it becomes difficult to cure, as well as involves joints of hands, feet, head, ankle, knees and produces pain, swelling, stiffness and tenderness in affected joints. Amavata is correlated with Rheumatoid Arthritis due to similarities of clinical features. Rheumatic Arthritis is an autoimmune disease causing a chronic symmetrical polyarthritis with systemic involvement.

KEYWORDS: Amavata, Ama, Valukapotli Swedan, Shamana chikitsa, Virechan, Simhanadguggul, Rasnasaptak Kwath, Rheumatoid

Arthritis.

INTRODUCTION

Amavata is one of the crippling diseases claiming the maximum loss of human power. It is not only a disorder of the locomotor system, but is also a systemic disease and is named after its chief pathogenic constituents, which are, Ama and Vata. Amavata is a disease in which Ama with vitiated Vata Dosha, accumulates Sleshma Sthana, which simulates Rheumatoid Arthritis in modern parlance. In present era changing of life style, intake of unwholesome and fast food, lack of exercises etc. will lead to Mandagni, which results in the production of Ama. When Ama combines with the vitiated Vata Dosha in Sleshmasthan leads to Amavata

with the symptoms Sandhi Shotha, Shoola, Sparshaasahatwa and Gatrastabdhata. Clinical features of Amavata resembles with Rheumatoid arthritis. Amavata is a particular type of disease that is mentioned in Ayurveda since the period of Madhavkar, under the category of Vata – Kaphaja disorder.

CASE REPORT

A 35-year-old male having 60 kg body weight, farmer, of Vata-kaphaja Prakriti, residing in an rural area, suffering from multiple joints pain visited the outpatient department of kayachikitsa for Ayurvedic treatment. The patient was suffering from multiple joints pain of the second and third metacarpophalangeal joints and second and third proximal interphalangeal joints of both hands along with swelling, severe morning stiffness, restricted movements, malaise, and Mandagni (poor appetite) for the past 1½ year. The sleep was also disturbed as pain was increasing at night. Sometimes, symptoms were so severe that the patient was unable to stand or walk even after taking strong pain killers. There was no history of Diabetes, Hypertension or any other major illness in the past.

TREATMENT

Management of Amavata (Table 1 & 2)

Table 1: Showing material for management of Aamvata as.

Sr.No	Dravya	Dose	Duration	Anupana
1	Simhanad Guggul	250 mg	2 BD	Lukewarm water
2	Lakshadi Guggul	250 mg	2 BD	Lukewarm water
3	Tab.Gandhrvaharitaki	500 mg	2 HS	Lukewarm water
5	Rasnasaptakam kwath	2 TSF	Twice in day	Lukewarm water

Table 2: Showing Panchkarma management of Aamvata as.

Panchakarma	
Rooksha Swedana	Valukapottli sweda
Snehana	Vishagharbha taila
Virechana	Shunthi-siddha eranda tail (5 ml in morning)

OBSERVATION AND RESULT

Patient got relief in Swelling and tenderness within 2 days. Rest improvement in all symptoms found within 7 days. After 28th days follow up there is nearly nil of all symptoms. After our successful treatment, we took follow up of patient till next 3 months on each 15 days. I found that there is nil of all symptoms (except occasionally little pain in knee joints, we can consider its normal, as per age of patient and chronic disease).

DISCUSSION

Amavata is a complex of disease, pathogenesis of which lies in generation of Ama after Mandagni. This Ama along with vitiated Vata and Kapha dosha results in Dosha-dushya combination, thus generating the Nidus for symptoms of Amavata to occur. The aim of the treatment in Amavata is to reduce Ama by its metabolism (Amapachana) and to normalise the vitiated Vata and Kapha dosa. The drugs used in the treatment protocol, act by breaking the pathogenesis of the disease. Agnitundhi vati improves Agni by digestion of Ama which is main responsible factor for manifestation of disease. Baluka Sweda was performed as part of external treatment. It is a type of Ruksha sweda which relieves the stiffness, pain and heaviness in the body and induces sweating. Baluka Sweda is mostly used in Kaphaja disorders and disease originated out of Ama, especially in Amavata. It helps in Shoshan (digestion and drying) of Ama present in Kapha sthana (joints) thus decreasing stiffness of the joint and alleviating the pain. Swedana also increases the Dhatwagni at the part involved thereby improving its function and mobility, particularly the joints in this case.

Dashamoolarasnadi Kshaya is digestive and carminative (Deepana & Pachana) due to presence of Amrita, Shunthi, Dashamool in it. Rasna and Devdaru exhibit potential anti-inflammatory effect. Simhanada guggulu is advised in Amavata by Bhaishajya Ratnavali. Guggulu itself is a good anti-inflammatory agent (Sopahara and Vedana- sthapaka). Simhanada Guggul also elicits antiarthritic activity largely due to the prevention of connective tissue breakdown, decreased capillary permeability and improvement of immune system. The combination of these drugs apart from breaking the pathogenesis of the disease, also give symptomatic relief to the patient. It is only because of the action of drugs that the inflammation and pain in joints is reduced remarkably and the patient tolerance is also better in comparison to the DMARD's.

CONCLUSION

The treatment protocol included combination of external localised and internal medication which worked in tandem to reduce the symptoms of rheumatoid arthritis. The drugs were well tolerated by the patient and her range of movement also improved. A comprehensive detailed clinical study is required to generate potential data to verify the outcomes of this case report.

REFERENCES

1. Milind Y. Nadkar, API text book of medicine, Rheumatology Chapter 7, Rheumatoid Arthritis, Association of Physicians of India, Mumbai, 8th ed, 2008; 291.
2. Yadunandana Upadhyay, Madhav Nidan of Madhavakara, Madhukosha Hindi commentary, First Volume, 25th chapter, Amavatanidanam, Chaukhamba Sanskrit Sansthan, Varanasi, Reprint, 2003; 508-9.
3. Sharma P.V. Cakradatta of Cakrapani, English translation, Chapter 25, Amavatachikitsa, Chaukhamba Sanskrit Sansthan, Varanasi, 2nd Ed, 1998; 227.
4. Baidyanath Bhavan, Ayurveda Sar Sangraha, Guggul Prakran, Shree Baidyanath Ayurveda Bhawan, Allahabad, Reprint, 2006; 521.
5. Agnivesa, Charaka Samhita, Acharya Jadavji Trikamji, Choukambha Publication, Varanasi, 2001; 705.
6. Prevalence of Rheumatoid arthritis <https://www.researchgate.net>, 1488.
7. Tripathi B, editor. Madhav Nidana of Madhavkar, Vol. 1, Ch. 25, Ver. 6. Reprint ed. Varanasi: Chaukhamba Sanskrit Sanshtan, 2006; 572.
8. Boon NA, Colledge NR, Walker BR, Hunter JA. Musculoskeletal disorders. Davidson's Principles and Practice of Medicine. 20th ed., Ch. 25. Edinburgh: Churchill Livingstone-Elsevier, 2006; 1101-4.
9. Chakradutta with Ratnaprabha commentary edited by Priyavat Sharma, Swami Jayaram das Prakashana Jaipur, Reprint 2000, Amavata chi.25/1 pg no.423 and Bhaishajya Ratnavali, Edited with Siddhiprada Hindi Commentary by Siddhinandan Mishra, Published by Chaukhambha Surbharati Prakashana, 29/13 Varanasi, Edition, 2007; 198.