

AMAVATA - A CASE STUDY***Dr. Amruta R. Jagtap, Dr. Gunvant Yeola and Dr. Sneha Dange**

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Corresponding Author*Dr. Amruta R. Jagtap**Dr. D.Y.Patil College of
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Juvenile idiopathic arthritis (JIA) also known as Juvenile chronic arthritis (JCA), Stills disease or Juvenile rheumatoid arthritis (JRA) is the most common pediatric disease in children.^[1,2] JCA is not the single entity but a group of disorders which differ in presentation, course and progress. The onset of JIA before the age of 6 yrs is unusual. The incidence in different studies varies between 9.2 – 13.9 per 100,000 population. It is not a rare disease. This incidence is 0.01% in children at risk per year. It can be divided into subgroups^[3] pauciarticular JRA, in which \leq 4 joints are involved, polyarticular

JRA which involves $>$ 5 joints and systemic disease in which rash and high fever occur in addition to arthritis. JRA is comparable to the disease Amavata and Jirna Sandhigata Vata in this particular case. Ayurveda Acharya, Sri Madhavkar has described the features of Amavata for the first time, whereas the treatment of Amavata was first explained by Acharya Chakradata. The treatment modalities like Langhana (fasting therapy), Swedana (fomentation therapy), Deepana (kindling digestive fire), Snehapana (oral intake of medicated ghee), Virechana (Purgation therapy), Basti (medicated enema), Vallukapotali sweda are the treatment advised in Amavata.

KEYWORDS: Amavata, Juvenile Rheumatoid Arthritis.**INTRODUCTION**

Amavata is a chronic disorder that has both skeletal and extra-skeletal manifestation. The chief pathogenic constituents are Ama and Vata which simultaneously affect the joints and causes stiffness in the body. It is one of the commonest disorders caused by the impairment of Agni (digestive fire), formation of Ama (bio- toxin) and vitiation of vata- dosha, mandagni is the main cause of Ama production.^[4] The Ama combines with vata dosha and occupies the Shleshmasthan (Asthisandhi) which results in Amavata. Management in modern science

includes NSAIDS (non- steroidal anti- inflammatory drugs), Glucocorticoids, DMARDS (Disease modifying anti- rheumatic drugs). Ayurveda treats it in a natural way without any side effects. JIA is defined as a group of systemic inflammatory disorders affecting children below the age of 16 years. The signs of objective synovitis include joint swelling, pain, loss of motion, warmth or erythema, Sudden high fever, Evanescent rash on the trunk and extremities, morning stiffness. Joint swelling is the most specific sign. Chronicity is an important diagnostic consideration. Arthritis must be present for 6 consecutive weeks before the diagnosis of JIA. The onset of JIA before the age of 6 years is unusual.

CASE STUDY

A 39 years old female patient came to Dr. D.Y. Patil Ayurved Hospital with H/O- JRA now C/O- Parva sandhi shula, Sthambha and shotha++, Ubhaya janu sandhi shula+, Shotha++, Ubhaya hastanguli shula and vakrata Sarva sandhi shula, Stambha, Ura-udara daha, Daurbalya.

P/H/O

At the age of 15 years c/o- Left ankle joint pain so she took modern medicine from physician at command hospital for the same, was treated with Analgesic, at the age of 16 years she had c/o- B/L knee joint pain+++ which then subsided with analgesics, at the age of 18 years c/o- pain & swelling sometimes at ankle, knee joint or at elbow joint, was treated with 3 doses of Inj Bezathine Penicillin, after which she discontinued the treatment, at the age of 20 years she was admitted in Command Hospital, Kondhawa, Pune on 9/6/1997 presented with P/HO— Swelling and pain at large and small peripheral joints associated with fever on & off – 6 years back & Weakness, Fatigability, anorexia since 3 years back, Joint pains are fleeting at times and additive at other times. No deformity & contractures, Breathlessness since 1 month, which was episodic in nature, starting suddenly, present at rest and on exertion not associated with wheeze. Advised- Tab Brufen 200 mg TDS & Tab Chloroquine 1 HS.

Diagnosed in 1994 as Juvenile Rheumatoid Arthritis when investigated at Medinova RA factor was positive and ASO titre raised.

Drug History in Last 24 Years

- Taken 3 doses of Inj Bezathine Penicillin
- Tab Voveron 1 OD
- Tab Chloroquine 1 HS

- Tab Omez 1 OD
- Tab Wysolone 1 BD
- Tab Prednisolone 1 BD
- Tab Methotrexate 1 OD
- Tab Brufen 200 mg 1 TDS
- Tab Zerodol SP 1 BD
- Tab Defza 6 mg 1 TDS

Patient was admitted in Dr. D.Y.Patil Ayurved Hospiatl for 3 times viz. 2016, 2017 and in 2018 for Panchakarma.

General examination when she was admitted on 12/01/2018 for 8 days are as follows:

- 1) BP- 110/ 70 mm of Hg
P – 60/min
- 2) Cardiovascular System - S1S2- Clear, no murmur
- 3) Respiratory System - No added sounds
- 4) GIT - P/A- Tenderness
- 5) CNS - Sensory functions- Clinically NAD
- Motor functions- Reflexes- Normal

Dashavidhpariksha (10 fold examination)

| | | | |
|---|--|----|--|
| 1 | Prakriti (constitution)- Vata Pitta | 6 | Satva (psychic conditions)- Madhya Sattva |
| 2 | Vikriti (morbidity)- Tridosha | 7 | Satmya (homologation) - Amla rasa varjit, pancha rastamaka ahara |
| 3 | Sara (excellence of tissue elements)- not specific | 8 | Aharasakti (power of intake & digestion of food)- Heen |
| 4 | Sanhanana (compactness of organs)- Madhya Samhata | 9 | Vyayamasakti (power of performing exercise) – Madhyam |
| 5 | Pramana (measurement of organs) - Weight- 43 kgs, Height- 5.1 feet | 10 | Vaya (Age)- 39 years, Madhyam |

Ashtavidhpariksha (8 fold examination)

| | | | |
|---|---|---|--|
| 1 | Nadi (pulse) – 60 | 5 | Shabda (voice) – Prakrita (normal) |
| 2 | Mutra (urine) Day – 3- 4 times/day Night -2- 3 times at night | 6 | Sparsha (touch) – ushna sparsha in ubhaya janu sandhi pradeshi |
| 3 | Mala (stool) – Asamyaka | 7 | Druk (eyes) – Prakrut (normal) |
| 4 | Jivha (tongue) – Ama (coated) | 8 | Akriti- (built)- Krusha |

Samprapti Ghataka

- 1) Dosha- Tridosha
- 2) Dushya - Rasa, Rakta, Mamsa, Ashti, Majjha, Shukra, Purisha
- 3) Adishtana - Sharirika
- 4) Strotas - Rasa, Rakta, Mamsa, Ashti, Majja, Shukra, Udaka vaha strotas
- 5) Samuttana - Amashaya
- 6) Agni - Mandagni
- 8) Strotodushti - Sanga, Vimargagamana
- 9) Vyakti sthana – Joints of whole body (Sarvanga sandhi)
- 10) Sadhya Asadhyata - Krucha sadhya
- 11) Roga marga - Madhyama Roga marga

Grading of Subjective Criteria

| Sr | Grade | 0 | 1 | 2 | 3 | 4 | BT (2016) | AT (2018) |
|----|-------------------------------|--------------------------------|---|--|---|---|--------------|--------------|
| 1 | Angamarda (Malaise) | No Angamarda | Occasional Angamarda, but patient is able to do usual work | Continuous Angamarda, but patient able to do usual work | Continous Angamarda which hampers routine work | Patient unable to do any work | 3 | 0 |
| 2 | Aruchi (Anorexia) | Normal desire for food | Eating timely without much desire | Desire for food much late than normal time | Desire for food only after long intervals | No desire at all | 3 | 1 |
| 3 | Trishna (Thirst) | Normal feeling of thirst | Frequent feeling of thirst, but quench with normal amounts of liquids | Satisfactory quench after increased intake of fluids but no awakening during nights | Satisfactory quench after increased intake of fluids with regular awakening during nights | No quench after heavy intake of fluids. | 2 | 0 |
| 4 | Alasya (Tired ness) | No tiredness | Starts work in time with efforts | Unable to start work on time but completes the work | Delay in start of work and unable to complete | Never able to complete the work and always likes rest | 3 | 1 |
| 5 | Gourava (Heaviness) | No feeling of heaviness | Occasional feeling of heaviness in body but does usual work | Continous heaviness in body but does usual work | Continous heaviness in body which hampers usual work | Unable to do any work due To heaviness | 4 | 1 |
| 6 | Shotha (Swelling) | No swelling | <10% increased circumference of the affected joint | >10% increased circumference of the affected joint | >20% increased circumference of the affected joint | Severe swelling | 2 | 1 |
| 7 | Sthama (Stiffness) | No stiffness | 0-10 min, Some limitations of joint movement | – 120 min | hrs | >8 hrs | 4 | 1 |
| 8 | Sandhi shoola (joint pain) | Occasional | Mild pain or bearable in nature | Frequent moderate pain, but no difficulty in joint movement | Slightly difficulty in in joint movement due to severe pain, requires medication & may remain throughout the day | Severe pain with more difficulty in moving joints, disturbing sleep and requires strong analgesic | 4 | 0 |

OBJECTIVE PARAMETERS**Functional Assessment**

| Parameters | 0 | 1 | 2 | 3 | B.T (2016) | A.T (2018) |
|--|---|--|---|---|------------|------------|
| General function capacity | Ability to do all activities without difficulty | Ability to do activities but with difficulty | Ability to do few activities, always require help | Unable to perform activities, bed or chair ridden | 2 | 0 |
| Walking time (25 feet in no. of seconds) | 15-20 sec | 21- 30 sec | 31- 40 sec | >40sec | 3 | 0 |

Haematological parameters

| Parameters | Before treatment | After treatment |
|--|------------------|-----------------|
| Haemoglobin (g/dL) | 6.7 gm% | 10.3 gm% |
| WBC | 14,000 | 11,000 |
| Wintrobe ESR (mm fall in 1 st hr) | 52 mm/hr | 15 mm/hr |
| RA factor | Positive | Positive |
| ASO Titre | Positive | Negative |

External and internal treatment which was taken by the patient in Dr. D.Y Patil Ayurved hospital from 9/11/16 to 31/12/16 for 51 days where as follows:

| Sr. | Treatment | Medicine | Duration |
|-----|---|---|-------------------------------|
| 1 | Sarvanga Baspasweda | | 35 days |
| 2 | Valluka-potali sweda | | 35 days |
| 3 | Basti | | |
| a) | Gudduchi sidhakshira basti | Guduchi, Makshika, Madhu, Panchatikta Ghrita, Lavana, Guduchishidha kshira | 7 days |
| b) | Anuvasana basti | Hingutriguna taila basti | 11 days |
| c) | Lekhana basti | Triphala kwatha, Yavakashar, Kasis, Shilajit, Hingu, Tila taila, madhu, saindhava and gomutra | 10 days |
| 4 | Jalukavacharan | | 6 days |
| 5 | Sinhanand Guggul | 500 mg twice daily with kosha jala | 30 days |
| 6 | Mahavataavidhavana | 500 mg twice daily with kosha jala | 30 days |
| 7 | Navayasa lauha vati | 250 mg twice a day with kosha jala | 30 days |
| 8 | Inj Orofer XT in 100 ml NS | 3 Doses for alternate days | 3 days |
| 9 | Tab Defza 6mg, then tapered to Tab Defza 6 mg, then tapered to Tab Defza 6 mg, then after that patient stopped taking Tab Defza | Twice a day Once a day Half a day | 60 days 30 days 20 days |
| 10 | Tab Emanzen D, Then tapered to Tab Emanzen D, then tapered to Tab Emanzen D, then after that patient stopped taking Tab Emanzen D | Thrice a day Twice a day Once a day | 25 days 15 days 30 days |
| 11 | Tab Zerodal then tapered to Tab Zerodal and then it was stopped | Twice a day Once a day | 20 days 15 days |

External treatment and internal treatment which was taken by the patient in Dr. D.Y Patil Ayurved hospital from 20/7/17 to 30/7/17 for 11 days where as follows:

| Sr. | Medicine | Dose | Duration |
|-----|---------------------------------------|---|----------|
| 1 | Anuvasana basti | Hingutriguna taila basti | 4 days |
| 2 | Lekhana basti | Triphala kwatha, Yavakashar, Kasis, Shilajit, Hingu, Tila taila, madhu, saindhava and gomutra | 3 days |
| 3 | Sinhanad Guggul | 500 mg twice daily with lukewarm water | 15 days |
| 4 | Mahavataavidhavansa | 500 mg twice daily with lukewarm water | 15 days |
| 5 | Amapachaka vati | 500 mg twice daily with lukewarm water | 15 days |
| 6 | Kamadudha vati | 500 mg twice daily with lukewarm water | 15 days |
| 7 | Amavatari kashayam | 3 tsf twice daily | 30 days |
| 8 | Eranda Taila | 2 tsf at night | 15 days |
| 9 | Inflowin lepa (Nisha herbal products) | For external application | 10 days |

External treatment and internal treatment which was taken by the patient in Dr. D.Y Patil Ayurved hospital from 9/01/18 to 15/01/18 for 7 days where as follows:

| | | | |
|---|--------------------|--------------------------|---------|
| 1 | Sanshaman vati | 500 mg twice a day | 7 days |
| 2 | Hingwastaka vati | 250 mg twice a day | 7 days |
| 3 | Kamadudha vati | 500 mg twice a day | 7 days |
| 4 | Sinhanad guggul | 500 mg twice a day | 15 days |
| 5 | Amavatari kashayam | 3 tsf twice daily | 15 days |
| 6 | Eranda taila | 2 tsf at night | 15 days |
| 7 | Dashanga lepa | For external application | 15 days |
| 8 | Vishagarbha Taila | For external application | 15 days |

DISCUSSION

Amavata is mainly caused due to vitiation of Vata dosha and formation of Ama. Mandagni is the main cause of Ama production, as no disease occurs without impairment of agni.^[5] In Yogaratnakara Langhana has been mentioned to be the best measure for the treatment of Ama. As Rookshana and Langhana have similar qualities, it was done in the form of Valuka sweda. It helped in the Shoshana (drying) of Ama situated in the Sleshmasthanas (joints), thus pacifying the symptoms like sthambha (stiffness) and Shoola (pain) suffered by the patient. Amapachana (digesting Ama) was done by drugs like Amapachaka vati and drugs like Hingwastaka vati which deepana pachana (appetizer- carminative) properties. Eranda taila is described to be the best for the treatment of Amavata^[6], it is indicated in kapha predominant vata disorders as it has the properties of katu, ushna, Vataghna^[7] and sukshma which helps in digestion and clearing the channels blocked by Ama. Eranda taila helps in expulsion of doshas from koshta and act as Vatanulomana (bringing vata to its normalcy). The assessment of the patient before and after treatment was taken which showed improvements in the subjective and objective criteria.

CONCLUSION

Amavata and JRA are chronic diseases affecting mankind having an auto-immune pathology. From this case study it can be concluded that Amavata can be effectively and safely treated by using Chikitsa siddhant, Bahiparimarjana (external procedures) will reduce the pain, stiffness and swelling. Panchakarma procedures help in checking the auto-immune pathologies.

At the time of Discharge she got relief in ubhaya janu sandhi shoola & shotha, ubhaya skanda shoola, from this we can conclude that when treated with Ayurvedic treatment schedule according to the condition of the patient and the state of disease, we can get best results for treating many other diseases like this.

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