

MANAGEMENT OF AMAVATA THROUGH CHURNA BASTI: A CLINICAL STUDY

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ABSTRACT

Ama and *Vata* are two potent components of any disease that is manifested in the body and *Amavata* being the prime of them. It is a disease where the symptoms are expressed in *Sandhi* such as *Sandhi-shoola*, *Sandhi-shotha* and *Sandhi-graha*. Based on the symptoms expressed it can be correlated with the 'Rheumatoid Arthritis' from Modern medical science. A 39 years old female, presenting the complaints of pain and swelling in Bilateral shoulder joints, wrist joint and knee joints visited our OPD of Kayachikitsa at Ayurveda Mahavidyalaya and Hospital, Hubballi. She also presented with morning stiffness since 15 days (on and off since 13 years), reduced sleep due to pain since 5 days. Complete history and clinical evaluation lead to the diagnosis of *Amavata*. *Langhana*, *Deepana- Pachana*, local *Ruksha Swedana* and *Churna Basti* were administered along with oral medication. Ayurvedic therapy gives significant relief in symptoms of *Amavata*.

Article Received on
08 Feb. 2025,

Revised on 28 Feb. 2025,
Accepted on 19 March 2025

DOI: 10.20959/wjpr20257-36021



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KEYWORDS: *Amavata*, *Ama*, *Vata*, Rheumatoid Arthritis, *Langhana*, *Pachana*, *Ruksha Valuka Swedana*.

INTRODUCTION

Acharya Madhavakara was the first to mention *Amavata* as Disease under a unique heading.^[1] Ayurvedic management of *Amavata* consists of *Langhana*, *Swedana*, use of *Katu*, *Tikta Deepana*, *Virechana*, *Snehapana* and *Basti*.^[2] *Amavata* is made of two words *Ama* and *Vata* which contribute to the severity and morbidity of the condition. *Ama* which is formed due to malfunctioning and reduced *Agni* along with *Vata* localizes in *Sandhi* leading to pain, stiffness, swelling, tenderness, etc. and presents with a condition called as *Amavata*. The features are similar to Rheumatoid Arthritis which is a chronic, progressive auto-immune condition characterized by bilateral symmetrical involvement of joints with some systemic clinical manifestation.

In the global scenario, more than one million people are affected by rheumatic disorders and one fifth of these are severely disabled. The prevalence of the disease is approximately 0.8% of the total population worldwide (range 0.3% to 2.1%) with male and female ratio of 1:3. The onset is most frequent during the fourth and fifth decades of life, with 80% of patients developing the disease between the age group of 35 and 50.^[3]

The modern medical science focuses on the symptomatic relief by reducing the inflammation and symptoms using NSAIDs (Non-steroidal Anti-inflammatory Drugs) and DMARDs (Disease Modifying Anti Rheumatic Drugs) which often encompass a negative effect with them along with the therapeutic effect and provide only a temporary relaxation of symptoms. Hence, the management of this ailment is not sufficient with current conservative modes of treatment of contemporary medicine. Continuous usage of NSAID and DMARD therapy with later turn to drug abuse are effective in controlling the symptoms such as pain and reducing the inflammation often leading to other complications.

A long-term usage of these drugs brings an emotional turmoil along with the unwanted side effects. Hence, this shows the importance of a short, cost-effective treatment for the cure of *Amavata* which will prevent the disease going into its complicated stages. So, here is an attempt to evaluate the effectiveness of a holistic approach in the management of *Amavata* with special reference to Rheumatoid Arthritis.

The main causative factor *Ama* is formed due to malfunctioning of the digestive and metabolic mechanisms. *Ama* with *Vata* gets localized in the body tissues and joints resulting in pain, stiffness, swelling, tenderness etc. and presents as *Amavata* disease. The features of

Amavata are much identical to Rheumatoid Arthritis. The disease is a chronic, progressive, autoimmune disorder characterized by bilateral symmetrical involvement of joints with some systemic clinical manifestation. In the global scenario, more than one million people are affected by rheumatic disorders and one fifth of these are severely disabled. The prevalence of the disease is approximately 0.8% of the total population worldwide (range 0.3% to 2.1%) with male and female ratio of 1:3. The onset is most frequent during the fourth and fifth decades of life, with 80% of patients developing the disease between age group of 35 and 50.

MATERIALS AND METHODS

1) Case description

A 39 year old Female patient of Kayachikitsa Department came to our OPD Department with the complaints of Pain & Swelling in B/L Shoulder joint, wrist joint and knee joint along with morning stiffness since 15 days (On and off since 13 years), reduced sleep due to pain since 5 days. Gradually pain started increasing in nature in both knee joints and thereafter developed multiple joint pain. For which she took allopathic medicine but did not get satisfactory results and hence came to our hospital for further management. Her Grandmother was suffering from the same Condition. There were no H/O DM, HTN, Thyroid disorders but had a history of Chikungunya 13 year's back.

2) Examination

Vitals of the patient were within normal limits.

Systemic Examination:-

Right upper limb - Swan Neck deformity of fingers, Ulnar deviation of MCP Joints
Boutonniere deformity of thumb.

Jiwha - Lipta

Mala - Prakruta

Mutra - Prakruta

Nidra - Disturbed

Kshuda - Alpa

Local Examination - Swelling of both knee joint, shoulder joint and wrist joint.

Tenderness- Present in B/L knee joint, shoulder joint & wrist joint.

Local Temperature - Raised

ROM- Restricted & painful

In the present case, the RA test was positive.

Diagnosis - Clinical features & RA Test suggests that it is a case of *Amavata*.

3) Treatment given

A. *Nidana Parivarjan* - Avoidance of of Etiological factor

B. *Shodhan Chikitsa* – *Churna Basti*^[4]

C. *Shamana Chikitsa* (Oral medicine).

Shamana Chikitsa

Sl. No.	<i>Aushada</i>	<i>Matra</i>	<i>Kala</i>	<i>Anupana</i>
1.	<i>Ajamodadi churna</i>	1/2 Tsp, BD	B/F	Warm Water
2.	<i>Indukanth Kashaya Tablet</i>	1 Tab, BD	A/F	Warm Water
3.	<i>Tab. GTK</i>	1 Tab, OD	B/F	Warm Water
4.	<i>Shephalikapatra Kashaya</i>	3Tsp, BD	B/F	Warm Water

D. *Bahiparimarjan Chikitsa* (External application) -

A. *Sarvanga Valuka Sweda* - 10 days, 2 sittings/ day

B. *Sthanika Dhanyamla Dhara* (B/L Lower limbs) - 10days, 1 sitting/ day

C. *Sthanika Agnichikitsa Lepa*^[5] - 5 days, 1 sittings/ day

Shodhana

1. *Erandabharjita Vartaka*^[6] for *Virechana*

On 20/5/2024 → No. of Vegas 1

On 21/5/2024 → No. of Vegas 1

3. *Churna Basti*

Chincha Rasa - 100 ml

Guda Paka - 100 ml

Saindhava Lavana - 5 gm

Guduchi Churna - 10 gm

Gokshura Churna - 10 gm

Brihat Saindhavadi Taila - 30ml

Guggulu Tiktaka Ghrita - 30ml

Rasnaerandadi Kashaya - 60 ml in 200 ml of water

Total quantity - 520 ml

Anuvasana Basti – *Brihat Saindhavadi Taila* (60 ml)

Table No. 1: *Basti Schedule.*

Date	Basti	In Time	Out time	Retention time
26/05/2024	Anuvasana Basti	10:00 AM	6:00 PM	8 hours
27/05/2024	Morning- Churna Basti	9:30 AM	10:40 AM	1 hour 10 minutes
	Afternoon- Anuvasana Basti	3:00 PM	6:00 AM	15 hours
28/05/2024	Morning- Churna Basti	9:20 AM	10:50 AM	1 hour 30 minutes
	Afternoon- Anuvasana Basti	2:30 PM	9:30 PM	7 hours
29/05/2024	Morning- Churna Basti	10:00 AM	11:40 AM	1 hour 40 minutes
	Afternoon- Anuvasana Basti	3:00 PM	7:00 AM	16 hours
30/05/2024	Morning- Churna Basti	9:30 AM	10:00 AM	30 minutes
	Afternoon- Anuvasana Basti	2:40 PM	5:30 AM	14 hours 50 minutes
31/05/2024	Morning- Churna Basti	9:40 AM	11:00 AM	1 hour 20 minutes
	Afternoon- Anuvasana Basti	2:30 PM	8:00 PM	5 hours 30 minutes
01/06/2024	Morning- Churna Basti	9:30 AM	10:00 AM	30 minutes
	Afternoon- Anuvasana Basti	2:40 PM	6:30 AM	15 hours 20 Minutes
02/06/2024	Morning- Churna Basti	9:30 AM	10:45 AM	1 hour 15 minutes
	Afternoon- Anuvasana Basti	3:00 PM	6:00 AM	15 hours
03/06/2024	Morning- Churna Basti	9:20 AM	11:40 AM	2 hours 20 minutes
	Afternoon- Anuvasana Basti	3:00 PM	6:30 AM	15 hours 30 minutes
04/06/2024	Anuvasana Basti	9:30 AM		

DISCUSSION

Ama formed due to malfunctioning and reduced *Agni* along with *Vata* localizing in *Sandhi* causing pain, stiffness, swelling, tenderness, etc. In *Amavata*, as *Ama* and *Vata Dosha* are the main culprit to cause the disease so that the treatment adopted in this case is consists of *Swedana*, use of *Katu*, *Tikta Deepana*, *Virechana*, *Snehapana* and *Basti*. *Deepana-Pachana*, *Ruksha* local *Swedana* pacify the vitiated *Vata* in the body and helps in the *Pachana* of *Ama*. *Swedana Karma* helps to liquefy the vitiated *Ama Dosha* with its *Ushna Guna* and opens the channels, by virtue of which *Vata* moves in the normal direction.

Ajamodadi churna^[7] possess *Ushna veerya*, *Katu* and *Tikta Rasa* which improves *Mandagni* and digestion of *Ama* and thereby does *Srotoshodhana*. Also has *Shoolaghna* and *Vatanulomana* property. *Shunthi* has also been described as an antipyretic and anti rheumatic, anti -inflammatory drug. *Shephaleeka Patra Kashaya* has *Tikta Rasa*, *Laghu & Ruksha Guna*, *Ushna Veerya & Katu Vipaka* which helps to achieve *Kapha-Vatagnata Karma*.

Ruksha Baluka Sweda does *Shoshana* of *Ama* situated in the *Sleshma Sthana* (joints) and *ushna* property overcomes the *sheeta* property of *Vata* thus pacifying symptoms like *Sthambha* (stiffness) and *Shoola* (pain) suffered by the patient.

The *Agni Chikitsa lepa* is formulated with herbs having *ushna*, *katu*, and *ruksha* properties which help to enhance *Agni*, thereby facilitating the digestion and removal of *Ama* that accumulates in the joints, leading to pain and swelling.

Dhanyamla Dhara is another procedure employed here which helps in relieving stiffness and pain. It is indicated in *Samsrushtavasta* of *Doshas*. In *Ashtanga Hrudaya*, *Dhanyamla Dhara* is mentioned as *Vata-kaphapaham* and also for *Vata Pradhana Kapha* conditions.

Erandabarjitavartaka is taken for *Virechana*. It is *Vata-kaphashamaka* due to *Snigdha*, *Tikshna*, *Sukshma* guna, *Madura* and *Katu Rasa*, *Kashaya anurasa*, *Madhura vipaka* and *Ushna virya*. *Eranda Taila* is both *Snigdha* and *Ushna*, thus has *Pachana* and *Snehana Karma* and is utilized, both for *Virechana* and *Ama Pachana* property.

Amavata is the disease having *Vata* and *Kapha* predominance and originating from both *Pakvashaya* and *Amashaya*. The *Basti* plays an important role in the *Amavata*. In *Churna Basti*, *Chincha* was used as *Avapa* and it is also *Vata-Kaphahara* in nature. *Brihat Saindhavadi Taila* is used as *Sneha* in the *Basti* due to its *Vata-Kaphahara* property and contains *Eranda taila* which is indicated in *Moodha Vata* condition. *Rasna-erandadi Kashaya* has analgesic and anti-inflammatory properties. *Guduchi* and *Gokshura churna* portray strong anti-inflammatory and pain-relieving properties. Due to all these qualities, *Churna Basti* is extremely beneficial in the *Amavata*. *Churna Basti* significantly reduced *Amavata* symptoms like *Agni Dourbalya*, morning stiffness, *Gourava*, *Utsahahani*, *Vairasya* etc., Also it showed significant results in reducing swelling and improving the ROM of involved joints. It can be concluded that *Churna Basti* consisting of drugs possessing properties opposite to *Ama* can be considered as a good remedy in the management of the disease. *Brihat Saindhavadi Taila* is used for *Anuvasana Basti*. The base of this *Taila* is *Eranda Taila* and is mainly *Vata-Kapha Shamaka*.

CONCLUSION

From the present case study, it can be concluded that the results obtained after the treatment was encouraging. Ayurvedic management in combination of different *Shodhana* and *Shamana Chikitsa* as described in classical texts is helpful in giving significant relief in signs and symptoms of *Amavata*, thereby improving quality of life. So, this kind of approach can be taken for treating further cases of *Amavata*.

REFERENCES

1. Madhavakara, Madhavanidanam (Rogavinishchayam) *Amavata Nidanam* 25/1-5, Translated to English by Prof. K.R. Srikantha Murthy, Chaukhamba Orientalia, 7th Edition, 2005; 95.
2. Bhavamishra, Bhavprakash Samhita, Madhyama khanda, Vidyotini Hindi Commentary, Amavatadhikara Adhyaya 26, edited by Sri Bhrahma Sankara Misra Vol 2, Chaukhamba Sanskrit Bhavan Varanasi, edition., 2013; 285.
3. API, Text Book of Medicine by Siddharth N. Shah, 7th edition, 2003.
4. Ram Karan Sharma & Vaidya Bhagwan Dash, Charaka Samhita of Agnivesha text with English Translation & Critical exposition based on Chakrapanidattas Ayurveda Dipika, 10th edition, Chaukhambha Surbharati Prakashan, 2009, Siddhi Sthana 10/16-17, 371.
5. Rakshita Kumari, Niranjana Rao, C Padmakiran, A case report on the management of Amavata by Agnichikitsa Lepa with Manjishtadi Kshara Basti. *J Ayu Int Med Sci.*, 2022; 7(5): 159-165.
6. Indradev Tripathi, Chakradatt, Vaidyaprabha Hindi Commentary, Vatavyadhi Chikitsa 22/46, Chaukhambha Sanskrit Bhavan Varanasi, 167.
7. Pandit Sharangadhara Acharya, Sharangadhara Samhita, Madhyama khanda, Adhamalla's Dipika and Kashiramas Gudhartha Dipika Commentary, Churna Kalpana 6/52, Edited by Pandit Parasurama Shastri, Chaukhambha Orientalia, 184.