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Case Study

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A CLINICAL STUDY OF AAMVATA

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ABSTRACT

Aamvata made up of two words aam and vata. In aamvata, aam dosha is directly involved with vata dosha which cause inflammation of joints resulting in deformityand immobilityin the fingers, feet, ankles and stiffness of the body etc. We can compare aamvata with rheumatoid arthritis of modern science based onsimilarclinical feature. Rheumatoid arthritis is most common chronic inflammatory disorders which affecting 0.5% worldwide and about 0.65% to 0.75% in India. Rheumatoid arthritis is managed by steroids and disease modifying antirheumatic drugs (DMARDs) but it is not completely cured by the medicines. In Ayurveda details description of management of Amavata is mentioned whichincludes Langhana, Swedana, Deepana, Tikta-katu

rasa, Virechana, Basti etc. In this case study patient was given Udwartana, Pariseka, basti and swedan along withoral medications i.e., 'Amavatari rasa, Guduchi choorna with Yastimadhu choorna etc for fifteen days. Clinical improvement in the sign and symptoms was reported which also improving the quality of life.

KEYWORDS: Aamvat, Rheumatoid arthritis, langhana, swedana, virechana, udwartan, pariseka basti.

INTRODUCTION

Ayurveda is the science of the life. The science guided us with different principles of healthy habits like Dinacharya, ratricharya, rutucharya etc. To maintain a healthy lifestyle and disease prevention, Ayurveda plays avital role. Amavatais a disease in which Ama with vitiated Vata Dosha, accumulates Sleshma Sthana, whichsimulates Rheumatoid Arthritis in modern parlance. In present era changing of life style, intake of unwholesome and fast food, lack of exercises etc. will leads to Mandagni, which results in the production of Ama. WhenAma combines withthe vitiated Vatadosha in Sleshmasthana leads to Amavata with the symptoms

Sandhi Shotha, Shoola, Sparshaasahatwa and Gatrastabdhata. Clinical features of Amavata resembles with Rheumatoid arthritis. A chronic inflammatory disorder affecting many joints, including those in the hands and feet minorand major joints. The prevalence of rheumatoid arthritis in India in person has been mentioned to differ from 0.5 to 3.8% in women and from 0.15 to 1.35% in men. Whenever that Ama gets localized in the body tissue or joints, it canlead to production of pain, stiffness, swelling, tenderness, etc., in the related joints. The features of Amayata are muchidentical to rheumatoid arthritis an autoimmune disorder which causes chronic inflammatory and symmetrical polyarthritis. In Ayurveda, Nidana Parivarjana (avoidance of causative factors) is considered as the first and foremost line of management for any disease. Virechanakarma is a Shodhana process (biological purification of the body) to balance the vitiated Dosha in general and Pitta Dosha in particular.

CASE STUDY

A 48 year female married patient Hindu by religion who was housewife byoccupation came to kayachikitsa OPD at Sri sai institute of ayurvedic reaseach and medicine college Bhopal (M.P.) with chief complain of pain in all major and minor joints since 6 years. Associated with stiffness, swelling, burning insoles, constipation, loss of appetite, heaviness of body, weakness. Patient was normal 6 years back suddenly she noticedpain in multiple joints. The pain was subside without medication. After a year she noticed stiffness in the fingers in both hands. Slowlypain was experienced in all the joints with swelling and stiffness due to which she was unable do her daily life work.

Treatment

- 1) singhnaadguggula 2 tab BD after meal with lukewarm water.
- 2) chitrakadi vari 3tab TDS before meal with water.
- 3) amavatari rasa 4 tspn TDS before meal with water.
- 4) abhyaristha 3 tspn BD after meal with equal amount of water.

Advice

- 1) Sarvang snehan with saindhavaadi tail followed by patra pind sweda.
- 2) Basti

Anuvasan basti - saindhavaadi tail 50-60ml

Niruh basti - dashmool kwath, madhuaadi

DISCUSSION

Aamvata 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 betterlife. Due to consumption of Nidanas i.e., Viruddhaahara, and othersuch 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 Amacirculates all overthe 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. Langhanawas done through Udwartana and Parisheka with Dashamula kwathachorrna. Udwartana is having the Gunas of Kapha and Meda vilayana. Due to friction during Udwartana, Ama gets digested by the increasing heat. After Udwartana, Pariseka will further makes Paka of Kapha and Medas and it acts as Sthambhanahara, Gouravaghna. Dashamoola kwatha choorna having Kashaya, Tikta Rasa, Laghu and Ruksha Guna, so it acts as Amapachana, Vedanasthapak, Sophahara. Rukshana was done by Valuka sweda, which helps in specifies the Kapha dosha, as well as rectification of Ama. It also reduces swelling, pain and stiffness.

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 studyproved 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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