

AYURVEDIC MANAGEMENT OF AMAVATA - A CASE STUDY

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Madhya Pradesh, India.**ABSTRACT**

Amavata is one of the commonest disorders caused by the impairment of *agni*, formation of *ama* and vitiation of *vata* dosh. Ensuing in the production of *ama* and this *ama* circulates in the complete body by means of the vitiated *vata* and receives positioned in the *shleshmasthan* (*amashaya asthisandhi* etc) inflicting pain, stiffness and swelling over the small and big joints making a person lame. It is a chronic inflammatory systemic disorder affecting mainly the synovial joints in the body. Acharya *Chakradatta* mentioned *chikitsa siddhanta* for management of *amavata*. Which consist *langhan*, *swedan* use of drugs having *tikta*, *katu* rasa and *deepana* property, *virechana*, *snehapana* and *vasti*. These modalities help in *amapachana*, *vatashamana*, *strotoshodhan* and *sthana balya*. The first specified description of

amavata as a sickness is observed in *madhav nidana*, so the existing study offers with systemic assessment of *amavata*.

KEYWORDS: *Amavat*, *ama*, rheumatoid arthritis, *sinhanaad guggul*, *Baluka sweda*.**INTRODUCTION**

The *Amavat* is a lifelong disease caused due to formation of the *ama* and vitiation of the *vata* along with the *kapha sthana* in the body. Producing features like *angamarda*, *aruchi*, *alasya*,

sandhiruka (joint pain), *sandhisotha*. Clinical features of *amavat* resembles with rheumatoid arthritis. A chronic inflammatory disorder affecting many joints, Including those in the hands and feet minor and 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 can lead to production of pain, stiffness, swelling, tenderness, etc. in the related joints. The features of *amavat* are much identical to RA, an autoimmune disorder which causes chronic inflammatory and symmetrical polyarthritis.

Ayurveda treats root cause of *amavata* which leads to break the *samprapti* of the disease. Acharya *Chakradatta* described the *chikitsa* Siddhant for *amavata*. It includes *langhana*, *swedana* and use of drugs having *tikta*, *katu rasa* with *Deepana* property, *virechana*, *snehapana* and *vasti*. Here a case of *amavata* was treated by using shaman *chikitsa* given in this *chikitsa* sutra.

CASE REPORT

A female patient of age 47 years old working as an aganwadi worker visited the arthritis OPD of our hospital on 14/2/23 with OPD no. 09703 with complaints of pain and swelling in multiple joint (metacarpophalangeal joint of both the hands, bilateral knee joint, elbow joint, wrist joint and ankle joint.) stiffness present in more than 1 hours in bilateral metacarpophalangeal joints, and knee joints. Also decreased appetite and unsatisfactory bowels added up to the illness. The patient had undergone anti-inflammatory allopathic medication for a period of 6-8 months. She was temporarily relieved by the medications and sooner begin to develop the symptoms again. Thus, the patient then approached our hospital for further treatment.

History Of Past illness

History of – Hypothyroidism (on medication)

No history of Diabetes, Hypertension, or any major illness.

Family History –No family history.

Personal History

- **Ahara:** Only vegetarian diet.
- **Vihara:** Divaswapana
- **Nidra:** Samyaka

- **Mala Prakriti:** Asamyaka (Unsatisfactory)
- **Mutra Pravritt:** Samyaka
- **Vyasana:** Tea (2-3 times a day)

General Examination Vitals

Pulse rate – 74/ minute

Blood pressure – 130/80 mmHg

Temperature – 97.5 F

Respiratory rate – 16-18 / min

Systemic Examination

On examination, the patient was found to be conscious as well as well – oriented to time and place. The cardiovascular, respiratory, and central nervous system of the patient was found clinically normal. The per abdomen examination was found to be normal.

Local Examination

On examination of the Musculo- skeletal system, oedema was found on bilateral wrist joint, knee joint and metacarpophalangeal joint. On palpation, Tenderness was observed on the wrist and metacarpophalangeal joint. No joint deformity was found.

Blood investigation - The routine blood investigation of the patient was found to be

- RA factor (Quantitative) - 158.2 IU/ml
- CRP – 9.1IU /L
- VIT D – 54.62 Mg/ml
- Serum calcium – 9.5 mg %
- Lipid profile – values were within normal limits.

THERAPEUTIC INTERVENTION

After taking proper history patient was admitted to female general ward with registration no. 2023513, treatment plan was planned accordingly *Baluka swedana* along with *kalabasti* plan *Niruha basti* and *Anuvasana basti* was given for 16 days. *Singhanad guggulu* 1bd, *Rheumasid gold* 1 bd, *Punarnavadi guggul* 1bd, *Rasnasaptak kwath* 20ml bd, *Panchakol churna* 3gm bd. Daily was given. *Pathya ahara* was explained to patient.

Treatment

Panchakarma procedure	Method of preparation	Method of administration	Duration
Baluka swedan	Fine properly cleaned and good quality of sand was taken and heated in a vessel, sand packs was made and applied in the whole body.	Heated sand packs were applied to the joints and throughout the body for swedana – 2 times	30 days
Anuvasana Basti	60 ml of Sandhavadi oil	Given with Basti yantra after meal.	10 Basti alternatively in kala Basti schedule.
Niruha Basti	Erandmuladi qwatha dravya	Given with Basti yantra before meal	6 Basti alternatively in kala basti schedule
Sarvang Abhayang Swedan	Karpuradi oil		16days

Samana yoga	Dose	Anupana	Duration
Singhanad guggulu	1 bd	With warm water	30 days
Rhumasid gold	1 bd	With water	30 days
Punarnavadi guggulu	1bd	With warm water	30 days
Rasnasaptak qwath	20 ml bd		30 days
Panchkol churna	3 gm	With warm water	30 days

Follow up and Outcomes

Before treatment: after treatment

Sign and symptoms	BT	AT
Sandhi ruja (joint pain)	5	2
Sandhi sotha (joint swelling)	3	1
Stabdhata (Stiffness)	3	1
Ushnata (heat over the affected joint)	2	1
Sparshasahyata (tenderness)	4	1

Haematological parameter

Parameter	BT	AT
RA Factor (Quantitative)	158IU/ML	56IU/ML
CRP	9.1IU/L	6.4IU/L
ESR	48/hr	20/hr

DISCUSSION

Amavata is mainly caused due to vitiation of *vata* dosha and formation of ama. The main principle of treatment in *amavata* is to reduce and cease the production of the ama by *amapachana* and to normalize the vitiated *vata* dosha and *kapha* dosha. Hence, the drugs were administered accordingly. Sinhanaad guggulu is mentioned specifically for treatment of

amavata in bhaishyaratnavali. Laghan – Laghan is the first line of treatment in such conditions. Swedan – swedana have been specially indicated in the presence of stambha, gourava and shula. In amavata, rukshasweda has been advocated in the form of valukapottali due to the presence of ama. It helps in pacifying vitiated vata dosha thus leads to relieve pain and stiffness. Sinhanaad guggulu has laghu, ruksha, ushna, tikshna properties. Deepan amapachan, shothaghna, jwaraghna, balya and amavatahara properties. it enhances the agni- bala alleviates the ama formation in to the body. This reduces the clinical manifestation of amavata and helps in breaking the samprapti of amavata. Rasnasaptak kwatha its acts as shoolaghna, vata- kapha shamaka, immunomodulator, anti-inflammatory, carminative, appetizer.

Punarnava guggul is antiarthritic, analgesic, anti-inflammatory, anti-rheumatic properties. Punarnava guggul is mainly used diuretic. Reduce joint pain, swelling, stiffness. Rhumasid gold- combination of NSAID and disease modifying drugs. Reduce the pain, swelling and stiffness of the joints. Improve the joint mobility. Panchkola churna stimulates the agni by its tikshna guna and ushna veerya. Effectively in combating the early stage of RA. Kalabasti plan- Anuvasana- saindhavadi oil – is amapachana and javaraghna, helps in srotoshodhan, saindhava due to its Sukshma, ushna, arukshya, vyavahi clears minute channels, help in ama pachan. Erandmuladi Niruha basti is deepan and lekhanin nature which helps in pacifying kapha and reduce symptoms like heaviness and stiffness. Erand which is the main content of erandmuladi niruha basti possess anti – inflammatory, anti-oxydant, analgesic and bone regeneration properties.

CONCLUSION

Amavata is one among the most prevalent disease in the present era. And it is changing issue for medical science.

The above administered treatment protocol included drugs were tolerated by the patient and improved the range of movement. Thus, panchakarma procedures along with internal medicines should encouraging results in this case of RA.

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