

## A CASE REPORT ON AYURVEDIC MANAGEMENT OF AMAVATA

\*<sup>1</sup>Dr. Sneha Gutkar, <sup>2</sup>Dr. Sandeep Bhagat, Dr. Rukmani Sharma<sup>1</sup>Associate Professor, Babe Ke Ayurvedic Medical College and Hospital Moga.<sup>2</sup>Medical Officer Ayush.<sup>3</sup>Assistant Professor, Roga Nidana SKSS College Sarabha.Article Received on  
21 October 2021,Revised on 11 Nov. 2021,  
Accepted on 01 Dec. 2021,

DOI: 10.20959/wjpr202114-23025

**\*Corresponding Author****Sneha Gutkar**Associate Professor, Babe Ke  
Ayurvedic Medical College  
and Hospital Moga.**ABSTRACT**

*Amavata* is a disease caused due to the vitiation or aggravation of *Vata* associated with *Ama*. The *Ama* is carried by the aggravated *Vata* and deposited in *Sleshmasthanas* (Seats of biophysical force, *kapha* like joints etc.) producing features like *Angamarda* (body ache), *Aruchi* (loss of appetite), *Alasya* (weakness), *Sandhiruk* (joint pain), *Sandhisopha* (joint swelling) etc. *Amavata* is a chronic auto immune, inflammatory, systemic disorder mainly affecting synovial joints. The *Ama* when combines with vitiated *Vata Dosha* and occupies in *Sleshmasthanas* i.e., joints result in painful disease. Clinical features of

*Amavata* resembles with Rheumatoid arthritis. Rheumatoid Arthritis is an autoimmune disease causing a chronic symmetrical polyarthritis with systemic involvement. The management in Modern science includes the use of NSAID's (Nonsteroidal anti-inflammatory Drugs), Glucocorticoids, DMARD's (Disease Modifying Ant rheumatic Drugs), immunosuppression therapies, long term use of which leads to many side effects. *Ayurveda* treats it in a natural way without any side effects. *Acharya Chakradatta* mentioned *Chikitsa Siddhanta* for management of *Amavata*, which consists *Langhana*, *Swedana*, and use of drugs having *Tikta*, *Katu Rasa* and *Deepana* property, *Virechana*, *Snehapana* and *Vasti*. These modalities help in *Amapachana*, *Vatashamana*, *Strotoshodhana* and *Sthana Balya*. By using this *Chikitsa Siddhanta* a case of *Amavata* was successfully treated.

**KEYWORDS:** *Amavata*, *Ama*, Rheumatoid Arthritis, *Shamana Chikitsa*.**INTRODUCTION**

*Amavata*<sup>[1]</sup> is a condition where simultaneously aggravated *vata* and *Ama* are associated with each other. This *Ama* settles in *trika sandhi*<sup>[2]</sup> characterized by immense pain in joints with

inflammation, fever and ultimately stiffness of the joints, causing the temporary or permanent disability of joints. It is mainly produced due to *Ama* and vitiation of *Vata Dosha*. The *Ama* is carried by the aggravated *Vata* and deposited in *Sleshmasthanas* (Seats of *kapha* like joints etc.) Producing features like *Angamarda* (body ache), *Aruchi* (loss of appetite), *Alasya* (weakness), *Sandhiruk* (joint pain), *Sandhishotha* (joint swelling).<sup>[3]</sup>

*Amavata* is a disease of *Madhyama Rogamarga* hence it is said to be *Krichrasadhya* or *Yapya*. According to the clinical features *Amavata* very closely resembles with the Rheumatoid arthritis. Rheumatoid arthritis is a chronic, progressive autoimmune arthropathy and characterized by bilateral symmetrical involvement of joints with some systemic clinical features.<sup>[4]</sup> Treatment in modern medicine has limitations due to their side effects. The prevalence of RA is ~0.8% of the population (range 0.3–2.1%); women are affected approximate three times more often than men. The prevalence increases with age and sex differences diminish in the older age group. The onset is most frequent during the fourth and fifth decades of life, with 80% of all patients developing the disease between the ages of 35 and 50.<sup>[5]</sup>

*Chakradutta*<sup>[6]</sup> have given emphasis on a therapeutic programme that includes *langhana*, *ama pachana*, *virechana*, *snehapana* and *kshara basti* and *vaitarana basti*.<sup>[7]</sup> Ayurveda through its holistic, multimodal approach and in particular through *shamana aushadhi* and *panchkarma* therapy helps to prevent and cure *Amavata*. *Baluka Swedana*, *langhana*, *deepana pachana* etc are indicated in *Amavata*. Present study reveals that *Amavata* can be managed successfully with Ayurveda i.e., *Baluka Swedana*, and *Vaitrana Basti*. It helped in minimizing the pain and stiffness and helped in restoring quality in life of *Amavata* patients.

## CASE REPORT

A 65 years female patient came to the OPD of Govt Ayurvedic College and Hospital, Akhnoor with complaints of pain and swelling in multiple joints since 6 years. Morning stiffness in multiple joints since 5 years. It was also associated with generalized weakness, loss of appetite and enthusiasm. According to patient, she was asymptomatic 6 years before. Then she suddenly experienced pain and stiffness in metacarpals joints of hand. Slowly pain was experienced in bilateral ankle joints, shoulder joints, metatarsal joints and knee joints. As per patient she had taken Allopathic medicines (steroids, analgesics etc) but did not get relief so have come for Ayurveda treatment. No history of any addiction was found. No personal and family history of any major systemic illness was present. According to patient she has

history of *Dewaswapna* (day sleep), *Bhojanottara Vyayama* i.e., (household working after taking heavy meals).

### CLINICAL FINDINGS

On physical examinations patient was febrile with body temperature 100 °F with Blood Pressure - 100/80 mm of Hg, Pulse rate - 72/minute, R.R.- 18/minute. On Systemic examination no abnormality was found in respiratory, cardiovascular and central nervous system activity. It was a diagnosed case of Rheumatoid Arthritis. On examination patient was anxious and irritated due to intolerable pain. She had disturbed sleep and *Vishmaghi* (unstable digestive functions). Local raise of temperature on multiple joints was noticed along with tenderness in multiple joints. Tongue was coated associated with loss of appetite. The patient was *Vata Kapha Prakruti*, having *Madyam Koshtha* and *Madyam Bala*. *Rasavaha*, *Raktavaha*, *Manovahasrotas*, *Srotodushti Lakshanas* were observed. On local examination local raise of temperature was present in multiple joints. Tenderness was present. Swelling was present in metacarpals joints.

### THERAPEUTIC INTERVENTION

After taking proper history treatment of patient was planned accordingly as *Bahya* treatment with *Baluka Swedana* along with *Abhyantara Chikitsa* with *Simhanadh Guggulu* 500mg twice daily, *Rasnasaptak Kwath* 15ML thrice daily. Duration of treatment was 1 month with followup after 15 days.

### CHIKITSA

*Aamapachana* – *shunti kashaya* 50 ml BD half hour before meal for 5 days

*Sarvanga Baluka sweda*<sup>[8]</sup> twice daily

*Shamana aushadhi*:

*Rasnasaptaka kashaya*<sup>[9]</sup> 15 ml TDS

*Tab Simhanadh guggulu*<sup>[10]</sup> 1 BD

### RESULTS

Sr.no	symptoms	BT	Follow up (15 <sup>th</sup> day)	AT
1	Pain	3	2	0
2	Swelling	3	2	0
3	Morning Stiffness	3	2	0
4	Fever	2	0	0
5	Difficulty in walking	3	2	1

## DISCUSSION

*Chakradatta* was the first, who described the *Chikitsa Siddhant for Amavata*. It includes *Langhana*, *Swedana*, drugs having *Tikta*, *Katu Rasa* and *Deepana* action, *Virechana*, *Snehapana* and *Anuvasana* as well as *Ksharabasti*. *Yogaratanakara* have added *Upanaha* without *Snehana* to these therapeutic measures. *Amavata* is mainly caused due to vitiation of *Vata Dosha* and formation of *Ama*. *Mandagni* is the main cause of *Ama* production. In *Yogaratanakara* *Langhana* has been mentioned to be the best measure for the treatment of *Ama*. *Langhana* in the form of *Laghu Ahara* was advised to the patient. *Amavata* is considered to be an *Amasayotha vyadhi* and *Rasaja Vikara*. *Langhana* is the first line of treatment in such conditions. *Swedana* have been specially indicated in the presence of *Stambha*, *Gaurava* and *Shula*.<sup>[11]</sup> In *Amavata*, *Rukshasweda* has been advocated in the form of *Balukapottali* due to the presence of *Ama*. It helps in pacifying vitiated *Vata Dosha* thus leads to relieve pain and stiffness.

*Simhanadh Guggulu* has *Laghu*, *Ruksha*, *Ushna*, *Tikshna* properties.<sup>[12]</sup> Majority drugs of *Simhanadh Guggulu* have *Deepana* (enzyme activating), *Ama-Pachana* (biotoxin neutralizing), *Shothaghna* (oedema reducing), *Shoolghna* (analgesic), *Jwaraghna* (antipyretic), *Balya* (energy enhancing) and *Amavatahara* (anti-rheumatic) properties. It enhances the *Agni-Bala* (digestive and metabolic capacity), alleviates the *Ama* (biotoxins) and prevents the further *Ama* (biotoxins) formation into the body. This reduces the clinical manifestations of *Amavata* (Rheumatoid arthritis) and helps in breaking the *Samprapti* (pathogenesis) of *Amavata*.

*Rasnasaptaka Kwath* has *Amapachana*, *Deepana*, *Vatahara* and *Shulaghna* properties which help in breaking *Samprapti* and relieving symptoms of *Amavata*. It is very effective in management of *Vata Vikara*. It is anti-oxidant and also detoxifies body.

## CONCLUSION

From this case study it can be concluded that *Amavata* can be effectively and safely treated by using *Chikitsa Siddhant* described by *Acharya Chakradatta*. But this is a single case study hence to prove its efficacy there is a need to conduct a study on large number of patients.

## REFERENCES

1. Tripathi B, editor. *Madhav Nidana of Madhavkar*, Vol. 1, Ch. 25, Ver. 1-5. Reprint Ed. Varanasi: Chaukhabha Sanskrit Sanshtan; 2006. p. 571.

2. Madhavakara, Madhavanidhana with Madhukosh commentary Vijaya rakshita and Srikantadatta, Chaukambha orientalia Editor Vaidya Yadavji Trikamji Acharya, Varanasi, 6th Edition 2001, Page No. 186.
3. Madhavakara, Madhavanidhana with Madhukosh commentary Vijaya rakshita and Srikantadatta, Chaukambha orientalia Editor Vaidya Yadavji Trikamji Acharya, Varanasi, 6th Edition 2010, Page No. 571577.
4. Shah Ankur, E.William St. Clair, Harrison's Principles of Internal Medicine Volume 2, 18th Edition, Page No. 2739.
5. Churchill Livingstone, Davidson's Principle and Practice of Medicine. 19th ed.: Elsevier Publication; 2002. Page no. 1002–7.
6. Chakrapanidatta, Chakradatta, Dr. Indradeva Tripathi, Editor Ramanath Dwivedy, Chaukambha Sanskrit Sanstana; Varanasi, 2010, P. No. 454-55.
7. Vangasena Samhita, Jain Sahankarlal ji Vaidya, Vangsen samhita of vangasen, Basti karmadhikara Adhyaya P. No. 186-190, Khemnath, Shrikrishnadas Publishers, Mumbai 1999-2000.
8. chakrapanidatta, Chakradatta, Dr. Indradeva Tripathi, Editor Ramanath Dwivedy, Chaukambha Sanskrit Sanstana; Varanasi, 2010, P. No. 454-55.
9. Chakrapanidatta, Chakradatta, Dr. Indradeva Tripathi, Editor Ramanath Dwivedy, Chaukambha Sanskrit Sanstana; Varanasi, 2010, P. No. 454-55.
10. Nair P. Ramchandra, Vijayan N.P., Madhvikutti P. clinical evaluation of V.H.V. and Simhanad Guggulu in Amavata (Rheumatoid arthritis) and Clinical research in certain chronic disease. 1-2. XIII. Delhi: CCRAS publication; 1991. J. R. A. S. pp. 1–13. (2001), p 206.
11. Tripathi Ravidatta, Charaka samhita with Vidyamanorama Hindi commentary, Chaukhamba Sanskrit Pratishthan, Delhi, 2009. Su 22/11 (Page no. 309)
12. Das Govinda, Bhaishajya Ratnavali, Hindi commentary by Ambikadatta Shastri, Chaukhamba Prakashana, Varanasi, Edition 2014, Amavata chikitsa, 29/181-189, (Page no. 628)