



AYURVEDIC MANAGEMENT OF AMAVATA-A CASE REPORT

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ABSTRACT:

Amavata is the prime disease which makes the person crippled and unfit for independent life. *Amavata* word is composed of two words *Ama* and *Vata*, the condition which is caused by accumulation of *Ama* and *Vata*. In terms of medicine *Ama* refers to the events that follow and the factors that arise because of impaired functioning of 'Agni' whereas in literal terms the word "Ama" means unripe, immature, and undigested. This 'Ama' is then carried by 'Vayu' and travels throughout the body and accumulates in the joints, at the weaker sites (*Khavaigunya*) and *Amavata* occurs. In *Amavata*, *Vata* is dominant *Dosha* and *Ama* is the chief pathogenic factor. In present study *Virechana Karma* and *Basti Karma* are selected as *Shodhana Chikitsa*. The pathogenesis of *Amavata* starts from gastrointestinal tract. The generation of *Ama* takes place in gastrointestinal tract and further proceeds to deeper pathological roots with special inclination to the seats of *kaphadosha* especially *sandhi*. The case reported here with the informed patient's regression in the condition with no signs of relapse. The patient showed good response in short span of time and could completely stop the use of allopathic medicines. The scope of Ayurvedic approach to address such Rheumatoid arthritis a disease is discussed in this paper. The employed treatments were noninvasive and cost effective, purely based on the principles of Ayurveda.

Keywords: *Amavata, virechana, ksharavasti, Rheumatoid arthritis, Rookshanchikitsa*

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INTRODUCTION

Vata is the chief functional operator of all types of bodily movements. All type of movements whether voluntary or involuntary are possible only under the influence of *Vata Dosha* (airy element). The symptoms like pain, stiffness, and restricted movements in *Amavata* (rheumatoid arthritis) are due to the vitiation of *VataDosha*. Thus, the predominance of *Vata Dosha* in causation of *Amavata* is very well understood. *Acharya Sushruta* has emphasized that the simple baseline of treatment is to exclude the *Nidana*. It is rightly said 'Prevention is better than cure. Hence the knowledge about *Nidana* (etiological factors) is very essential to provide proper guidance for therapy as well as in the prevention of the disease.

[1] As far as *Nidana* of *Amavata* is concerned *Ama* and *Vata*, which are two major factors responsible for *Amavata*, get vitiated by their own respective *Nidana* (causative factor). Therefore, the causative factors of these both i.e., of *Ama* (undigested form) and *Vata* may also be considered to be the etiological factor of the *Amavata*. *Bhavamishra* has indicated it or *Vatavyadhis*, *Asthi-Majja-Sandhi* and *Snayugata Vata*[2] Ayurveda considers *agnimandya* (not properly digested) as the root cause of all ailments. *Agnimandya* is chief actor responsible or the formation of *Ama*,

which is main pathological entity o the disease. The causative factor for both vitiation of *Vata* and formation of *Ama* are responsible or the manifestation of disease. It is a *Madhyamarogamarga* (middle disease pathway) with *Chirakari Swabhava*[3] Due to their similar mode o presentation the term *Amavata* can be broadly grouped under heading of Rheumatoid Arthritis. In the early stage of the Rheumatoid Arthritis the most obvious histological changes are confined to the synovial microvasculature. Initially synovial membrane becomes grossly edematous, thickened, and hyperplastic, transforming its smooth contour to one covered by delicate and bulbous fronds. Inflammation in the tendons, ligaments and occasionally the adjacent skeletal muscle frequently accompanies the arthritis. General management includes *Langhana*(lightness), *Swedana*(sudation therapy), Drugs having *Deepana*(carminative)action, *Virechana* (purgation therapy), *Snehapana* (internal administration of medicated ghee), and *Anuvasana*(oil enema)as well as *Ksharavasti*(medicated enema with *kashayam*)^[3]. The case reported here with the informed consent of the patient showed significant regression in the condition with no signs of relapse. The patient showed good response in short span of time and could

completely stop the use of allopathy medicines. The scope of Ayurvedic approach to address such a disease is discussed in this paper. The employed treatments were noninvasive and cost effective, purely based on the principles of *Ayurveda*. There was considerable relief in the symptoms after the medications and *valuka swed, kshara vasti* and *virechan after snehapana*

CASE REPORT

A 50 year-old female patient visited Opd(No.2107317) dated 15/6/2021 of Panchakarma, sumandep Ayurvedic College And hospital piparia Gujarat, having complaints of pain, swelling and stiffness in multiple joints since 3years. Patient was apparently normal 1year back then she started noticing pain and swelling in left ankle joint and middle finger of upper arm. Gradually the pain increased and by the course of time other joints were also affected. She took various allopathic treatment for the same but got only temporary relief. Again, gradually she developed severe pain and stiffness in on bilateral ankle joints and forefingers. The pain was associated with morning stiffness which lasts more than half an hour .with these complaints she got admitted in present hospital.

Examination

a. Clinical examination

Dashavidha pariksha

Prakriti: Vata, pittaja

Vikriti: Vatapradhanatridoshaja

Sara: Madhyama

Samhana :madhyama

Ahara Shakti: Avara

Abhyarana Shakti:Avara

Jarana Shakti: Avara

Vyayam Shakti Avara

Satva :Madhyam

Satyama :Madhyam

Bala:Avara

Astavidha Pariksha

Nadi :VataKaphapradhana,

Jihva: Sama

Mala: Saam, Baddha.

Mutra: Bahumutrata

Sabda: Kshama, Kala

Sparsa :Ruksha

Drika :Samanya

Akriti :Samany

b. General examination vitals

Vitals o patient were within normal limits.

C. Systemic examination

No abnormality was detected in CNS, CVS, and Respiratory system.

O/I-In musculoskeletal system-swelling was present on bilateral part of ankle joint and middle finger with mild decrease ROM-Painful movement of left ankle region

o/p-tenderness was observed in joints of hands and ankle joints,

Deformity of joints- Nil

d. Blood investigation

RA-Positive

Hb-9g/dl

ESR-54mm/hr

CRP-Positive

Other investigation were within the normal limits

e. Diagnosis: Amavata

Based on the manifested symptoms, investigation and clinical findings the case was diagnosed as *Amavata*



Therapeutic Intervention

The interventions were done after ascertaining the *doṣa* involved. It was elicited based on the presenting complaints like pain, morning stiffness. The mentioned causative factors also suggest the vitiation of *vata* and *ama*. The

treatment was accomplished at two phases- *Śamana Cikitsa* (treatments aimed at mitigating the *doṣa*) and *Śodhana Cikitsa* (treatments for eliminating excessive morbid *doṣa*).

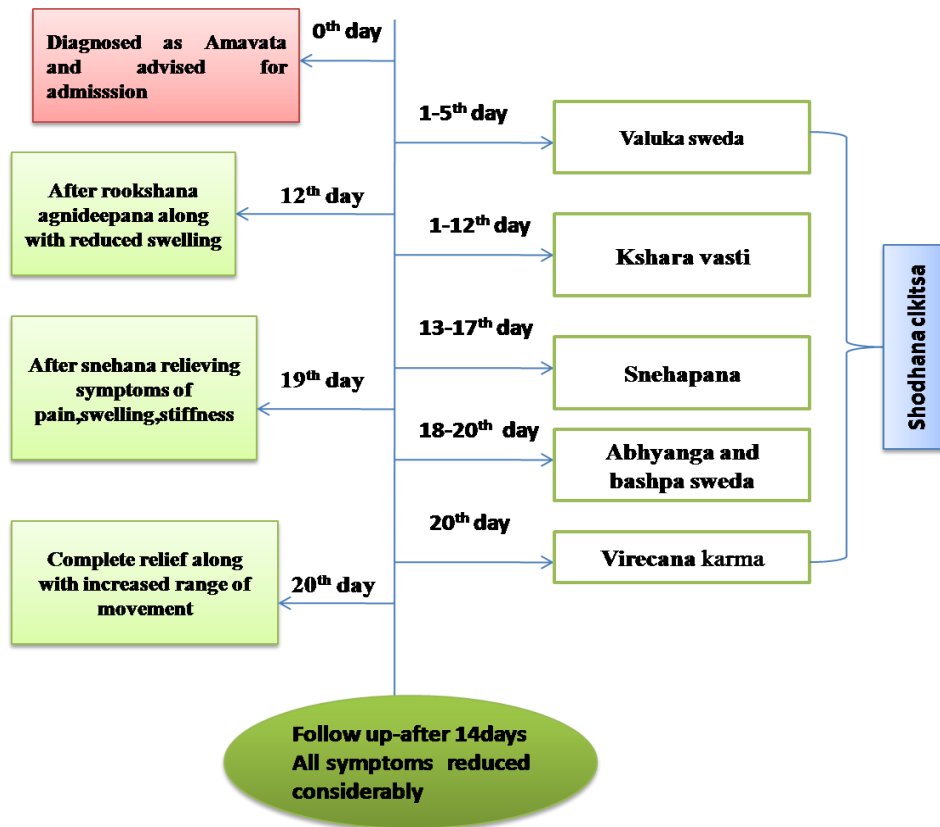


Figure 1; Timeline of case report

First phase of management – ŚamanaCikitsa

The internal and external medications given are listed in table 1. The patient was advised

to avoid curd, fish, black gram, brinjal, ladies finger, sour, spicy food, fried items, etc in the diet.

Table 1: First Phase of Management (ŚamanaCikitsa)

Sl.no	Formulation	Ingredients	Dose	Adjuvant	Duration
1	Rasnadikwath(decoction prepared out of herbs)	1.Alpinia galangal(L.)willd 2.Ricinuscommunis L. 3.zingiberofficinale Z. 4.AdathodavasicaNees. 5.CurcumazedoariaRosc. 6.Tragia involucrate L. 7.Strobilanthes ciliatusNees 8.Aconitum feroxWall.exSer 9.Cyperusrotundus L. 10.Tinosporacordifolia Wild. 11.Asparagus racemosus Wild	20ml of each kaṣāyamtogether twice daily on empty stomach	60 ml of boiled then cold water	0-14 th day

2	<i>Simhanadgugglu</i>	1. <i>Terminalia chebula</i> RETZ 2. <i>Embllica Officinalis</i> 3. <i>Bibhitaki Terminalibellerica</i> ROXB 4. sulphur 5. <i>Commiphora wightii</i> Arn 6. castor oil	2-0-2	<i>Nirgundipatraswaras</i>	0-14 th day
3	<i>Shunti churn</i>	<i>Zingiberofficinale</i> Z.	2-2-2	Warm water	0-5 th day
4	<i>Tab shallaki</i>	<i>Boswelliaserrata</i> (Al)	2-0-2	Warm water	0-14 th day

Second phase of management – Śodhana Chikitsa

Virecana (Purgation therapy) was planned for the purification of the body. As a part of pre

operative procedure *pācana* (carminative therapy) using *valuka*, oleation therapy (both internal and external) and sudation therapy were performed as listed in table 2.

Table 2: Second Phase of Management - Śodhana Chikitsa

Sl.No	Procedure	Formulation	Ingredients	Dose	Duration
1	<i>Valukasweda</i>	<i>Valuka</i>	<i>Valuka</i>	250 gram	1-5 th day
2	<i>Ksharavasti</i> (medicated enema)	<i>Kshara</i>	<i>Saindhav</i> (salt)-15g <i>Guda</i> (melted jaggery)-100g <i>Tail</i> (saindhavadi)-100ml <i>Amlika</i> (tamarind)-15g <i>Gomutra</i> (cow's urine)-400ml	600ml	6 th - 12 th day
3	<i>Snēhapāna</i> (internal administration of medicated ghee in increasing dose)	<i>Tiktakaghṛtam</i> (medicated ghee)	1. <i>Holopteleaintegrifolia</i> (Roxb) 2. <i>Cedrusdeodara</i> (ROXB) loud 3. <i>Aegle marmelos</i> (L) CORREA EX SCHULTZ 4. <i>Desmodium gangeticum</i> (L.) DC	Starting with 30ml on first day and increased up to 120ml on fifth day	13 th -17 th

				(final day)	
4	Abhyāṅga (whole body oil massage) and steam fomentation	Saindhavadhi tail ⁴¹ (medicated oil)	1.Croton tiglium Linn 2.Sodium chloride 3.Piper nigrum Linn 4. AzadirectaindicaA.Juss 5.Honey 6.Cow ghee	120ml/day	18 th -20 th
5	Virēcana (purgation therapy)	GandharvahasthadiEranda tail(saha)	1.Ricinus communis Linn 2.Holopteleaintegrifolia (Roxb). 3.plumbagoindica L. 4.zingiberofficinaleRosc. 5.Terminaliachebula(Retz.) 6.Boerhavia diffusa Linn 7.Tragia involucrate Linn 8.CurculigoorchiodesGaertn.	60ml with milk	20 th day

OBSERVATIONS AND RESULTS

Table :3 Assessment of sandhi shoola

Left			Right	
	BT	AT	BT	AT
KNEE JOINT	2	0	2	1
WRIST JOINT	1	0	1	0

Table :4 Assessment of sandhishotha

	left		Right	
	B/T	A/T	B/T	A/T
KNEE JOINT	2	0	2	1
WRIST JOINT	1	0	0	0

Table:5 Assessment of sparshaasahatva

	left		Right	
	B/T	A/T	B/T	A/T
KNEE JOINT	2	0	2	0
WRIST JOINT	1	0	0	0

Follow up and Outcomes

There was arrest in the progression of swelling during the first week followed by pain in the second week. There was marked relief in stiffness and swelling. Swelling reduced considerably after *valukasweda*. After *virēcana* there was complete relief in pain, morning stiffness and all other associated symptoms. Time line of case report shown in fig:1

DISCUSSION

In *Amavata*, *Vata* is dominant *Dosha* (primary elements) and *Ama* is the chief pathogenic factor. Ancient *Acharyas* of *Ayurveda* has described sequential employment of *Deepana* (carminative), *Pachana* (digesting), *Sodhana* and *Samana*

therapies in the management of *Amavata*. *Amavata* displays many features in common with a collection of signs and symptoms that are typically diagnosed as Rheumatoid Arthritis. The causes of Rheumatoid Arthritis is still the subject of same contention among pathologists, but most theories to date either advocate an autoimmune mechanism or an infectious agent. *Amavata* in a syndrome called *Vata vyadhi* a diverse group of symptoms that are organized according to the systemic and local manifestation of *Vata Dosh*. According to the *Charka's* description of *Vatavyadhi*, when *Vata* affects the *Asthi* (bones) there is painful swelling of the joints and immobility. The *Sushruta Samhita* adds that along with the inflammation, immobility and pain, the joints in *Vatavyadhi* disorders eventually become deformed. Much later *Chakradatta*, the explorer of *AmavataChikitsa*, says that *Langhana*, *Swedana*, *Tikta* (bitter), *Deepana* and *Katu* (acid) drugs, *Virechana*^[5], *Snehapana* and *Saindhavadi Anuvasana* as well as *KsharaBasti*^[6] are praised for *Amavata*. During the 20 days of treatment the patient had reported 80% improvement in her symptoms. The pain and swelling had considerably reduced. The patient was able to walk without pain after the treatment. The line of treatment was adopted in terms of *Samana* and *Sodhanacikitsa*. Prior to

Sodhanacikitsa. In *Samanachikitsa* medications given were *vatahara* in nature. It is an analgesic and anti-inflammatory property by various research scholars. It is very useful for treating the disease and also maintaining the health of the patients. The internal medicines helped in *mṛdu śodhana* (mild purification) as well as helped in *srotosodhana* (clearing the channels). The decoctions given were *vata kapha hara* in nature and had anti-inflammatory property. *Tinospora cordifolia* *Tragia involucrate* L., *Strobilanthes ciliatus* Nees. *Aconitum* [ferox Wall is known to have analgesic effect and proved useful in *vatavyadi*^[7]]. Potential medicinal properties of *Tinospora cordifolia* reported by scientific research include antipyretic^[8], anti-inflammatory^[9], antioxidant, anti-allergic^[10], anti-stress^[11], anti-leprotic^[12], hepato-protective and immuno-modulatory.^[13] The ideal management of *Amavata* is *virecana* and this could be achieved by use of *Gandharvahasthadi erand tail* which is indicated in conditions of *vatavyadhi*^[14]. Internal *Rasna* is a *ParamVedanaSthanapa* (reduce pain) drugs. All these must have resulted in the complete arrest in the progression which pacify both *Vata* and *Kaphadosha*. It has *Ashupaka* (property through which it acts quickly) at minute channels. *Shunthi* is

KaphavataShamak(pacify *kapha* and *vata*)drug and helps in digestion of *Ama* and improve the *Agni* as having *UshnaVirya*(hot potency), *Katu Rasa* and *Laghu*, *SnigdhaGuna*(unctuous). It provides relief from pain. Various studies show analgesic^[15], antispasmodic,^[16]antinociceptive^[17] and antiinflammatory^[18]activities of contents of *RasnadiKwath*. According to classics, *Shallaki* has potent *Vata-kaphahara* properties^[19],^[20]. The key constituents of *Shallaki* are volatile oil ,acid resin and gum. The triterpenoids are the active constituents and are collectively called boswellic acids. which is active against pain and inflammation by inhibiting leukotriene synthesis. In the management of *Amavata ruksha Sweda*^[21]has been advocated in the form of *Valukasweda*^[22]. *Swedana* is considered as prime in the *Cikitsa* of *Vatavyadis*^[23], due to its *Ushnaguna* (hot quality)overcomes the *Shitaguna* (cold quality)of *vata* , *shula*(pain) and *Stambha*(stiffness).*Swedana* like *sankara sweda*^[23]also helps in *amapachana* relieving *Sandhishula* (joint pain).So *valukaswedana* helps in cure signs and symptoms of *Amavata*^[24] .*Rukshasweda* helps in removing the obstruction caused by *vatakapha*^[25].along with that *ksarabasti* was also given for 7 days.Which is a type of *shodhanavasti*^[26].*Basti*

is advocated as an *ArdhaChikitsa*^[27] and best procedure to control vitiated *Vata Dosha*. In disease, *Amavata* along with *Vata*, *Ama* is also dominating causative factor. *Basti* enhances *Agni* also, which will remove the causative factor for disease process. *Basti* produce local beneficial effects also by removing *Anaha*(fullness of abdomen), *Antrkujana* and *Vibandha*(constipation).The principle behind was to do *amapachana* and bring *rookshana* in the body as a part of *langhanachikitsa*(et al aiswarya).treatment continued till attain *samyaklanghanalakshana*.

In second phase of management *sodhananga snehapana* was done with *Indhukanthamghrtam*,which was again *vatahara*(pacifying*vatadosha*) in nature^[28].For the purpose of *snēhapāna*, *Indhukantham ghrtam* was chosen, which was again *vata hara* (pacifying *vata doṣa*) in nature and which suggest the drugs present in the ghee may have some affinity towards the target organ. *snehapana* was given for 5days.*BrimhanaSnehais* recommended at this stage. *Snehapana* is started only after *niramalakshana* is achieved *snehapana* by its *doshautkleshana* (increasing the *dosa*) and *srotosodhana*(clearing the channels)effect separates the morbidities accumulated in the various minute channels of body *Doshas* and aids in their transportation from *Shakha* to

Kostha. So that they can be eliminated by *Shodhana* therapy. So after *snehapana* and *virechana* therapy was done with *Gandharvahasthadierand tail* [29] in which the ingredients are *vata hara* in nature. it is described to be the best or the treatment *Amavata*[30]. Generally, the *Pratilomagati* of *Vatadosha*[31] are conquered by *Virechana* therapy[32]. It helped in the removal of vitiated doṣa out of the body along with toxins at cellular level. Even though *avara śuddhi* (minimal purification) was attained, there was remarkable improvement in the patient. The diet restrictions advised include were spicy, salt, sour and fried food etc. Incompatible and unwholesome food habits can further aggravate the condition. There was considerable relief in the symptoms after the medications and treatment.

CONCLUSION

In this diagnosed case of *Amavata*, based on the *samprāpti* (pathogenesis), *vatahara* line of treatment was adopted. Both internal and external purification along with wholesome diet was found effective in doing the *samprāptivighaṭana* (breaking the *samprāpti*). We were able to stop all the allopathic medications which the patient was taking initially. The adopted treatment modalities helped in arresting the progression of the condition and complete relief in short span of

time. All other associated signs and symptoms resolved completely with no signs of relapse.

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