Management of Amavata - A Single Case Study

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Abstract: This article delves into the concept of Amavata, a condition in Ayurveda characterized by the interplay of Ama and Vata as the primary pathogenic factors. Positioned as a malady within the Madhyam Rogamarg, Amavata exhibits cardinal symptoms in Asthi and Sandhi, giving rise to complications such as Sandhishool, Sandhitsotha, and Sandhitgraaha. The clinical presentation resonates with contemporary interpretations of Rheumatoid Arthritis. Through a detailed case study involving a 38 - year - old female patient experiencing joint pain, morning stiffness, swelling in hand and wrist joints, and intermittent low - grade fever. Guided by the principles elucidated in Acharya Chakradatta’s Chiktisa Siddhanta for Amavata management, the treatment encompasses Langhana, Deepana - Pachana, Swedana, medications with Tikta, Katu Rasa, and Deepana properties, along with Snehana Swedan and Vasti. These therapeutic modalities aim at Aamapachana, Vatashamana, and Strotoshodhana. The presented case illustrates the successful management of Amavata, showcasing significant symptom improvement without observed complications or side effects. The therapy effectively mitigates the manifestations of Amavata.

Keywords: Amavata, Rheumatoid arthritis, Saman and Shodhan chikitsa, Rukha Sweda, Vaitran vasti

1. Introduction

In the contemporary era, characterized by modern lifestyles, unhealthy dietary patterns, relentless schedules, and heightened stress levels, there has been a notable surge in the incidence of Ama - related diseases. Among these, Amavata stands out as one of the most prevalent. Dating back to Ayurvedic texts, particularly Madhavkar in 700 A. D., Amavata has been identified as a distinct malady marked by chronic joint and body pain, accompanied by joint swelling and generalized symptoms. Amavata is a disease in which Ama with vitiated Vata Dosha, Emerging from the amalgamation of “Ama” and “Vata,” where Ama signifies the toxic effects of various systemic ailments, Amavata unfolds in Shleshmashthana (Asthisandhi), resulting in a painful disease. 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 principles guiding the management of Amavata in Ayurveda advocate for a comprehensive approach, including Langhan, Svedan, Tikta, Dipana, Katu, Virechana, Snehapana, and Vaitaran Basti. Additionally, the therapeutic efficacy of Vaitaran Basti, as emphasized by Chakrapani in Chakradatta, plays a pivotal role.

Unlike regular medicines that may have side effects and don't stop the disease from getting worse, Ayurvedic treatments are becoming more popular. This article talks about how Ayurveda can help manage pain in conditions like Amavata, which is similar to Rheumatoid Arthritis. As more people look for ways to ease the challenges of Amavata, Ayurvedic practices show promise in providing helpful and holistic solutions.

2. Case Report

A 38 - year - old male, employed as a teacher, presented at the Kayachikitsa OPD of Govt. Dhanwantari Ayurveda Hospital in Ujjain. He reported experiencing pain and swelling in both wrist joints and ankle joint for the past 6 months, with involvement of metacarpophalangeal joints. Additionally, he noted a loss of appetite persisting for 2 months and morning stiffness lasting more than 60 minutes for the same duration. The patient had been in good health until 6 months ago when he gradually developed pain and swelling in both wrist joints. Despite seeking allopathic treatment, he did not achieve satisfactory results. In search of further management, he sought assistance at our hospital. The patient has no history of diabetes, hypertension, or any other significant illnesses in the past.

Examination

Vitals of patient were within normal limits.

Systemic examination showed no any abnormal findings. Jivha – Sam, Mala – Not satisfactory Matra – Samyak, Nidra – Disturbed, Kshudha – Alpa

Local examination-

Swelling present on both wrist and ankle joint. Tenderness present on both wrist joint Local temperature – Raised Range of movement – Restricted and painful. Diagnosis - Clinical feature and blood report suggests that it is a case of Amavat In present case, RA test was positive with raised erythrocyte sedimentation rate (ESR).

Treatment given

1) Nidan Parivarjan - Avoidance of etiological factor
2) Shodhan Chikitsa - Vaitaran Basti for 30 days
3) Shamani chikitsa (Oral medicine)
4) **Bahi Parimarjan chikitsa** - Dashang Lepa (External application)

**Basti ingredient taken in following quantity**

*Saidhav* – 5 grams Til taila – 30 ml Amlika – 40 grams *Gud* (Melted jaggery) – 20 grams Fresh *gomutra* – 120 ml Total quantity – 210 ml

**Vaitaran Basti Requirement**

Mortar, Glycerin, syringe, Rubber catheter, Rubber gloves, Cotton swab, Measuring flask

**Preparation of basti**

1) The rock salt is taken in a mortar and added Til taila in it.
2) Mortaring is further continued
3) Melted jaggery and *Amlika kalka* added in it and mixed well

**Effect of the therapy**

**On subjective parameters**

<table>
<thead>
<tr>
<th>Assessment criteria</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>RA Factor</td>
<td>48 IU/ml</td>
<td>17 IU/ml</td>
</tr>
<tr>
<td>CRP</td>
<td>36 mg/dl</td>
<td>11 mg/dl</td>
</tr>
<tr>
<td>ESR</td>
<td>48 mm/hr</td>
<td>12 mm/hr</td>
</tr>
</tbody>
</table>

**On objective parameters**

<table>
<thead>
<tr>
<th>Assessment criteria</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain (Sandhisheel)</td>
<td>Grade 2</td>
<td>Grade 0</td>
</tr>
<tr>
<td>Morning Stiffness (Sandhijadyata)</td>
<td>Grade 3</td>
<td>Grade 1</td>
</tr>
<tr>
<td>Swelling (Sandhishotha)</td>
<td>Grade 3</td>
<td>Grade 0</td>
</tr>
<tr>
<td>Body ache (Angamarsha)</td>
<td>Grade 3</td>
<td>Grade 1</td>
</tr>
<tr>
<td>Anaesthesia (Aruchi)</td>
<td>Grade 2</td>
<td>Grade 0</td>
</tr>
<tr>
<td>Excessive thirst (Trishna)</td>
<td>Grade 1</td>
<td>Grade 0</td>
</tr>
<tr>
<td>Lethargy (Alasya)</td>
<td>Grade 3</td>
<td>Grade 1</td>
</tr>
<tr>
<td>Indigestion (Apaka)</td>
<td>Grade 4</td>
<td>Grade 1</td>
</tr>
<tr>
<td>Stiffness of body (Stambha)</td>
<td>Grade 3</td>
<td>Grade 1</td>
</tr>
<tr>
<td>Heaviness (Gourav)</td>
<td>Grade 2</td>
<td>Grade 1</td>
</tr>
<tr>
<td>Mrudu Iwara</td>
<td>Grade 1</td>
<td>Grade 0</td>
</tr>
</tbody>
</table>

3. **Discussion**

Amavata, primarily caused by the vitiation of *Vata Dosh* and the formation of *Ama*, is closely linked to *Mandagni*, the chief cause of *Ama* production. In *Yogaratnakara, Langhana* is highlighted as the most effective measure for treating *Ama*, recommending *Laghu Ahar* for the patient.

Amavata is categorized as an *Amasayotha vyadhi* and *Rasaja Vikara, Langhana*, characterized by *Laghu Ahar*, is the primary treatment approach in such conditions. *Swedana*, particularly *Rukshasveda* in the form of *Valukapottali*, is recommended in the presence of *Stambha, Gaurava*, and *Shala*.

Amavatari Ras Tablet is an ayurvedic composition with significant abilities to regulate *Vata, Pitta* and *Kapha*. Its
effects may include anti-ageing, pain relief, and antibacterial. It aids in reducing joint stiffness, oedema, and pain. Chitrakadi vati is a potent digestive stimulant. Simhamada Gaggul possesses Laghu, Raksha, Ushna, Tikshna properties, exhibiting Deepan, Ama - Pachan, Shothaghna, Shoolghna, Jwaraghna, Balya, and Amaavatara properties. It enhances Agni - Bala, alleviates Ama, and prevents further Ama formation, thereby reducing the clinical manifestations of Amaavata and disrupting its pathogenesis. Maharasnadi Kwath, with Amapachana, Deepana, Vatahara, and Shulaghna properties, contributes to breaking the pathogenesis and relieving symptoms of Amaavata. Together, these interventions showcase a comprehensive approach rooted in classical Ayurvedic texts, demonstrating their effectiveness in managing the complex manifestations of Amaavata, or Rheumatoid Arthritis.

4. Conclusion

In conclusion, based on the findings of this case study, it can be inferred that the outcomes following the treatment were promising. The application of Ayurvedic management, combining Panchakarma and Herbo-mineral drugs as outlined in classical texts, proved beneficial in providing substantial relief from the signs and symptoms of Amaavata (Rheumatoid Arthritis), ultimately enhancing the patient's quality of life. Therefore, adopting such an approach may be considered for the treatment of future cases involving Aama Vata.

References