

Management of *Amavata* - A Single Case Study

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Abstract: This article delves into the concept of *Aamavata*, a condition in Ayurveda characterized by the interplay of *Aama* and *Vata* as the primary pathogenic factors. Positioned as a malady within the *Madhyam Rogamarg*, *Aamavata* exhibits cardinal symptoms in *Asthi* and *Sandhi*, giving rise to complications such as *Sandhishool*, *Sandhisotha*, and *Sandhigraha*. 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 *Chikitsa Siddhanta* for *Aamavata* management, the treatment encompasses *Langhana*, *Deepana - Pachana*, *Swedana*, medications with *Tikta*, *Katu Rasa*, and *Deepana* properties, along with *Snehan Swedan*, and *Vasti*. These therapeutic modalities aim at *Amapachana*, *Vatashamana*, and *Strotoshodhana*. The presented case illustrates the successful management of *Aamavata*, showcasing significant symptom improvement without observed complications or side effects. The therapy effectively mitigates the manifestations of *Aamavata*.

Keywords: *Aamavata*, Rheumatoid arthritis, *Saman* and *Shodhan chikitsa*, *Ruksha 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 symptoms¹. *Amavata* is a disease in which *Ama* with vitiated *Vata* Dosh, ² Emerging from the amalgamation of "*Ama*" and "*Vata*," where *Ama* signifies the toxic effects of various systemic ailments, *Amavata* unfolds in *Shleshmasthan* (*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*³. Additionally, the therapeutic efficacy of *Vaitaran Basti*⁴, 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 month 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 *Mutra* – *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) *Shaman chikitsa* (Oral medicine)

Table 1: Shaman chikitsa

Sr. no.	Aaushadha	Matra	Kala	Anupan
1.	<i>Aamvatari Rasa</i> <i>Kamdudha Rasa</i> <i>Ajmodadi Chorna</i>	125 mg 125 mg 2 gm twice a day	Before Food	Warmed water
2.	<i>Chittrakadi Vati</i>	2 tab. twice a day	Before Food	Warmed water
3.	<i>Sinhanad Guggulu</i>	2 tab. twice a day	After food	Warmed water
4.	<i>Maharasnadi kwath</i>	20 ml twice a day	After food	Warmed water
5.	<i>Capsule Arnopen</i>	2 cap. twice a day	After food	Warmed water
6.	<i>Sunthi siddha kwath + erand tail</i>	20 ml kwath+ 10 ml taila	Once at before sleep	

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 Requirement⁵

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 jiggery and *Amlika kalka* added in it and mixed well

Effect of the therapy

On subjective parameters

4) Then added *Gomutra* and mixed well by triturating

Time, Duration and procedure of Basti

- 1) *Matra Basti* of 30 ml til taila and 30 ml of *Sanidhavadi taila* was introduced through anal canal in left lateral position in the afternoon immediately after taking any light food. It started from the first day of *basti* cycle and introduced after each 3 consecutive *vaitaran basti* to pacify the *vata dosha*.
- 2) *Vaitaran basti* in 210 ml quantity was introduced through anal canal in left lateral position in the early morning before taking some food.
- 3) Total time period for internal *basti* was 16 days.
- 4) Patient observed daily, a special case paper of *basti karma* of patient maintained.

Table 2

Assessment criteria	Before Treatment	After Treatment
RA Factor	48 IU/ml	17 IU/ml
CRP	36 mg/dl	11 mg/dl
ESR	48 mm/hr	12 mm/hr

On objective parameters

Table 3

Assessment criteria	Before treatment	After treatment Grade
Pain (<i>Sandhishool</i>)	Grade 2	Grade 0
Morning Stiffness (<i>Sandhijadyata</i>)	Grade 3	Grade 1
Swelling (<i>Sandhishotha</i>)	Grade 3	Grade 0
Body ache (<i>Angamarda</i>)	Grade 3	Grade 1
Anorexia (<i>Aruchi</i>)	Grade 2	Grade 0
Excessive thirst (<i>Trishna</i>)	Grade 1	Grade 0
Lethargy (<i>Alasya</i>)	Grade 3	Grade 1
Indigestion (<i>Apaka</i>)	Grade 4	Grade 1
Stiffness of body (<i>Stambha</i>)	Grade 3	Grade 1
Heaviness (<i>Gourav</i>)	Grade 2	Grade 1
Mradu Jwara	Grade 1	Grade 0

3. Discussion

Amavata, primarily caused by the vitiation of *Vata Dosha* 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 *Rukshasweda* in the form of *Valukapottali*, is recommended in the presence of *Stambha*, *Gaurava*, and *Shula*.

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. *Simhanada Guggul* possesses *Laghu*, *Ruksha*, *Ushna*, *Tikshna* properties, exhibiting *Deepan*, *Ama - Pachan*, *Shothaghna*, *Shoolghna*, *Jwaraghna*, *Balya*, and *Amavatahara* properties. It enhances *Agni - Bala*, alleviates *Ama*, and prevents further *Ama* formation, thereby reducing the clinical manifestations of *Amavata* and disrupting its pathogenesis. *Maharasnadi Kwath*, with *Amapachana*, *Deepana*, *Vatahara*, and *Shulaghna* properties, contributes to breaking the pathogenesis and relieving symptoms of *Amavata*. Together, these interventions showcase a comprehensive approach rooted in classical *Ayurvedic* texts, demonstrating their effectiveness in managing the complex manifestations of *Amavata*, 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 *Aamavata* (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

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