

**AYURVEDIC INTERVENTION IN THE MANAGEMENT OF
AMAVATA - A CASE STUDY****Dr. Sudhehi V. Acharya^{1*}, Dr. Niranjan Rao² and Dr. Padmakiran C.³**

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ABSTRACT

Amavata is one of the most crippling disease involving the joints. The main causative factor is mandagni which leads to the formation of Ama which gets provoked by morbid Vata dosha and mobilized to different kapha sthanas resulting in the formation of Amavata. Rheumatoid Arthritis (RA), a continual inflammatory, unfavourable and deforming symmetrical polyarthritis related with systemic involvement with symptoms such as pain, swelling, stiffness, fever, and general debility, closely resembles to that of Amavata. Ama and Vata has properties which are antagonist towards each other which poses a great challenge to the physician to treat the disease effectively. In the management of Amavata all the acharyas have described the sequential employment of Dipana, Amapachan, Shodhan, and Shaman therapies. In this study A 51 year old female patient with complaints of

Shoola, Shotha and Sthamba of the knee, wrist, ankle and metacarpophalangeal joints of both hands was reported in our hospital OPD. Considering the Lakshanas and the blood investigations, it was diagnosed as Amavata and treatment was planned which included agnichikitsa lepa, parisheka, manjishtadi kshara basti and shamanoushadi. The results did show a significant improvement in the symptoms of the patient and she was able to perform her routine work without any difficulty.

KEYWORDS: *Amavata, Ama, Ayurveda, Agnichikitsa Lepa, Manjistadi Kshara Basti, Parisheka, Rheumatoid Arthritis.*

INTRODUCTION

Amavata is first described as a separate disease in *Madhava Nidana*, where it is mentioned that Mandagni plays an important role in the manifestation of the disease. *Pratyatma Laksana* include *Gatrastabdhatata, Sandhishula, Sandhishotha, Sparshasahyata* associated with extra articular symptoms like *Angamarda* (body Pain), *Aruchi* (loss of taste), *Thrishna* (thirst), *Alasya*(lack of enthusiasm), *Gourava*(heaviness), *Klama*(tiredness without doing work), *Apaka*(indigestion) and *jawara*.^[1] *Amavata* has similarities to many arthritic disease but more closely mimics with the special variety of Rheumatologic disorders called rheumatoid arthritis, in accordance with their similarities on clinical features, like multiple joint pain, swelling, stiffness, fever, general debility. Rheumatoid arthritis is a chronic autoimmune inflammatory systemic condition that primarily affects synovial joints but can also cause extra-articular symptoms.^[2] This disease is chronic, debilitating and affects mostly in the middle aged group, 80 % of patients suffering with this disease in between the age of 35 to 50 years. Women are affected approximately 3 times more often than men. *Amavata* is caused due to the derangement of *Agni* i.e. mainly *jatharagni* and *dhatwagni* resulting in the production of *ama* and this *ama* circulates in the whole body by the vitiated *vata* and reaching *shleshma sthana* resulting in disease manifestation. Considering *ama* as the chief factor in pathogenesis of the disease, *Cakrapanidutta* has described the principles and line of treatment for *Amavata* which include *Langhana*(fasting), *Swedana*(sudation), use of drug of *Tikta* (bitter) and *Katu* (pungent) *Rasa, Deepana* drugs (stimulating hunger), *Virechana* (purgation therapy), *Anuvasana basti*(enema).^[3] Conventional medicines used in treatment of RA are NSAID's (Non-steroidal anti inflammatory drugs) which have adverse effects on GIT and DMARD's (Disease modifying anti-rheumatoid drugs) cause hepatic, renal and bone marrow suppression. Thus a treatment protocol based on these principles of Ayurveda was designed and administered to a patient of *Amavata* which is presented here as a case study.

MATERIALS AND METHODS

CASE REPORT

A female patient of age 51 years visited *Panchakarma* O.P.D at SDM college of ayurveda, Udupi with complaints of multiple joint pain associated with joint swelling and morning stiffness since 10 years.

History of present illness

A 51 years old female patient N/K/C/O diabetes or hypertension apparently healthy 10 years ago. She developed pain in the metacarpophalangeal joints of both hands. After few days, she had pain and mild swelling on bilateral wrist joints. Gradually she developed pain in bilateral ankle joints and knee joints. This was also associated with morning stiffness which lasted for about 1-2 hours and swelling over the joints. She was facing difficulty in performing her day to day activities due to pain. She was also suffering from generalised body aches, heaviness and decreased appetite for last 2 months. She had undergone allopathic treatment - but got only temporary relief. With these complaints, patient approached our hospital for further treatment.

Personal history - Appetite -Reduced.

Bowel-Hard stools, once in 1 or 2 days

Micturition-Normal

Sleep- Disturbed due to pain

EXAMINATION*Dashavidha Pariksha*

a. *Prakruti: Vata kapha.* b. *Vikruti: Dosha- Vatapradhana tridosha, Dooshya- Rasa, Ashti.* c. *Satwa: Madhyama.* d. *Sara: madhyama* e. *Samhanana: Madhyama* f. *Pramana: Madhyama* g. *Satmya: Sarva rasa* h. *Aharasakti: avara* i. *Vyayamasakti: Avara* j. *Vaya: 51 years.*

SYSTEMIC EXAMINATION

Central nervous system - Conscious, oriented, higher mental functions intact.

Cardiovascular system - S1 S2 heard, normal rhythm.

Respiratory system - Normal vesicular breath sounds heard, no added sounds.

Musculoskeletal examination**Inspection**

- Swelling – present over interphalangeal joints, both knee joints
- Redness – absent
- Difficulty in flexion and extension of interphalangeal, wrist and knee joints

Palpation

- Tenderness – present over the knee joints, wrist joints and interphalangeal joints.
- Temperature – local raise in temperature over knee joints.

Table no.1: Grading of pain (*sandhishoola*).

Sr.no	SEVERITY OF PAIN	GRADE
1	NO PAIN	0
2	MILD PAIN	1
3	MODERATE, BUT NO DIFFICULTY IN MOVEMENT	2
4	SEVERE, DIFFICULTY IN MOVEMENT	3

Table no.2: Grading of swelling (*sandhishotha*).

SL. NO	SEVERITY OF SWELLING	GRADE
1	No swelling	0
2	Slight swelling	1
3	Moderate swelling	2
4	Severe swelling	3

Table no. 3: Grading of tenderness (*sparshaasahtva*).

SL.NO	SEVERITY OF TENDERNESS	GRADE
1	No tenderness	0
2	Subjective experience of tenderness	1
3	Wincing of face on pressure	2
4	Wincing of face and withdrawal of the affected part on pressure	3

Table no.4: Investigations.

Haemoglobin	11.4gm%
ESR	138mm /hr
RA Factor	65.2 IU/ml – positive
C Reactive Protein	16.7 mg/L – positive
ASO titre	Negative
Serum uric acid	4.0 mg/dL

Treatment plan

Considering the detailed history, clinical examinations and and haematological investigations, patient was diagnosed with Amavata and following treatment protocol was planned.

Ingredients of Agnichikitsa lepa

Lashuna (*Allium sativum*), *Lavanga* (*Syzygium aromaticum*), *Maricha* (*Piper nigrum*), *Sarshapa* (*Brassica campestris*), *Haridra* (*Curucuma longa*). Leaves of the following- *Kshudra agnimantha* (*Clerodendrum phlemoidis*), *Vanatulasi* (*Ocimum basilicum*), *Nirgundi* (*Vitex nigundo*), *Papata* (*Pavetta indica*), *Bandha* (*Bradelta scandes*).

Tabel no.5: Ingredients of Manjishtadi kshara basti.

Ingredients	Quantity
<i>Madhu</i>	80 ml
<i>Saindhava</i>	5 grams
<i>Moorchita Tila taila</i>	60 ml
<i>Manjishtadi Kalka</i> (<i>Manjista -Rubia cordifolia</i>), (<i>Amalaki -Embllica officinalis</i> , <i>Vibitaki -Terminalia bellerica</i> , <i>Haritaki-Terminalia chebula</i>), (<i>Guduchi -Tinospora cordifolia</i>), (<i>Nimba Twak -Azadiracthta indica</i>), (<i>Shatha Pushpa -Pimpinella anisum</i>)	40 grams
<i>Manjishtadi Kwatha</i> (<i>Manjista -Rubia cordifolia</i>), (<i>Amalaki -Embllica officinalis</i> , <i>Vibitaki -Terminalia bellerica</i> , <i>Haritaki -Terminalia chebula</i>), (<i>Katuki -Picrorhiza kurrooa</i>), (<i>Daruharidra -Berberis aristata</i>), (<i>Guduchi -Tinospora cordifolia</i>), (<i>Nimbatwak -Azadiracthta indica</i>)	100 ml
<i>Gomutra</i>	100 ml
<i>Kanji</i>	100 ml
Total	480 ml

Ingredients of Matra basti - Brihat Saindhavadi Taila.

Saindhava Lavana(Rock salt), *Shreyasi* (*Scindapsus oofficinalis*), *Rasna* (*Pluchea lanceolata*),*Shatapushpa* (*Anethum sowa*), *Yavani* (*Trachyspermum ammi*), *Maricha* (*Piper nigrum*), *Shunti* (*Zingiber officinalis*), *Kusta* (*Saussurea lappa*), *Sauvarchala* (*Sochal salt*), *Vida* (*Vida salt*), *Ajamoda* (*Carum roxburghianum*), *Madhuka* (*Glycyrrhiza glabra*), *Jiraka* (*Cuminum cyminum*), *Pushpaka* (*Inula racemosa*), *Kana* (*Piper longum*), *Eranda Taila* (*Ricinus communis*), *Shatapushpa Ambu* (*Anethum sowa*), *Kanji* (*Fermented gruel*), *Mastu*.

Table no.6: Course of manjishtadi kshara basti – kaala basti.

Days	1	2	3	4	5	6	7	8
Morning		MKB	MKB	MKB	MKB	MKB	MKB	MB
Afternoon	MB	MB	MB	MB	MB	MB	MB	MB

Table no.7: Treatment schedule.

Ipd- from 5/4/2022 - 11/4/2022		
Procedure	Dose	Days
<i>Agnichikitsa lepa</i>	-	7 Days
<i>Dashamoola parisheka</i>	-	
<i>Manjishtadi kshara basti</i>	480ml	
<i>Matra basti</i>	60ml	
<i>Vatari rasa</i>	1 tid	
<i>Amrutottara kashaya</i>	15ml tid	
Discharge medicines – from 12/4/2022 - 10/7/2022		
<i>Vatari rasa</i>	2 tid	90 days
<i>Amrutottara kashaya</i>	15ml tid	

Ipd – from 11/7/2022 - 18/7/2022		
<i>Agnichikitsa lepa</i>	-	7 Days
<i>Dashamoola parisheka</i>	-	
<i>Manjishtadi kshara basti</i>	480ml	
<i>Matra basti</i>	60ml	
<i>Vyoshadi guggulu</i>	1 tid	
<i>Maharasnadi kwatha</i>	15ml tid	
Discharge medicines – from 19/7/2022 - 16/10/2022		
<i>Vyoshadi guggulu</i>	2 tid	90 days
<i>Maharasnadi kwatha</i>	15ml tid	
Opd visit on 17/10/2022		
<i>Vyoshadi guggulu</i>	1 tid	30 Days
<i>Maharasnadi kwatha</i>	15ml tid	

OBSERVATION AND RESULTS

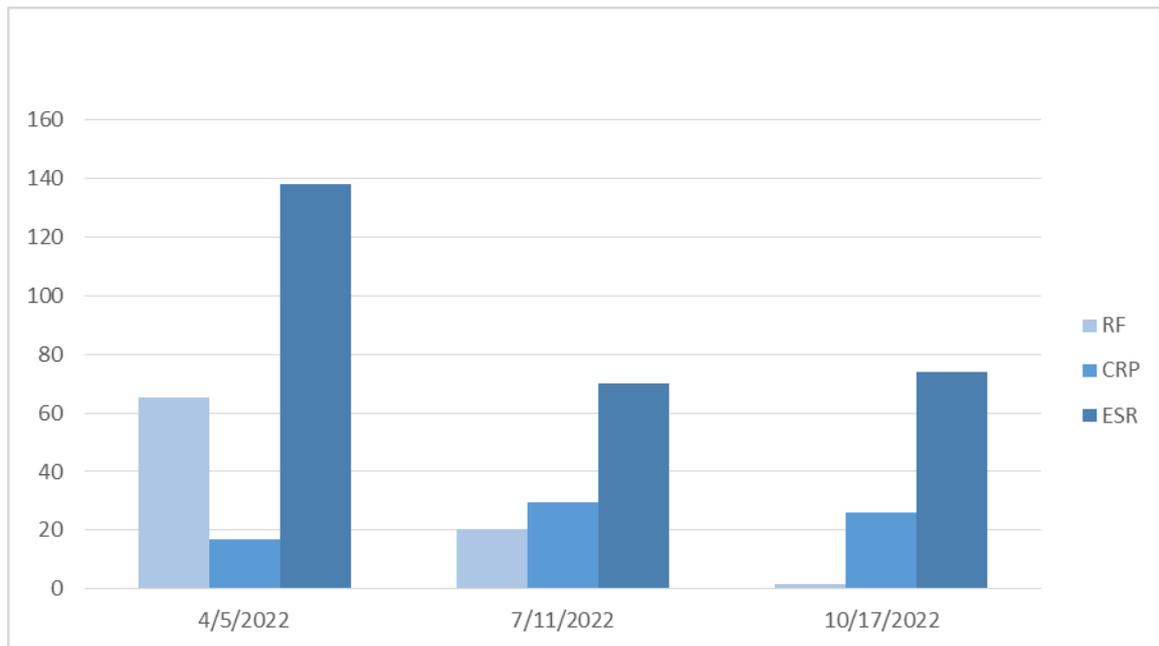
During the course of the treatment, there was marked decrease in the severity of symptoms like pain, swelling and morning stiffness and improvement in the appetite, generalized weakness and range of motion of the affected joints. Hematological investigations which were done at regular intervals also showed significant improvement which is shown in the table below.

Table no.8: Assessment of subjective parameters.

	Name of joint	Before treatment 5/4/22		After treatment 11/4/22		Before treatment 11/7/22		After treatment 18/7/22	
		L	R	L	R	L	R	L	R
<i>Sandhishoola</i>	<i>janusandhi</i>	3	2	2	1	2	2	1	1
	<i>Parvasandhi</i>	3	3	1	1	2	2	1	0
	<i>Manibandha</i>	2	1	0	0	1	1	0	0
<i>Sandhishotha</i>	<i>Gulphasandhi</i>	1	1	0	0	1	1	0	1
	<i>Janu sandhi</i>	3	2	1	0	2	2	1	1
	<i>Parvasandhi</i>	2	2	1	1	2	2	0	0
<i>Sparshaasahatva</i>	<i>Janu sandhi</i>	2	2	0	0	1	1	0	0
	<i>Manibandha</i>	1	1	0	0	1	1	0	0
	<i>Parvasandhi</i>	1	1	0	0	1	1	0	0

Table no.9: Hematological investigations.

Date	Rheumatoid factor (IU/ml)	C-reactive protein (mg/dL)	ESR (mm/hour)
05/04/2022	65.4- positive	16.7	138
11/07/2022	20.2 - positive	29.6	74
17/10/2022	1.6 - negative	26.2	70



DISCUSSION

The pathophysiology of *Amavata* is linked to *Ama* production due to *Mandagni*. This *Ama* gets provoked by morbid *Vata dosha* and mobilized to different *kapha sthanas* resulting in the formation of *Amavata*.^[4] The treatment's goal is to normalize the vitiated *Vata* dosa by tackling *Ama* through its metabolism (*Amapachana*). *Amavata* chikitsa described by chakradatta is dipan, tiktakatu ras, kshara basti, vaitaran basti, saindhavadi anuvasan basti and many yogas^[5] The medications utilised in the therapy procedure aid in controlling the disease's pathogenesis. On the action of *Basti*, *Vagabhata* says the *Virya* of *Basti* is conveyed to *Apana* and then to *Samana Vata*, which may regulate the function of *Agni*. It then goes to *Udana*, *Vyana*, and *Prana*, thus providing its efficacy all over the body.^[6] At the same time *Basti* by pacifying *Vata*, restores the disturbed *Kapha* and *Pitta* at their original seats and thus helps in breaking the pathogenesis. Thus the *Veerya* (active principle) of the ingredients used in the *Basti* gets absorbed and then, through the general circulation, reaches at the site of the lesion and relieves the disease. *Acharya Chakrapani* has mentioned *Kshara Basti* in *Niruha Basti Adhikara*. *Gomutra* along with other *Tikshna Dravya* are used in the preparation of *Kshar Basti* is effective in *Kapha Avruta Vata* condition. *Manjisthadi kshara basti* acts as a *Kaphapitta Shamaka*, *Raktaprasadana*, *Dipana*, *pachana*, *lekhana*. *Brihat saindavadi taila* is mainly having *kaphavatahara* property by virtue of its properties like *laghu*, *teekshna*, *Sukshma*, *vyavayi* and improves *agni* and the *taila* administered in *basti* helps to pacify morbid *vata* at its own site *pakwashaya*^[7] and helps in regular bowel movement. *Dashamoola Kashaya parisheka* being *saagni* and *dravasveda* helps in removing

sanga and does *vatanulomana* and it also possess *sthambhagna*, *shoolahara* properties. *Agni Chikitsa Lepa* with the drugs possessing *Ushna*, *Teekshna* and *Ruksha* properties helps in attaining *niramavastha* in the *shaka*. The drugs used for this process are having *Vedanasthapaka*, *Shothahara* and *Kaphavatahara* properties, which may relieve the cardinal symptoms of *Amavata*, i.e., joint inflammation, tenderness and stiffness due to their direct action at the *Sandhi*. Contents of *Vyoshadi Guggulu* have predominantly *Katu* (pungent), *Tikta* (bitter) *Rasa*, *Laghu*, *Ruksha*, *Teekshna Guna*, *Ushna Veerya* and *Katu Vipaka*. *Katu Rasa* decreases *ama* and stimulates the digestive fire and *tikta rasa* along with *Teekshna Guna* helps in correcting srotorodha. These *Guna* also activate the *Jatharagni* and *Dhatwagni* and maintain their normal physiological status. *Guggulu* is *shothara* and *vedanasthapak*. It also has antiarthritic properties, owing to the prevention of connective tissue disintegration, reduced capillary permeability. Drugs of *Vatari rasas*^[8] have *ushna veerya* and *katu vipaka*. Also, it has dominantly *Tikta*, *Katu*, and *Kashaya Rasa* which does *kaphavata shamana* and does *Amapachana* by the properties of *Laghu*, *Ruksha*, *Tikshna Guna*, *Katu*, *Tikta Rasa*, *Ushna Virya*, and *Katu Vipaka*, all of which acts against the *Guru*, *Snigdha*, *Pichhila*, etc. properties of *Ama*.

CONCLUSION

Ama and *Vata* has properties which are antagonist towards each other and involvement of *uthanadhatu* and *gambheradhatu* makes the treatment more complicated, because any measure adopted will principally oppose one another. In the *Sama* stage of *Amavata* one should plan the treatment which pacifies the *Vata* and does *pachana* of the *Ama* in local and at systemic level considering the strength of the patient. Also early diagnosis and appropriate intervention is key to prevent deformities. Hence there is necessity of a systematic treatment protocol based on the principles of Ayurveda and thus a combination of treatment was planned which apart from giving symptomatic relief to the patient also helps in breaking the pathogenesis and efficiently tackle the disease. The present case study shows clinically significant improvement in patient's subjective and objective metrics post treatment indicating the decrease in severity of the disease. Thus justifying the efficacy of *panchakarma* treatment along with *shamanoushadhi* in the management of *Amavata*.

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