

A SINGLE CASE STUDY OF TREATMENT OF AMAVATA BY AYURVEDA LANGHANA THERAPY

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ABSTRACT

Amavata was first described by *Madhavkara* in *Madhav Nidan*. *Amavata* is caused by impairment of *Agni*, formation of *Ama* and vitiation of *Vata Dosha*. It affects joints and has systemic involvement causing joint pain, swelling of joints, *Angamarda* (body pain), *Aruchi* (anorexia), *Guarava* (heaviness), morning stiffness, etc. The clinical presentation of *Amavata* has resemblance with Rheumatoid Arthritis. Rheumatoid Arthritis is a chronic, autoimmune, progressive disorder which affects bilateral joints and has systemic clinical features. The management in Modern Science includes NSAIDS (Non Steroidal Anti Inflammatory Drugs), DMARDS (Disease Modifying Anti- Rheumatic Drugs), Glucocorticoids which leads to serious side effects in long term use. *Ayurveda* treats the disease in natural way without any side effects. *Chakradatta* described the *Chikitsa Sutra* of *Amavata*. It includes *Langhana*, *Swedana*, *Dravya* having *Tikta – Katu rasa* and *Dipan* action, *Virechana*, *Snehapana*, *Anuvasana* and *Ksharbasti*. With treatment of *Dipan Pachan* principle, *Amavata* can be treated. This

helps in *Amapachan*, *Strotoshodhan*, *Vatanuloman* and helps to cure the disease. Here with the use of basic principle of *Langhan*, a case of *Amavata* is successfully treated and tried to present here.

KEYWORDS: *Amavata*, Rheumatoid Arthritis, *Ama*, *Langhana*, *Amapachan*, *Vatanuloman*, *Awastha*.

INTRODUCTION

Amavata is a disease caused due to formation of *Ama* and vitiation of *Vata*. This *Ama* is carried by vitiated *Vata* and gets deposited in *Shleshmasthanas* which causes symptoms like joint pain, swelling, morning stiffness, *Aruchi* (loss of appetite), *Angamarda* (body pain), *Alasya* (weakness), *Gaurava* (heaviness), etc.^[1] *Amavata* was first described by *Madhavkara* in *Madhav Nidan* containing etiology, pathology, signs and symptoms and complications of the disease whereas the treatment of *Amavata* was first described by *Acharya Chakradatta*. The clinical features of *Amavata* closely resembles with Rheumatoid Arthritis. Rheumatoid Arthritis is a chronic, inflammatory progressive autoimmune disease which primarily affects bilateral symmetrical joints with some systemic features. The prevalence rate of Rheumatoid Arthritis is 0.3 to 2.1 of the population.^[2] Women are affected 3 times more often than men. The onset is more frequent during the fourth and fifth decades of life with 80% of all patients developing the disease between the ages of 35 and 50.^[3] The treatment of Rheumatoid Arthritis in Modern Science is a palliative type, relieving the signs and symptoms. It has limitations for long term uses and having severe side effect. The treatment mainly includes NSAIDS (Nonsteroidal Anti- Inflammatory Drugs), DMARDS, corticosteroids, etc. They provide symptomatic relief but causes serious side effects such as gastro- intestinal upset, oral ulcerations, liver function abnormalities, bone erosions, etc.^[4]

Chakradatta described the *Chikitsa Siddhant* for *Amavata*. It includes *Langhana*, *Amapachan*, *Virechana*, *Snehapana*, *Ksharbasti* and *Vaitaran Basti*.^[5] Here a case of *Amavata* was treated by *Langhana Chikitsa* mentioned in the *Chikitsa Siddhant*. *Acharya Charak* described 10 types of *Langhana* which includes *Dipan – Pachan* type for *Madhyam Bala Roga*.^[6] In this case study *Langhana* in the form of *Dipan – Pachan* is advised to the patient.

CASE REPORT

A 45 years female patient came to OPD of *Kayachikitsa* Department with chief complaints of pain and swelling in left knee joint since 1 year, pain and swelling in both wrist joints since 8 months and morning stiffness for more than 2 hours since 6 months. She also had complaints of *Aruchi* (loss of appetite), *Alasya* (tiredness) and *Gaurava* (heaviness). She was taken to an Allopathic hospital. She took allopathic medicines such as Corticosteroids, includes NSAIDS (Nonsteroidal Anti- Inflammatory Drugs), etc but did not get any satisfactory results and for further management she came to SMBT Ayurved Hospital, Dhamangaon. There was no

history of Diabetes, Hypertension or any other major illness. No any history of addiction present.

AIM AND OBJECTIVE

To study the effect of *Langhana* Therapy in *Amavata*.

MATERIAL AND METHOD

Single case of *Amavata* disease visited to OPD of the hospital.

Relevant literature available in *Ayurveda* and Modern text books, and authentic internet sources.

General Examination

Local examination – Tenderness and swelling present on left knee joint and both wrists joints.

Movements were restricted and painful.

Vitals and systemic examination was within normal limits.

Investigations

ESR was raised – 32 mm/hr

WBC was raised – 12500 K/uL

Hb – 9.2 g/dl

RFT, LFT, Sr. uric acid was within normal limits

RA test – negative

Diagnosis- *Amavata* (Seronegative Rheumatoid Arthritis)

The diagnosis was made based on the symptoms described in the classics of *Ayurveda* and according to signs and symptoms of Rheumatoid Arthritis.

Principle of treatment

Acharya Chakradatta has described the *Chikitsa Siddhant* of *Amavata*. It includes *Langhana*, *Swedana* and drugs having *Tikta*, *Katu Rasa* with *Deepan* property, *Virechana*, *Snehapana* and *Basti*.^[7]

As in this patient, the symptoms and signs are suggestive of *Ama* dominance with *Agnimandya*, we have to do *Amapachan* first so *Langhana – Dipan Pachan* type of *Langhana* is prescribed for this patient and drug of choices are made accordingly.

Assessment Criteria**Grading for *Sandhishool* (pain)^[8]**

0	No Pain
1	Mild pain of bearable nature, comes occasionally
2	Moderate pain but no difficulty in movement of joint, appears frequently and requires some <i>Upashaya</i> measures for relief.
3	Slight difficulty in joint movements due to pain or severe pain requires medication and remain throughout the day.
4	More difficulty in moving the joints, pain is severe disturbing the sleep and requires strong analgesics

Grading for *Sandhishotha*^[9]

0	No swelling
1	Slight swelling, moves the joint without pain.
2	Moderate swelling, moves the joint with pain to full extent
3	Severe swelling, restricted / no movements.

Grading for Restriction of movements^[10]

0	No restriction
1	Restricted movements but person can perform daily routine
2	Patient cannot perform daily routine except his personal care
3	Patient can manage his/ her personal care only with help

Grading for *Aruchi*

0	Absent
1	Present

Treatment Plan

Sr. no.	Medicine	Dose	<i>Anupana</i>
1	<i>Simhanaad Guggul</i>	250 mg – 2 tablets Twice a day after meals	<i>Koshnajala</i>
2	<i>Agnitundi Vati</i>	250 mg – 2 tablets Twice a day after meals	<i>Koshnajala</i>
3	<i>Ajamodadi Churna</i>	3 gms Twice a day after meals	<i>Koshnajala</i>
4	<i>Tribhuvankirti Rasa</i>	125 mg – 2 tablets Twice a day after meals	<i>Koshnajala</i>
5	<i>Bhallatak Asava</i>	20 ml Twice a day after meals	<i>Koshnajala</i>
6	<i>Shuntiand Musta</i>	As required	<i>Koshnajala</i>

Duration – 15 days**Follow up** – 7th day

Pathya – Apathya (Do's and Don'ts)

	Pathya	Apathya
<i>Aaharaja</i>	<i>Ushnodaka</i> (warm water), <i>mudgayush</i> , <i>yava</i> (barley), <i>kulattha</i> , <i>raktashali</i> (rice), <i>ardrak</i> (ginger), <i>rasona</i> (garlic).	Fast food, spicy, oily foods, fish, curd, cold beverages, etc
<i>Viharaja</i>	<i>Vishranti</i> (rest), <i>Pranayam</i> , <i>yoga</i> .	Daytime sleeping, <i>vegavidharan</i> (suppression of natural urges), stress

OBSERVATION**Assessment of *Sandhishoola***

Name of joint	1 st Day	7 th Day	15 th Day
Left knee joint	3	2	1
Right wrist joint	3	1	0
Left wrist joint	3	1	0

Assessment of *Sandhishotha*

Name of joint	1 st Day	7 th Day	15 th Day
Left knee joint	2	1	1
Right wrist joint	2	1	0
Left wrist joint	1	0	0

Assessment for Restriction of movements

1 st Day	7 th Day	15 th Day
1	1	0

Assessment of *Aruchi*

1 st Day	7 th Day	15 th Day
1	0	0

DISCUSSION

Acharya Chakradatta described the *Chikitsa Siddhant* of *Amavata*. It includes *Langhana*, *Swedana*, *Dravya* having *Tikta- Katu rasa* and *Deepan* action, *Virechana*, *Snehapana*, *Anuvasana* and *Ksharbasti*.^[11] *Amavata* is caused due to *Mandagni* which leads to formation of *Ama*.^[12] Due to *Strotorodha* by *Ama*, there is vitiation of *Vata Dosha*. So for the treatment of *Amavata* disease, the treatment of *Ama* is advisable to reduce the *Strotorodha* without vitiation of *Vata Dosha*. *Ama* can be treated by *Apatarpan Chikitsa* as mentioned in *Charak Samhita*. The type of *Apatarpan Chikitsa* i.e. *Langhana – Pachan* which is indicated in *Madhyadosha Awastha*.^[13] *Charaka* has also described 10 types of *Langhana* in *Sutrasthana*, out of which one of the type is *Pachan* type of *Langhana* which is also indicated in

Madhyabala Roga.^[14] So considering the *Awastha* of the disease which is *Ama* predominance *Langhana* in the form of *Dipan Pachan* is indicated.

Simhanaad Guggul^[15]

In *Bhaishajya Ratnavali*, it is described that *Simhanaad Guggul* has its predominant action on *Amavata*. It is *Ushna* and has *Katu Rasa*. It has *Ushna Virya* which does the action of *Amapachan*. It has *Vedanasthapana* and *Shothahar* properties. *Simhanaad Guggul* has *Madhur Vipaka* which help to reduce the vitiation of *Vata Dosha*. The *Vatanuloman* action is achieved by *Eranda Sneha* in *Simhanaad Guggul*.

Ajamodadi Churna^[16]

In *Sharangdhar Samhita*, *Madhyam Khanda*, it is described as “*Amavata Rujamhanti*” action is achieved by *Ajamodadi Churna*. The contents such as *Ajamoda*, *Vidanga*, *Pippali*, *Chitraka* has *Katu – Tikta rasa*, *Katu Vipaka*, *Ushna Virya* and *Dipan Pachan* properties which enhances *Agni* and restricts the further formation of *Ama*.

Tribhuvankirti Rasa^[17]

Tribhuvankirti Rasa is described in *Jwararogadhikar* in *Amavastha*. It has *Katu rasa*, *Madhur Vipaka*, *Ushna Virya* and properties of *Deepan Pachan* which acts as *Amapachan*, *Shothahar* and *Vedanasthapana*.

Agnitundi Vati^[18]

Agnitundi Vati has *Katu– Tikta Rasa*, *Katu Vipaka* and *Ushna Virya* which does the action of *Amapachan*. It reduces *Strotorodha* and increases *Jatharagni* and helps to reduce the symptoms of *Agnimandya* and *Strotorodha* like pain, swelling, stiffness, *Apaka*, *Angamarda*, *Aruchi*, *Gaurav*, etc.

BhallatakAsava^[19]

Bhallatak itself is a drug which is prominent in *Ushna Virya*, *Katu Vipaka*, *Katu rasa*. Also the *Kalpana* – ‘*Asava*’ used here is prescribed in small quantity of dose which helps to increase *Agni*. As it is *Ushna Virya Kalpana* it further decreases *Ama* and *Strotorodha* and prevents vitiation of *Vata* reducing the symptoms of pain and swelling.

Shunthi and Musta Fanta^[20]

Shunthi and *Musta Fanta* being *Tikta Katu rasa* and having *karma* of *Amapachan*, *Dipan* and *Vatashamak* enhances *Agni*.

Mode of Action of Treatment Drugs

The mode of action of all these drugs is *Agnidipan* which thereby helps in *Amapachan* and decreases *Strotorodha* which leads to *Vatanuloman*. Together *Amapachan* and *Vatanuloman* decreases the symptoms of pain and swelling, stiffness and increases appetite and hence *Amavata* can be successfully treated.

CONCLUSION

From this case study it can be concluded that *Amavata* can be effectively treated by considering the *Awastha* of the disease. Here in this case the *Awastha* was *Ama* predominance which was effectively treated with *Langhana – Pachana* giving the patient symptomatic relief and improvement in lifestyle with short duration of time.

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