

“MANAGEMENT OF AMAVATA WITH AYURVEDIC FORMULATION: A CASE STUDY”

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ABSTRACT:

According to Ayurveda, Agni plays a remarkable characteristic in maintaining the equilibrium of the body, the impairment of which finally ends up withinside the formation of Ama. So, any elements both dietary, environmental or mental which reasons impairment of Agni turn out to be answerable for the formation of Ama also. The Ama is a causative thing for lots ailments such as Amavata¹. Amavata is precipitated on the equal time because the Ama with assist of Vata actions quick and get lodged in Dhamanis and in Kaphasthanas especially Sandhi's². Current case study is carried out at Shri Ayurved Mahavidyalaya Nagpur to evaluate the efficacy of Ayurvedic treatment. A 40 year, female came to O.P.D of Kayachikitsa with chief complaints of Sandhishula at both Hastanguliparvasandhi, Manibandhsandhi, Karpursandhi, Padanguliparvasandhi, Gulf sandhi, Janu sandhi (pain in both Interphalangeal joints of hand, wrist joint, elbow joint, Interphalangeal joints of feet, ankle joint and Knee joint), Sandhishoth at both Hastanguliparvasandhi, Manibandhsandhi, Karpursandhi, Padanguliparvasandhi, Gulf sandhi, Janu sandhi (pain in both Interphalangeal joints of hand, wrist joint, elbow joint, interphalangeal joints of feet, ankle joint and Knee joint.), Angamarda (body ache), Agni Mandya (loss of digestive fire), Aalasya (lethargy) and Apaka (Indigestion). So, she had taken Ayurvedic treatment for 42 days which include Shodhana, Shamana Chikitsa. Clinical signs have been appreciably reduced. The response to this treatment was recorded and therapeutic effect were evaluated through symptomatic relief.

KEY WORDS:- Agni, Amavata, Ama, Shodhana, Shamana Chikitsa.

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INTRODUCTION

The disease Amavata is first described by Acharya Madhavakara in Madhavanidana. Ayurvedic control of Amavata contains of Langhana, Swedana, and use of katu, tikta Dravya, Deepana, Virechana, Snehapana and Basti, giving earlier significance to the causative factor Ama³. While the modern treatment goal focuses on suppressing the inflammation and controlling symptoms, using DMARD's (Disease Modifying Anti Rheumatic Drugs) and NSAID's (Non-steroidal Anti-inflammatory Drugs) & biologic therapy⁴ frequently which have negative impact on immune system and gives only temporary relief. However, until date no first-rate present day clinical control has been evolved for this problem.

Hence the control of this ailment is simply inadequate in different structures of medicine and sufferers are constantly searching with a desire in the direction of Ayurveda to conquer this challenge. Hence for Ayurvedic scholar it is a challenging disease, so it becomes duty of scholars to work on various aspect of this disease. Usage of NSAID's in Rheumatoid Arthritis reduces the inflammation and pain but they can only control the symptoms; and continuous use can cause side effects like gastro intestinal ulcers etc. DMARDs can reduce joint erosion but they have slow onset and they do not have analgesic activity. Also, all these treatments are advised for a long period which influences the economical and emotional status of patients which plays an important role in the management of disease. Due to any of the above reasons if patient fails to continue the treatment there are chances of complications including structural deformities which doubles the difficulty of treatment and also increases the need of joint replacement surgery.

This shows the importance of a short, cost-effective treatment for the cure of Amavata which will prevent the disease going into its complicated stages. So here is an attempt to evaluate the effectiveness of Shunthi Guda(jaggary) churna⁵ in the management of Amavata with special reference to Rheumatoid Arthritis.

CASE REPORT –

Place of study: IPD of Kayachikitsa, Shri Ayurved Hospital Nagpur.

Chief complaints: A 40-year female came to OPD of Kayachikitsa Department with following complaints of Sandhishula and Sandhishoth at both Hastanguliparvasandhi (interphalangeal joints of hand), Manibandhsandhi (wrist joint), Karpursandhi (elbow joint), Padanguliparvasandhi (interphalangeal joints of feet), Gulf sandhi (ankle joint), Janu sandhi (Knee joint), Angamarda (body ache), Agni Mandya (loss of digestive fire), Aalasya (lethargy) and Apaka(indigestion). Patient has these complaints from last 3- 4months.

History of present illness

The patient came to Kayachikitsa OPD with above complaints for which she had taken

allopathic medicine like painkiller, steroids etc. with this drug she gets symptomatic relief but latter on these drugs produces adverse effect on her like indigestion, heart burn, bloating and mouth ulcer etc. Her symptoms worsened and she stopped taking medicine of different pathies. So, she come to Kayachikitsa O.P.D. Shri Ayurvedic Hospital, Nagpur.

History of past illness-

- No H/O cough, cold, fever, covid -19, HTN, DM, Surgery and any other major illness

Drug History- No

Past Surgical History- NO

Family History- NO

History of Allergy- Dust Allergy

Personal History-

- 1) Ahara- Praman – Atipraman Dominant
Rasa in diet-M, A
Guna-snigdha
Dietetic Habit - Adhyashan
Type of food - non-vegetarian
- 2) Vihar- Nature of work- Sedentary
- 3) Vyasana-No
- 4) Kshuda- Sama
- 5) Pipasa- Madhyam
- 6) Nidra- Samyak
- 7) Vishram- 1 hours Diwaswap
- 8) Malpravriti- Samyak
- 9) Mutrapravriti- Samyak
- 10) Svedpravrtti- Samyak

Menstrual History- Menopause In the last 5-6 month ago

Obstetric History- G₂L₂A₀P₂D₀

Emotional Status- Tensions

Ashthavidh Pariksha

1. Nadi: 78 / min
2. Mutra: Samyak
3. Mala: Samyak
4. Jivha: Sama
5. Shabda: Spashta
6. Sparsha: Samshitoshna
7. Drik: Samanya
8. Aakriti: Madhyam

DASHAVIDHA PARIKSHAN –

1. Prakriti–a) Doshaj-V b) Manas –Rajasik
2. Vikruti–Madhya Bala
3. Saratah – Mansa
4. Samhananah –Madhyam
5. Pramana– Madhyam
6. Satmya- Madhyam
7. Satvatah- Madhyam
8. Aharshakti– a) Abhyavaharanshakti: Madhyam b) Jaranshakti: Madhyam
9. Vyayamshakti – Madhyam
10. Vayatah–Madhyavastha

SAMANYA PARIKSHAN

1. Twaka – Avishesh
2. Nakha – Avishesh
3. Netra – Avishesh
4. Danta – Avishesh
5. Dehoshma(temp.)- 98°F
6. Shwasanagati (R.R) – 18 / min
7. Rakta chap (B.P)- 120/80 mmHg
8. Sharir bhara (wt. in Kg)- 60kg

SYSTEMIC EXAMINATION-

1. CVS-S₁S₂ Normal
2. RS-Clear AE=BE
3. CNS-Conscious and oriented
4. P/A-Soft

STROTAS PARIKSHAN

- | | | |
|---|---|---|
| <ol style="list-style-type: none"> 1. Annavaha- 2. Rasavaha- | } | <i>Agni Mandya, Aalasya, Apaka, Angamarda</i> |
| <ol style="list-style-type: none"> 3. Asthivaha - 4. Majjavaha- | } | <i>Sandhi Shula And Sandhi Shotha</i> |

Laboratory Examination

Date: 13-2-23

1. Haemoglobin-10gm/dl
2. WBC count-10,530 /cmm
3. Platelet count- 2 ,68,0000 /cmm
4. E.S.R. By Wintrobe-39 mm/1 Hr

5. R.A Factor- Positive
6. CRP -22 mg%

Samprapti Ghataka of Amavata –

- Dosha -Tridosha, mainly Vata (Vyana, Samana, Apana) and Kapha (Kledaka, Bodhaka, Shleshaka)
- Dhatu -Rasa, Mansa, Asthi, Majja
- Upadhatu -Snayu, Kandara
- Strotas - Annavaha, Rasavaha, Asthivaha, Majjavaha
- Strotodushti - Sanga and Vimarg Gaman
- Udbhava sthana - Amashaya-chiefly production of Ama, Pakwashaya-Mula Sthana of Vata
- Adhithana - Whole body (mainly Sandhi and Asthi)
- Vyakiti Sthana - Whole body (Sandhi)
- Roga Marga - Madhyama Roga Marga
- Avayava - Sandhi
- Vyadhi Svabhava - Mainly Chirakari
-

Shatkriyakala in Amavata –

Sanchaya and Prakopa: When uncovered to etiological elements like Viruddha Akhara, vyayama is completed after taking snigdha ahara, Chinta, krodha etc. Agnimandya leads from Sanchaya and Prakopavastha to tridosha dushti and Amotpatti.

Prasara: With the help of Vata, this Ama takes Prasara to Shleshma sthana and produces soft Sandhishula etc along with the symptoms of Ama.

Sthana Samshraya: This prasarita Ama, a viscous and oily guru, maintains Sthana Samshraya leading from Hridya, Trika Sandhi and Sarvang to dosha-dushya Sammurchana. In the beginning, no signs and symptoms seem at all, so simplest preliminary slight signs and symptoms consisting of aruchi and Apaka are observed, which may be visible because the purva Rupa of this disease.

Vyakti: When the Vyakti stage is reached, most of the Amavata symptoms appear as Vrishchika danshavat vedana, Stabdhatata etc. In the case of Adibala pravrita, kha-vaigunya is already gift and in a moderate shape Nidana-sevana ailment appears.

Bhed: In persistent level it reaches bhedavastha and produces updrava, khanjata like sankocha.

MATERIAL AND METHODS:**Method-**

1. A case study
2. Centre- Department of Kayachikitsa Pakwasa Ayurvedic Hospital, Nagpur affiliated to Shri Ayurved College, Nagpur.

Material- Management of Amavata (table 1 & 2)

Table 1: Showing material for management of Amavata as –

Dravya	Dose	Duration	Anupana
Shunthi-Guda Churna	5gm	Twice a day Before meal	Luke warm water

Table 2 -Showing Panchakarma for management of Amavata as -

1. Swedana- Valuka Pottali sweda in Evening and Kuti sweda in Morning
2. Basti- Vaitaran Basti and Saindhavadi Tail Basti

Day1	Vaitaran Basti	360ml
Day2	Vaitaran Basti	360ml
Day3	Vaitaran Basti	360ml
Day4	Saindhavadi Tail Basti	60ml
Day5	Vaitaran Basti	360ml
Day6	Vaitaran Basti	360ml
Day7	Vaitaran Basti	360ml
Day8	Saindhavadi Tail Basti	60ml

Pathya Apathya-

Pathya-Purana Shali, Purana Shastika Shali, Yava, Chanayusha, Kalayayusha, Kulatta, Kodrava, Nimba Patra, Gokshura, Varuna, Sigru, Ardraka, Lashuna, Karavellaka, Patola, Jangala Mamsa, Lava Mamsa processed with Takra, Ushna Jala, Panchakola siddha jala, Takra, Gomutra, Adaptation to work, rest, sleep, exercise inrelation to season, time, age, self-control regarding mental state etc.

Apathya-Masha Pistaka Dvidala dhanya, Matsya, Anupa, Dhadhi, Ksheera, Dushta jala, Viruddha, Asatmya, Vishamashana Guru, picchila, Abhishyandi and Drava, Vegavarodha, Jagarana, Vishamashana etc.

Methods Assessment criteria table⁶-

Sandhi Shula	Grade
No Sandhi Shula	0
Sandhishula that does not affect routine work	1
Sandhi shula hampering routine work	2
Sandhi shula completely prohibiting routine work	3
Sandhi Shotha	Grade
No swelling	0
Swelling but not covering bony prominence	1
Swelling covering bony prominence	2
Swelling covering area above bony prominence	3
Angamarda	Grade
No Angamarda	0
Angamarda but able to do routine work	1
Angamarda that hampers routine work	2
Unable to do any work at all due to angamarda	3
Agni Mandya	Grade
No Agnimandya	0

Occasional Agnimandya 1-2 times a week	1
Agnimandya 3-4 times a week	2
Agnimandya 4-6 times a week	3
Continuous Agnimandya	4
Aalasya	Grade
No Aalasya	0
Starts work in time with efforts	1
Unable to start work in time but completes the work	2
Delay in the start of work and unable to complete it	3
Never able to start the work and always likes rest	4
Apaka	Grade
No Apaka at all	0
Occasional indigestion once or twice a week in one meal	1
Occasional indigestion 3-5 times a week in one meal	2
Indigestion 3-5 times week in both meals	3
Indigestion after every meal	4
WALKING TIME	Grade
less than 20sec	0
21sec - 30sec	1
31sec - 40sec	2
more than 41sec	3

WONG – BAKER FACES PAIN RATING**OBSERVATION AND RESULTS-**

Symptoms	Before	After
Sandhi Shula	3	1
Sandhi Shotha	3	1
Angamarda	3	1
Agni Mandya	3	1
Aalasya	3	0
Apaka	3	0

Objective Criteria	Before	After
Walking Time	2	0
WBFPRS	8	3

Blood Investigation after treatments-

Date: 3-4-23

1. Haemoglobin-11.1 gm/dl
2. WBC count-5,320 /cmm
3. Platelet count- 1 ,89,0000 /cmm
4. E.S.R. By Wintrobe-15 mm/1 Hr
5. R.A Factor- Positive
6. CRP -10 mg%

DISCUSSION

Response to treatment was recorded, and treatment effectiveness was evaluated through relief of patient's symptoms. It was observed that the patient's clinical symptoms gradually decreased during the treatment period. Improvement of Jatharagni and removal of Ama were the therapeutic goals of Amavata along with treatment of Vatahara. The abovementioned patient came to the OPD with Vyakti Avastha, so all the medicines given to the patient have the properties of Vata Kapha Hara, Pachana, Rochana, Dipana, Rechana, Vibandha-Anaha, Shulaghna, Shothaghna and Jwaraghna, Vata Pitta Hara, Balya and it helps to cure Amavata.

Mode of Action: -

- **Langhana:** The patient was advised by Langhana in the form of Laghu Ahara. This helps digest Aam.
- **Valuka Pottali Sweda:** Swedana appears especially in places where Stambha, Gaurava and Shula are present. In Amavata, Rukshasveda is recommended in the form of Valuka Pottali due to the presence of ama. Helps soothe damaged Vata Dosha, relieving pain and stiffness.
- **Vaitaran basti:**⁷ Acharya Chakradatta has mentioned the Vaitaran Basti of Niruha Basti Adhikara.

Ingredients of Vaitaran Basti - Guda 1 tola, Saindhava 1 tola, Amlika 2 pala, Shatakhwa 1 tola, Gomutra 8 pala. Purana Guda: Ushana Virya Guda can help you in Dosha Pak. Saindhava Lavana: Due to its Kapha Vilayana or Kapha Vichkhedana qualities, it helps in dissolving and destroying painful Kapha and Ama Dosha. Amlika: Ruksha Guna and Ushna Virya help Strotovishodhana thanks to Tikshana Guna. Additionally, the properties of Ruksha Guna, Tridoshghna, Agnideepaka and Vatanulomana are beneficial to Amavata. Amapachana. Satahva: Kutu-Tikta, Ushna Virya and Katu Vipaka. The properties of Satahva help digest Ama and return Agni. Gomutra: Contains Katu Rasa, Katu Vipaka, Ushna Virya and helps calm Kapha Dosha. and Laghu, Tikshna Guna. He also helps Strotovishodhana through Tikshna Guna. furthermore, Internal ayurvedic medicine Like Shunthi Guda Churna, Mentioned in Yogratnakara. Nagara churna is having properties like katu Rasa, Ushna virya, Madhura Vipaka and Guda Churna is having properties like Madhura Rasa, Ushna Virya, Madhura Vipaka, Vata Kapha Hara, Pachana, Rochana, Dipana, Rechana, Vibandha-Anaha, Shulaghna, Shothaghna and Jwaraghna. Shunthi is told to be Amavatanut specially. Guda Churna is Vata Pitta Hara, Balya. When used with Shunthi it helps to cure Amavata. Because of the Katu Rasa, and Ushna Virya Agni Dipana occurs; Agni Dipana along with Pachana properties of drugs helps in digestion of already formed Ama and helps to prevent further formation also. Amavata is an autoimmune disease, due to Madhura Rasa it helps to increase the body tissues and as a consequence it enhances the Ojas or the vital energy reserve of the body and mind. This taste therefore aids in increasing not only immunity but also the general health of an individual and keeps ageing at a distance. Since Ama is the main cause of the disease Ama Pachana itself is the first aim in the treatment protocol. In the Chikitsa Sutra itself it is told that after Langhana we should administer Tikta, Katu Rasa and Dipana. Katu

Rasa have Lekhana and Stroto Shodhana properties. So, they remove the Ama from Strotas and do Stroto Shodhana. With the Ushna Virya it causes Vilayana of Doshas accumulated in Strotas. In Amavata, Vata and Kapha are involved, and both Nagara and Guda are Kapha hara and Vata hara in nature.

CONCLUSION

It is concluded that this treatment completely or partially relieves symptoms in Amavata This medicine can be utilised in treating patients who are suffering from Amavata to reduce both sign and symptoms successfully with greater effectiveness. It is proposed that the therapy may be accepted as a treatment method of Amavata.

REFERENCES

1. Madhavakara, Madhavanidana (Rogavinishchayam) Amavata Nidanam 25/1-12, Translated to English by Prof. K.R. Srikantha Murthy, Chaukhamba Orientalia, 7th Edition 2005, pg. 95-96.
2. Madhavakara, Madhavanidanam (Rogavinishchayam) Amavata Nidanam 25/1-5, Translated to English by Prof. K.R. Srikantha Murthy, Chaukhamba Orientalia, 7th Edition 2005, pg. 95.
3. Bhavamishra, Bhavprakasha Samhita, Madhyamakhanda, Vidyotini Hindi Commentary, Amavatadhikara Adhyaya 26, edited by Sri Bhrahma Sankara Misra Vol 2, Chaukamba Sanskrit Bhavan Varanasi, edition 2013,pg. 285.
4. A.S. et al. (2012) Disorders of Immune Mediated Injury, In Longo.et al.(eds.) Harrison's Principle of Modern Medicine. Vol II, Cenveo publisher service, pg. 2738.
5. Yogratnakara, Amavatanidan, by Vaidya Laxmi Patil Sastri edited by Agratna Brahma Sankar Sastri, Chaukhamba Prakashan, Posi Box No.1150k.37/116, Gopal Mandir, Lane, Varanasi Pg.No.567.
6. Acharya Vidyadhar Shukla, Professor Ravi Datta Tripathy, Charak Samhita, vol.2. Chaukhamba Sanskrit Prakashan, Delhi. Edition, Chapter 9th, Sidhisthana, Trimarmiyaadhyaya, 2009; 956: 75.
7. Sushrut Samhita, Sushrutvimarshini, Anantram Sharma, Uttar Tantra, Chaukhamba Sur Bharati Prakashan, Varanasi, Edition, Chapter 25, Shiroroga vidyaniya, 2015; 188: 15.

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