

“An Ayurvedic approach to Amavata – A case study.”

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ABSTRACT : *Amavata* is composed of two words namely- *Ama* and *Vata*. The *Ama* is the product of incomplete digestion which circulates throughout the body and induces heaviness, loss of taste and appetite, body ache, joint swelling and stiffness, constipation etc like symptoms. The *Amavata* is described under *Vata-Kaphaja vikaras* since the period of *Madhavkara* (16th century). It is a chronic inflammatory systemic disorder affecting mainly the synovial joints in the body. It resembles with Rheumatoid Arthritis in the modern pathology. The *Amavata* is known to be a crippling, chronic and progressive disorder making it difficult to cure. The symptomatic relief is attained by modern medicine but the root cause and pathology of the disease remains untreated. In Ayurveda, the basic treatment principles of *Deepana*, *Langhana*, *Swedana*, *Virechana*, *Basti*, *Tikta-Katu dravyas* are applied for effective management of the root cause

of *Amavata*. A 38 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 an year ago. According to the *Lakshanas* and the blood investigations, the diagnosis was made as *Amavata* and treatment was planned. Oral medication with *Sinhanaad Guggul*, *Vatavidhwans Ras*, *Arogyavardhini vati*, *Dashamularistha* and *Shunti-Eranda kwatha* along with *Valuka-Pottali sweda* was advised for a period of 60 days. Follow up was scheduled every 15 days to rule out any side effects. The assesment was made on the basis of subjective and objective parameters. 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. The below case study discloses the potential of Ayurvedic principles in the management of *Amavata*.

KEYWORDS : *Amavata, Ama, Rheumatoid Arthritis, Sinhanaad Guggul, Vata-vidhwans Rasa, Dashamularishta, Valuka Pottali sweda.*

INTRODUCTION

The *Amavata* is a lifelong disease caused due to formation of the *Ama* (toxin) and vitiation of the *Vata* along with the *Kapha-sthana* in the body^[1]. The *Sleshma sthana* are primarily the synovial joints. The vitiated *Vata* circulates the *Ama* all around the body through the ---*Dhamanis* and resides in the *Sleshma-sthana* inducing stiffness, swelling, tenderness in small as well as big joints. These symptoms are quite similar with the Rheumatic fever. It includes the Rheumatoid Arthritis and Rheumatic fever. Rheumatism is an autoimmune disorder having strong and significant resemblance with *Amavata*.

Rheumatoid arthritis is a chronic, progressive, inflammatory systemic disease affecting the synovial joints with extra-articular manifestations.^[2] The prevalence of Rheumatoid arthritis in India is 0.15 to 0.38% in men and 0.5 to 0.38% in women. In Rheumatoid arthritis, the synovial membrane is infiltrated with lymphocytes, macrophages and plasma cells. The serum contains Rheumatoid factors (RF) which are immunoglobulin (IgM) behave as antibodies to auto antigenic components of IgG. It appears that the inflammatory changes of Rheumatoid arthritis are brought out as a result of activation of antigen-antibody complex. This crippling disorder involves the connective tissue throughout the body in which some antigenic products of streptococci in the throat are absorbed

through the blood vessels and lymphatics. These streptococcal antigens activates autogenously tissues to form auto-antibodies which reacts with the specific tissue component to produce lesion in R.A. The characteristics mainly include joint pain, stiffness, tenderness and restricted movements. Stiffness of the joints is common with increasing age but morning stiffness lasting more than one hour is a characteristic feature of R.A. The joint involvement is usually symmetrical. The metacarpophalangeal and proximal inter-phalangeal joints of the hands, wrists, knees and metatarsophalangeal and proximal inter-phalangeal joints of the feet are most vulnerable to get involved.^[3]

As per *Ayurveda*, the disease is produced due to vitiation of the *Tri-doshas* by *Ama* and *Vata*.^[4] *Acharya Chakrapani* has detailed the principles of treatment for *Amavata*.^[5] *Langhana, Swedana, Tikta-Katu rasa dravyas, Deepana dravyas, Virechana* and *Anuvasana Basti* are some treatment modalities beneficial in *Amavata*. Perhaps, the progressive disease is found difficult to manage despite of the best available drugs in modern. And *Ayurveda*, does provide a safer, economic and effective treatment for *Amavata*. Accordingly, a treatment protocol was designed and administered to the patient and that is described below. The case study reveals the administration of *Sinhanaad Guggul, Vata-Vidhwansa Ras, Arogyavardhini Vati, Maharasnadi kwatha, Dashamularishtha, Eranda-Shunthi kwatha* and *Valuka Pottali sweda* in the management of *Amavata*.

MATERIAL AND METHODS

The treatment was planned as:

- *Sinhanaad Guggul* and *Vata-Vidhwansa Ras* : 2 tablets twice daily
- *Arogyavardhini Vati* : 1 tablet daily for 30 days
- *Maharasnadi kwatha* : 15 ml before food twice daily
- *Dashamularishtha* : 20 ml after food twice daily
- *Eranda-shunthi kwatha* : 20 ml every morning at 6 a.m.
- *Valuka sweda* : twice daily

The study was planned at Government Ayurved College & Hospital, Osmanabad. An informed written consent prior to the treatment was taken from the patient. The study was carried out ethically as per GCP (Good Clinical Practices) guidelines.

CASE REPORT

Pradhana Vedana: A female patient of age 38 years visited the *Kayachikitsa* O.P.D. of our hospital on 9/10/2019 with O.P.D. no. 11209 with complaints of *Shoola*, *Shotha* and *Sthambha* in multiple joints since 1 year.

History of present illness: A 38 years old female patient faced complaints of *Shoola* (pain) and *Sthambha* (stiffness) at metacarpophalangeal joint of both the hands. Gradually, she developed the same pain and stiffness in both the knee and wrist joints. She later suffered from *Shotha* (swelling) over affected joints on and off. Eventually, the elbow and ankle joints also began to get affected. The patient was facing trouble performing her daily chores and locomotion. Also,

decreased appetite and unsatisfactory bowels added up to the illness. The patient had undergone anti-inflammatory allopathic medications for a period of 6 months. She was temporarily relieved by the medications and sooner begin to develop the symptoms again. Thus, the patient then approached our hospital for further treatment.

History of past illness: No history of Diabetes, Hypertension or any major illness.

Family history: The patient's father had a history of Arthritis and Diabetes.

Personal History:

- *Ahara:* *Samishra ahara*. (Mixed diet)
- *Vihara:* *Divaswapa*, *Ati-charana*
- *Nidra:* *Madhyama*
- *Mala pravritti:* *Asamyaka* (Unsatisfactory)
- *Mutra pravritti:* *Samyaka* (Satisfactory)
- *Vyasana:* Tea (4-5 times a day)

Ashthavidha Parikshana:

- *Nadi:* 78/min
- *Mala:* *Asamyaka* , *Vibandha* (Constipation)
- *Mutra:* *Samyaka*
- *Jivha :* *Sama*
- *Shabda :* *Spashta*
- *Sparsha:* *Ushna (Alpa)*
- *Druka :* *Spashta*
- *Akruti:* *Madhyama*

General Examination Vitals:

Pulse rate: 78/min

Blood pressure: 130/88 mm Hg

Temperature: 99.2 F

Respiratory rate : 22/min

Systemic examination:

On examination, the patient was found to be conscious as well as well-oriented to time and place. The cardiovascular, respiratory and central nervous system of the patient was found clinically normal. The per abdomen examination was found to be normal.

Local examination:

On examination of the musculo-skeletal system, marked pitting oedema was found on bilateral wrist joints, knee joints and face. On palpation, tenderness was observed on the wrist and metacarpophalangeal joints. No joint deformity was found.

Blood investigation: The routine blood investigations of the patient were found to be -

- Hb – 9.4 gm/dl
- ESR – 89 mm at end of 1 hr
- RA factor – Reactive
- TLC, DLC, S.Uric acid values were within normal limits.

Treatment Plan :

The patient was treated in the the out-patient department. The treatment began from the first visit of the patient in the O.P.D. The treatment was practised for 60 days with every 15 days of follow up. The treatment given is as follows:

Treatment	Medicine	Dose
Internal treatment	<i>Sinhanaad guggul</i>	2 tablets twice daily
	<i>Vata-vidhwans rasa</i>	2 tablets twice daily
	<i>Arogyavardhini vati</i>	1 tablet thrice daily
	<i>Maharasnadi kwatha</i>	3 tsp twice daily
	<i>Dashamularishta</i>	4 tsp twice daily
	<i>Sunthi - eranda kwath</i>	20 ml every morning
External treatment	<i>Valuka Pottali sweda</i>	Twice daily

Criteria for selection of medicine :

The oral drugs administered were selected on the basis of the *Karmukta* of the ingredients in the formulation. They

are known to suppress the *Vata* and *Kapha* along with the *Ama Dosha* in the *Amavata*. They also relieve the signs and symptoms of *Amavata*.^[6] The details of the formulation are given below:

Drug	Composition
<i>Sinhanaad Guggul</i>	<i>Chitraka, pippalimoola, yavani, karavi, ajamoda, jeeraka, suradaru, chavya, ela, saindhava lavana, rasna, gokshura, dhanyaka, triphala, musta, trikatu, twak, usheera, yavagraja, tales-patra, patra, guggulu, sarpi.</i>
<i>Vata-vidhwans rasa</i>	<i>Shuddha Parad, Shuddha Gandhaka, loha bhasma, Tamra bhasma, abhrakha bhasma, Vatsanabha, Amalaki, Tankan, Pippali, marich, suntha, chitraka, bhringaraj, kushta, nirgundi, arka, tamalaki, chandrashura.</i>
<i>Arogyavardhini vati</i>	<i>Shuddha Parad, Shuddha Gandhaka, loha bhasma, Tamra bhasma, abhrakha bhasma, Haritaki, Amalaki, bibhitaki, shilajatu, Guggul, chitraka, eranda, katuki, nimba.</i>
<i>Maharasnadi kwatha</i>	<i>Rasna, dhamasa, bala, eranda, devdaru, shati, vacha, vasaka, suntha, haritaki, chavya, musta, punarnava, guduchi, vidhara, saunf, gokshura, ashwagandha, ativisha, amaltas, shatavari, sahchara, pippali, dhanyaka, kanthakari, brihati</i>
<i>Dashamularishta</i>	<i>Bilva, shyonaka, gambhari, patala, agnimantha, shalaparni, prishnaparni, brihati, kanthakari, gokshura, pushkarmoola, lodhra, guduchi, duralabha, amalaki, khadira, kapittha, bibhitaka, punarnava, chavya, vijaysara, haritaki, manjistha, devdaru, vidanga, yashtimadhu, bharangi, jatamansi, priyangu, sariva, Krishna jeeraka, trivritta, renuka, rasna, pippali, kramuka, shati, haridra, kakoli, mahameda, kshirakakoli, riddhi, vridhhi, shatapushpa, padmaka, nagkesara, musta, kutaja, jeevaka, rishabhaka, meda, draksha, madhu, guda.</i>
<i>Sunthi - eranda kwatha</i>	<i>Shunthi, eranda oil.</i>

Assesment criteria : The patient was assessed on the basis of clinical signs and symptoms of *Amavata* as mentioned in the Ayurvedic texts and the criteria fixed by the American Rheumatology Association (1987). The effect of the therapy was recorded using the grading scale below.

Subjective parameters:

Symptoms	0	1	2	3	4
<i>Jwara</i>	Absent	Mild	Moderate	High	Hyperpyrexia
<i>Aruchi</i>	Absent	Ocassional	Intermittent	Often	Always
<i>Angamarda</i>	Absent	Ocassional	Intermittent	Often	Always
<i>Sandhi-shoola</i>	No pain	Mild pain, bearable	Moderate pain	Severe pain with slight difficulty in	Severe pain with more difficulty in

				movement	movement
Sandhi-shotha	Absent	Mild, >10% increased circumference of affected joint	Moderate,>10% increased circumference of affected joint	Severe,>20% increased circumference of affected joint	Severe,>20% increased circumference of affected joint
Sandhi-sthabdhata	Absent	Mild stiffness lasting less than an hour	Moderate stiffness lasting more than an hour	Severe stiffness for more 2-8 hours	Severe stiffness for more than 8 hours
Sparsha-sahishnuta	No tenderness	Mild tenderness	Moderate tenderness	Severe tenderness	Severe tenderness with resistance to touch

Objective parameters :

Parameters	0	1	2	3
General function capacity	Ability to do daily activities without difficulty	Ability to do daily activities with difficulty	Ability to do few daily activities, always need help	Bed /Chair ridden (cannot perform any daily activity)
Gripping power	200 mm Hg or more	199-120 mm Hg	119-70 mm Hg	Under 70 mm Hg
Walking time (25 feet in no. of seconds)	15-20 sec	21-30 sec	31-40 sec	>40 sec

Observations:

Symptoms	Before treatment	During treatment		After treatment
		30 days	45 days	60 days
Jwara	1	0	0	0
Aruchi	3	2	1	0
Angamarda	4	2	1	0
Sandhishotha	2	1	1	0
Sandhisthabdhata	2	1	0	0

Observations of *Sandhishoola* in different joints:

Joint	Before treatment	During treatment		After treatment
		30 days	45 days	60 days
Metacarpophalangeal joint	3	2	1	0
Wrist joint	3	1	1	0
Elbow joint	3	2	1	0
Ankle joint	2	1	0	0
Knee joint	3	2	1	0

Observations of *Sparshasahishnuta* in different joints:

Joint	Before treatment	During treatment		After treatment
		30 days	45 days	60 days
Metacarpophalangeal joint	2	1	1	0
Wrist joint	3	1	1	0
Elbow joint	2	1	0	0
Ankle joint	1	0	0	0
Knee joint	3	2	1	0

Functional assessment:

Functional assessment	Before treatment	During treatment		After treatment
		30 days	45 days	60 days
General functional capacity	1	1	0	0
Gripping power	2	1	0	0
Walking time (25 feet in no. of sec)	4	1	2	2

Haematological parameters:

Parameters	Before treatment	After treatment
Haemoglobin (gm/dl)	9.4	11.2
ESR (mm at end of 1 hour)	89	36
RA factor	Reactive	Reactive

DISCUSSION

Amavata is a complicated and progressive disorder and its core cause is the formation of *Ama*. And this *Ama* is given birth by *Mandagni* due to various *Aharatmaka* and *Viharatmaka* factors like *Viruddhashana*, *Ativyayama*, *Divaswapa*, etc. The *Ama* along with the vitiated *Vata* circulates throughout the body and resides primarily in the *Sleshma-sthana* (synovial joints). And, ignites the pathology of *Amavata* producing symptoms like *Shoola*, *Sthamba* and *Shotha* in multiple joints of the body. The main principle of treatment in *Amavata* is to reduce and cease the production of the *Ama* by *Amapachana* (metabolism) and to normalize the vitiated *Vata dosha* and *Kapha dosha*. Hence, the drugs were administered accordingly. *Sinhanaad Guggul* is mentioned specifically for treatment of *Amavata* in *Bhaishjyarnatnavali*.^[7] It possesses anti-inflammatory and anti-arthritis activities due to breakdown of connective tissue.^[8] Also, it acts as *Rasayana* and improves immunity. The *Guggul* is a *Shothahara* and *Vedanasthapaka* (anti-inflammatory and analgesic) agent.^[9] It also helps healing of the deranged connective tissues. The *Vata-Vidhwansa rasa* is a classical preparation which maintains the balance of the *Vata dosha*. It is widely used in a number of *Vata-vikaras*, Neuralgia, Paralysis and various aches. *Arogyavardhini Vati* is a *Rasakalpa* which detoxifies and enhances the action of the *Rasa* and the *Rakta dhatus*. It also normalizes the *Mandagni* and acts as *Deepana* and *Pachana* agent. *Maharasnadi kwatha* and *Dashmularistha* has *Shunthi*,

Guduchi, *Devdaru* etc. which provides anti-inflammatory action along with the *Deepana* and *Pachana* activities.^[10,11] The *Shunthi-Eranda kwatha* was administered for *Amapachana* and *Agni-deepana* properties. And the time of administration being early morning (*Abhakta*), when the *Koshta* is devoid of *Kapha-utklesha* was necessary for *Agni-deepana* and for the drug to get assimilated with the *Agni*.

Valuka-Pottali sweda was given for external dry fomentation. It possess *Rukshana* property and has been mentioned for *Kaphaja* disorders. This dry *Swedana* helps in *Shoshana* (metabolism) of the *Ama* produced in the *Amavata*. *Valuka Swedana* induces sweating which help relieve the pain and stiffness of the joints making it mobile and free for movements.^[12] The *Swedana* also works and increases the *Dhatavagni* of the affected joint thereby improving its functions.^[13]

Thus, the above drug protocol was successful in breaking the pathogenesis of the disease and improving the symptoms of *Amavata* in merely a period of 60 days. The drugs not only provided relief to the patient but also were helpful in stopping the further progression of the disease.

CONCLUSION

The above administered treatment protocol included oral as well as local medications which were effective to relieve the symptoms of *Amavata*. The drugs were tolerated by the patient and improved the range of movements. The same protocol is required to be administered to a larger sample. A

detailed clinical study on a large sample size can verify the outcome of the case study.

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