

“AYURVEDIC INSIGHTS INTO AMAVATA: A CASE-BASED EXPLORATION”

Dr. Krathi^{*1}, Dr. Deepti S. Patil², Dr. Rachana C.³, Dr. Parikshitha⁴

^{1,2,3}rd P.G Scholar, Department of P.G studies in Rasa shastra and Bhaishajya Kalpana, Karnataka Ayurveda Medical College and Hospital, Manglore.

³HOD and Professor, Department of P.G studies in Rasa shastra and Bhaishajya Kalpana, Karnataka Ayurveda Medical College and Hospital, Manglore.

⁴Professor, Department of P.G studies in Rasa shastra and Bhaishajya Kalpana, Karnataka Ayurveda Medical College and Hospital, Manglore.



*Corresponding Author: Dr. Krathi

3rd P.G Scholar, Department of P.G studies in Rasa shastra and Bhaishajya Kalpana, Karnataka Ayurveda Medical College and Hospital, Manglore.

Article Received on 01/05/2025

Article Revised on 19/05/2025

Article Accepted on 10/06/2025

ABSTRACT

Amavata is one among the *Rasavaha strotovikara*. *Amavata* is mainly caused due to *ama* and *vata*. *Vikruta vata* along with other *doshas*, *mandagni* and accumulation of *ama* at *shlema sthana* mainly at *sandhis* leads to *Amavata*. It can be correlated with Rheumatoid arthritis. Rheumatoid arthritis is an autoimmune disease causing multiple joint pain. The treatment in modern science for Rheumatoid arthritis includes the use of glucocorticoids, nonsteroidal anti-inflammatory drugs and disease modifying anti rheumatic drugs. *Ayurvedic* management of *amavata* will be using medicines which cause *agnideepana*, *amapachana*, *strotoshodha*, *vatashamaka* actions to pacify the symptoms and disease *amavata*. In the present case, 18-year female patient presented with the complaints of multiple joint pain and swelling, morning stiffness, restricted movement of joints, loss of appetite, tiredness. Patient was administered with *Deepana*, *pachana*, *sthanika abhyanga*, *swedana*, and *upanaha* with *dashanga lepa*, *saindhava lavana* and *mahavishagarbha taila*, *myostal liniment* and internally, *kaishora guggulu*, *Chitrakadi vati*, *Amrutottara kashaya* also given. Thus by following proper *pathya* and proper medication the management of *amavata* was relieved successfully. Thus this study aims to study the effect of *shamanaushadhi* and *upanaha karma* and following proper *pathya* in *amavata* instead of taking allopathy medications.

KEYWORDS: *Amavata*, Rheumatoid arthritis, *shamanaushadhi*, *upanaha karma*.

INTRODUCTION

Amavata is a *annapradoshaja vikara*, caused by *Agnimandya*. *Amavata* was first described in *Madhava nidana* by *Madhavakara*.^[1] Whereas treatment of *amavata* is described by *Chakradatta*. It is explained in *laghutrayee* not explained in *Brihatrayee*. It is a disease of *Madhyama roga marga* hence it is *kricchra Sadhya* or *yapya*.^[2] *Viruddhahara vihara* and *nischeshtha* and *vyayama* after a *snigdha bhojana* or *abhishyandhi ahara* leads to indigestion (whereas *vyayama* after *vidahi anna* leads to *Vatarakta*) and production of *ama rasa* and simultaneously *vata* also increases, in turn it will spread to *shleshmasthanas* via *raktavahinis* to all over the body. *Ardhapakva* or *adhika vikruta amarasa* along with *vata* enter *dhamani's*. In *dhamani's* along with other *doshas* gets *dushitha* and produces *kledata* in *strotas* due to its *picchila guna*. Even after undergoing *dhatwagni pachana* it produces excess *ama* and *mala* which causes excess *durbalatha guruta* in *Hridaya*. This is known as *amavata* and will lead to many severe *vikaras* in the body. *Amavata samanya lakshanas* be like *aruchi*,

Vedana in multiple joints, *trushna*, *alasya*, *gauravata*, *jwara*, *shotha* in joints.

AMAVATA SAMPRAPTI

Thus this *roga* will start from *madhyama anguli* of hand and spread to *manibandha*, *kurpara*, *janu*, *trika*, and *prishtha vamsha sandhi*. In the beginning pain will be minimal but gradually pain increase and it involves *snayu*, *peshi*, and *tarunasthi* which gets dried and also there will be *sandhi jadhyata*.

Amavata samanya lakshanas are *aruchi*, *Vedana* in multiple joints, *trushna*, *alasya*, *gauravata*, *jwara*, *vruschika damshavat Vedana*, *agnimandya*, *lalasrava*, excessive formation of *mala* and heaviness in abdomen and *shula*, *trushna*, *chardi*, *bhrama*, *murcha*, *hrudayagraha*, *shotha* in joints. If *Amavata* is due to *anubandha* of *pitta* there will be burning sensation and redness in joints, and if due to *vata* there will be severe *vedana*. If *kanubandha* is there then there will be heaviness and itching.^[3]

Considering all these causes and symptoms *amapachana* becomes major steps while treating *amavata* that means we have to correct *annavaha strotas* firstly.

Rheumatoid arthritis is a long-term autoimmune disorder that primarily affects joints. It typically results in warm, swollen, and painful joints. Pain and stiffness often worsen following rest. Most commonly, the wrist and hands are involved. The diagnosis is made mostly on the basis of a person's signs and symptoms. The goals of treatment are to reduce pain, decrease inflammation, and improve a person's overall functioning. This may be helped by balancing rest and exercise, the use of splints and braces, or the use of assistive devices. Pain medications, steroids, and NSAIDs are frequently used to help with symptoms. Disease-modifying antirheumatic drugs (DMARDs), such as hydroxychloroquine and methotrexate, may be used to try to slow the progression of disease.^[4]

Amavata can be managed successfully with holistic approach of Ayurvedic treatment. The main aim of the present study is to evaluate the efficacy of *shamanaushadhi* and *upanaha karma* and *pathya* in the management of *Amavata*.

CASE STUDY

In the present case, a 18 year female patient came to OPD presented with the complaints of

- Multiple joint pain and swelling
- Morning stiffness
- Restricted movement of joints
- Loss of appetite
- Disturbed sleep due to pain
- Tiredness
- pain in neck region

HISTORY OF PRESENT ILLNESS

Patient was having neck stiffness and pain and multiple joint pain since 1 year. Symptoms worsened since last 6 months. Patient visited nearby hospital and took analgesic injections and medication for temporary relief. In winter season patient's condition got worsened and visited our hospital for permanent relief.

PAST HISTORY

Not a known case of Hypertension, Diabetes or any chronic illness.

MATERIALS AND METHODS

Table 1: Showing ABHYANTARA CHIKITSA.

Sl. No	Medicine Name	Sevana kala	Dosage	Anupana	Frequency
1.	<i>Chitrakadi vati</i>	Just before food or <i>samudga kala</i>	1 tablet	<i>Sukoshna jala</i>	Morning and night
2.	<i>Kaishora guggulu</i>	After food	1 tablet	<i>Sukoshna jala</i>	Morning and night
3.	<i>Amrutottara Kashaya</i>	After food	10ml	<i>Sukoshnajala</i>	Morning and night
4.	<i>Relaxi capsule</i>	After food	1 tablet	<i>Sukoshnajala</i>	Morning and night

On Examination

Bp-100/60mmhg

Pulse -78/min

SpO2 -98%

RR-22/min

Pallor-absent

Icterus- absent

Systemic examination

RS-NVBS

CVS- S1S2 HEARD

CNS – Conscious and oriented

GIT- soft and non tender

PERSONAL HISPTROY

Ashtasthana/Ashtavidha pareeksha

Nadi: Vata Kapha

Mutra : Prakruta

Mala: Sama

Jiwha: Lipta

Shabda : Prakruta

Sparsha : Ushna

Drik : Prakruta

Akriti: Alpa

Dashavidha pareeksha

Prakuti – Vata kaphaja

Vikriti- Vata, Kapha Dosha and Rasa Dhatu

Sara- Avara

Samhanana- Madhyama

Pramana- Madhyana

Satmya- Madhyama

Satva-Madhyama

Vaya- Baala (praudha)

Vyayama shakti- Avara

Ahaara shakti- Abhyaharana Shakti: Alpa

Jarana shakti : Alpa

BLOOD INVESTIGATION

Hb -12gm%

Total count: 4600/ cu mm

DIFFERENTIAL COUNT:

Neutrophils -62% (50-70%)

Lymphocytes- 32% (20-40%)

Eosinophils -6% (1-6%)

Monocytes -2% (0-2%)

Basophils -1% (0-1%)

ESR: 15mm/Hr

RBC COUNT: 4.6 million/cu mm

Platelet: 2.8 lakh /cu mm

Rheumatoid factor: 59.2 IU/ML (UPTO 20 IU/ML)

Table 2: Showing **BAHYA CHIKITSA**.

Morning	Abhyanga – <i>Mahavishagarbha taila</i> with <i>myostal liniment</i> 2 drops
Evening	Upanaha : <i>Dashanga lepa</i> + <i>Saindhava lavana</i> + <i>Mahavishagarbha taila</i> and covered by <i>Eranda patra</i> for one hour then <i>prakshalana</i> with warm water.

PATHYA

Patient was advised to take light food which can be easily digested, less spicy and salty food. Follow *pathya* same as in *jwara*; i.e *manda*, *peya* of old *shali- shastika*

rice, *mugda*, *masura*, *kulatta*, *patola patra*, *raktapunarnava*, *kakamachi*, *patha*, *vastuka tikta rasa* , *jangala mamsa rasa*, *ushna jala* etc.

COMPOSITIONS OF PRESCRIBED FORMULATION MEDICINESTable 3: Showing ingredients of *Chitrakadi vati*.

INGREDIENTS	QUANTITY
<i>Chitraka</i>	1 part
<i>Pippali mula</i>	1 part
<i>Yava kshara</i>	1 part
<i>Sarja kshara</i>	1 part
<i>Samudra lavana</i>	1 part
<i>Sauvarchala lavana</i>	1 part
<i>Saindhava lavana</i>	1 part
<i>Bida lavana</i>	1 part
<i>Audbidha lavana</i>	1 part
<i>Trikatu</i>	1 part
<i>Hingu</i>	1 part
<i>Ajamoda</i>	1 part
<i>Chavya</i>	1 part
<i>Matulunga swarasa or dadima swarasa</i>	Quantity sufficient

Table 4: Showing ingredients of *Kaishora guggulu*.

INGREDIENTS	QUANTITY
<i>Shuddha Guggulu</i>	1 prastha (768 gms)
<i>Triphala</i>	3 prastha (1536gm)
<i>Guduchi</i>	1 prastha (768gm)
<i>Jala</i>	1/2 drona
<i>Triphala</i>	2 pala
<i>Guduchi</i>	1 pala
<i>Trikatu</i>	6 aksha i.e 6 karsha
<i>Vidanga</i>	1/2 pala
<i>Trivrutta</i>	1 karsha
<i>Danti</i>	1 karsha
<i>Ghrita</i>	Quantity sufficient

Table 5: Showing ingredients of *Dashanga lepa*.

INGREDIENTS	QUANTITY
<i>Shirirsha</i>	1 part
<i>Yastimadhu</i>	1 part
<i>Tagara</i>	1 part
<i>Rakta Chandana</i>	1 part
<i>Ela</i>	1 part
<i>Jatamamsi</i>	1 part
<i>Haridra</i>	1 part
<i>Daruharidra</i>	1 part
<i>Kushta</i>	1 part
<i>Valaka / Udichya</i>	1 part

Table 6: Showing ingredients of Relaxi capsule.

INGREDIENTS	QUANTITY
<i>Maharasnadi extract</i>	80 mg
<i>Amalaki rasayana powder</i>	80 mg
<i>Ashwagandha churna</i>	50 mg
<i>Nirgundi churna</i>	45 mg
<i>Nimba churna</i>	30mg
<i>Punarnava churna</i>	30mg
<i>Methi churna</i>	45 mg
<i>Gokshura churna</i>	30 mg
<i>Haridra extract</i>	25 mg
<i>Shallaki extract</i>	20 mg
<i>Shankha Bhasma</i>	15 mg
<i>Kapikacchu extract</i>	15 mg
Inactive ingredients:	
Magnesium stearate	3 mg
Talcum powder	7 mg

Table7: Showing ingredients of Amrutottara kashaya.

INGREDIENTS	QUANTITY
<i>Nagara</i>	1 parts
<i>Haritaki</i>	2 parts
<i>Guduchi</i>	3 parts

Table 8: Showing ingredients of Mahavishagarbha taila.
Murchana dravyas

INGREDIENTS	QUANTITY
Manjishta	0.62gms
Haridra	156.25mg
Murchita tila taila	10ml

Kalka dravyas

INGREDIENTS	QUANTITY
Ashuddha shrigivisha	All
Ashuddha kuchala	In
Arka	Equal
Erantomoola	Quantity 455mg each
Dhattura	

Table 9: Showing ingredients of myostal liniment.

INGREDIENTS	QUANTITY
<i>Manarayana taila</i>	4 ml
<i>Nirgundi taila</i>	4 ml
<i>Gandhapura taila</i>	1 ml
<i>Tailaparna taila</i>	0.5ml
<i>Devadaru taila</i>	0.3 ml
<i>Sarala</i>	0.2 grams

AFTER TREATMENT

Table No. 10: Followup and outcome.

VISIT	MEDICINE	BLOOD INVESTIGATION		CONTINUE OR DISCONTINUATION OF MEDICINE
		RA	ASO TITRE	
17/12/2023- first visit	1. <i>Chitrakadi vati</i> 2. <i>Kaishora Guggulu</i> 3. <i>Capsule Relaxi</i> 4. <i>Upanaha</i> 5. <i>Abhyanga</i>	59.2	114.2	All the medicines continued for 1 month
17/01/2024	1. <i>Chitrakadi vati</i>	8.5	69.01	<i>Chitrakadi vati</i> continued for 10 more days


	2. <i>Kaishora Guggulu</i> 3. <i>Capsule Relaxi</i> 4. <i>Upanaha</i> 5. <i>Abhyanga</i>			Rest all the medicines continued for one month.
20-2-2024	1. <i>Kaishora Guggulu</i> 2. <i>Capsule Relaxi</i> 3. <i>Abhyanga</i>			After the swelling and pain had noticeably reduced, the <i>Upanaha Lepa</i> treatment was discontinued, while the remaining medication was continued for another month.
19-3-2024		7	26	All the medicines discontinued

Table No. 11: ASSESSMENT CRITERIA.^[5]

S. No	Subjective parameter	Grade 0	Grade 1	Grade 2	Grade 3
1.	<i>Sandhishoola</i>	No pain	Mild pain	Moderate, but no difficulty	Much difficulty in moving the body parts
2.	<i>Sandhishotha</i>	No swelling	Mild swelling	Moderate swelling	Severe swelling
3.	<i>Sparshasahatwa</i>	No tenderness	Subjective experience of tenderness	Winching of face on pressure	Winching of face on and withdrawal of the affected part on pressure

Table No. 12:

Symptoms	17/12/2023	17/01/2024	20/2/2024	19/3/2024
Appetite	3	2	1	0
<i>Sandhishoola</i>	3	2	1	0
<i>Sandhishotha</i>	3	3	2	1
<i>Sparshasahatwa</i>	2	2	2	1


APPLE LABORATORY
(One of the modern Computerized Laboratories)

Email Id : applelaboratorythekkatte01@gmail.com

REPORT

Name: **MANYA** Date: **17/12/2023 Time 13:56**

Age/Gender: **17 Years/Female** Lab ID : **7109**

Ref,Dr: **Dr. KUSUMAKAR SHETTY.B.A.M.S**

Tests	Results	Normal values
Random Blood Sugar	: 87 mg/dl	70 - 140 mg/dl
S.G.O.T.	: 23 IU/L	5 - 40 IU/L
S.G.P.T	: 18 IU/L	5 - 35 IU/L
Serum Bilirubin		
Total	: 0.8 mg/dl	0.2 - 1.3 mg/dl
Direct	: 0.3 mg/dl	0.1 - 0.4 mg/dl
Indirect	: 0.5 mg/dl	0.1 - 1.0 mg/dl
Sr. Creatinine	: 0.8 mg%	0.6 - 1.4 mg%
Rheumatoid Factor (R.A)	: 59.2 IU/ML	Upto 20 IU/ML
Turbidimetry method		
C -Reactive Protein (CRP)	: 4.1 mg%	Less than 6 mg%
Turbidimetry method		
ASLO Titre (Anti Streptolysin-O)	: 114.2 IU/ml	Up to 200 IU/ML
Turbidimetry method		

end of report

[Signature]
17/12/23

Bansale complex,
Main Road,
THEKKATTE-576231
Mob: 9916979646

Sugandhi Complex,
Opp petrol pump,
SAIBRAKATTE-576210
Mob: 9611876764

Allina Clinical Laboratory
COMPUTERISED
Reg No : UDP00367ALCDS (Govt of Karnataka)
Divya Complex, , Next To Canara Bank,
Sastan - 576 226, Udupi Dist., Karnataka State, INDIA. ☎ : 7829577178 & 9845916777

Patient's Name: Miss. Manya Age : 18 Yrs Sex : F
Ref. By: Dr. Krithi Shetty Lab. No.

Blood Exam	Result	Normal Range
Blood For Haemoglobin	12.0 G%	12-15 G%
Rheumatoid Factor Test(R.A)	8.5 IU/ml(Negative)	Up to 20 IU/ml
Anti-Streptolysin-O-Titre(ASLO)	69.0 IU/ml(Negative)	Up to 200 IU/ml

R. Anitha
Medical Lab Technologist

ALLINA CLINICAL LABORATORY
COMPUTERISED
Reg No : UDP00367ALCDS (Govt of Karnataka)
Divya Complex, Next To Canara Bank,
Sastan - 576 226, Udupi Dist., Karnataka State, INDIA. ☎ : 7829577178 & 9845916777

Patient's Name : Miss. Manya Age: 17 Yrs Sex : F
Ref. By Dr: Lab. No.

Blood Exam	Result	Normal Range
Heamoglobin	12.6 G%	12-15 G%
W.B.C (Total)	4,600/cu mm	4,000-11,000 /cu mm
Differential Leukocyte count		
Neutrophils	62 %	50-70 %
Lymphocytes	32 %	20-40 %
Eosinophils	06 %	1-6 %
Monocytes	-	2-10 %
Basophils	-	0-1 %
E.S.R (Westergren)	15 mm/Hr	F:10-20 mm/Hr
R.B.C Count	4.6 million/cu mm	4.0-5.5 million/cu mm
P.C.V	38.0 %	36-47 %
Platelet Count	2.8 Lakhs/cu mm	1.5-4.5 Lakhs/cu mm
M.C.V	82.6 fl	76-96 fl
M.C.H	27.3 pg	27-32 pg
M.C.H.C	33.1 %	30-35 %
Rheumatoid Factor Test(R.A)	7.0 IU/ml(Negative)	Up to 20 IU/ml
Anti-Streptolysin-O-Titre(ASLO)	26.0 IU/ml(Negative)	Up to 200 IU/ml

R. Anitha
Medical Lab Technologist

DISCUSSION

Due to *mithya ahara* and *vihara* in this modern era, *Amavata* is flaring up very fast. Treating *Amavata* which *Shodhana* line of management is also having limitation due to busy schedules of the patients. So it was a need of an hour to have combination of *shamanaushadhi* with *bahyaparimarjana chikitsa* to treat *Amavata* patients.

The main aim of this study was to evaluate the efficacy of *shamanaushadhis* namely *chitrakadi vati*, *kaishora guggulu*, *amrutottara kashaya* and *bhayantara chikitsa* like *dashanga lepa*, *sanidhava lavana*, *mahavishagarbha taila*, *myostal liniment* in the management of *amavata*.

MODE OF ACTION OF DASHANGA LEPA^[6]

Most of the ingredients of *Dasanga lepa* having *vishahara* action. *Aama* is considered as *Anna visha* by few of the authors. *Vedanasthapana* and *shothahara* action of *Shirisha* acts effectively on *Amavata*. Plant steroid of *yastimadhu* reduces swelling (refer article for this action). *Ela*, *Kushtha* etc *sugandha* drugs helps in the penetration of *Dravya* through *Twak/ Rasavaha srotas* by its *Sukshma* and *ushna guna*. *Ela* and *Jatamansi* acts on pain receptors in brain thus reduces pain.

The *Kleda* is absorbed by *Ruksha Guna Dravyas* like *Ela*, *Tagar*, *Haridra*, *Daruharidra*, *Kushta* which works as *Shothahara* thereby reducing *Shotha*. *Kashaya Rasatmaka* drugs like *Shirish*, *Tagar*, *Daruharidra*, *Jatamansi* helps to constrict the dilated capillaries there by not allowing plasma to move from the intravascular spaces into the extravascular spaces thereby reducing swelling.

MODE OF ACTION OF KAISHORA GUGGULU^[7]

Haritaki- It has *Kashaya pradhana lavanavarjitha pancha rasa*, *laghu*, *ruksha guna*, *ushna virya*, *Madhura vipaka*. It has *shothahara*, *strotoshodhana*, *vedanasthapana* properties.

Vibhitaki – *Kashaya Madhura rasa*, *ruksha*, *laghu guna*, *ushna virya*, *madhura vipaka*, *kapha pittahara*, *vedanasthapana* properties.

Amalaki- *amla pradhana pancharasa except lavana*, *sheeta virya*, *Madhura vipaka*, *sulahara*, *Deepana pachana*.

Shunti- *katu rasa*, *guru*, *ruksha*, *Tikshna*, *ushna virya*, *Madhura vipaka*, *vata kaphahara*, *does dipana*, *pachana*, *strotoshuddhikara*, *shothahara*.

Maricha- it has *katu rasa*, *laghu*, *Tikshna guna*, *ushna virya*, *katu vipaka*, *kapha vatahara*, and it does *dipana*. It has *Shulahara* properties.

Pippali – it is *katu rasa*, *laghu*, *snigdha*, *Tikshna guna*, *ushna virya*, *Madhura vipaka*, *vata shleshmahara*. It has *Deepana pachana* properties and indicated in *amavata*.

Shuddha guggulu- *tikta katu rasa*, *laghu*, *ruksha*, *vishada Sukshma*, *sara*, *snigdha guna*, *katu viapaka*, *ushna guna*, *tridosahara*, *shothahara*, *amavatahara*.

Guduchi- it has *tikta*, *Kashaya*, *rasa*, *guru snigdha guna*, *ushna virya*, *Madhura vipaak*, *tridosha shamaka*, *Deepaniya*, *shothahara*.

Tivritt – *Madhura*, *katu*, *tikta*, *Kashaya rasa*, *ruksha*, *laghu Tikshna guna*, *ushna virya*, *katu vipaka*, *kaphavatahara*.

Danti- *katu rasa*, *Tikshna*, *sara*, *laghu guna*, *ushna virya*, *katu vipaka*, *kaphahara*, *Deepana*.

Goghrta- *Madhura rasa*, *guru guna*, *sheeta virya*, *Madhura vipaka*, *vata pittahara*.

Guggulu is having *laghu Sukshma guna* is necessary to break the *avarana* caused by *aama* to *vata*. *Ushna veerya* and *katu vipaka* does *aamapachana*, *snigdha guna* does *vatahara* action

Kshareeya action of *pippali* helps in *aamapachana*

All the ingredients of *kaishora guggulu* is having *tikta rasa* which does *Deepana pachana* so thus corrects *mandagni*, inturn does *aamapachana*. *Tikta Kashaya rasa* reduces *kleda guna* of *kapha* and *ama* and has *shoshana* and *laghu rukshna guna* does *strotoshodhana* and *ushna virya* of *Dravya* does *Deepana pachana* and by all these properties does *Vedana sthapana*, *shothahara*, *vatanulomana*.

MODE OF ACTION OF CHITRAKADI VATI^[8]

Chitraka is having *visha hara* action and antiarhrhic action and antiinflammatory action. Drugs present in the *Chitrakadi vati* mainly of *katu*, *lavana*, *amla rasa pradhana*, *laghu*, *ruksha sookshma guna*, *ushna virya*, *katu vipaka*, *Deepana pachana*, *anulomana*, *rochana* properties and have *kapha vata shamaka* action which improves *jataragni* by relieving *ama*. Due to *sookshma guna* it penetrates easily and relieves *strotovarodha*. *Deepana pachana guna* and *grahi* properties relieves *strotogata ama* and *picchilata*. According to *Charaka*, *laghu*, *Tikshna*, *ruksha guna* and *katu tikta rasa* subsides the aggravated *kapha*. While *ushna virya* and *Tikshna*, *snidgha guna* counteracts *vata*. Thus all these *gunas* stimulates *jataragni* which inturn stimulates all other *agni*.

MODE OF ACTION OF AMRUTOTTARA KASHAYA^[9]

1. *Nagara*: *katu rasa*, *guru*, *ruksha*, *Tikshna*, *ushna virya*, *Madhura vipaka*, *vata kaphahara*, *does dipana*, *pachana*, *strotoshuddhikara*, *shothahara*.
2. *Amrita* : It has *tikta*, *Kashaya*, *rasa*, *guru snigdha guna*, *ushna virya*, *Madhura vipaak*, *tridosha shamaka*, *Deepaniya*, *shothahara*

3. *Haritaki*: It has *lavanavarjjitha pancha rasa*, mainly *kashaya rasa*, *laghu*, *ruksha guna*, *ushna virya*, *Madhura vipaka*. It has *shothahara*, *strotoshodhana*, *vedanasthapana properties*.

Amrutottara Kashaya is having *tikta katu Kashaya rasa* *pradhana*, *laghu guna*, *ushna virya*, *Madhura vipaka*, *tridosahara*, *vatanulomana*, *rasa rakta prasadena*, *pachaka*, *strotoshodhana*, *shophahara*. *Shunti* is best *Deepana* and *pachana dravy*, with its *Sukshma* and *teekshna guna* does *aamapachana* and *shogel* (active compound) has ability to suppress inflammatory pathways. *Guduchi* inhibits autoimmune arthritis by regulating key immune mediators of inflammation and bone marrow.^[12]

MODE OF ACTION OF RELAXI CAPSULE

All the above ingredients are *tikta katu Kashaya rasatmaka*, *ushna veerya*, *katu vipaka*, *vatakaphahara*, *Deepana*, *pachana*. Thus acts as *shoolahara*, *amapachani* due to *tikta katu Kashaya rasa dravyas*. *Ushna virya* of *dravyas* helps to increase *agni*.

Shallaki (*Boswellia serrata*) is the main ingredient in *relxi capsule* and best *amavatahara* property. *Shallaki* inhibits *lipoxigenase* enzymes which is powerful contribution to inflammation and diseases. Due to *tikta katu Kashaya rasa* it helps in *amapachana*. The role of *Maharasnadi kwatha* or *Kashaya* is mainly on *musculoskeletal system*. It acts as *shophahara*, *shoolahara*, and *ama pachaka*, *deepana*. Almost all the ingredients of *Maharasnadi kada* works on *vata dosha*.

MODE OF ACTION OF MAHAVISHAGARBHA TAIL^[10]

Dhattura due to its *anticholinergic properties*, it can induce a state of *delirium* where a person may so *disoriented* and *confused* that they may not perceive pain.

Haridra- possesses *Tikta*, *Katu*, *Kashaya Rasa*, *Ruksha*, *Laghu Guna*, *Ushna Veerya*, *Katu Vipaka* and decreases *Kapha Vata*. It possesses *Analgesic*, *Shothahara* properties

Ashuddha kuchala

After *shodhana*, *strychnine* and *brucine* is reduced and increased amount of *novel alkaloids* such as *Isostrychnine*, *Isobrucine*, *Strychnine – N oxide* and *Brucine- N oxide*. *Brucine* and *Brucine N oxide* has been reported for its *analgesic* and *anti-inflammatory properties*.^[11]

MODE OF ACTION OF MYOSTAL LINIMENT

1. Mahanarayana taila^[12]

It is having drugs like *rasna*, *shatapushpa*, *kushta*, *prishnaparni*, *mudgaparni*, *nagakeshara*, *ela*, *tagara* etc which are having *katu tikta rasa*, *laghu teekshna guna*, *katu vipaka*, *ushna virya*, *vata kapha hara*. *Ajadugdha* is having *Kashaya*, *Madhura rasa*, *laghu snigdha guna*, does *agnideepana*. It has properties to destroy all types

of *vyadhi*. *Shatavari* drug is having *Madhura tikta rasa*, *snigdha guna*, *shophahara* properties. *Jeevaniya gana dravyas* all are having *vatahara* and *shophahara* properties.

2. *Gandhapura taila* is also known as *wintergreen oil*, *shopha* and *shoolahara*. *Gandhapura Oil* is extracted through a process called *steam distillation*. Fresh leaves of the *Gaultheria fragrantissima* plant are collected and subjected to *steam distillation*, which involves passing steam through the leaves. This process helps release the *essential oil*, which is then *condensed* and collected for further use. *Gandhapura Oil* possesses several *therapeutic properties* that make it a popular choice in *aromatherapy* and *traditional medicine*.

3. Tailaparna taila or nilgiri taila

Oil is extracted from the leaves of *eucalyptus* plant. This oil helps to relieve pain in joints and muscles.

It is having *katu tikta*, *kashaya rasa*, *laghu snigdha guna*, *ushna virya*, *shoolahara*, *shophahara*.

4. Nirgundi taila^[13]

Ingredients:

Nirgundi: *katu tikta rasa*, *laghu rooksha guna*, *katu vipaka*, *ushna veerya*, *vatakaphahara*.

Langali: *katu tikta rasa*, *laghu teekshna*, *katu vipaka*, *kaphavata shamaka*, *shophahara*.

Tila taila:

Madhura, *tikta Kashaya*, *katu rasa*, *ushna veerya*, *Madhura vipaka*, *sookshma*, *guru*, *Deepana*, *guna*. *Vatahara*, *shoolahara*.

5. *Devadaru taila*: *katu tikta Kashaya rasa*, *vatahara*, *laghu rooksha guna*, *katu vipaka*, *ushna guna*, *shophahara*.

6. *Sarala*: *Madhura tikta katu rasa*, *snigdha guna*, *ushna veerya*, *kaphavata shaaka*, *shophahara*.

MODE OF ACTION OF SAINDHAVA LAVANA^[14]

Ruksha sweda with *Siandhava lavana* alleviates *stambha* and *gaurava* and *shula* with its *ushna*, *teekshna*, *ruksha* and *Sukshma guna*. It also does *Ama pachana* which is accumulated in joints.

CONCLUSION

First time *Acharya Madhava* has described the *Amavata* elaborately with the *Nidana*, *Samprapti*, *Pratyatma Lakshanas*, etc. *Amavata* is one such disease where authors categorized the pain as *Vrischika Danshavat Vedana*. During the time of *Madhava nidana* (7-8th AD) incidence of *Amavata* might have increased, that might be the reason for detail description regarding the disease. It is a challenging and burning disease for the physicians even in this era. *Ama* is one of the chief pathogenic factors of the disease. *Ama* is generated at various levels in the body which are at the *Jatharagni* level, *Bhutagni* level, and *Dhatwagni* level. So to remove the *ama* and correct the *agni* internally *deepana*, *pachana* with

kaishora guggulu, Chitrakadi vati, Amrutottara Kashaya.

Externally sthanika abhyanga, swedana, and upanaha with dashanga lepa, saidhava lavana and mahavishagarbha taila, myostal liniment advised. This resulted in a relieving symptoms in the patient. From this case study it can be concluded that *Amavata* can be effectively and safely treated with *shamana oushadhi*. But as it is a single case study, need to conduct studies on large number of patients to know exact pharmacodynamics and kinetics of *Shamana oushadhies* on *Amavata*.

REFERENCES

1. Mishra B S Bhavaprakasha, Uttarardha Vidhyotini editor (Madhyamakhanda), Varanasi, Chaukambha Bharath Academy, 2001.
2. Radhakantdev. Shabdha Kalpa Druma, part 4. Editor. Varanasi, Chaukambha Sanskrit Series. 1967.
3. Murthy Chandra Himasagara, Madhavakara Madhava nidhana, part 1, 25th chapter, Chaukambha Sanskrit series office Varanasi, P.NO- 409.
4. National Institute of Arthritis and Musculoskeletal and Skin Diseases. August 2014. Archived from the original on June 30, 2015. Retrieved July 2, 2015.
5. <https://jaims.in/jaims/article/view/2402/3167>
6. Mishra Siddhinandan, Bhaishajya ratnavali, hindi vyakhya, 16/ 18, Chaukambha Surabharati Prakashana, p.no- 918 8.
7. Murthy K.R. Shrikanth, Sharangdhara madhama khanda 7/ 71-81, Chaukambha Orientalia, Varanasi, p.no- 108.
8. Mishra Siddhinandan, Bhaishajya ratnavali, hindi vyakhya 8/26-27, Chaukambha Surabharati Prakashana, p. no-258.
9. Murthy Krishna M. S, Sahasrayoga Kashaya prakarana 30.
10. Murthy K.R. Shrikanth, Sharangdhara madhama khanda 2/89-95, Chaukambha Orientalia, Varanasi.
11. Significance of standard operating procedure in safety profile of rasaushadhies with special reference to Kupilu Shodhan, July 2014, International Journal of Research in Ayurveda and Pharmacy 5(3): 322-325 DOI:10.7897/2277-4343.05366
12. Mishra Siddhinandan, Bhaishajya ratnavali, hindi vyakhya, 26th chapter, Chaukambha Surabharati Prakashana.
13. Mishra Siddhinandan, Bhaishajya ratnavali, hindi vyakhya, 44/77, Chaukambha Surabharati Prakashana.
14. Dwivedi, Lakshmidhar, Charaka samhita sutra sthana 27/300, Chaukambha Krishnadas Academy, Varanasi, p.no- 573.