

A CASE STUDY OF YOGVASTI IN THE MANAGEMENT OF AMVATA

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ABSTRACT

The present study was aimed to evaluate the efficacy *Dashmula yogvasti* in *Amvata*. In the treatment principle of *Amvata shodhana* therapy has been given prime importance. In *Ayurveda Yoga Ratnakara* advises undergoing specific *panchakarma* according to *Dosha, Sthana, Avastha*. Here a male patient of *amvata* came to take *ayurvedic* treatment for his relief. He had been given *ayurveda* treatment. according to *chikitsa sutra*. Initially *Deepana, Pachana, Rookshana* was done followed by administration of *dashmula yogvasti* for 8 days. Follow up period was of 16 days in which *Yograjuggulu, amvatari kashayam, maharasnadikashaya*. was given. Assessment was done at clinical level and investigation level after the treatment and after follow up period. This study proves the significance of Selected drug *Yogavasti* in *Amvata*. It shows *Panchakarma* is useful for diminishing the signs and symptoms of *amvata*.

KEYWORDS: *Dashmula yogvasti, Amvata, Yograjuggulu.*

INTRODUCTION

Amvata is a painful multiple joint involvement systemic disease. In *Ayurveda Amvata nidana* mentioned by *Acharya Madhavkara* in *madhav nidana*¹. *Ayurveda* says multiple systemic diseases are aggravated from *Mandagni* and *Apachit ahar rasa*. As consider to *amvata* it is a *sama vyadhi* aggravated from *sama Aahar rasa*. *Amvata* is likely to be *saam vayu lakshana*. In *Amvata Ama* And *vata dosha* vitiated by Improper metabolism. Although no. of diseases are also formed by *apachit* or *dushit Aahar rasa*, and *Amvata* is one of them.^[1]

In case of disease the *hetu* are responsible. In case of *Amvata viruddha Aahara, atisnigdha aahar, mandagni* is responsible for *Apachit Ahar rasa*. This *Apachit ahar rasa* comes to *shleshmasthan* and causes *strotorodha, gaurav, balbhransha* and *vimargagamana* is to be formed. so in *amvata* joints are inflamed.^[2] The treatment plan of *Amvata* is described in *Yogratnakara*. I have selected this widely spreading *amvata vyadhi* which is co-related with Rheumatoid Arthritis.^[3] The prevalence rate of Rheumatoid arthritis is about 3% with male to female ratio of 1:3.^[4]

CASE REPORT

A 32 year male patient presenting with signs and symptoms of *Amvata* like:

- 1) *Sandhishula*
- 2) *Shotha*

- 3) *Vrischikdandshvatavedana*
- 4) *Trishna*
- 5) *Angmarda* etc. was taken in study. He has RA +ve and E.S.R.raised

But from last 20days increase in severity of symptoms were observed. So he has approached to O.P.D. of csms ayurved hospital, kanchanwadi Aurangabad.

History of present illness

Patient was having *snadhishula, shotha, vrischikdandshvat vedna* etc. symptoms since 3-months for the same he approached to modern medicine. He has been advised to take painkillers, steroids etc, instead of taking modern medicine he has approached to *ayurved*.

Past History: No history of DM/HTN/IHD/Typhoid/or any major illness. No history of accident or fall.

Family History

Svakula – swastha
Matrukula- swastha
Pitrakula –swastha

Personal History

Age- 32yrs
Sex- male
Education-hsc.
Prakriti – Vaat pittaj.
P.R.- 72/min.

Koshta- madhyam
Agni- manda
Aahara

- 1) Type of diet- veg-nonveg
- 2) Dominant rasa- *madhur, amla, lavan, katu rasa pradhanya.*
- 3) Dietary habits-*viruddhanna*
- 4) *Dravya- navadhanya(rice), dadhi.*
- 5) Addiction- tea-4-5 times/day.
- 6) *Viharaja-vyayam,atishrama, vegadharana.*
- 7) *Nidra – khanditnidra*
- 8) *Divaswpana- 1hr /day*
- 9) Occupational history- labour work.

General examination

(including *Ashtavidha, indriyapariksha* and *strotasa* examination.)

G.C.- Moderate

P.R.-74/min.

R.R.- 16/min

B.P.-120/80mmHg.

Systemic examination-

Cvs- s1,s2 normal

Cns well conscious and oriented.

R.S.- air entry equal...chest clear.

P/A. soft, non tender.

Liver, kidney, spleen-not palpable.

Ashtavidhapariksha

- 1) *Nadi- 74/min.*
- 2) *Mutra-4-5times*
- 3) *Mala-regular (1/day)*
- 4) *Jivha – sama*
- 5) *Shabda-aatur, gambhirsvara.*
- 6) *Sparsha – Ushna sparsha*
- 7) *Drik-snigdha*

- 8) *Akruti – madhyama.*

IndriyaPrikshana

Dyanendriya (sensory organ)- no any deformity.

Karmendriya

Vaak- normal.

Paani- *shotha.*

Kurparsandhishula.

Pada – ubhay pad brihad sandhi shula, sakashtachankramana.

Strotas parikshana

Rasavaha Strotas: aruchi, angmarda, jwara.

Asthivaha Strotas: sandhishula

Majjavaha Strotas: tingling sensation in hands

Investigatios

1) Hb%-	12.9gm%
2)Rbc	4.26 million / Cumm
3)Wbc-	4600 /Cumm
4) Platelet count	2,28,000 /Cumm
5) E.S.R	25mm at the end of one hour
6) RA test.	Positive

Dignosis and assessment

Amvata was dignosed by the presence of symptoms such as *angamarda, ushnasparcha, shotha, vrushchikdanshavatavedana* etc.

Treatment

I have given treatment plan as per,

Langhana

Deepanpachana

Swedana like

	Treatment - Bahya	Abhtantar
30 th November 2016	<i>v.pottaliswedana.</i> <i>Sunthi lepa.</i>	<i>Simhanadaguggulu 500mgBD</i> <i>Maharasnadikashay 20ml BD</i> <i>GandharvaHastyadi tail 10-15ml HS with luke warm water.</i>
1Dec.to 7dec.	<i>Valukapottaliswedan,</i> <i>Sunthilepa at night</i>	<i>Simhanadaguggulu 500mgBD</i> <i>Maharasnadikashay 20ml BD</i>

After diminishing all *lakshana* of *aama*, I have given *yogvasti* treatment to the patient.

On 8th December

After diminishing the *samaavastha* ,*yogavasti* is given to the patient followed by *Yograjuggulu, maharasnadikashaya*.^[5]

Sr.no.	Day	Basti name	Basti pradan kaala
1	8 th dec.	<i>Anuvasan basti</i>	Morning (after breakfast) 9am.
2	9 th dec.	<i>Niruh basti</i>	Morning (before breakfast) 8am.
3	10 th dec.	<i>Anuvasan basti</i>	Morning (after breakfast) 9am.
4	11 th dec.	<i>Niruh basti</i>	Morning (before breakfast) 8am.
5	12 th dec.	<i>Anuvasan basti</i>	Morning (after breakfast) 9am.
6	13 th dec.	<i>Niruh basti</i>	Morning (before breakfast) 8am.
7	14 th dec.	<i>Anuvasan basti</i>	Morning (after breakfast) 9am.
8	15 th dec.	<i>Anuvasan basti</i>	Morning (after breakfast) 9am.

Yograj guggul 2BD after meal
Maharasnadi kashaya – 2 teaspoon two times after meal.

On 16th December

Patient was discharge and advice to take following treatment.

- 1) Yograj guggul- 500ml BD.
- 2) Amvatari Kashay- 20ml BD.
- 3) Tapyadi loha-250mg OD.

Table No. 1.

Sr.no.	Signand symptoms	Before tretmnt	After treatment	After paihara kala (aftr 16 th day)
1	Sandhishhula	Present (8+)	Present (3+)	Present (1+)
2	Shohta	+++++	++++	++
3	Vrischikdandshvatavedana	+++++	+++	+
4	Trishna	++	+	+
5	Angmarda	+++++	++++	+++
6	Gauravta	++++	+++	+
7	Sparshashatva	++++	++	+

Table No. 2.

Sr.no.	Test	Before treatment	After treatment
1	ESR	25	15
2	R.A.	Positive	Negative

DISCUSSION

Sarvdehik samdosha panchana done by our bahya and abhyantar treatment. Vata shamana is also done by above treatment.

Vasti plays a prime role in treatment of vitiated vata.^[4] Vata is only responsible for all the functions of the body and also therefore for the production of the disease. The given Vasti enters the Pakvasaya, which is the main seat of vata dosha and destroy vitiated vata dosha,⁵ which is the originator of the disease. By subsiding the vata, the disease located in the other parts of the body also become pacified just like cutting the root of a plant, stem branches, sprouts, fruits, leaves etc. also destroyed. The Shaman medicine like Singnaad Guggulu and Maharasnadi kashaya is beneficial in Amavata. They help in diminishing the sign and symptoms of amvata.

CONCLUSION

From above discussion As per disease activity Samprapti bhanga chikitsa is important in Amvata. And sarvadehik Bala improvement is also important. Yogvasti has effect in amvata after Langhan, Dipana, Pachana and panchakarma chikitsa plays and important role to treat such diseases. Ama is one of the vyadhi ghatak given in text but in this disease it is a prime factor that why first treatment of ama was done and after that yogvasti was given.

RESULT

The patient is symptomatically improved. The subjective parameter show improvement in clinical symptoms (Table 1). Patient shows RA test Negative and changes in ESR value (Table no.2). Before starting the treatment patients was presented with all the symptoms but there was improvement in Sandhishhula, Shohta, Vrischik dandshvatavedana, Trishna, Angmarda etc. In this case study it is found that there is decrease in symptoms of amvata at the end of parihar kala and change in the R.A test and E.S.R. value during follow up study. (Table no.2).

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