

A CASE STUDY ON AMAVATA W.S.R TO RHEUMATOID ARTHRITIS

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ABSTRACT

Amavata is made up of a mixture of two words, Ama and Vata. The ailment is often due to derangement of Agni, like Jatharagni, Dhatvagni and Bhutagni, etc. ensuing in the production of Ama and this Ama circulates in the complete body by means of the vitiated Vata and receives positioned in the Shleshmasthanas (Amashaya, Asthisandhi etc) inflicting pain, stiffness and swelling over the small and big joints making a person lame. The scientific presentation of Amavata closely mimics with the unique range of Rheumatological issues referred to as Rheumatoid Arthritis in accordance with their similarities on medical features Rheumatoid Arthritis (RA) is a continual inflammatory, unfavourable and deforming symmetrical polyarthritis related with systemic involvement. The prevalence of rheumatoid arthritis in India in person has been mentioned to differ from 0.5 to 3.8% in women and from 0.15 to 1.35% in men. Allopathic treatment provides symptomatic relief but the underlined pathology remains untreated due to absence of effective therapy and also giving rise to many side effects, toxic symptoms and adverse reactions. The Ayurvedic treatment not only devoid such type of sick effect, but also presents a higher way by using treating Agni and Ama at its by using treating Agni and Ama at its roots. The concepts of administration of Amavata are langhana, Swedana, Dravyas having tikta, katu rasa, deepan pachana as Shamana chikitsa. The first specified description of Amavata as a sickness is observed in Madhav Nidan, so the existing study offers with systemic assessment of Amavata w.s.r. Rheumatoid Arthritis from all the classics of Ayurveda and its management.

KEYWORDS: Amavata, Ama, Langhan, Swedan, Shamana chikitsa, Virechan, Rheumatoid Arthritis.

INTRODUCTION

Amavata is a disease in which Ama with vitiated Vata Dosh,^[1] accumulates Sleshma Sthana, which simulates Rheumatoid Arthritis in modern parlance. In present era changing of life style, intake of unwholesome and fast food, lack of exercises etc. will leads to Mandagni, which results in the production of Ama. When Ama combines with the vitiated Vatadosha in Sleshmasthanas leads to Amavata with the symptoms Sandhi Shotha, Shoola, Sparshaasahatwa and Gatrastabdhatva. Clinical features of Amavata resembles with Rheumatoid arthritis. A chronic inflammatory disorder affecting many joints, including those in the hands and feet minor and major joints. The prevalence of rheumatoid arthritis in India in person has been mentioned to differ from 0.5 to 3.8% in women and from 0.15 to 1.35% in men.^[2] Whenever that Ama gets localized in the body tissue or joints, it can lead to production of pain, stiffness, swelling, tenderness, etc., in the related joints.^[3] The features of Amavata are much identical to RA, an autoimmune disorder which causes chronic inflammatory and symmetrical polyarthritis.^[4] In Ayurveda, Nidana

Parivarjana (avoidance of causative factors) is considered as the first and foremost line of management for any disease. Virechanakarma is a Shodhana process (biological purification of the body) to balance the vitiated Dosh in general and Pitta Dosh in particular.^[5] Hence, this study included both the treatment modalities, i.e. Nidana Parivarjana and Virechanakarma to manage Amavata effectively.

METHODOLOGY

A female patient diagnosed with Amavata has been taken for the study and administered with Shamana chikitsa and classical Virechan Karma.

CASE REPORT

A 48-year-old female patient came to us with chief complaint of.

	Chief complaint	Duration
1.	Ubhya parvasandhi shool (Bilateral finger pain).	2 years
2.	Ubhya janusandhi shool-shotha (Bilateral knee pain & swelling).	
3.	Ubhya manibandha shool, Shotha & sparsha-asahatwa.	
4.	Ubhya Ansa-kurpara sandhi shool.	
5.	Angamarda .	
6.	Aruchi.	
7.	Morning stiffness.	

History of Personal Illness

The patient was normal 2 years back. Since then patient have been suffering from Ubhya parvasandhi shool (bilateral finger pain), Ubhya janusandhi shool-shotha (bilateral knee pain & swelling), Ubhya Ansa-kurpara sandhi shool, Ubhya manibandha shool, Shotha & sparshaasahatwa, Angamarda, Aruchi, Morning stiffness.^[6] For this patient took allopathy treatment but got temporary relief, then she decided to take Ayurvedic treatment. So for further ayurveda treatment patient approached to Dy. Patil School of Ayurveda, Nerul.

Examination

Personal History

Occupation: Housewife.

Diet: Mixed diet.

Appetite: Irregular.

Allergy: No history of any drug or food allergy.

Ashtavidh- Parikshna

1. Nadi: 80/min

2. Mala: Malavashmbha
3. Mutra: 4 to 5 time in day, 2 to 3 times in night
4. Jihva: Sama
5. Shabda: Prakrut
6. Sparsha: Anushna
7. Drik: Prakrut
8. Akriti: Sthula

Dashavidha-Parikshna

- a. Prakriti: Vata pradhana-kapha anubandhi.
- b. Vikruti:
Dosha- Vatapradhana tridosha,
Dooshya- Rasa, Meda, Ashti.
- c. Satwa: Madhyama.
- d. Sara: Majja
- e. Samhanana: Madhyama
- f. Pramana: Madhyama
- g. Satmya: Sarva rasa
- h. Aharasakti: Madhyama
- i. Vyayamasakti: Avara
- j. Vaya: 48 years

MATERIAL AND METHODS

Material

Management of Amavata (Table 1 & 2)

Table 1: Showing material for Management of Aamvata as.

Sr. No	Dravya	Dose	Duration	Anupana
1	Simhanad Gugul	250 mg	2 BD	Lukewarm water
2	Lakshadi Gugul	250 mg	2 BD	Luke warm water
3	Tab.Gandhrvaharitaki	500 mg	2 HS	Luke warm water
4	Rasnasaptakam kwath	2 TSF	Twice in day	Luke warm water

Table 2: Showing Panchkarma Management of Aamvata as.

Panchakarma	
Rooksha Swedana	Valukapottli sweda
Snehana	Vishagharbha taila
Virechana	Shunthi-siddha eranda tail (5 ml in morning)

Methods

Type of study: Simple random single case study

Assessment Criteria (Tables 3-5):

Table 3: Grading of Sandhishoola (pain).

Sr.no	Severity of Pain	Grade
1	No pain	0
2	Mild pain	1
3	Moderate, but no difficulty in moving	2
4	Much difficulty in moving the body parts	3

Table 4: Grading of Sandhishotha (swelling).

Sr.no	Severity of swelling	Grade
1	No swelling	0
2	Slight swelling	1
3	Moderate swelling	2
4	Severe swelling	3

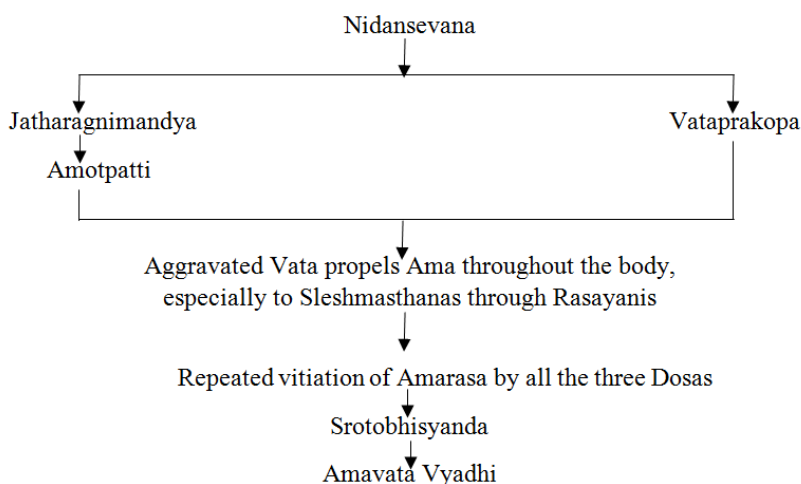
Table 5: Grading of Sparshasahatwa (tenderness).

Sr.no	Severity of Tenderness	Grade
1	No tenderness	0
2	Subjective experience of tenderness	1
3	Wincing of face on pressure	2
4	Wincing of face and withdrawal of the affected part on pressure	3

Discussion of Amavata**Hetu/ Etiology of Amavata^[7]**

- 1) Viruddha Ahara (Incompatible food) -Viruddha Ahara plays important role in causing Ama.
- 2) Viruddha Cheshta (Improper physical activity) - Amavata is produced due to Mandagni.

- 3) Nischalata (Lack of physical activity) - Lack of physical activity or sedentary life style is the main cause of accumulation of Ama in the body.
- 4) Snigdham bhuktavato Annam vyayaamam:- Performing physical exercise soon after intake of heavy food causes Ama in the body.

Samprapti of Amavata (Schematic representation)**Discussion on Medicine (Sampraptibhnga)**

- 1) **Langhana**:- 1 st line of treatment in Amavata is Langhana which helps in digestion of Ama. Here Langhana means not complete fasting but, intake of light food. The duration of Langhana varies from person to person depending upon individual capacity.
- 2) **Swedana**:- that which induces sweating and relieves Stambha, Gaurava and Sheeta. Amavata is a Vata Kapha Pradhan Vyadhi having Stambha, Gaurava and Sheeta as Pradhan Lakshanas. Swedana

indicated here is - Ruksha Swedana (Valuka and Pottli)

- 3) **Snehana**: As it aggravates Ama so contraindicated in Amavstha. But to remove the Dosa sanga & to pacify the Vata Dosa Snehana is required. Vishagharbha taila is a vyadhi pratyanka Snehana in Amavata.
- 4) **Aushadhi chikitsa**:^[8] Katu, Tikta & Pachak Aahar & Aushadhi: - The drug which possess Katu (pungent), Tikta (bitter) and which act as deepana, pachana are recommended in Amavata. These drugs,

by virtue of their qualities does Apachana, hence may help in relieving shotha & shoola.

- A. Simhanada guggulu is the drug of choice in amavata (RA) due to its capacity to improve digestive fire (agni), pacify vitiated vata and kapha especially in joints and improve strength of joints.
- B. Lakshadi Gugul: This drug mentioned under Bhishjyarnawali Aamvatarogadhikara. Its contain Laksha, Asthisamhrut, Kakubha, Ashwagandha, Nagbala, Gugul. This drug does healing of bones which get degenerated in Aamvata.
- C. Rasnasaptakam kwath: Its contain Rasna, Amruta, Aragvadha, Devdaru, Trikantaka, Ernada, punarnava, Shunthi. Its act as shoologhna (analgesic), vata-kapha shamaka, immunomodulator, anti-inflammatory, carminative, appetizer
- D. Gandharva haritaki: Gandharva haritaki is polyherbal Ayurvedic medicine. Contains of this medicine are erand tail, balharitaki, sunthi, sandhav and savarchal lavana.it has purgative and laxative action. Gandharva haritaki evacuates bowel and removes toxins from body.

5) Virechana - Shunthi-siddha eranda tail (5 ml at morning): Shunthi is best aampachk, shothaghan, and eranda tail is one of the best drug mentioned in Aamvata, both drug together work as vata-kapha shamak, immunomodulator, shothahara (antiinflammatory)

OBSERVATION AND RESULT

Patient got relief in Swelling and tenderness within 2 days. Rest improvement in all symptoms found within 7 days. After 28th days follow up there is nearly nil of all symptoms. After our successful treatment, we took follow up of patient till next 3 months on each 15 days. I found that there is nil of all symptoms (except occasionally little pain in knee joints, we can consider its normal, as per age of patient and chronic disease) (Tables 7-12).

Table 7: Assessment of sandhi-shool.

Left		Name of Joints	Right	
Before	After		Before	After
3	0	Parvasandhi	3	1
3	0	Janusandhi	2	1
2	0	Manibandha	3	0
2	0	Ansa sandhi	3	0
1	0	Kurpara sandhi	2	0

Table 8: Assessment of sandhi-shoth.

Left		Name of Joints	Right	
Before	After		Before	After
3	0	Janusandhi	3	1
2	0	Manibandha	3	0

Table 9: Assessment of sparshasahatwa (tenderness).

Left		Name of Joints	Right	
Before	After		Before	After
2	0	Manibandha	3	0

Table 10: Assessment of angamarda (malaise).

Angamarda	
Before	After
2	0

Table 11: Assessment of Aruchi.

Aruchi	
Before	After
2	0

Table 12: Assessment of Morning stiffness.

Morning stiffness	
Before	After
3	0

CONCLUSION

Amavata is one among the most prevalent disease in the present era, and it is challenging issue for medical science. Ama and Vata have the properties on opposite pole of each other and involvement of uthanadhatu (RASA) and gambheradhatu (ASTHI) makes the treatment more complicated so there is necessity of a systematic treatment protocol purely based on the principles of Ayurveda, because any measure adopted will principally oppose one another so very careful approach can only benefit the patient. Early diagnosis is key to prevent deformities with appropriate management. Panchakarma procedures will help in checking autoimmune mobility and elimination of Bahudoshavastha. This case study showing that Virechan Karma is a better modality of treatment for treating Amavata for relieving symptoms and as well as correction in biochemical parameters.

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