

AYURVEDIC MANAGEMENT OF AMAVATA – A CASE STUDY

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ABSTRACT

The term *Amavata* is derived from words, “*Ama*” & “*Vata*”. The *Ama* when combined with *Vatadosha* & occupies *shleshmasthan* (*Asthisandhi*) results in a painful disease called, “*Amavata*”. *Ama* means incomplete digestion of food which results in the incomplete formation of *Annarasa*, circulate in the body & reach to target cell where it produces pathology like heaviness in the body, loss of strength, drowsiness, aggravation of *Vata* & improper elimination of waste product, Body ache, thirst, fever, incomplete digestion of food. In Modern Science, *Amavata* is compared with Rheumatoid Arthritis which is an auto-immune disorder. In the present era, *Amavata* is the most common disease affecting a large, aged population. *Amavata* is the outcome of *Agnidushti*, *Amotpatti* & *Sandhivikruti*, because of this, those therapies normalize *Agni*, metabolize *Ama* & regulate *Vata* & maintain healthy *Sandhi* & *Sandhistha Shleshma*, will be best for this disorder. A female patient suffering from multiple joint pain with swelling, severe morning stiffness, restricted movements, malaise, and *Mandagni* (poor appetite) for the past 1 year, was diagnosed as *Amavata*, based on the symptoms and lab investigations. The patient was admitted to our college IPD, and a treatment plan was designed. Marked improvement was observed in signs and symptoms after treatment.

Keywords: Amavata, Amotpatti, Rheumatoid Arthritis, Simhanada Guggulu.

INTRODUCTION

Amavata is a disease in which vitiation of *Vata Dosha* and accumulation of *Ama* take place in joints, which simulate Rheumatoid Arthritis (RA) in modern parlance.^[1] *Ama* is a maldigested product, which is not homogeneous for the body. Whenever that *Ama* gets localized in the body tissue or joints, it can lead to the production of pain, stiffness, swelling, tenderness, etc., in the related joints.^[2] In the Present era, People are so busy in their day-to-day life. They show more interest in their health, but due to busy life schedules, they are unable to make a healthy life. The things that trouble most people are faulty Dietary habits & not following a daily seasonal regimen. Frequent indulgence of such factors leads to the altered status of *Jatharagni* as well as *Dhatvagni*. The impaired status of *Agni* leads to develop various kinds of diseases.^[3] The causative factor for various kinds of disease is *mandagni*.^[4] Rheumatoid arthritis is a chronic, progressive autoimmune arthropathy characterized by bilateral symmetrical involvement of joints with some systemic clinical features^[5]. Treatment in modern medicine has limitations due to its side effects. The prevalence of RA is ~0.8% of the population (range 0.3–2.1%); women are affected approximately three times more often than men. The prevalence increases with age and sex differences diminish in the older age group. The onset is most frequent during the fourth and fifth decades of life, with 80% of all patients developing the disease between the ages of 35 and 50.^[6] This disease affects mainly the young population, and the patients are gradually crippled physically as well as mentally due to the bad prognosis of the disease. Hence it is a most burning problem in society.

METHODOLOGY

A female patient diagnosed with *Amavata*, admitted to the IPD of our College Hospital, has been taken for the study and administered with the treatment plan.

Case Report

A 62-year-old female having a 61 kg body weight, housewife, of *Vata-Pittaja Prakriti*, residing in an urban area, suffering from multiple joints pain visited the outpatient department of *Kayachikitsa* for Ayurvedic treatment on 18/10/2021, with OPD No. – 11738. The patient had the following complaints- Pain and Swelling in both knee joints for 8 months, Pain in both wrist joints and Loss of appetite for 1 month, and morning stiffness for more than 60 mins for 5 months. The patient was alright before a year. Gradually pain and swelling started in both knee joints. Thereafter she developed Pain in both wrist joints. 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, for further management, she came to BMAM, Nagpur.

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

Family history: The patient's mother had a history of Arthritis.

Personal History:

- *Ahara: Samishra ahara.* (Mixed diet)
- *Vihara: Divaswapa*
- *Nidra: Madhyama*
- *Mala pravritti: Asamyaka, baddha mala.* (Unsatisfactory)
- *Mutra pravritti: Samyaka* (Satisfactory)
- *Vyasana: Tea* (3 times a day)

Ashtavidha Parikshana:

- *Nadi:* 80/min
- *Mala: Asamyaka, baddha mala* (Constipation)
- *Mutra: Samyaka*
- *Jivha: Alpa Sama*
- *Shabda: Spashta*
- *Sparsha: Samasheetoshna*
- *Druka: Prakrit*
- *Akruti: Madhyama*

General Examination Vitals:

Pulse rate: 80/min, Blood pressure: 110/70 mm Hg, Temperature: 99. °F, Respiratory rate: 23/min, SPO₂: 99 %

Systemic examination:

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

Abdominal examination-

Liver, spleen – Nonpalpable

Local examination:

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

Differential Diagnosis

Amavata (Rheumatoid arthritis), *Sandhivata* (Osteoarthritis), *Vatarakta* (Gout).

Blood investigations:

- Hb – 10.5 gm/dl
- ESR – 89 mm at end of 1 hr
- RA factor – Reactive
- TLC, DLC, and S. Uric acid values were within normal limits.
- RBS – 105.5mg/dl.

Treatment Plan:

Table 1: The patient was willingly admitted to the Female ward. Proper Consent was taken. The treatment plan was as follows

Treatment	Medicine	Dose	Anupana	Duration
Internal treatment	<i>Simhanaad Guggulu</i>	500mg BD	Koshna jala	10 Days
	<i>Agnitundi Vati</i>	250mg BD	Koshna jala	10 Days
	<i>Sunthi Churna</i>	5gm BD	Koshna jala	10 Days
	<i>Eranda Sneha</i>	10ml HS	Koshna jala	10 Days
External treatment	<i>Valuka Pottali sweda</i>	Twice daily		10 Days
	<i>Dashanga Lepa</i>	Twice daily		10 Days

Table 2: *Pathya-apathya* (dos and don'ts) - Advised to the patient as follow

	<i>Pathya</i>	<i>Apathya</i>
Aaharaja (Food)	<i>Kulattha</i> (horse gram), <i>Raktashali</i> (rice)	Flour of <i>mash</i> (black gram), Rajmah (kidney beans), sweets.
	<i>Shigru</i> (drumsticks), <i>Karvellaka</i> (bitter gourd), <i>Ardrak</i> (ginger)	Fast food, uncooked food, salty, spicy, oily food.
	<i>Rasona</i>	
	<i>Jangal mansa</i> (meat).	Fish
	Hot water	<i>Cold water</i> , Curd, jaggery, milk, cold beverages, ice cream.
Viharaja (Behaviour)	<i>Pranayam</i> , <i>Yoga</i> , Meditation	Daytime sleeping, <i>Vegavidharana</i> (suppression of natural urges); exposure to cold, wind, A.C., excess stress

Assessment Criteria:

Subjective parameters:

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
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1	No tenderness	0
2	The subjective experience of tenderness	1
3	Wincing of the face on pressure	2
4	Winking of the face and withdrawal of the affected part on the pressure	3

Objective parameters:**Table 6:** General function capacity

Sr.no	General function capacity	Grade
1	Ability to do daily activities without difficulty	0
2	Ability to do daily activities with difficulty	1
3	Ability to do few daily activities, always need help	2
4	Bed /Chair ridden (cannot perform any daily activity)	3

Table 7: Gripping power

Sr.no	Gripping power	Grade
1	200 mm Hg or more	0
2	199-120 mm Hg	1
3	119-70 mm Hg	2
4	Under 70 mm Hg	3

Table 8: Walking time (25 feet in no. of seconds)

Sr.no	Walking time (25 feet in no. of seconds)	Grade
1	15-20 sec	0
2	21-30 sec	1
3	31-40 sec	2
4	>40 sec	3

Observations and Results:**Table 9:** Assessment of *Sandhishoola*

JOINT	BT	AT
Knee	3	1
wrist	2	1

Table 10: Assessment of *Sandhishotha*

JOINT	BT	AT
Knee	3	0
wrist	3	0

Table 11: Assessment of *Sparshasahatwa*

JOINT	BT	AT
Knee	2	0
wrist	2	0

Table 12: Assessment of General function capacity

BT	AT
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2	0
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Table 13: Assessment of Gripping power

BT	AT
3	1

Table 14: Assessment of Walking time

BT	AT
2	0

Table 15: Haematological parameters

Parameters	Before treatment	After treatment
Haemoglobin (gm/dl)	10.5 gm/dl	11 gm/dl
ESR (mm at end of 1hour)	89 mm	40 mm
RA factor	Reactive	Reactive

DISCUSSION

Symptoms of *Amavata* clinically resemble Rheumatoid arthritis. *Amavata* is mainly caused due to vitiation of *Vata Dosha* and the formation of *Ama*. *Mandagni* is the main cause of *Ama* production.^[7] In *Yogaratanakara Langhana* has been mentioned to be the best measure for the treatment of *Ama*. *Langhana* in the form of *Laghu Ahar* was advised to the patient. *Swedana* has been specially indicated in the presence of *Stambha*, *Gaurava*, and *Shula*. In *Amavata*, *Rukshasweda* has been advocated in the form of *Valukapottali* due to the presence of *Ama*. It helps in pacifying vitiated *Vata Dosha* thus leading to relieving pain and stiffness. *Simhanada Guggul* has *Laghu*, *Ruksha*, *Ushna*, *Tikshna* properties^[9]. The majority of drugs of *Simhanada Guggul* have Deepan (enzyme activating), *Ama-Pachan* (biotoxin neutralizing), *Shothaghna* (oedema reducing), *Shoolghna* (analgesic), *Jwaraghna* (antipyretic), *Balya* (energy-enhancing) and *Amavatahara* (antirheumatic) properties. It enhances the *AgniBala* (digestive and metabolic capacity), alleviates the *Ama* (biotoxins), and prevents further *Ama* (biotoxins) formation in the body. This reduces the clinical manifestations of *Amavata* (Rheumatoid arthritis) and helps in breaking the *Samprapti* (pathogenesis) of *Amavata*. *Agnitundi Vati* has *Amapachana*, *Deepana*, *Vatahara*, and *Shulaghna* properties which help in breaking *Samprapti* and relieving symptoms of *Amavata*. *Eranda sneha* is the best in *Amapachana*.

CONCLUSION

Amavata is a chronic disease affecting mankind having an autoimmune pathology. Hence, both local and systemic management is necessary for its pacification. Thus, the above drug protocol was successful in breaking the pathogenesis of the disease and improving the symptoms of *Amavata*. But this is a single case study hence to prove its efficacy there is a need to conduct a study on a large number of patients.

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