

**HOLISTIC APPROACH IN MANAGEMENT OF AMAVATA W.S.R. TO
CHAKRADATTA CHIKITSA SIDDHANTHA – A CASE STUDY**

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ABSTRACT

The impairment of *Agni* plays a very important role in *Amavata*. The name itself says there is the involvement of *Ama* and *Vata*. The *Kha-vaigunya* is observed mainly in *Shleshmasthan* (*Asthisandhi*) which results in *Amavata*. Use of Ayurvedic Diagnostics tools and then deciding Ayurvedic treatment helps to treat it in a natural way without any side effects and recurrence. *Chikitsa Siddhanta* as mentioned by *Acharya Chakradatta* for management of *Amavata*, consists of *Langhana*, *Swedana*, use of medicines having *Tikta*, *Katu Rasa* and *Deepana* property, *Virechana*, *Snehapana* and *Basti*. These modalities work mainly as *Amapachana*, *Vatashamana*, *Strotoshodhana* and *Sthana Balya*. Based on this *Chikitsa Siddhanta*, along with *Langhana*, *Swedana*, *Deepana*, *Pachana*; *Vaitaran Basti* was administered in a case of *Amavata* which was successfully treated. *Vaitaran Basti* is also given by *Chakradatta*. Marked improvements were observed in signs, symptoms and RA factor after treatment. During the treatment, complications were not observed.

Keywords: *Amavata*, *Ama*, *Chakradatta*, *Vaitaran basti*, RA factor.

INTRODUCTION

The *Anshaansha Samprapti* (Fractional Path) of *Amavata* disease involves *Vyana Vayu*, *Pachak Pitta*, *Kledaka* and *Shleshmak Kapha*. The main *dushya* involved is *Rasa Dhatu* and *Srotas* is *Rasavaha Srotas*. The foremost important factor is *Jatharagni Mandhya*. In *Amavata* type of *srotas dusti* is *Sanga* and *Khavaigunya* is *Sandhi*. The aggravated *Vata* carries *Ama* which is produced because of *agnimandya* and deposits it in *Sleshmasthanas* (Sites of *kapha* like joints etc.). The clinical features of *Amavata* produced are *Angamarda* (body ache), *Aruchi* (loss of appetite), *Alasya* (weakness), *Sandhiruk* (joint pain), *Sandhishotha* (joint swelling) and *Sandhisthabdata* (joint stiffness)^[1]. The detailed description of *Amavata* an *ayurvedic* perspective was firstly described by *Madhavakara* (700 A.D.) in *Madhava Nidana* whereas the treatment of *Amavata* was first explained by *Acharya Chakradatta*. Being a disease of *Madhyama Rogamarga* it is said to be *Krichrasadhya* or *Yapya*. *Amavata* affects the daily routine of patients which hampers his/her working ability. Due to the physical impairment, it indirectly affects the mental state also. Due to these reasons, it is one of the burning problems.

The Rheumatoid arthritis disease closely resembles *Amavata*. So, the prevalence of RA is taken into consideration which is approximately 0.8% of the population^[2]; Also, to investigate the improvement of this case study reports of RA factor before and after treatment is taken into consideration along with signs and symptoms. Almost 80% of all patients develop the disease between the ages of 35 and 50.^[2]

The focus of *Ayurveda* is to break the path of disease by focusing on the causative factor. Here, the main causative factor is *Agni-Mandhya* which produces *Ama* and *Paratantra dosha prakopa*. *Acharya Chakradatta* described the *Chikitsa Siddhant* for *Amavata* which includes *Langhana*, *Swedana* and use of drugs having *Tikta*, *Katu Rasa* with *Deepana* property, *Virechana*, *Snehapana* and *Basti*^[3]. Among these *Vaitaran Basti* is also a specific modality for *Amavata* which is explained under *Niruha Adhikara* by *Acharya Chakradatta*. *Vaitaran Basti* is said to work on *Shool*, *Aanaha* and *Amavata*.^[4] Here a case of *Amavata* was

treated by using *Siddhanta of Chakradatta* and *Vaitaran basti*.

CASE REPORT

A 49-year male patient working as an employee in High Court visited OPD (CR No.6360) of *Panchakarma*, Government *Ayurveda Hospital and College*, Nagpur, Maharashtra, having complaints of *Shool*, *Sthamba* and *Shotha* in *Sandhi pradeshas* since 4 yrs, and *Agni-mandhya* and *Jwara* for 7 days and *Sandhi-graha* in the morning is more for 1 month. The patient had episodes of *Jwara* twice a week for 3 months. The patient was alright before 4 years. Gradually Patient faced problems in daily routine like walking, sitting etc. Later, *Jwara* along with *shool* and *shotha* started in both *Janu Sandhi* (knee joints). Thereafter he developed *Shoola* in the remaining *Sandhis*. There was significant *Sparshaasahatwa* (Tenderness). Before every episode of *Jwara* patients complains of loss of appetite and morning stiffness. For that, he took allopathic treatment but did not get satisfactory results and for further management, he came to GAHC, Nagpur.

PAST MEDICAL HISTORY

There was no history of Diabetes, Hypertension or any other major illness in the past.

The patient was under allopathy treatment and was taking Steroids for the past 3 years.

Accident 24 yrs ago.

FAMILY HISTORY

Matruja Vrutta – Ovarian Cancer.

Pitruja Vrutta – Rheumatoid Arthritis.

Swakul Vrutta – Brother – Rheumatoid Arthritis.

EXAMINATION

Nadi (Pulse) – *Manda gati*; *Kapha-Vataj*; 68/min.

Mala Pravrutti – Once daily, *Sama*, '*Krute api akruta saudnyata*'.

Mutra Pravrutti – 7-8/day

Jivha - *Saam*.

Swasana – 18/min

Blood pressure – 100/70 mmHg

LOCAL EXAMINATION

Shotha presents on both *Manibandha* (wrist joints) and *Janu* (knee joints) *Sandhis*.

Sthamba along with *Shotha* and *Shoola* in both *Aunsa sandhis* (shoulder joints).

Slight *Shoola* and *Shotha* in *Parva Sandhis* and Both *Gulpha Sandhis* (Ankle joints).

Shoola in *Manya Sandhi* (Cervical Joint)

Sparsha – *Ushna*.

Range of movement - Restricted and painful movement of joints.

EXAMINATION OF SROTAS

- *Vikruta Srotas* - *Annavaha Srotas*, *Rasavaha Srotas*, *Mansavaha Srotas*, *Medovaha Srotas*, *Majjavaha Srotas* and *Purishavaha Srotas*.

- *Vikruti Swarupa* – *Sanga* and *Vimargagamana*.

DUSHTA DOSHA, DUSHYA AND MALA NIRDESHA:

- **DOSHA** – *Vyana vayu*, *Pachak Pitta*, *Kledak kapha* and *Sleshaka kapha*.

- **DUSHYA** – *Mansa*, *Meda* and *Asthi*.

- **MALA** – *Purisha*.

DIFFERENTIAL DIAGNOSIS

Amavata, *Sandhivata*, *Vatarakta*.

[*Sanchari Vedana*, *Samata*, Involvement of *Bruhat sandhi* and *Agni-Mandya*. Increase in intensity of pain in cloudy weather. Increase in pain on the application of oil.]

INVESTIGATIONS DONE

CBC, KFT, LFT, RA Factor.

DIAGNOSIS

Amavata as per *Hetus* (causative factor) and *Lakshanas* (symptoms) described in the classics of *Ayurveda*.

TREATMENT PLAN

The treatment was planned in Two Phases.

First Phase:

Langhana: For 7 Days.

Table 1

FIRST MEAL	SECOND MEAL
2 <i>Chapaties</i> and <i>Curry</i>	<i>Sali Lahya</i> (popped rice)

*Warm water for drinking. If a patient experienced hunger after the first meal, he was advised to take only *Sali Lahya* (popped rice).

1) *Abhyantar Chikitsa* (Internal medication) along with *Bahya Chikitsa* (External medication):

Table 2: *Abhyantar Chikitsa* (Internal medication) Advised after 3 days of *Langhana*.

Sr.No.	Medicine	Dose	<i>Anupana</i>	<i>Kala</i>	Duration
1.	<i>Tribhuvanakirti rasa</i>	125 mg twice	<i>Koshna jala</i>	<i>Apana</i>	7 days
2.	<i>Sihanad Guggulu</i>	500 mg twice	<i>Koshna jala</i>	<i>Apana</i>	7 days
3.	<i>Gandharva Hastakadi Kashaya</i>	15 ml twice	Equal quantity of <i>Koshna jala</i>	After meal	7 days

Table 3: *Bahya* (External Treatment): Advised after 3 days of *Langhana*.

Local Procedures	Medications	Duration
<i>Snehana</i>	<i>Mahavishgarbha Tail</i>	30 Days
<i>Swedana</i>	<i>Valuka Pottali</i>	30 Days

Second Phase: After proper *langhana* and *deepana* next phase was advised. Episodes of *jwara* were not

observed for more than 10 days. So, *Basti* was planned.

Table 4: Basti Charting:

DATE	BASTI	QUANTITY	DHARAN KALA
1/2/2019	Anuvasan basti	60 ml	6 hours
2/2/2019	Vaitaran basti	350 ml	5 minutes
3/2/2019	Anuvasan basti	60 ml	3 hours
4/2/2019	Vaitaran basti	350 ml	10 minutes
5/2/2019	Vaitaran basti	350 ml	25 minutes
6/2/2019	Vaitaran basti	350 ml	30 minutes
7/2/2019	Vaitaran basti	350 ml	25 minutes
8/2/2019	Vaitaran basti	350 ml	5 minutes
9/2/2019	Anuvasan basti	60 ml	5 hours
10/2/2019	Anuvasan basti	60 ml	9 hours
11/2/2019	Vaitaran basti	350 ml	5 minutes
12/2/2019	Vaitaran basti	350 ml	5 minutes
13/2/2019	Vaitaran basti	350 ml	5 minutes
14/2/2019	Anuvasan basti	60 ml	5 hours

❖ Vaitaran Basti contents: Pakva Amlika 40 gms, 80 ml, Gomutra 180 ml. (quantity of one basti).
 Jaggery 20 gms, Saindhava 10 gms, Sahachara taila ❖ Anuvasana – Sahachara Taila.

Table 5: Pathya-apathya (dos and don'ts) - Advised to the patient as follow:

Pathya	<p>AHARAJA: Sali Lahya (popped rice), Bajri (Millet), Yava (barley), kulattha (horse gram), raktashali (rice), shigru (drumsticks), punarnava, karvellak (bitter gourd), parawar, ardrak (ginger). rasona or ginger shodhit with takra. Jangal mansa (meat). Hot water.</p> <p>VIHARAJA: Sunlight exposure for at least 15 minutes a day. Pranayam, yoga, meditation. Hot water bath. Walking in between breaks. 8hrs sleep at night.</p>
Ap-athya	<p>AHARAJA: Flour of mash (black gram), Rajmah (kidney beans), sweets, Milk products, Fast food, uncooked food, salty, spicy, oily food, Fish, Coldwater, Curd, jaggery, milk, cold beverages, ice creams.</p> <p>VIHARAJA: Daytime sleeping, vegavadharan (suppression of natural urges); exposure to cold, wind, A.C., excess of stress, Sitting in one place for a long period of time.</p>

Follow up - After 60 days

ASSESSMENT CRITERIA: The assessment was done on the day prior to initiation of treatment and on the day of completion of treatment (Day 26). Grading of subjective criteria is shown in tables 6,7,8 and 9 and Objective criteria are shown in table no.9

Table 6: 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 7: 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 8: Grading of *Sparshasahatwa* (tenderness)

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

OBJECTIVE CRITERIA:

Table 9: Gradation of Walking time

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

OBSERVATIONS AND RESULTS

The observation and results are displayed in Tables 10, 11, 12, 13 and 15. Figures 1 and 2 represent the

improvement in objective criteria assessment of the patient

Table 10: Assessment of *Sandhishoola*

Left		Name of joint	Right	
BT	AT		BT	AT
3	1	Cervical joint	3	1
3	1	Shoulder joint	3	1
2	0	Wrist joint	2	0
2	0	Metacarpophalangeal j.	3	0
3	1	Knee joint	3	1
2	0	Ankle joint	2	0

Table 11: Assessment of *Sandhishotha*

Left		Name of joint	Right	
BT	AT		BT	AT
2	0	Cervical joint	2	0
3	1	Shoulder joint	3	1
2	0	Wrist joint	1	0
2	0		2	0

3	1	Metacarpophalangeal j.	3	1
2	0	Knee joint Ankle joint	2	0

Table 12: Assessment of Sparshasahatwa

Left		Name of joint	Right	
BT	AT		BT	AT
3	1	Shoulder joint	3	1
2	0	Wrist joint	1	0
3	1	Knee joint	3	1

Table 13: Assessment of Objective Criteria

Criteria	BT	AT
Walking time (for 25 feet in several seconds)	2	1

INVESTIGATIONS

Table 14: Showing Laboratory values on admission

Investigations	On admission
Hb%	13.7 gm%
TLC	8,200/cumm
Neutrophils	90%
Lymphocytes	34%
Monocytes	2 %
Eosinophils	1%
Total Platelet Count	2.52 Lacs/cu.mm
ESR	48mm/hr
Blood urea	16.2 mg/dl
Serum creatinine	1.26 mg/dl
Uric acid	8.0 mg/dl
SGOT	22.5 U/L
SGPT	14.0 U/L
Bilirubin (total)	0.38 mg/dl
Billirubin (direct)	0.26 mg/dl
RA Factor	1260 IU/ml

Among the above values, RA factor and ESR showed significant change after treatment which is as follow:

RA Factor Values Before Treatment and After Treatment:

	BT (24/01/2019)	AT (14/02/2019)
RA Factor	1260 IU/ml	122 IU/ml
ESR	48 mm/hr	20mm/hr

Figure 1

Graph showing the change in RA factor Values

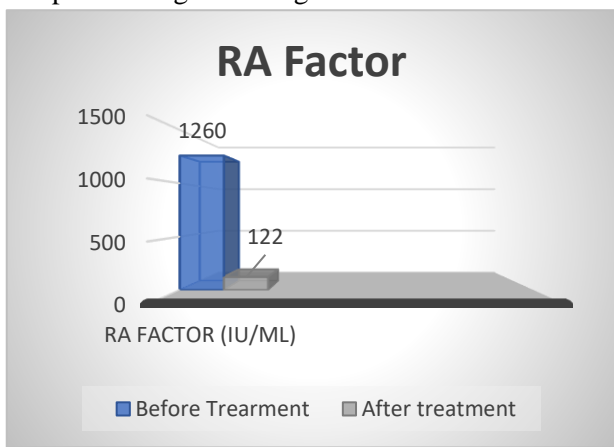
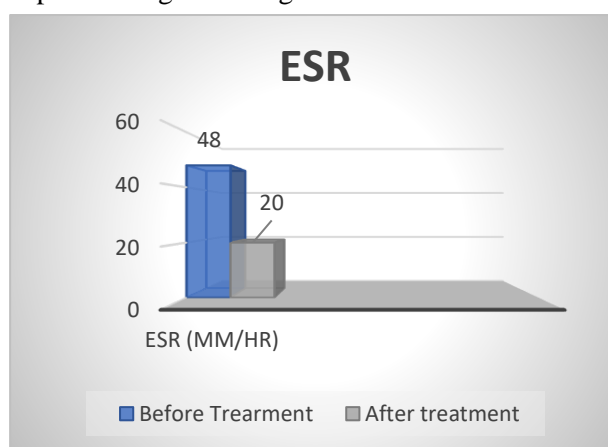


Figure 2

Graph showing the change in ESR values



DISCUSSION

The *Chikitsa Siddhant* for *Amavata* was firstly described by *Chakradatta*. It includes *Langhana*, *Swedana*, drugs having *Tikta*, *Katu Rasa* and *Deepana* action, *Virechana*, *Snehapana* and *Basti*.^[3] *Amavata* is mainly caused due to impairment of *Agni* leading to the formation of *Ama*^[5] also there is vitiation of *Vata dosha*. *Langhana* was advised to the patient. Only two meals were advised as per hunger among which dinner consist of *Sali Lahya*. Proper and strict *langhana* was the main key to treatment. The first line of treatment in *Amavata* is *Langhana* as it is *Amasayotha vyadhi* and *Rasaja Vikara*. *Tribhuvankirti Rasa* 125 mg twice a day, *Sinhanad Guggulu* 500 mg twice a day and *Gandharwahastyadi Kashaya* 10 ml twice a day with lukewarm water were given to the patient. *Tribhuvankirti Ras* is *Jwaraghna* (antipyretic), *Swedajanana* (induce sweating), *Vedanahara* (relieves pain), *Shothaghna* (reduces swelling) and Enhances *Agni-Bala* (digestive and metabolic capacity).^[6] It was administered for about 7 days to break the *samprapti* of *Jwara*. *Sinhanada Guggul* has *Laghu*, *Ruksha*, *Ushna*, *Tikshna* properties. *Sinhanada Guggul* has *Deepana* (enzyme activating), *Ama-Pachan* (biotoxin

neutralizing), *Shothaghna* (oedema reducing), *Shoolaghna* (analgesic), *Jwaraghna* (antipyretic), *Balya* (energy-enhancing) and *Amavatahara* (anti-rheumatic) properties. It enhances the *Agni- Bala* (digestive and metabolic capacity), alleviates the *Ama* (biotoxins) and prevents further *Ama* (biotoxins) formation into the body.^[7] The main purpose of *Sinhanad guggulu* is to administer *deepana* and *Ama pachana*. *Gandharwa Hastyadi Kshaya* is *Vataghna* (vata disorders), *Agni deepan* (Enhances digestion capacity), Works on An-orexia and is a *Mala Shodhaka* (Enables evacuation of the bowel) i.e., acts as a *Mrudu Virechaka*. It was mainly administered to work on *Annavaha Srotas*, *Rasavaha Srotas* and *Purishavaha Srotas*. *Mahavishgarbh Tail* contains *vatahar* drugs like *Dhatura* (*Datura mete linn*), *Vatsanabha* (*Aconitum Ferox*), *Eranda* (*Ricinus communis*), etc. These drugs have *vedanasthapana*, *shothahar*, *swedajanana*, *dipana* and *pachana* properties which help to relieve the pain by *vatashaman* and causes *amapachana* on local application.^[8] Due to the presence of *Ama*, *Ruksha Swedana* has been specially indicated in the presence of *Stambha*, *Gaurava* and *Shoola*.^[9] *Rukshasweda* has been advocated in the form of *Valukapottali*. It helps

in pacifying *Samata* thus leading to relieving pain and stiffness. After around 10 days of *Langhana*, *Deepana* and *Pachana*, *Basti* was administered. *Basti* to be given was decided based on *Lakshanas*. *Vaitaran Basti* is said to have a very potent cleansing action.^[10] It is mentioned by *Chakradatta* in *Niruhaadhikara* chapter verse 73/32. *Vaitaran Basti* causes the liquefaction in *doshas* and digestion of *Ama* which leads to *Srotas Shuddhi* thereby controlling the *Vata Dosha*. The vitiated *doshas* are then expelled out from the anal root by *Basti*. To avoid *Vata prakopa* due to *Niruha basti (Vaitaran)*, *Anuvasana Basti* is administered as per need. *Vaitarana basti* is considered as *Laghu*, *Ruksha*, *Ushna* and *Tikshna Guna*. All these properties are opposite to that of *Ama*. Hence, it provides significant improvement in the Signs and symptoms of *Amavata*. The assessment of the patient before and after treatment was taken which showed improvements within the subjective and objective criteria. Also, significant changes in RA factor values.

CONCLUSION

From this case study, it can be concluded that *Amavata* can be effectively and safely treated by using *Chikitsa Siddhant* and *Vaitaran Basti* described by *Acharya Chakradatta*. There is a need to conduct a study on many patients.

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