

STAGewise APPROACH IN AYURVEDA MANAGEMENT OF AMAVATA – A CASE REPORT

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ABSTRACT

In today's era *Amvata* has emerged as a challenging entity as it comes under the umbrella of *Yapya* or *Kricchrasadhya* (not easy to treat) category which has no permanent cure but quality of life can be improved to a great extent through *Ayurveda* management as compared to contemporary modern treatment which has yet not found significant remedy along with a lots of side effects **Objective**-So here a case study has been presented which was conducted in our hospital in which patient was treated with *Avasthanusar* (Stagewise) multifaceted approach in *Ayurvedic* management which may be effective in treating the disease. **Materials and Methods**- patient aged 27 with typical signs and symptoms of *Amvata* as per classical and modern texts and his VAS Scores (Visual Analogue Scale), RA factor, CRP, Uric acid levels confirmed the diagnosis. **Outcomes** – patient showed significant improvement in both objective and subjective parameters. **Conclusion** - *Avasthanusar* (Stagewise) multifaceted approach in *Ayurvedic* management of *Amavata* may be effective in treating the disease.

Keywords: *Amavata*, *Yapya*, *Avasthanusar*, Multifaceted

INTRODUCTION

Amavata is a disease entity which can be compared with Rheumatoid Arthritis (RA) in its modern counterpart. It is a chronic autoimmune inflammatory condition of unknown etiology marked by a symmetric, peripheral polyarthritis and often results in joint damage and physical disability¹. It's Prevalence in Indian subcontinent is 0.8 – 1% with a female to male ratio 3:1. It is having recurrent clinical exacerbations and remissions². In modern counterpart treatment includes steroids, NSAIDs, DMARDs, TNF- Alpha Inhibitors which causes a lots of side effects and also have a limited role in combating the disease whereas according to *Ayurveda Viruddha ahar, chesta* and *Mandagni* are the leading cause and it occurs in two stages i) *Ama-vastha* and ii) *Niramavastha*. So Stagemwise approach will give more fruitful results.

Patient information: A patient age 27 years Male is from Hindu community and is Property dealer by occupation.

Chief complaints: *Sthaniya sandhigata* symptoms such as *Sotha, Shoola, Stabdghata*. Multiple joints pain (small joints of wrists, proximal and distal interphalangeal joints, wrist joints, ankle joints and knee joints) shifting in nature with morning stiffness which

persisted for more than an hour and thereafter relieved mildly by doing some work for eight months with episodic recurrence and remission phases. *Sarvadaihika lakshanas* such as *Gaurav, Daurbalya* etc.

Medical, Family and Psychological history: On thorough interrogation it was found he was leading a very unhealthy lifestyle with a lot of stress. No family history with no relevant comorbidities. He was taking Allopathic treatment since five months and was on steroids since one month but with no significant relief.

Clinical Findings

On physical examination tender joints with swelling and stiffness, restricted Range of Motion. In Visual Analogue Scale (VAS) score was 7 / 10 both during rest and walk. Occasionally constipated Bowel., Wt.- 52 kgs

Timeline: He was having above complaints for 9 months which gradually worsened with the passage of time. Initially it started from ankle joints followed by wrist, interphalangeal joints and then knee joints and joint movements were restricted.

Diagnostic Measures: RA Factor and CRP was positive, Uric acid 3.9 mg/dl, ESR 36 mm/hr.

Table 1: Treatment Schedule

First Stage 07/08/2020 to 14/08/2020	<i>Shivakshara Pachana Churna</i> 5gm bd <i>Baluka Sweda</i> external application <i>Mridu Virechana with Eranda taila</i> (40 ml)	7 days 7 days 8 th day
Second Stage 15/08/2020 to 24/08/2020	<i>Amrut bhallataka rasayana</i> 5 gm bd with milk <i>Maharasnadi kwatha</i> 30 ml bd Following Combination with milk <i>Aamavatari rasa</i> 125 mg <i>Punarnavadi mandoora</i> 250 mg <i>Swarnasameerapannag rasa</i> 100 mg <i>Giloya Satva</i> 500 mg <i>Simhanada Guggulu</i> 500 mg bd <i>Mahavishagarbha taila</i> for external application	10 days 10 days
Second Stage 15/08/2020 to 24/08/2020		10 days 10 days 10 days

Third Stage 25/08/2020 to 03/09/2020	Supustiyoga Ksheerapaka 30 ml bd	10 days
	Following Combination with milk	
	Aamavatari Rasa 125 mg Punarnavadi Mandoora 250 mg Swarnasameerapannag rasa 100 mg Giloya Satva 500 mg Tab. Mahayogaraja Guggulu 500 mg bd Mahavisagarbha taila for Local application	10 days 10 days

Table 2: Clinical Outcomes

	1 st day	9 th day	19 th day	30 th day
Pain (VAS)	7/10	7/10	5/10	2/10
Stiffness	severe	Moderate	mild	absent
Tenderness	severe	mild	absent	absent
constipation	present	absent	absent	absent
swelling	present	mild	mild	Absent
RA factor	Positive	-	-	negative
CRP	positive	-	-	negative
ESR	36 mm/hr	-	-	19 mm/hr
Uric acid	3.9 mm/hr			3.4 mm/hr

Adverse effect: Mild reddish rashes were observed by patient on eleventh day in face and upper limbs after consuming *Amrita Bhallataka Avaleha* so its dose was reduced to 3 gms bd from 12th day.

DISCUSSION

Amvata was firstly mentioned by its name and as a separate disease entity in *Madhava Nidana* which is caused due to *Virruddha Ahara* and *Chesta* thereby leading to *Agnimandya* which causes *Amadosha utpatti* leading to vitiation of *Ama* and *Vata* which finally leads to *Amavata*.³ If *Amavata* occurs in healthy and strong individual, it is *ekadoshaja* and if not the much time has passed by then it has chances that it may be cured. Based on this principle this patient was taken for treatment. Treatment principle was in this sequence *Langhana*, *Svedana* (*Ruksha Baluka Sveda*), *Deepana* and *Pachana* by *Tikta* and *Katu rasa* medicines, *Mridu virechana* by *Eranda Sneha* followed by *Amavata Shamana Cikitsa*.⁴

The Modus operandi is as follows: *Shivakshara Pachana churna* (*Hingwastaka Churna*, *Bal Harada*, *suddha Sarjika kshara* in equal proportions) -

Amapachana, *Agnideepana*, *Apana Vayu Anulomana*, *Malasuddhikarana*, *Eranda taila Aamvata samana*, *mridu virechana*,⁵ *Amavatari Rasa - aama pachana* in acute *ama* stage. *Punarnavadi mandoora* - anti-inflammatory effect, plays an active role in reducing ESR, *Swarnasameerapannaga rasa* – relieves stiffness and pain in joints and has *vata-kapha shamaka* action and *swarna* present in it performs *Rasayana* action (immunomodulatory action). *Giloya satva* – Immunomodulatory and *ama pachak* action, *Simhanada guggulu - amavata shamaka*, *tridoshashamaka*, *Mahayogaraja guggulu – pachaka, agnideepaka, vat-anashaka, amadoshaghna, rasayana, yogavahi, dhatupariposhaka*. *Bhallataka avaleha* – works as a *rasayana* in *vata – kaphaja* diseases, *stabdhata nasana, agnideepaka*. *Supushtiyoga ksheerapaka* – (contents – *Ashwagandha, Shatavari, Madhuyasti, Pippali*) *Rasayana, balya, dhatupariposhaka, agnivaradhaka*, immunomodulator, *Mahavishagarva taila – Sandhigatavatashamaka, trik-pristha-kati graha shamaka*.

CONCLUSION

The stagewise multifaceted treatment regimen of 29 days may be effective in management of *Amavata*, this indicates that instead of single drug regimen if multifaceted approach as per the stage of the disease is followed it will have more fruitful results. On the basis of above results in future this study should be conducted in a large sample size so that its effectiveness and safety can be validated.

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