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# A Case Report on Ayurvedic management of Amavata

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## ABSTRACT

*Amavata* is a disease caused due to the vitiation or aggravation of *Vata* associated with *Ama*. Vitiating *Vata* circulates the *Ama* all over the body through *Dhamanis*, takes shelter in the *Kapha Sthana* (*Amashaya*, *Sandhi*, etc.) producing symptoms such as stiffness, swelling etc. in the joints. *Amavata* is a chronic auto immune, inflammatory, systemic disorder mainly affecting synovial joints. The *Ama* when combines with vitiating *Vata Dosha* and occupies in *Sleshmasthanas* i.e., joints result in painful disease. Clinical features of *Amavata* resembles with Rheumatoid arthritis. Now a day it is a common problem due to the change of lifestyle, food habits and lack of physical activities. It is the most common crippling and disabling disorder in the world. In *Amavata* presence of *Bahudoshavastha* will be there, in such condition *Shodhana* is indicated. The prevalence of Rheumatoid arthritis is approximately 0.8 % of the population (range 0.3 to 2.1%); women are most commonly affected.

**Key words:** *Amavata*, Rheumatoid Arthritis, *Deepana Pachana*, *Snehapana*, *Vamana Karma*, Case Study.

## INTRODUCTION

*Amavata* is a disease in which *Ama* with vitiating *Vata Dosha*<sup>[1]</sup> 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 vitiating *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 is approximately 0.8 % of the population (range 0.3 to 2.1%); women are most commonly affected. *Vamana* is considered under *Shodhana* variety of *Langhana* by *Charaka*.<sup>[2]</sup> Because of the presence of *Bahudoshavastha* and vitiating *Kaphajalaxanas* in this case patient is posted for *Vamana Karma*, the drugs used for *Vamana Karma* is *Madhanaphala*, *Vacha*, *Saindhava Lavana* and honey.

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## METHODOLOGY

A female patient diagnosed with *Amavata* has been taken for the study and administered with classical *Vamana Karma*.

## CASE REPORT

A 48-year-old female patient visited Panchakarma OPD of Sri Jayachamarajendra Institute of Indian Medicine, Hospital, and Bangalore with the main complaints of pain in major and minor joints

associated with swelling and morning stiffness since 2 years. Gradually she developed with pain and swelling in the elbow joint and mandible joint which were progressive in nature. She had consulted with allopathic hospital and given with oral medication, she felt timely relief for her complaints. Later the pain and swelling start shifted to symmetrical joints. The days goes condition worsen like the pain disturbs her daily routine and household activities. Though she is under medication pain got aggravated and started to getting repeated attack of fever and join pain.

Patient is a house wife she was not able to take rest properly and she was following *Apathyaahara*, she used to consume spicy food item, non-vegetarian food, curd etc. Patient was lean structured *Andvata Pitta Prakruthi*, *Madhyamakosta* and having *Mandagni*. On examination swelling was present in the wrist joints, elbow joints and knee joints associated with tenderness. Patient was diagnosed with *Amavata*<sup>[3]</sup> - Rheumatoid arthritis due to the presence of RA factor- 446 IU/ml, CRP-60 mg/L, ESR-108mm/hr. and also the signs and symptoms pertaining to the Rheumatoid arthritis.

Considering the history and examination the patient was posted for *Vamana Karma* (Therapeutic emesis). Advised to take 2 *Chitrakadivati* for three times a day for *Deepanapachana*. Next day started with *Shodhanapoorvakasnehapana* in *Arohanamatra* with *Murchitagrita* for three days started with 30ml first day raised to 60 ml on second day and on third day 100 ml. After attaining *Samyaksnidha Laxanas* the next two days *Vishrama Kala* advised *Sarvanga Abhyanga* with *Mahanarayanataila* and *Bashpasweda*, the first day of *Vishrama Kala* advised to take *Dadhipathya* means *Kaphauthkleshakara Ahara* like curd, *Thila Laddu*, *Dudhpada* etc. The second day after *Abhyanga* and *Bashpasweda* patient posted for *Vamana Karma* with *Madanaphala* 4 grams, *Vacha* 2 grams, *Saindhava* 1 gram and quantity sufficient honey. *Yastimadhuphanta* as *Vamanopaga*. Patient got 7 *Vegas*. *Pittantha*, *Madhyamashuddhi* and attained *Laingiki Laxanas*. Patient was observed for any complication and no any complications were found. *Samsarjana Krama*<sup>[4]</sup> advised for 5 days.

Advised for lab investigation. There were huge differences in investigation after and before treatment.

#### Vamana Chart

Time	6:30 AM
Medicine	<i>Madanaphala, Vacha, Saindhava, Honey</i>
<i>Vamanopaga</i>	<i>Yastimadhuphanta, Lavanodaka</i>
<i>Maniki</i>	
Input	7010 ml
Output	7100 ml
<i>Vegiki</i>	7 <i>Vegas</i> + 3 <i>Upavegas</i>
<i>Anthiki</i>	<i>Pittantha</i>
<i>Laingiki</i>	<i>Laxanas</i> observed

#### Bio Chemical Parameters

Parameters	Before Treatment	Aftertreatment
RA Factor	446 IU/ml	155 IU/ml
CRP	60 mg/L	37.6 mg/L
ESR	108 mm/hr.	80 mm/hr.
ASO	Negative	Negative

#### RESULT

Both symptomatically and bio chemical parameters are shown effective results after treatment.

#### DISCUSSION

Symptoms of *Amavata* is clinically resembles like Rheumatoid arthritis. Many treatments are explained in the management of *Amavata* based on condition of the disease. *Vamana Karma* is selected due to the *Bahudoshavastha* and predominance of vitiated *Kapha* like *Gaurava, Praseka, Shotha* in *Sandhi* etc. For correction of *Agni, Deepana Pachana* drugs had given with *Chitrakadivati. Snehapana* done with *Moorchitagrita. Vamana Karma* not only acts locally but it also has multidimensional action. Systemically

*Vamanadravya* by virtue of its *Veerya* moves all over the body and bring all the morbid *Doshas* to *Koshta* and then throws out. In this case being *Kapha* predominant disease might have got improvement due to correction at gut as well as cellular level by *Vamanakarma*. Reduced ESR and CRP tests confirm the anti-inflammatory action of *Vamana Karma*.

## CONCLUSION

*Amavata* is a chronic disease affecting mankind having an autoimmune pathology. Hence both local and systemic management is necessary for its pacification. *Panchakarma* procedures will help in checking autoimmune mobility and elimination of *Bahudoshavastha*. This case study showing that *Vamana Karma* is a better modality of treatment for treating *Amavata* for relieving symptoms and as well as correction in biochemical parameters. However, study may be conducted on large sample size to ascertain the same.

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