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Management of Amavata with Ayurveda

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ABSTRACT

Amavata could be an illness in which vitiation of *Vata Dosha* & amassing of *Ama* in joints. In cutting edge science it is compare with Rheumatoid Joint pain which may be a auto-immune clutter. Within the display period *Amavata* is most common malady influencing a huge matured populace. *Amavata* is result of *Agnidushti*, *Amotpatti* & *Sandhivikruti*, since of those treatment which normalize *Agni*, metabolize *Ama* & controls *Vata* & keep up sound *Sandhi* & *Sandhista Shleshma* will be best for this disorder. Rheumatoid arthritis (RA) is a symmetric polyarthritis that causes, unfavorable inflammation and deformity associated with systemic involvement. The prevalence of rheumatoid arthritis in India among those mentioned is between 0.5-3.8% in women and 0.15-1.35% in men. In various studies, the treatment helps to relieve the symptoms, but the underlined pathology remains untreated because the treatment is ineffective and also causes many side effects & toxic symptoms. *Amavata* management concept has *Dravya*, *Katu-Rasa*, *Dipan Pachana* with *Langhana*, *Swedana* and *Tikta* as *Shaman Chikitsa*. As the first concrete description of *Amavata* as a disease can be found in *Madhav Nidana*, this study provides a systematic evaluation of *Amavata* w.s.r. Rheumatoid arthritis in all the classics of *Ayurveda*. *Amavata* is one of the incurable conditions due to its chronic nature, intractable nature, complications of disease.

Key words: *Amavata*, *Ama*, *Rheumatoid arthritis*, *Ayurveda*

INTRODUCTION

Rheumatoid arthritis (RA) is a chronic joint disease causing inflammation. It is symmetrical, destructive and affects small and large joints.^[1] The worldwide prevalence of the disease is approximately 0.8% of the population.^[2] The disease most often begins between the ages of 30 and 50, but recent observational studies indicate that the disease can begin in any age group.^[3]

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RA is a debilitating disease that can cause spontaneous remission. It affects many systems in the body, including the locomotor, cardiovascular, nervous, respiratory, reticuloendothelial, and excretory systems. DMRADs are used to relieve pain, improve joint function, and prevent deformity, but they carry risks such as liver and renal damage, bone marrow depression, muscle mass loss, and osteoporosis.^[4] *Ayurveda* sees a strong similarity between *Amavata* and Rheumatoid Arthritis based on clinical signs. *Angamarda* (Bodyache), *Aruchi* (Anorexia), *Trishna* (Thirst), *Alasya* (Lethargy), *Jwara* (Fever) *Apaka* (Indigestion), *Shunata* (swelling), *Sandhishula* (pain in joints), *Stambha* (Stiffness) are clinical features of *Amavata*^[5] some symptoms resemble RA like pain, stiffness, swelling, lethargy. *Ayurveda* suggests preventive and curative measures, including *Panchkarma* radical treatment to eliminate causative factors. This study evaluates the effectiveness of *Langhana*, *Valuka Swedana*, classical *Virechana*

Karma, classical Basti Karma, and oral Shamana Aushadhi for managing Rheumatoid Arthritis.

CASE HISTORY

A 32-year-old male patient came to us with chief complaint of.

Chief complaint	Duration
1. <i>Ubhya Parvasandhi Shool</i> (Bilateral finger pain)-	2 years
2. <i>Vaam Janusandhi Shool-Shotha</i> (Bilateral knee pain & swelling).	1year
3. <i>Vaam Manibandha Shool, Shotha & Sparsha-Asahatwa.</i>	1year
4. <i>Vaam Ansa-Kurpara Sandhi Shool.</i>	6-7 month
5. <i>Angamarda.</i>	4-5 month
6. <i>Aruchi.</i>	4-5month
7. Morning stiffness.	4-5 month

History of Personal Illness

The patient was normal 2 years back. Since then patient have been suffering from *Ubhya Parvasandhi Shool* (bilateral finger pain *Vaam Janusandhi Shool-Shotha* (Bilateral knee pain & swelling), *Vaam Ansa-Kurpara Sandhi Shool.*, *Vaam Manibandha Shool, Shotha & Sparsha-Asahatwa.*, *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 Smt K.G. Mittal Hospital Charni Road, West, Mumbai.

Examination

Personal History

- Occupation: Office Job (Sitting), In Air-Conditioned Room
- Diet: Mixed diet.
- Appetite: Irregular.
- Allergy: No history of any drug or food allergy.

Ashtavidh Pariksha

1. <i>Nadi</i> : 80/min
2. <i>Mala</i> : Malavashtmbha
3. <i>Mutra</i> : 4 to 5 time in day, 2 to 3 times in night
4. <i>Jihva</i> : Sama
5. <i>Shabda</i> : Prakrut
6. <i>Sparsha</i> : Anushna
7. <i>Drik</i> : Prakrut
8. <i>Akriti</i> : Sthula

Dashavidha Pariksha

1. <i>Prakruti</i> : Vata Pradhana-Kapha Anubandhi.
2. <i>Vikruti</i> :
<i>Dosha</i> - Vatapradhana Tridosha,
<i>Dooshya</i> - Rasa, Meda, Ashti.
3. <i>Satwa</i> : Madhyama.
4. <i>Sara</i> : Rakta
5. <i>Samhanana</i> : Madhyama
6. <i>Pramana</i> : Madhyama
7. <i>Satmya</i> : Sarva Rasa
8. <i>Aharasakti</i> : Madhyama
9. <i>Vyayamasakti</i> : Avara
10. <i>Vaya</i> : 32 years

MATERIALS AND METHODS

A male patient aged 32 years was admitted in I.P.D. of Panchakarma Dept Smt K.G. Mittal Hospital Charni Road West, Mumbai, Maharashtra, India. Reg no. 305, with complains from *Ubhya Parvasandhi Shool* (bilateral finger pain *Vaam Janusandhi Shool-Shotha* (Bilateral knee pain & swelling), *Vaam Ansa-Kurpara Sandhi Shool.*, *Vaam Manibandha Shool, Shotha &*

Sparsha-Asahatwa., Angamarda, Aruchi, Morning stiffness, reduced appetite, oftenly constipation since 7 year, was diagnosed case of seropositive RA, CRP also positive with raised ESR. She was treated methodically as per Chikitsasutra of Amavata^[6], Langhana (Alpa Bhojana), Ruksha Valuka Sweda, Deepan-Pachana with Shunti Churna, classical Basti Karma, followed by Shamana Aushadhi

Table 1: Observation of Basti Karma.

Sign & Symptoms	Before Treatment	After Treatment
Swelling	++	Nil
Pain	++	Nil
Stiffness	++++	+
Tenderness	++++	++
Range of movement	+	++++
Appetite	Reduced	Good
Bowel	Constipated	Clear
Fatigue	++++	Nil

Table 2: Analysis of Hematological Test

Hematological Test	Before Treatment	After Treatment
ESR	89	59
CRP	+ve	-ve
RA	+ve	+ve

MATERIAL

Patient was advised to take luke warm water for drinking and to avoid exposure to excessive wind, sunlight, emotional exacerbation etc.

Diet - liquid, warm light diet like rice gruel, green gram soup with little vegetables.

Sarvanga Abhyanga and *Swedana*

Sarvanga Abhyanga with *Narayan Taila* done for 25 to 30 minutes followed by *Mrudu Bashpa Swedana* for 4 days.

Pradhana Karma - *Basti (Madhutailika)*

Management of Amavata

Table 3: Showing material for management of Aamvata

<i>Rooksha Swedana</i>	<i>Valukapottli Sweda</i>
<i>Snehana</i>	<i>Vishagharbha Taila</i>
<i>Pachana</i>	<i>Shunthi-Siddha Eranda Tail</i> (5 ml in morning)
<i>Madhutailik Basti</i>	450 ml in morning empty stomach

Table 4: Showing Panchkarma management of Aamvata.

SN	Dravya	Dose	Duration	Anupana
1.	<i>Simhanad Gugul</i>	250 mg	2 BD	Lukewarm water
2.	<i>Rasnadi Gugul</i>	250 mg	2 BD	Luke warm water
3.	<i>Tab.Gandhrvaharitaki</i>	500 mg	2 HS	Luke warm water
4.	<i>Punarnvashtak Kwath</i>	2 TSF	Twice in day	Luke warm water

METHODS

Type of study: Single case study

Assessment Criteria

Table 5: Grading of Sandhishoola (pain).

SN	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 6: Grading of Sandhishotha (swelling).

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

Table 7: Grading of Sparshasahatwa (tenderness).

SN	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

OBSERVATIONS AND RESULT

Table 8: 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 9: Assessment of Sandhi-Shoth.

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

Table 10: Assessment of Sparshasahatwa (tenderness).

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

Table 11: Assessment of Angamarda (malaise).

Before	After
2	0

Table 12: Assessment of Aruchi.

Before	After
2	0

Table 13: Assessment of Morning stiffness.

Before	After
3	0

RESULT

All signs and symptoms showed a significant improvement, and there was a significant decrease in pain, edoema, stiffness, soreness, and exhaustion. During the course of treatment, appetite was increased and bowel habits were established. The patient stopped taking modern medications like NSAIDs, HCQs, methotraxate, etc. and continued taking oral Ayurvedic medications like *Punarnavastak Kashayam*, *Rasnadi Guggulu*, and *Alambushadi*, *Sudarshan Churna*, *Gandharva Haritaki*.

DISCUSSION

Patient was treated methodically as per *Chikitsasutra* of *Amavata*

- a) **Langhana (Laghu Bhojana)** - Beginning of *Amapachana*. The most vital step in *Amapachana* and the prevention of *Ama* development is that *Ama* formation is a fundamental causal factor in *Amavata*.
- b) **Valuka Sweda - Sneha**-devoid *Ruksha Sweda* aids in removing *Srotorodha* and returning the *Dasha* to normalcy.
- c) **Deepana** - To monitor the development of the illness, *Agni Deepana* should be finished after *Amapachana*. As a result, *Agni Deepana* was finished utilising *Tikta*, *Katu Rasatmaka*, and *Ushna*

Virya Dravya, which is comparable to *Shunti Churna*.

- d) **Tikta Rasa** - It is *Ruchya* and mostly causes *Agnideepana* and *Amapachana*. Additionally, it has a *Lekhana* feature that aids in removing *Srotorodhab*.^[7]
- e) **Katu Rasa** - When *Srotorodha* is eliminated, the body experiences *Ruksh*, *Shlema Dosha Shamana*, and *Laghuta*.^[8]
- f) **Virechana Karma** - *Agnideepti* classical *Virechana Karma* needs to be practiced for long-term results. It is essentially cleansing in nature, removing vitiated *Dosha* in general and *Pitta* in particular, clearing *Srotas* (channels of transportation), and enhancing *Agni*, all of which work together to help prevent the formation of *Ama*. A lot of fluid will also be excreted along with *Dosha*, which may help to reduce swelling by removing inflammatory mediators.

Basti Karma

The most effective form of treatment for vitiated *Vata Dosha* is *Basti*.^[9] *Vata Dosha* has a major part in the development of all diseases.^[10] *Vata Dosha* results in *Prasandana* (moving), *Udvahana* (carrying), and *Vivek* (to separate) *Vata Dosha* has the ability to mobilize pathological accumulation of *Dosha* from the periphery into the *Koshta*, as stated in.^[11] Pain, stiffness, and swelling are thereby reduced by controlling the *Vata Dosha's* movement.

By regulating the immune system, *Virechana Karma* and *Basti Karma* may function to avoid autoimmune reactions in the body. They may also work to clear out free radicals, preventing cellular damage brought on by free radicals.

CONCLUSION

It can be inferred from the current case study that *Ayurveda's* sequential treatment of *Langhana* (*Alpa Bhojana*), *Ruksha Valuka Sweda*, *Deepan-Pachana*, classical *Basti Karma* and *Shamana Aushadhi* such as like *Punarnavastak Kashayam*, *Rasnadi Guggulu* and *Alambushadi*, *Sudarshan Churna*, *Gandharva Haritki*. A

difficult problem for medical research is *Amavata*, one of the most common diseases in the modern period. Due to the fact that *Ama* and *Vata* have characteristics that are on opposite poles of one another and that the involvement of *Uthanadhatu* (*Rasa*) and *Gambheradhatu* (*Asthi*) complicates the treatment, a systematic treatment protocol that is solely based on the principles of *Ayurveda* is required. Because any measures taken will primarily conflict with one another, a very careful approach can only be beneficial to the patient. The key to preventing deformities with proper treatment is early detection. Procedures used in *Panchakarma* will aid in rheumatoid movement testing and *Bahudoshavastha* removal. This case study demonstrates that *Virechan Karma* is a superior mode of therapy for *Amavata* in order to alleviate symptoms and rectify biochemical parameters.

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