

Panchakarma in the management of Amavata - A Case Report


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Amavata is a condition in which Vata associated with Ama gets aggravated and localizes in Sandhis producing pain, stiffness and swelling in joints. In modern parlance, it simulates to rheumatoid arthritis. It is a most common inflammatory condition affecting approximately 1% of the population. In present case study, A 50-year-old female patient diagnosed as Amavata based on subjective parameter, investigations and the etiopathogenesis was taken. Treatment was given for 12 days which included Panchakarma procedures like Udwartana, Parisheka, combination of Vaitara Basti and Dashamoola Kashaya Basti in the pattern of modified Yoga Basti and Valuka Sweda followed by Shamana Aushada for 10 days. After the treatment, marked improvement was seen. Pain, swelling and stiffness were remarkably reduced. Range of movements was improved. Appetite got improved and constipation was relieved.

Keywords: Amavata, Rheumatoid arthritis, Vaitarana Basti, Valuka Sweda, Autoimmune disease, Chronic inflammation, Synovial joints, Rheumatoid factor (RF)

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Introduction

Amavata is the chronic disease which can occur to any age group of people.[1] It occurs due to impairment of *Agni*, formation of *Ama* and vitiation of *Vata Dosha*. Incomplete digestion of *Rasadi Dhatu* leads to the formation of *Ama*. *Ama* is carried by aggravated *Vata* to the *Kapha Sthan* i.e., *Sandhi* producing *Lakshanas* of *Amavata*. [2]

Madhavakara was the first one who mentioned the *Amavata* as an independent disease entity.[3] He has given detailed description regarding *Nidan*, *Samprapti* and *Lakshanas* of *Amavata* in *Madhava Nidhana* text. The *Nidanas* like *Viruddhahara*, *Viruddhachesta*, *Mandagni*, *Nischalata* and exercise immediately after taking *Snigdha Ahara* will cause production of *Ama* and vitiation of *Vata Dosha*.

Ama gets together with *Vata* and circulates all over the body through *Sira* and *Dhamani* and get lodged in *Sandhi* producing *Lakshanas* like *Angamarda*, *Aruchi*, *Trushna*, *Gourava*, *Alasya*, *Angashunata*, *Jwara* and *Apaki* along with *Sandhi Shoola*, *Sandhi Shotha* and *Gatra Stabdata*. [4]

In modern science, it is been correlated to Rheumatoid arthritis. It is a chronic disease that causes inflammation in the body producing symptoms like pain, stiffness & swelling in joints. [5]

In *Ayurveda*, the treatment for *Amavata* goes like *Langhana*, *Swedana*, *Tikta Katu Deepana*, *Virechana*, *Snehapana* and *Basti Karma*. [6] Here an effort is made to access the efficacy of *Panchakarma* treatment in managing *Amavata* and its mode of action.

Materials and Methods

Single case report of 50 year old female patient having signs and a symptom of *Amavata* since 2 years is discussed. Assessment was done with subjective parameters and investigations before and after the treatment. Treatment was given for 12 day which included *Panchakarma* procedures followed by *Shamana Aushada* for 10 days after taking consent from the patient.

Case report

A 50 year old female patient came to us with chief complaints of

Table 1: Complaints with duration

Chief complaints	Duration
Pain in interphalangeal joints	2 years
Pain in bilateral knee and ankle joints	8 months
Swelling in bilateral ankle joints	8 months
Morning stiffness for almost 1 hour	8 months
Loss of appetite	2 months
Constipation	2 months

Past medical history: Patient had no history of DM and HTN.

Surgical and family history: Nil

Menstrual and obstetric history: Regular menstrual cycle with one female child of 24 years age, FTND

Personal history:

Occupation - Housewife

Ahara - mixed diet

Meal intake - 2-3 times a day

Anashana - present

Vishamashana - Present

Ajeernashana - Present

Appetite - Reduced

Nidra - Reduced

Diwaswapna - Present

Allergy - No history of any drug or food allergy

Astasthan Pareeksha:

Nadi - *Vata* predominance

Mala - *Vibandha*

Mutra - *Prakruta*

Jighwa - *Lipta*

Shabda - *Prakruta*

Sparsha - *Anushna*

Dhrik - *Prakruta*

Akriti - *Sthula*

On examination

- Severe body tenderness over affected joints
- Pitting oedema over ankle joints
- Restricted movements of affected joints

Investigations:

RA factor - 98.12 IU/ml

CRP - 35.43 mg/l

ESR - 160 mm/h

Hb - 9.0 g%

Diagnosis: *Amavata* is the diagnosis which is confirmed after assessment of subjective parameter, investigations and the etiopathogenesis

Table 2: Grading for 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 3: Grading for swelling

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

Therapeutic intervention

Table 5: Therapeutic intervention

Days	Intervention
Day 1 - Day 6	<ul style="list-style-type: none"> Sarvanga Udwartana with Udwartana Churna followed by Sarvanga Parisheka with Dhanyamla Vaitarana Basti in the format of modified Yoga Basti pattern followed by Anuvasana Basti with Pippalyadi Anuvasana Taila Valuka Sweda
Day 7 - Day 9	<ul style="list-style-type: none"> Sarvanga Udwartana with Udwartana Churna followed by Sarvanga Parisheka with Dashamoola Kwatha Dashamoola Kashaya Basti in the format of Yoga Basti pattern followed by Anuvasana Basti with Pippalyadi Anuvasana Taila Valuka Sweda
Day 10 - Day 12	<ul style="list-style-type: none"> Sarvanga Abhyanga with Kottamchukkadi Taila followed by Jambheera Pinda Sweda Dashamoola Kashaya Basti in the format of Yoga Basti pattern followed by Anuvasana Basti with Pippalyadi Anuvasana Taila Valuka Sweda

Table 6: Vaitarana Basti contents

Chincha	50 g
Guda	50 g
Saindhava Lavana	12 g
Pippalyadi Anuvasana Taila	30 ml
Rasna, Shatapushpa Kalka	15 g each
Amritasara	100 ml

Table 7: Dashamoola Kashaya Basti contents

Makshika	100 ml
Saindhava Lavana	12 g
Pippalyadi Anuvasana Taila	30 ml
Rasna, Shatapushpa Kalka	15 g each
Dashamoola Kashaya	300 ml
Amritasara	30 ml

Table 4: Grading for tenderness

SN	Severity of tenderness	Grade
1	No tenderness	0
2	Subjective experience of tenderness	1
3	Winching of face on pressure	2
4	Winching of face and withdrawal of the affected part on pressure	3

Major components of pathogenesis of *Amavata*

Dosha - Vata Kapha predominant Tridosha

Dushya - Rasa, Majja, Asthi, Sira, Snayu

Agni - Jataragni, Dhatwagni

Agnidusti - Mandagni

Ama - Agnijanya

Srotas - Annavaha, Rasavaha, Astivaha

Srotodusti - Sanga

Udbhavasthana - Amashaya

Adhithana - Sandhi

Rogamarga - Madhyama

Anuvasana Basti was given with 80ml of *Pippalyadi Anuvasana Taila* and *Laghu Ahara* has been advised throughout the treatment.

Shamana Aushadas given as a follow-up medicine for 10 days.

Table 8: Shamana Aushadas

SN	Aushada	Dose	Time of administration	Anupana
1.	Amritha Guggulu	2 BD	After food	Warm water
2.	Sudharshana Ghana Vati	1 BD	After food	Warm water
3.	Amritarista	15ml TID	Before food	15ml of warm water

Footnote: BD - twice a day, TID - thrice a day

Results

Improvement was seen after 12 days of treatment. Pain, swelling and stiffness were remarkably reduced. Range of movements was improved. Appetite got improved & constipation was relieved.

Table 9: Subjective parameter before and after treatment

SN	Parameters	Before treatment	After treatment
1.	Pain	3	1
2.	Swelling	3	0
3.	Tenderness	2	0

Table 10: Investigation before and after treatment

SN	Investigation	Before treatment	After treatment
1.	RA Factor	98.12 IU/ml	48.0 IU/ml
2.	CRP	35.43 mg/l	2.8 mg/l

TEST PARAMETER	RESULT	REFERENCE RANGE
HAEMATOLOGY		
ESR	160 mm/hr	0 - 20 mm/hr
BIOCHEMISTRY		
RA FACTOR		
RA FACTOR TURBIDIMETRIC METHOD	98.12 IU/ML	0 - 20 IU/ML
CRP		
CRP TEST TURBIDIMETRIC	35.43 mg/L	0 - 6 mg/L

Note: RECHECKED.

**** End of Report ****

Figure 1: investigation before treatment

Test	Result	Units	Reference Range
SEROLOGY REPORT			
RA TEST (TURBIDIMETRIC METHOD)	48.0	IU/ml	< 20 IU/ml
CRP (TURBIDIMETRIC METHOD)	2.8	mg/L	< 6 mg/L

Lab Incharge

Consultant

Figure 2: investigation after treatment

Discussion

Basti Karma forms a prime line of treatment in *Amavata* as *Basti* can be altered in different forms. In the present case, initially *Rookshana* was done in the form of *Udwartana*, *Parisheka*, *Vaitarana Basti*, *Dashamoola Kashaya Basti* and *Valuka Sweda* to reduce *Amavasta* in the patient. Once after attaining *Niramaavasta*, patient was advised with *Sarvanga Abhyanga* and *Jambeera Pinda Sweda*. Treatment modalities adopted acts as *Vatakapaha* pacifying and help in *Samprapti Vighatana* of *Amavata*.

Probable mode of action

Mode of action of *Udwartana*[7]: *Udwartana* is a *Rookshana* therapy which destroys the morbid *Kapha* and *Vata*. It also opens up the blocked channels, improves circulation (*Shonitam Shukramapi Cha*) and normalizes the *Twakstha Agni*, thereby reducing the *Kapha* and *Ama* predominant symptoms like stiffness, swelling, etc.

Mode of action of *Parisheka Sweda*: *Swedana* is *Sresta* for *Kapha Vata Vyadhi*, [8] *Parisheka Sweda* is a method of *Swedana* where medicated liquid is poured over the body. *Dhanyamla* is used for *Parisheka* which is said to have *Ushna Rooksha Guna* and it is digestive, carminative and anti-inflammatory so it is used in *Amavata*. Due to *Deepana Pachana* property, it digests the *ama* and give relief from pain and swelling. [9] *Dashamoola Kashaya* is having *Kashaya Tikta Rasa*, *Laghu* and *Rooksha Guna*. So, it acts as *Amapachana*, *Shothahara*, *Vedanasthapaka*. [10]

Mode of action of *Valuka Sweda*[11]: *Valuka Sweda* is a *Rooksha Sweda* having *Rooksha Ushna Guna* which helps in pacifying *Kapha* as well as *Ama* resulting in reduction of pain, stiffness and swelling.

Mode of action of *Basti*: *Basti* is considered as *Ardha Chikitsa* for *Vata Dosha*. [12] A modified *Kala Basti* has been planned and was divided into two *Yoga Basti* formats in which *Vaitarana Basti* was given followed by *Dashamoola Kashaya Basti*.

Vaitarana Basti is beneficial in the *Amavata*, according to *Chakradatta* and *Vangasena*. [13] By its *Laghu*, *Uksha* and *Tikshna Guna*, it reaches to *Pakwashaya* which is the main seat of *Vata Dosha* and pacifies *Vata Dosha*. *Sneha Dravya* present in *Basti* by its *Sukshma Guna* enters into *Sukshma Srotas* to reach *Grahani*.

Here it acts on *Samana Vayu*, which lies near the site of *Jataragni* leads to ignition of *Jataragni*.^[14]

Dashamoola Kashaya is having properties like *Vatahara* and *Shothahara* and is mentioned in the *Amavatarogadhikara*.^[15] *Pippalyadi Anuvasana Taila* is having *Deepana* and *Vatahara* action. *Rasna* and *Shatapushpa* are *Amapachani*, *Deepani* and *Kaphavatajit* and hence reducing the symptoms of *Amavata*.

Mode of action of *Abhyanga*: *Abhyanga* is said to be *Vatahara* and *Kottamchukkadi Taila* was used for this. It is having *Amavata* relieving action along with analgesic, anti-inflammatory, antioxidants, antispasmodic, antiarthritis, immunomodulator activities. Due to its properties, it acts as *Amapachaka*, *Shothahala* and *Shoolahara*.^[16]

Mode of action of *Jambeera Pinda Sweda*^[17]: It is a type of *Pinda Sweda* mainly applied in *Vata Kapha* predominant conditions. It is *Shophahara*, *Rooksha* and *Teekshna*. Hence it relieves pain, stiffness and swelling.

Mode of action of *Shamana Aushadis*: *Amritha Guggulu* has *Deepaniya*, digestive, anti-inflammatory properties so it is very helpful in *Amavata*, *Agnimandya*.^[18] *Sudharshana Ghana Vati* is *Kaphavata Hara*, *Ama Nashaka*, *Deepana Pachaniya*. *Amritarista* corrects the *Rasa* metabolism and reduces the *Ama*.

Conclusion

In *Amavata*, *Ama* and *Vata* plays an important role. *Mandagni* is the main cause of *Ama* formation and in the other hand *Vata Dosha* is vitiated due to indulgence in *Vataprakopaka Nidana*. The study proved the combined effect of *Panchakarma* treatment along with *Shamana Aushadis* helped in reducing pain, stiffness, swelling and increasing the range of movements.

It also helped in increasing digestive fire and reducing constipation there by increasing of quality of life.

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