



Case Study

AYURVEDA UPACHARA ON AMAVATA

Shashi Rekha V

Associate Professor, Department of Rasa Shastra and Bheshajya Kalpana, TMAES Ayurvedic Medical College and PG Research Centre, Hosapete, Karnataka, India.

Article info

Article History:

Received: 17-12-2023

Accepted: 19-01-2024

Published: 04-02-2024

KEYWORDS:

*Snehapana, Amavata, Pain relief, Agni, Ama, Vata, Niramaavasta, Snehana.*

ABSTRACT

This study delves into the positive impact of a 15-day *Snehapana* treatment on a patient, revealing significant relief from pain, reduced joint stiffness, and overall improvement. The subsequent follow-up assessment demonstrates the complete elimination of pain, swelling, sensitivity, and hardness. The success underscores the pivotal role of addressing *Agni* impairment, *Ama* formation, and *Vata dosha* vitiation in effectively managing *Amavata*. The sequential approach, encompassing the transformation of *Ama* into *Niramaavasta*, coupled with *Virechan* and *Snehana* treatments, proved to be successful. Notably, *Snehana* emerged as a crucial element, playing a key role in eliminating *Ama*-related issues, calming *Vata*, and clearing impurities. These findings provide valuable insights into a comprehensive and successful strategy for *Amavata* management, emphasizing the importance of a tailored treatment plan targeting the root causes of the condition.

INTRODUCTION

*Amavata* and rheumatoid arthritis are really similar<sup>[1]</sup>. A chronic, progressive autoimmune arthropathy, rheumatoid arthritis is typified by bilateral, symmetrical joint involvement along with some systemic clinical characteristics<sup>[3]</sup>. In contrast to Ayurveda, which treats the underlying cause of *Amavata* (RA) and has no side effects while providing excellent patient relief, allopathic treatment treats symptoms with NSAIDS and one or more steroids, each of which has a long list of potential negative consequences. The Ayurvedic remedy is tried-and-true, safer, and less expensive. India's traditional medical system, Ayurveda, contains a vast pharmacopeia derived from organic and natural sources.

For *Amavata*, Chakradatta gave a description of the Chikitsa Siddhant. It comprises *Virechana*, *Snehapana*, *Langhana*, *Swedana*, and the usage of medications having *Deepana* properties.<sup>[4]</sup>

In three contemporary texts, it is associated with the disease "Rheumatoid Arthritis" based on clinical symptomatology.

In the current instance, a 35-year-old female patient was brought into our outpatient department (OPD) with a two-year history of pain and morning stiffness in several joints, swelling in one hand and wrist joint, intermittent low-grade fever for one month, and lack of appetite.<sup>[2]</sup> Thorough history combined with a clinical assessment results in the diagnosis of *Aamavata*. The patient was treated according to *Aamavata*, taking into account the signs and symptoms. It was recommended to take *Langhana* for five days, *Deepana-Pachana* for seven days, and local *Swedana* in addition to oral medications for thirty days. Prior to beginning the program, grades were assigned based on arbitrary standards.

Case Report

On September 8, 2023, a 35-year-old female patient went to the outpatient department (OPD) of TMAES Ayurvedic College hospital in Sanklapur, Thanda 1 Hosapete, complaining of extreme pain and swelling in one wrist joint. She had previously experienced pain and morning stiffness in multiple joints for two years, swelling in one hand and wrist joints for two months, and intermittent low-grade fever for one month<sup>[5]</sup>. The patient's signs and symptoms gradually developed. In addition, she experienced intermittent complains of constipation, appetite loss, and body heaviness during the previous two months. She sought allopathic treatment for the aforementioned issues for roughly three months, but

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the outcomes were insufficient, so she went to T M 6 1 A for additional management.

*Virechanakarma* (therapeutic purgation) as per indication mentioned in the classics of Ayurveda.<sup>[6,7]</sup>

It was decided to go for *Shodhana Chikitsa* (*Panchakarma*). The patient underwent

**Clinical Evaluation (In the Course of Admission)**

**Table 1: Details of Patients Personal History**

S.No	Vitals	Personal history	Details
1	B.P-126/80 mm	Teacher	Working
2	P.R- 76/min	Appetite	Decreased
3	R.R-18/min	Thirst	Normal
4	Temp.- 98.5	Urine	Normal

**Systemic Examination**

**Table 2: To determine the significance of abnormal physical findings**

Cvs-S1s2	Cvs-S1s2 Heard
Chest	Chest -B/L equal air entry without any additional sounds
CNS	CNS -patient conscious
Sleep	Sleep-Disturbed

**Local Examination**

- There is swelling in the right hand's little, ring, and index fingers' interphalangeal joints.
- The swelling was not painful.
- All afflicted joints showed tenderness in addition to an increase in body temperature.
- Range of motion: The right hand's interphalangeal joint exhibits restricted and uncomfortable movement.

**Differential Diagnosis**

- *Amavata* (rheumatoid arthritis)
- *Sandhivata* (osteoarthritis)
- *Vatarakta* (gout)

**Diagnosis**

*Amavata*, or rheumatoid arthritis, was identified using criteria established by the American Rheumatology Association in 1988 and symptoms reported in two Ayurvedic classics.

**Disease Evaluation Grading**

Prior to therapy, the criteria' subjective and objective grades are as follows

<p><b>Pain</b></p> <p>A - No pain</p> <p>B - Pain but tolerable</p> <p>C - Pain difficult to tolerate and take analgesic once a day</p>
<p><b>Swelling</b></p> <p>A - No swelling</p> <p>B - Feeling of swelling and heaviness</p> <p>C - Apparent swelling</p>
<p><b>Tenderness</b></p> <p>A - No Tenderness</p> <p>B - Mild Tenderness</p> <p>C - Moderate Tenderness</p>
<p><b>Stiffness</b></p> <p>A - No stiffness</p> <p>B - 20% limitation of normal range of mobility</p> <p>C - 50% limitation of mobility</p>

**Table 3: Evaluation of Assessment Criteria**

S.No	Subjective	Objective
1	Pain	B
2	Swelling	C
3	Tenderness	B
4	Stiffness	A

**Laboratory Findings****Table 4: Laboratory Findings before Treatment**

S.No	Investigation	Findings
1	Hb	8.9gm%
2	TLC	9,900/mm <sup>3</sup>
3	FBS	89mg/dl
4	ESR	62mm at the end of first hour 1
5	Urea	18mg/d
6	Creatinine	0.2mg/dl
7	RA Factor	Positive
8	Uric acid	5.1g/dl

**Laboratory Findings****Table 5: Laboratory Findings after Treatment**

S.No	Investigation	Findings
1	Hb	9.6gm%
2	TLC	7000/mm <sup>3</sup>
3	FBS	99mg/dl
4	ESR	33mm at the end of first hour 1
5	Urea	16mg/d
6	Creatinine	0.2mg/dl
7	RA Factor	Positive
8	Uric acid	4.1g/dl

**Handling**

*Amavatachikitsa* sutra [Chakradutta 25/1] was followed by *Shaman chikitsa*, *Deepana pachana snehpana*, and in *Sadana chikitsa virechan*.

Giving *Ajamodadi Churna* and *Chitrakadi Vati* in a dose of 2 B.D. for two days is how *Pachana* and *Deepan* are performed.

**Classical Virechana****Table 6: Procedure followed**

S. No	Day	Procedure	Medicines & Dose
1	Day - 1	<i>Snehapana</i>	<i>Guggulutiktakaghrita</i> 25ml
2	Day - 2	<i>Snehapana</i>	<i>Guggulutiktakaghrita</i> 50ml
3	Day - 3	<i>Snehapana</i>	<i>Guggulutiktakaghrita</i> 75ml
4	Day - 4	<i>Sarvangaabyanga</i> and <i>Bashpasweda</i>	<i>Maha Mashataila</i>
5	Day - 5	<i>Sarvangaabyanga</i> and <i>Bashpasweda</i>	<i>Maha Mashataila</i>
6	Day - 6	<i>Sarvangaabyanga</i> and <i>Bashpasweda</i>	<i>Maha Mashataila</i>
7	Day - 7	<i>Nimbaamruta Eranda Taila</i>	60ml

*Samyak Snighda Lakshana* came after the seventh day, and *Virechana Karma* administered lukewarm water afterward (the dosage was determined based on *Rogibala*, *Rogabala*, and *Kostha* (bowel habit)).

During the course of treatment, the patient received some crucial advice based on Ayurveda, including the avoidance of cold beverages, ice cream, curds, bananas, coconuts, black grams, cold water for bathing, and daytime sleep to take a bath in barely warm water.

The patient was instructed to follow *Samsarjan karma*, or a particular diet, for five days after receiving *Samyaklakshan* from *Virechan* since their *Sudhi* was *Madhayam*.

The following 15-day treatment plan was chosen for the follow-up: 500mg of *Chitrakadivati* 2BD *Kaishora guggulu* 2BD *Churna* 3gm BD 1tsf *Eranda taila ashwagandha* with milk at night.

**RESULT** The patient began to experience pain relief exclusively during *Snehapana*. Following a 15-day course of treatment, there was a decrease in joint stiffness and discomfort at the initial follow-up, along with the following parameter changes:

Pain	A
Swelling	A
Tenderness	A
Stiffness	A

## DISCUSSION

Since Agni impairment, *Ama* formation, and *Vata dosha* vitiation are the causes of *Amavata*, these are the variables that need to be considered when performing *Chikitsa* of *Amavata*. Initially, we must transform *Ama* into *Nirama avasta* by reversing the Agni impairment via *Pachana* and *Deepan dravya*.

After achieving *Niraamaavastha*, the patient ought to undergo *Virechan* and *Snehana*. *Snehana*: *Snehana* eliminates *Ama*-caused *Sanga*, acts as a *Vata*

*shamak*, and clears *Mala* [CH.SI1/7]. It functions as *Deepan* as well [ch.chi 15/201].

The *Pratiloma gati* of *Vata* in *Amavata* is normalized with the use of *Vivechan* treatment.

## Properties of Shamana Drugs

***Kaishora Guggulu***: It possesses traits similar to *Teekshan*, *Laghu*, *Ruksha*, and *Ushna*. This property's antagonistic effects on *Kapha* and *Ama* lead to a notable amelioration of illness signs and symptoms.

An autoimmune condition is *Balya Chikitsa*. *Rasyana chikitsa* is therefore crucial in preventing or lowering the frequency of this illness's development.

## CONCLUSION

From this case study it can be concluded that Ayurvedic approach towards *Amavata* shows satisfactory results not only in relieving sign and symptoms but also in frequency and time interval of reoccurrence of this disease and also cost effective and free from any other side effects.

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### Cite this article as:

Shashi Rekha V. Ayurveda Upachara on Amavata. *International Journal of Ayurveda and Pharma Research*. 2024;12(1):76-79.

<https://doi.org/10.47070/ijapr.v12i1.3069>

Source of support: Nil, Conflict of interest: None Declared

### \*Address for correspondence

**Dr. Shashi Rekha V**

Associate Professor,  
Department of Rasa Shastra and  
Bheshajya Kalpana,  
TMAES Ayurvedic Medical College  
And PG Research Centre, Hosapete,  
Karnataka, India.  
Email: [drshashivadla@gmail.com](mailto:drshashivadla@gmail.com)

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