



Case Study

AN INSIGHT INTO THE MANAGEMENT OF AMAVATA IN AYURVEDA

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ABSTRACT


Acharya Madhavakara first identified *Amavata* as a separate disease in the *Madhavanidana*. *Amavata* manifests due to the consumption of *Nidanas* i.e., *Viruddha Ahara-chesta, Mandagni, Nischalatha* and immediate *Vyayama* after consuming *Snigdha Bhojana*. These factors resulting in *Mandagni*, which is a primary cause of *Ama* formation. This morbid *Ama* then circulates throughout the body with the vitiated *Vata dosha*. *Ama* eventually accumulates in the *Sleshma sthana*, results in joint pain, stiffness and ultimately causes *Amavata*. Comparable to rheumatoid arthritis due to similar symptoms. Rheumatoid arthritis is a chronic inflammatory disease causing symmetric peripheral polyarthritis and joint damage. Affecting 0.8-1.0% of the Indian population, rheumatoid arthritis predominantly impacts females than males. A 23-year-old female patient was admitted with the chief complaint of pain in multiple joints for 5 years. This was associated with stiffness, swelling, loss of appetite, fatigue, hard stools and a feeling of heaviness in the body. Rheumatoid arthritis is managed by DMARDs and steroids but it has adverse effects of gastritis and peptic ulcer disease as well as renal function impairment. In Ayurveda details description of management of *Amavata* is mentioned. Considering the signs and symptoms, the patient was treated according to the treatment principles of *Amavata*. *Langhana, Deepana-Pachana, Valuka Sweda, Anulomana, Vaitarana Basti* were administered for 25 days and oral medications for 60 days. Before starting the treatment, grading was performed based on subjective and objective criteria. After treatment, the grade was reduced. Marked improvement was observed after the treatment, which also improved the quality of life.

INTRODUCTION

Acharya Madhavakara was the first author to recognize *Amavata* as a separate disease and provided a detailed description of *Amavata* in the *Madhavanidana*.^[1] The term *Amavata* consists of two components: *Ama* and *Vata*. These components play crucial roles in the morbidity and disease process of *Amavata*. *Amavata* manifests due to *Viruddha Ahara-chesta, Mandagni, Nischalatha* and immediate *Vyayama* after consuming *Snigdha Bhojana*. These factors initiate the disease process by promoting the production of *Ama* (metabolic toxins) in the *Amashaya*. When *Ama* combines with the vitiated *Vatadosha* accumulates in *Sleshmasthana* leads to *Amavata*.

Symptoms include *Angamarda* (malaise), *Aruchi* (loss of appetite), *Trishna* (thirst), *Alasya* (weakness), *Gourava* (heaviness), *Jwara* (fever), *Apaka* (indigestion), *Sandhishoola* (joint pain) and *Sandhi stabdhata* (joint stiffness).^[2] EC-6 Morbidity code is used to indicate the diagnosis of *Amavata* as mentioned in NAMASTE PORTAL (National AYUSH Morbidity and standardized terminologies electrical portal).^[3]

Amavata can be compared to rheumatoid arthritis due to similarities in symptoms. Rheumatoid arthritis is a chronic inflammatory disease of unknown etiology marked by a symmetric, peripheral polyarthritis. It is the most common form of chronic inflammatory arthritis and often results in joint damage and physical disability. Because it is a systemic disease, rheumatoid arthritis may result in a variety of extra-articular manifestations characterized by a clinical course of exacerbations and remissions.^[4] The prevalence of rheumatoid arthritis is approximately

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0.8–1.0% in Indian subcontinent, with female to male ratio of 3:1.^[5] M06.9 is a specific ICD-10-CM code to indicate the diagnosis of rheumatoid arthritis.^[6]

The primary treatment involves NSAIDs (non-steroidal anti-inflammatory drugs) and analgesics, but regular monitoring is necessary due to gastritis and peptic ulcer disease as well as impairment of renal function.^[4] In Ayurveda, *Langhana*, *Swedana*, Use of *Katu-Tikta Dravyas*, *Pachana*, *Deepana*, *Virechana*, *Snehapana*, and *Basti* are the line of treatment.^[7] The present study shows that *Amavata* can be successfully managed with a holistic Ayurvedic approach, which helps to restore the quality of life.

Case Report

A 23 years old female patient, came to the Kayachikitsa OPD at Sri Sri College of Ayurveda Science and Research Hospital, Bengaluru, Karnataka, with chief complaint of pain in multiple joints for 5 years. It was associated with stiffness and swelling in the joints along with loss of appetite, fatigue, hard stools and heaviness in the body for 1 year.

History of Present Illness

Patient was apparently normal 5 years ago. One day, she suddenly experienced a feverish feeling followed by multiple joint pains, which subsided without medications. After a year, she gradually began to experience pain in the wrist, elbow, shoulder, knee and ankle joints bilaterally. The pain was pricking type and severe in nature. It was aggravating on exposure to cold climate and by rest and relieved by physical activity and hot fomentation. Along with joint pain, she had swelling and stiffness in bilateral hands, foot and ankle joints, loss of appetite, fatigue, hard stools and heaviness in the body for the past 1 year.

History of Past Illness

No significant past illness.

Family History

There is no relevant family history contributing to the current situation of the patient.

Personal History

Ahara - Mixed diet (chicken twice in a week)

Mala - Once in two days, constipated

Mutra - 4-5 times/day, 0-1 time/night

Vihara - *Divaswapna* (2-3hrs/day)

Agni - *Jataragni mandya*

Nidra - *Nidralpata* due to *Sandhishoola*

Psychological history - *Chinta*, *Shoka* due to illness

Occupation – Housewife

Physical Examination

Built - Moderate

Nourishment - Poorly nourished

Pallor - Present

Icterus - Absent

Clubbing - Absent

Cyanosis - Absent

Edema - Absent

Lymphadenopathy - Absent

Temperature - 98.2°F

Blood pressure - 130/80 mmHg

Respiratory rate - 18 cycles per min

Pulse rate - 85 beats per min

Spo2 - 96%

Height - 155 cm

Weight - 50kg

BMI - 20.8 kg/m²

Systemic Examination

CVS - S1, S2 heard, no murmurs

CNS - Patient was conscious, well oriented to time place and person.

Higher mental functions - Normal, all cranial nerves intact

RS - Normal bronchovesicular sounds were heard over bilateral chest walls.

Ashta Sthana Pareeksha

Jiwha - *Upaliptha*

Naadi - *Kapha vata*, *Manda*

Mala - *Vikruta*

Mootra - *Prakruta*

Shabdha - *Prakruta*

Sparsha - *Ruksha*

Druk - *Prakruta*

Aakruti - *Madhyama*

Dashavidha Pareeksha

Prakruti - *Kapha-Vata*

Vikruti - *Dosha -Tridosaja*, *Dushya -Rasa*, *Asthi*, *Majja*

Sara - *Madhyama*

Samhanana - *Madhyama*

Pramana - *Madhyama*

Satva - *Madhyama*

Saatmya - *Sarva rasa satmya*

Ahara shakti:

Jarana shakti - *Avara*

Abhyavarana shakti - *Madhyama*

Vyayama shakti - *Avara*

Vaya - *Madhyama*

Musculoskeletal Examination

Table 1: On inspection

Joint	Upper Limb	Lower Limb
Joints involved	B/L PIP, MCP shoulder and wrist joints	B/L PIP, MTP, knee and ankle joints
Movement	B/L restricted (shoulder, wrist joints, PIP, MCP)	B/L restricted (knee, ankle, PIP, MTP)
Symmetry	Symmetrical	Symmetrical
Swelling	Present in B/L PIP, MCP	Present in B/L ankle joints, PIP, MTP
Deformity	Boutonniere deformity at B/L Index & middle fingers	Not present

Table 2: On Palpation

Joint Warmth	Raised at B/L PIP, MCP	Not raised
Joint crepitus	Not present	Present at right knee joint

Investigation done on 8/04/23

Hb – 9.4gm%
 ESR – 90mmhr
 RA Factor - Positive
 C-RP – 76.1mg/l

Diagnosis

Diagnosis was made on the criteria by the American College of Rheumatology (ACR) / European League Against Rheumatism (EULAR) in 2010.

Final Diagnosis: *Amavata*/Rheumatoid Arthritis.

Treatment schedule: As per the principles of *Amavata chikitsa sutra* described in *Amavata adhikara*, Cakradatta, patient was treated with *Langhana*, *Sarvanga Abhyanga* followed by *Valuka Swedana*, *Anulomana*, *Sthanika Lepa*, *Kala Basti* and *Shamana Aushadhis*. (Table 3)

Table 3: Treatment Schedule

Dates	Procedure	Medicine	Dosage	Duration	Observations
08/04/23 to 12/04/23	<i>Langhana</i>	<i>Nagara Siddha Mudga Yusha</i>	250ml thrice daily as a food (no other food included in the diet)	<i>Samyak langhita lakshana</i> was observed after 5 days	<i>Gatra Laghava</i> and Appetite Increased.
13/04/23 to 17/04/23	<i>Anulomana</i>	<i>Gandharvahasthadi eranda taila</i>	20ml with warm water in empty stomach at 7am	5 days	Regular motion passage.
13/04/23 to 22/04/23	<i>Sarvanga Abhyanga</i> followed by <i>Valuka Sweda</i>	<i>Brihat Saindhavadi Taila</i>	Once daily	10 days	Mild reduction of pain, swelling and stiffness in the joints observed.
18/04/23 to 03/05/23	<i>Sthanika Lepa</i>	<i>Dashanga Lepa + Prasarini taila</i>	External application	15 days	Further reduction of above symptoms.
18/04/23 to 03/05/23	<i>Kala Basti</i>	Anuvasana basti - Brihat Saindhavadi Taila (75ml) Niruha basti - Vaitarana Basti-350ml	1 Basti/day	15 days	Moderate reduction of pain, swelling & stiffness in the joints observed.

Method of Preparation of Nagara Sidda Mudga Yusha: 250ml *Nagara Sidda Mudga Yusha* – 30 grams of *Mudga*, 3 grams of *Shunti Choorna* and *Saindhava Lavana* (Q.S) added to 480ml water boiled and reduced to half till soup consistency.

<i>Anuvasana Basti</i>	<i>Brihat Saindhavadi Taila (75ml)</i>
<i>Niruha Basti</i>	<i>Gudapaka-25gm, Saindhava-10gm, Brihat Saindhavadi taila-100ml, Chinch-15gm, Gomutra - 200ml.</i>

Method of Preparation of Nagara Sidda

Mudga Yusha

250ml Nagara Sidda Mudga Yusha -30 grams of Mudga, 3 grams of Shunti Choorna and Saindhava Lavana (Q.S) added to 480ml water boiled and reduced to half till soup consistency.

During Admission (08/04/23 to 03/05/23)

1. Ajamodadi churna 1tsp BID with warm water before food.
2. Simhanada Guggulu 500 mg BID after food.
3. Rasna Erandadi Kashaya 15ml BID with 60 ml of warm water before food.
4. T. Prolong 1 tab at bedtime.
5. T. Irea 0-0-1 After food
6. Info DF powder 1 tsp after food at night along

with warm milk.

7. T. Arthozen forte 1 BID After food.

Discharge medicines (04/05/23 to 03/07/23)

1. Rasna Erandadi Kashaya 15ml BID with 60ml of warm water before food
2. T. Prolong 1 tablet BID before Food
3. T. Irea 0-0-1 After food
4. Info DF powder 1 tsp at night along with milk.
5. T. Arthozen forte 1 tablet BID after food
6. Sthanika Lepa -Dashanga Lepa + Prasarini taila
7. Brihat Saindhavadi Taila for external application to affected joints followed by hot water bath.
8. Advised pathya-apathya. X 2 month

Assessment

Subjective and Objective parameters

Sandhijadyata (Stiffness in joints)		Alasya (Lethargy)	
No stiffness	0	No Alasya	0
Stiffness persistently only for half an hour to one hour in the morning	1	Starts work in time with efforts	1
Stiffness persisting for a long time (>1 hour)	2	Unable to start work in time but completes the work	2
Stiffness for whole day and night	3	Delay in the start of work and unable to complete it	3
Sandhishotha (Swelling in joints)		Gauravta (Heaviness in the body)	
No swelling	0	No feeling of heaviness	0
Mild swelling	1	Occasional heaviness in body but can do usual work	1
Moderate swelling	2	Continuous heaviness in body but can do usual work	2
Marked swelling	3	Continuous heaviness that hampers usual work	3
Aruchi (Anorexia)		Unable to do any work due to heaviness	
Normal desire for food		4	
Eating timely without much desire		1	
Desire for food, little late than normal time		2	
Desire for food only after long intervals		3	
No desire for food at all		4	

OBSERVATIONS AND RESULTS

Table 4: Observations and Results

Sign & Symptoms	Before Treatment	After Treatment	Follow up after 2 months
Joints pain (Vas scale)	9	4	3
Joints swelling	Grade 2	Grade 1	Grade 0
Joints stiffness	Grade 3	Grade 1	Grade 0
Tenderness	++++	+	Absent
Restricted movement of affected joints	++++	+	Absent
Anorexia	Grade 4	Grade 0	Grade 0
Bowel	Constipated	Clear	Clear
Fatigue	Grade 4	Grade 1	Grade 0
Heaviness in the body	Grade 4	Grade 0	Grade 0

Heamatological Test	Before Treatment	After Treatment	Follow up after 2 months
Hb%	9.4 gm%	10.7 gm%	11.6gm%
ESR	90 mm/hr	25 mm/hr	20mm/hr
C-RP	76.1 mg/L	17.2 mg/L	17.2 mg/L

Score	Before Treatment	After Treatment	Follow up after 2 months
Disease Activity Score 28 (DAS28-ESR) [8]	5.5 points (High severity of RA)	3.6 points (Moderate severity of RA)	3.4 points (Mild severity of RA)
Barthel's Index Score for assessing Quality of Life [9]	70points (Minimally dependent)	85 points (Totally independent)	95 points (Totally independent)

DISCUSSION

Ama and *Vata* are the primary *Doshas* involved in *Amavata*. The condition often arises due to the consumption of *Nidanas* i.e., *Viruddha Ahara-chesta*, *Mandagni*, *Nischalatha* and immediate *Vyayama* after consuming *Snigdha Bhojana*. These factors resulting in *Mandagni*, which is a primary cause of *Ama* formation. Additionally, *Vata dosha* is vitiated due to indulgence in *Vataprokopa nidana*. This morbid *Ama* then circulates throughout the body with the vitiated *Vata dosha*. *Ama* eventually accumulates in the *Sleshma sthana*, results in *Sandhishoola*, *Sandhistabdha* and ultimately causes *Amavata*. Since *Ama* and *Vata Dosha* are the main culprits in causing the disease, the treatment approach involves *Amapachana* and *Vatahara* therapies.

Mode of Action of Panchakarma therapies and drugs

Langhana

In *Amavata*, *Ama* is the primary cause of the disease, resulting from *Agnimandya*. *Langhana* is the first and best line of treatment to eliminate *Ama*. *Langhana* in the form of *Nagara siddha mudga yusha*^[10] is recommended. *Mudga* is one of the *Nitya sevaniya*, *Laghu ahara*, and has *Agni deepana karma*.^[11] *Shunthi* possesses *Deepana*, *Pachana*, *Vatanulomana*, *Shoolahara*, *Shothahara*, and *Vatakaphashamaka* properties.^[12] *Nagara siddha mudga yusha* performs *Amapachana*, *Agnideepana*, and provides *Laghutwa* to the body.

Swedana

Ama is *Guru*, *Snigdha* and *Sthira* in nature. *Rooksha sweda* having opposite qualities to *Ama* and reduces *Srotorodha*, thereby relieving pain. *Valuka Sweda* possesses *Rooksha*, *Laghu* and *Ushna Gunas*. *Ushna Guna* liquefies the *Doshas* and also causes *Srotovikasana*, resulting in increased circulation. Consequently, liquefied *Doshas* leave the *Sandhis* and travel towards the *Koshta*. This reduces *Sandhishoola*, *Sandhistabdha* and *Sandhishotha*.

Anulomana

The patient was *Durbala* with excessive accumulation of *Dosha*. Hence, *Anulomana* is done for *Doshanirharana* and *Koshta Shuddhi*. In *Amavata*, *Eranda Taila* is the drug of choice for *Anulomana*. It has *Pachana*, *Shoolahara*, *Shothahara*, and *Vataghna* properties. To overcome the mighty elephant called *Amavata* roaming all over the body (*Amavatagajendrasya shariravanachari*); only one lion called *Eranda thaila* is sufficient (*Nihantyayaeranda snehakesari*).^[13]

Basti

Basti is considered as *Ardha chikitsa* for *Vata dosha*. *Vaitarana Basti*, as mentioned by *Chakradatta* contains *Guda*, *Saindhava lavana*, *Gomutra*, *Chincha rasa*, and *Taila*. The qualities of *Vaitarana Basti* are *Ruksha*, *Laghu*, *Tikshna* and *Ushna*, which are opposite to *Ama guna*. *Vaitarana basti* by its *Tikshna guna*, reaches the *Pakwasaya* and destroys *Vata dosha*. Thus, *Vaitarana basti* performs *Apana anulomana* and increases the *Jatharagni*, which is the main cause of *Amavata*. *Brihat saindhavadi taila* is known for its *Amapachaka*, *Agnideepana*, *Vatashamaka* properties.

Ajamodadi Churna acts as *Amapachana* and *Agnideepana*. *Simhanada Guggulu* is predominantly having *Ushna*, *Laghu*, *Ruksha guna* and *Tikta-katu rasa*, which can act by *Kapha chedana*, *Ama nirharana* and *Agni deepana*. Hence, become an ideal and effective drug in *Amavata*. *Rasna Erandadi Kashaya* acts as *Vedanasthapana* and *Srotoshodhaka*. Prolong containing curcumin, piperine, selenium, and calcium phosphate acts as an anti-inflammatory, immunomodulator and antioxidant. *Arthozen forte* which contains *Mahayogaraja Guggulu*, *Shallaki*, *Rasna*, *Godanti Bhasma*, *Eranda*, *Aswaganda*, and *Asthishrunkala* acts as an anti-inflammatory and analgesic. Externally *Brihat Saindhavadi Taila* acts as *Shothagna* and *Vedanashamaka* due to its *Ushna veerya*.

CONCLUSION

- The present study suggests that *Amavata* can be successfully managed using a holistic Ayurvedic approach, which helps to restore the quality of life.
- This case study further supports the potential effectiveness of Ayurveda in treating chronic diseases like *Amavata*.

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