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### Priyanka Erulkar

Department of Kayachikitsa, CSMSS Ayurved Mahavidyalaya and Hospital, Kanchanwadi, Chhatrapati Sambhajinagar, Maharashtra, India

#### Anil K Burley

Department of Kayachikitsa, CSMSS Ayurved Mahavidyalaya and Hospital, Kanchanwadi, Chhatrapati Sambhajinagar, Maharashtra, India

#### SG Deshmukh

Department of Kayachikitsa, CSMSS Ayurved College, Chhatrapati Sambhajinagar, Maharashtra, India

Corresponding Author: Priyanka Erulkar Department of Kayachikitsa, CSMSS Ayurved Mahavidyalaya and Hospital, Kanchanwadi, Chhatrapati Sambhajinagar, Maharashtra, India

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# Ayurvedic management of Amavata: A case report

# Priyanka Erulkar, Anil K Burley and SG Deshmukh

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#### Abstract

A chronic, systemic inflammatory disease of the joints, rheumatoid arthritis is comparable to the Ayurvedic ailment known as "Amavata." Amavata is the second most common joint disorder. RA is a chronic, progressive disease that mostly affects the fingers, wrists, feet, and ankles. It leads to severe immobility and deformity, as well as joint inflammation. Amavata is a situation in which the body experiences Stabdhata as a result of vitiated Ama and Vata lodging in the Trika Sandhi and While Atanka Darpana explains the word "Yugapat" as Ama and Vata because both are held accountable for its pathogenesis, Madhukoshakara comments on the word "Yugapat" as simultaneously Vata and Kapha. Visited the Ayurvedic OPD of a female patient, age 37, with O.P.D. no. 2267 dated 12.12.2022.kayachitisa Department with complaint of Shoola, Shothaand Stambhain multiple joints since 1 year. Treated with Ayurvedic Shaman, Simhanada Guggul 500mg twice a day, Maharasnadi kwatha 20 ml twice a day with luke warm water, Panchakola churna–2 gm twice day with Luke warm water, Mahavishgarbha Tail local Application.

Keywords: Amavata, Ama, Shaman

# Introduction

Amavata is a condition that resembles rheumatoid arthritis (RA) in modern language since it is caused by the vitiation of the Vata Dosha and the accumulation of Ama in the joints. Amavata is a condition where the Vata Dosha becomes vitiated and AMA builds up in the joints, simulating rheumatoid arthritis (RA) in modern terminology <sup>[1]</sup>. Ama is a product that has been poorly digested and is not homogeneous for the body. It can cause pain, stiffness, swelling, soreness, etc. in the associated joints once that Ama becomes localized in body tissue or joints <sup>[2]</sup>. Amavata shares many characteristics with RA, an autoimmune condition that results in symmetrical and chronic inflammatory polyarthritis <sup>[3]</sup>. In Ayurveda, Nidana Parivarjana (avoidance of causative factors) is considered as the first and foremost line of management for any disease. Virechanakarma is a Shodhana process (biological purification of the body) to balance the vitiated Dosha in general and Pitta Dosha in particular <sup>[4]</sup>. Treatment based on contemporary science 12-Reducing joint inflammation, relieving pain, preventing or delaying joint damage, reducing disability, and allowing you to remain as active as possible are the main objectives of treatment for rheumatoid arthritis. So, rheumatoid arthritis medications. In the acute stage of the illness, rest and joint splitting should be implemented. Both active and passive physiotherapy aid in contracture prevention and mobilisation. First, NSAIDS are used to treat pain and pathology; however, if no improvement is seen after six months of treatment, DMARDS should be administered. The treatment of choice is methotrexate. The following list contains indications for using glucocorticoid treatment.

# **Drugs for RA**

Nonsteroidal anti-inflammatory drugs. (NSAIDs) –Aspirin, indomethacin, fenamides, Celecoxib, roficoxib. Disease modifying anti-rheumatic drugs. (DMARDs) -1. Non biological agent- they target inflammatory pathway – D-Penicillamine, Hydroxychloroquine, Sulfasalazine, Methotrexate.

**Biological agent:** They target cytokines and cell synthesis-Anti TNF alpha Antagonist - Infliximab, Etanercept, Adalimumab IL 1 Receptor antagonist- Anakinra Anti-CD 20 Antibody – Rituximib JAK - 1, JAK- 3 inhibitor- tofacitinib JAK-1 JAK -2 inhibitor-baricitinib C. Immunosuppressive drug- Leflunomide D. Glucocorticoid therapy – indication-Pleural effusion Pericarditis Eye involvement Vasculitis Mononeuritis multiplex When disease is not controlled by NSAIDs and DMARDs

- a. Vatanuga Amavata
- b. Pittanuga Amavata
- c. Kaphanuga Amavata

# Anubandha of two Dosha

- a. Vata Pittanuga Amavata
- b. Pitta Kaphanuga Amavata
- c. Kapha Vatanuga Amavata

## Anubandha of all Dosha

Tridoshaja amavata. These varieties of Amavata can be differentiated on the basis of characteristic symptoms of dosha involved.

### **Case report**

Pradhana Vedana:A female patient of age 37 years with O.P.D no.2267 dated 12.12.2022 visited Ayurvedic O.P.D of kayachitisa Department with complaint of Shoola, Shothaand Stambhain multiple joints since 1 year. History of present illness:A 40 years old female patient developed pain and stiffness of metacarpophalangeal joints of both hands followed by knee joints. After few days, she suffered from pain and mild swelling on bilateral wrist joints. Gradually she developed pain and stiffness on bilateral ankle joints and elbow joints. She was facing difficulty in performing her day to day activities due to pain. She was also suffering from generalized body aches and decreased appetite for last 2 months. She had undergone allopathic treatment-NSAIDS but got only temporary relief. With these complaints, patient approached to our hospital for further treatment.

History of past illness: Nohistory of diabetes, hypertension, rheumatic heart disease, gout and any chronic disease. Family history: The mother of the patient had history of rheumatoid arthritis

General examination Vitals-Pulse Rate -80/min, regular Blood Pressure-130/80 mmHg Temperature-96.8 FRespiratory Rate-18/min

# Examination

Vitals of patient were within normal limits. Systemic examination showed no any abnormal findings. Jivha was Saam. Rest of the Ashtavidha pariksha was within normal limits.

#### Local Examination

Swelling presents on both wrist and knee joints.Tenderness presents on both wrist and knee joints.Local temperature-Raised Range of movement-Restricted and painful movement of both knee and wrist joints.

# **Differential Diagnosis**

Amavata (Rheumatoid arthritis), Sandhivata (Osteoarthritis), Vatarakta (Gout).

# **Investigations Done**

CBC, ESR, CRP, RA test, S. Uric Acid

#### Diagnosis

Amavata (Rheumatoid arthritis) was diagnosed on the basis of symptoms described in the classics of Ayurveda and criteria

fixed by the American Rheumatology Association in 1988.

# Treatment Given

# Langhana for 3 days

- 1. Simhanada Guggul 500mg twice a day
- 2. Maharasnadi kwatha 20 ml twice a day with luke warm water
- 3. Panchakola churna 2gm twice day with Luke warm water
- 4. Mahavishgarbha Tail local Application For 30 days

#### Observations

Table 1:	Signs an	d Symptoms	(Subjective	parameters)
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Signs and Symptoms		AT
Sandhi ruja (joint pain)	4	2
Sandhi shotha (Joint swelling)	3	1
Stabdhata (stiffness)	2	1
Ushnata (heat over the affected joints)	2	1
Sparsh Sahayata (tenderness about the joints)	5	2

 Table 2: Objective parameters

<b>Objective Parameters</b>	BT	AT
RA Factor	17	14
CRP	28	12
ASLO	Negative	Negative
ESR	53	25

### Discussions

Chikitsa sidhanta <sup>[5]</sup> Chakradatta was first inventor, who described the principles of treatment for Amavata which are Langhana, Swedana, drugs having Tikta Katu Rasa and Deepana action, Virechana, Snehapana and Anuvasana as well Ksharabasti.

Langhana (laghu Bhojana)- First step of Amapachana. In Amavata formation of Ama is a basic causative factor, hence Amapachana and prevention of Ama formation is the most important step. Valuka Sweda - Ruksha sweda devoid of Sneha, helps to remove srotorodha and brings the Dosha to their normalcy. Deepana - After Amapachana to check the further progress of disease Agni Deepana should be achieved, hence Agni Deepana achieved with Tikta, Katu rasatmaka and Ushna Virya dravya like Panchakola churna. Tikta Rasa - It mainly causes Agnideepana, Amapachana and it is ruchya It also has lekhana property which helps to remove srotorodha <sup>[6]</sup>. Katu Rasa-Removes Srotorodha causes ruche, gets Shamana of Shlema Dosha and causes Laghuta in the body<sup>[7]</sup>. Simhanada Guggul 500 mg twice a day and Maharasnadi kwatha 20 ml twice a day with luke warm water were given to the patient. Simhanada Guggul has Laghu, Ruksha, Ushna, Tikshna properties. Majority drugs of Simhanada Guggul have Deepan (Enzyme activating), Ama-Pachan (biotoxin neutralizing), Shothaghna (Oedema reducing), Shoolghna (analgesic), Jwaraghna (Antipyretic), Balya (energy enhancing) and Amavatahara (Antirheumatic) properties. It enhances the AgniBala (digestive and metabolic capacity), alleviates the Ama (biotoxins) and prevents the further Ama (biotoxins) formation into the body. This reduces the clinical manifestations of Amavata (Rheumatoid arthritis) and helps in breaking the Samprapti (pathogenesis) of Amavata. Maharasnadi Kwath has Amapachana, Deepana, Vatahara and Shulaghna properties which help in breaking Samprapti and relieving symptoms of Amavata<sup>[8]</sup> Mahavishgarbha Tail contains Dhatura (Datura mete linn), Vatsanabha (Aconitum ferox), Eranda (Ricinus communis) and vatahar drugs.

#### Pathya- Apathya

The word "Pathya" refers to a diet that is suitable for the body and the mind in both good and bad health. By implementing Pathya, which includes wholesome and suitable Ahara and Vihara, diseases can be controlled and treated. Without adhering to Pathya, no amount of medication may be effective in treating ailments. As a result, Pathya is employed to replace Chikitsa. The following are Hitakara Dravya Samooha, which are generally considered to be Pathya for all illnesses, according to Raja Nighantu. Ghrita, Saindhava, Dhanyaka, Jeeraka, Ardraka, Tanduleeyaka, Patola, Alabu, Godhuma, Jeerna Shali, Gokshura, Hamsdaka, and Mudga are a few of the other names for women. Harita advises Amavata to abide by the Pathyas described in the context of Jwara. The Vata-Kapha, Amapachaka, Agnideepaka, and Rasaprasadaka Vata-Kapha Ahara and Vihara in Amavata. So, the diet and the Oushada having Katu, Tiktarasa, Ushna, Tikshna Guna are Pathya.

### Conclusions

This case study demonstrates that the Chikitsa Siddhant recommended by Acharya Chakradatta can be used to safely and efficiently treat Amavata. But since this is only one case study, more research on many patients is required to demonstrate its efficacy.

#### References

- 1. Tripathi B. Editor. Madhav Nidana of Madhavkar. Reprint Ed. Ch. 25, Ver. Varanasi: Chaukhabha Sanskrit Sanshtan. [Google Scholar]. 2006;1(5):571.
- 2. Tripathi B. Editor. Madhav Nidana of Madhavkar. Reprint ed. Ch. 25, Ver. 6. Varanasi: Chaukhabha Sanskrit Sanshtan. [Google Scholar]. 2006;1:572.
- Boon NA, Colledge NR, Walker BR, Hunter JA. Davidson's Principles and Practice of Medicine. 20<sup>th</sup> ed. Ch. 25. Edinburgh: Churchill Livingstone-Elsevier; Musculoskeletal disorders. [Google Scholar]; c2006. p. 1101-4.
- Chaturvedi G, Shastri K. editors. Charaka Samhita of Agnivesha, Siddhi Sthana. Reprint ed. Ch. 2, Ver. 13. Varanasi: Chaukhambha Bharati Academy; c2007. p. 981.
- 5. A thesis work by Dr. Mandal L, Swarasa ND, Guggulu-Amavata T. KC- IPGT&R, Jamnagar, Gujarat; c2004.
- Medicine prep manual for undergraduates 5th edition by K George Mathew and Praveen Aggarwal, Elsevier chapter 9<sup>th</sup> page no.720
- Charaka A, Drdhbala, Addhyaya SA. 26/38, in: Shastri Rajeshwardatta, Upadhyaya Y, Pandeya G editors, Charaka Samhita with Vidyotini hindi commentary by Shastri K, Chaturvedi G, Varanasi (India), Chaukhamba Bharti Academy; c2008.