

## MAGICAL EFFECT OF AYURVEDIC MANAGEMENT IN AMAVATA - A SINGLE CASE STUDY

Ansari Mohammed Adil<sup>\*1</sup>, Gautam Vinod Kumar<sup>2</sup>, Mishra Pramod Kumar<sup>3</sup>, Gupta  
Govind Prasad<sup>4</sup>

<sup>1</sup>MD Scholar, <sup>2</sup>Assistant Professor and <sup>3</sup>Associate Professor & HOD

P.G. Department of *Kayachikitsa*, University College of Ayurved, Dr. S. R. Rajasthan  
Ayurved University, Jodhpur, Rajasthan, India.

<sup>4</sup>Associate Professor & HOD, PG Department of Roga & Vikriti Vigyan, University Collage  
of Ayurved, Dr. S. R. Rajasthan Ayurved University, Jodhpur, Rajasthan, India.

Article Received on  
12 July 2020,

Revised on 02 July 2020,  
Accepted on 23 Aug. 2020,

DOI: 10.20959/wjpr202010-18526

### \*Corresponding Author

**Dr. Ansari Mohammed  
Adil**

MD Scholar, P.G.

Department of *Kayachikitsa*,

University College of

Ayurved, Dr. S. R.

Rajasthan Ayurved

University, Jodhpur,

Rajasthan, India.

### ABSTRACT

In *Ayurvedic* classics, *Ama* is the product of metabolic defect. Due to poor strength of *Agni (Jatharagni)*, *Adya Dhatu* remains undigested and this undigested and vitiated *Rasa* in *Amashya* is known as *Ama*. It has been considered an important factor for the pathogenesis of the most of the diseases. *Amavisha* is quite similar to *Visha* in properties. The vitiated *Vata Dosha (Vyan Vata)* directs *Amavata*, *Ama Dosha* enters into joints and affects the *Shleshma Dhara kala* (may be close to inflammation of the synovial tissue), resulting in joint effusion and swelling, restriction of movement, fatigue, morning stiffness, anorexia, general weakness, vague arthralgia, myalgia and paraesthesia of the extremities etc. It is generally compared with Rheumatoid Arthritis. Rheumatoid Arthritis may occur at any age but has peak incidence in the 4<sup>th</sup> and 5<sup>th</sup> decade. The life time incidence of the disease in women (1.8%) is three times that in males (0.5%). There are various medicines

available in modern science to reduce pain & inflammation of the patient of rheumatoid arthritis. Simultaneously prolonged use of allopathic medicines not only giving rise to many side effects, toxic symptoms and adverse reactions but also more serious complications like organic lesions etc. are caused by them. Hence the management of this disease is merely insufficient in other systems of medicine and patients are continuously looking with a hope towards *Ayurveda* to overcome this challenge. Here an effort was made to treat a 49 years old

female, well diagnosed case of Rheumatoid Arthritis, through *Ayurvedic* principles. In this single case study *Samshamana chikitsa* (palliative therapy) along with *Panchakarma* procedure like *Baluka Swedana* and *Kshara Basti* was given. This case report showed that combined *Ayurvedic* modalities result in great improvement in overall condition of the patient.

**KEYWORDS:** *Ama, Aamavata, Rheumatoid Arthritis, Kshara Basti.*

## INTRODUCTION

*Amavata* is a disease of *Rasavaha srotas*.<sup>[1]</sup> Improperly formed *Annarasa* is *Ama* and when it vitiates *Vata Dosha*, named as *Amavata*.<sup>[2]</sup> Sometimes this *Amadosha* is pulled by the *Vata* to the *Sleshma sthana* along with the intervention of the *Dhamani*, thereby causing the disease.<sup>[3]</sup> *Amavata* is a disorder in which vitiation of *Vata Dosha* and *Ama* accumulation occur in joints that mimic with modern day Rheumatoid Arthritis.<sup>[4]</sup> It is called *Amavata* when *Ama* and *Vata Dosha* are vitiates and distributed in *Kostha, Trika, and Sandhi Pradesha* resulting in *Shotha, Shoola* and *Stabhdata*.<sup>[5]</sup> *Acharya Madhavkara* mentioned the symptoms of *Aamvata* like *Angamarda, Aruchi, Trishna, Alasya, Gaurava, Jvara, Apaka, Angasunnata* as the *Samanya Rupa* of *Amavata*.<sup>[6]</sup> In *Amavata*; *Vyan Vayu* and *Saman Vayu* that are responsible for the circulation of *Rasa Dhatu* and command *Agni* are vitiates mainly.<sup>[7]</sup> Symptoms of *Amavata* has very close resemblance with Rheumatoid Arthritis, an autoimmune disorder. Rheumatoid Arthritis is a chronic immune- inflammatory systemic condition that has a potential for extra-articular presentation which mainly affects synovial joints.<sup>[8]</sup> Worldwide prevalence of RA is estimated between 0.3% and 1% is commonly seen in women in developed countries.<sup>[9]</sup> In India the prevalence is estimated to be 0.75%.<sup>[10]</sup> The cause of RA is not clear, it is believed to involve a combination of genetic and environmental factors. Major histocompatibility complex (MHC) antigen HLADR4 is the major genetic factor to cause of RA.<sup>[11]</sup>

## Case presentation

### Chief complaints

A 49-year-old female patient, named *Sugani Devi* was registered in the P.G. Department of *Kayachikitsa* OPD (OPD NO. 25083) of DR. S. R. Rajasthan Ayurveda University, Jodhpur on 20/06/2019. She had complaints of pain and swelling in multiple joints along with bilateral inter- phalangeal joints of both hands, pain in both shoulder joints, knee joints and ankle joints, on and off fever, nausea, headache, and morning stiffness for 60 to 90 minutes.

She had difficulty in walking and standing up with swelling over the knee and ankle joints since 9 years. She had one rare symptom of fixed Rt. Elbow joint and Rt. Knee joint with great pain.

### **History of present illness**

Patient was asymptomatic before 9 years. Initially she developed multiple joints pain and swelling, difficulty in sitting down and standing up. Then she developed bilateral shoulder joints, knee joints pain, for which she consulted orthopaedic surgeon and after taking some medicines got relief for a period of 1 year. After that; the symptoms reoccurred and she had given immune suppressants and DMARD'S oral corticosteroids from which she was asymptomatic during treatment and experienced similar symptoms when she stopped taking medicines. Later she got more pain and swelling in multiple joints and Right elbow and knee joint with major deformities and slowly she got fixed elbow joint. Pain worsens during the cloudy & rainy season.

**Past history:** no relevant past history

### **Drug history**

SHEL CAL 500 mg. tab. 1 O.D. FOLIC ACID 5mg. tab. 1 O.D.

FLUOXENTINE HCL 20 mg. cap. 1 O.D.

METHOTREXATE 7.5 mg tab 1 weekly PREDNISOLON 10 mg. daily

**Family history:** Her family history revealed that there was no such complaint ever.

### **Personal history**

Personal history revealed that patient was on mixed diet with normal appetite, irregular bowel habits, normal sleep, and frequency of micturition was 4-5 times per day and had not have any kind of addiction.

### **Gynaecological history**

Menarche: 13yrs; FTND: 4; Menopause: 48yrs; LD: 24 years back; Obstetric history: No. of deliveries: 4; Abortion: no history

### **General Examination**

Patient's general condition was fair and vitals were;

Pulse rate- 74/min., respiratory rate-17/min., blood pressure- 111/80 mm of Hg, body

temperature- 37°C.

## EXAMINATION OF LOCOMOTOR SYSTEM

### Inspection

- ✓ Bilateral involvement of joints (i.e. symmetrical)
- ✓ Difficulty in extension of fingers
- ✓ Difficulty in lifting arms
- ✓ Local Oedema:
  - Over knee joints –present
  - Over ankle joints –present
  - Over Wrist joints- Present
  - Over interphalangeal joints- present
- ✓ Change in Colour: No change
- ✓ Rt. Elbow joint fixed

### Palpation

- ✓ Tenderness - present over knee, ankle, and wrist joints.
- ✓ Crepitus: Present in both knee joint
- ✓ Range of Movements: Restricted

**Systemic Examination:** Cardiovascular system, Respiratory system, Gastrointestinal system, Central nervous system examination had shown no deformity.

### *Ashtavidha Pariksha*

<i>Nadi</i> (Pulse)	<i>Vatakaphaja.</i>
<i>Mala</i> (Stool)	<i>Vibandha, Sama</i>
<i>Mutra</i> (Urine)	<i>Samyaka</i>
<i>Jihwa</i> (Tongue)	<i>Malavritta</i>
<i>Shabda</i> (Voice)	<i>Spashta</i>
<i>Sparsh</i> (Touch)	<i>Ruksha</i>
<i>Drik</i> (Eyes)	<i>Shweta-Peetabh</i>
<i>Aakriti</i> (Appearance)	<i>Krishha</i>

**Dashvidha Pariksha**

<i>Prakriti</i> –	<i>Vatakaphaja</i>
<i>Vikriti</i> –	<i>Vikriti Vishama Samaveta</i>
<i>Sara</i> –	<i>Rasa Sara</i>
<i>Satva</i> –	<i>Madhyma</i>
<i>Samhanana</i> –	<i>Avara</i>
<i>Pramana</i> –	<i>Avara</i>
<i>Satmya</i> –	<i>Sarva Rasa Satmya</i>
<i>Vaya</i> –	<i>Madhyma Aahara</i>
<i>Shakti</i> –	<i>Avara Vyayama</i>
<i>Shakti</i> –	<i>Avara</i>

**Investigations**

Blood Hb- 9 gm%; RA Factor – positive; TLC- 10200 /cumm; Anti CCP-68 u/ml; ESR- 50 mm in 1st hr.; Urine R/E- NAD; M/E-NAD.

**Diagnostic Criteria For Rheumatoid Arthritis<sup>[12]</sup>**

The 1988 revised criteria by American college of Rheumatology for diagnosis of Rheumatoid arthritis are

1. Morning stiffness: Stiffness in and around the joints lasting 1 hour before maximal improvement.
2. Arthritis of three or more joint area: At least three areas, observed by a physician simultaneously, have soft tissue swelling or joint effusion, not just bony overgrowth.
3. Arthritis of hand joints: Arthritis of wrist, metatarsophalangeal joint or proximal interphalangeal joint.
4. Symmetrical arthritis: Involvement of same joint area on both sides of the body.
5. Rheumatoid Nodules: Subcutaneous bony prominences over extensor surfaces or articular Regions observed by a physician.
6. Serum Rheumatoid Factor: Demonstration of abnormal amount of serum rheumatoid factor (auto antibodies reactive with Fc portion of IgG) by any method for which the result has been positive in less than 5% of normal control subjects.
7. Radiological changes: Typical changes of RA on posterior –anterior hand and wrist radiographs, which must include erosions, decalcification localized in or most marked to the involved joints.

\*Four or seven criteria are required to classify a patient as having rheumatoid arthritis

### Ayurvedic Management

Treatment duration – Approx. 6 months

Treatment plan was comprised of both *Samshodhana* and *Samshamana Chikitsa*. Acharya Chakrapani has explained the treatment aspect of *Amavata* in his text *chakradatta*.

1. **Langhana**- which brings *Laghuta* in the body.<sup>[13]</sup>
2. **Swedana**- the process, which causes perspiration, destroys stiffness, heaviness of the body & cold.<sup>[14]</sup>
3. **Tikta Katu and Deepana Dravyas** - *Tikta Dravya* are *Ama*, *Pitta Pachaka* and *Srotomukha Vishodhaka*.<sup>[15]</sup>
4. By **Virechana** the *dosha* are eliminated by *Adhomarga*.<sup>[16]</sup>
5. **Snehapana** is the procedure through which *Snigdhatata*, *Mriduta*, *Kledana* and *Vishyandata* are attained the body.<sup>[17]</sup>
6. In *Ayurvedic* classics, *Basti* is advocated as **Ardha chikitsa**.<sup>[18]</sup>

Later *Yogaratanakar* has added *Ruksha-Sweda* and *Upnaha* to the above said measures.<sup>[19]</sup>

### Management for 1 month for *Panchakarma & Shaman Chikitsa*

#### (A) *Shamana Chikitsa*

1. Well prepared combination of 100 gm. *Rehumoherb Powder*, 50 gm. *Arthodic Powder*, 10 gm. *Chandra prabha Vati*, 10 gm. *Simhanad Guggulu*, 5 gm. *Sameerpannag Rasa* thrice a day after meal with 4 TSF *Vatantaka Liquid*.
2. *Agnitundi Vati* 2-2 tablet twice a day after meal with lukewarm water.
3. Tab. *Rumalya Fort* 2-2 tablet twice a day after meal with lukewarm water.
4. Boiled water (Drink whole day) of 1-1 TSF *Panchakola Churna* and *Nagarmotha Churna*.
5. Apply *Ushna Lepa* of *Haritaki Churna* mixed with *Go Mutra* on affected joint whole the night.

#### (B) *Panchakarma (Baluka Swedana & Kshara Basti) Chikitsa*.

Treatment	Medicine	Dosage	Duration (days)
<i>Anuvasana Basti</i>	<i>Vrihat Saindavadhya Taila</i>	60 ml	4
<i>Baluka sweda</i>	<i>Balu Reta</i>	As required	7
<i>Kshara Basti</i>	<i>Gomutra Yukta</i>	250 ml.	3

**Grading criteria for evaluation****1. Sandhishoola (pain in joints)**

Severity of pain	grade
No pain	0
Mild pain	1
Moderate, but no difficulty in moving	2
Slight difficulty in moving due to pain	3
Much difficulty in moving the bodily parts	4

**2. Sandhishotha (swelling in joints, mostly interphalangeal, knee & elbow joints)**

Severity of swelling	grade
No swelling	0
Slight swelling	1
Moderate swelling	2
Severe swelling	3

**3. Sandhigraha (stiffness in joints)**

Severity of stiffness	grade
No stiffness	0
5min. to 2h	1
2h to 8 h	2
>8h	3

**4. Sparshasahatva (tenderness)**

Tenderness	grade
No tenderness	0
Subjective experience of tenderness	1
Winching of face on pressure	2
Winching of face and withdrawal of the affected part on 3 Pressure	
Resist to touch	4

**5. Shunata-Anganam (numbness)**

Numbness	Grade
No numbness	0

Mild numbness occasionally	1
Numbness on sitting and in some parts of the body	2
Severe numbness	3

#### 6. Jwara(fever)

Fever	Grade
No fever	0
Occasional fever subsides by itself	1
Occasional fever subsides by drug	2
Remittent fever	3
Continuous fever	4

### RESULTS/OBSERVATIONS

S.No.	Symptoms	Before Treatment	After Discharge	1 <sup>st</sup> Follow up After 1 Month	2 <sup>nd</sup> Follow up After 2 Months
1	Multiple joints pain <b>(a).Both knee joints</b>	Present	Reduced	Reduced	Reduced
	I. Rt.	+++	50%	70%	90%
	II. Lt.	+++	50%	70%	90%
	<b>(b). Both elbow joints</b>				
	I. RT.	+++	50%	70%	70%
	II. Lt.	+++	50%	70%	90%
2	Morning stiffness	Present +++	Reduced 50%	Reduced 70%	Reduced 90%
3	Difficulty in walking	Present +++	Reduced 50%	Reduced 70%	Reduced 90%
4	Swelling	Present	Reduced	Reduced	Reduced
	<b>(a) Both knee joints</b>				
	I. Rt.	+++	70%	90%	100%
	II. Lt.	+++	70%	90%	100%
	<b>(b) Both elbow joints</b>				
	I. Rt.	+++	50%	70%	90%
	II. Lt.	+++	70%	90%	100%
5	Fever	present	absent	Absent	Absent
6	Able to stand for	5 min.	30 min.	1 hr.	2 – 4 hr.

### DISCUSSION

**Rehumoherb powder** is a mixture of various Ayurvedic Yoga as Talishadi Churna, Mrantunjaya Rasa, Shweta Parpati, Chandra Prabha Vati, Loka Natha Rasa, Pancha Tikta Guggulu, Ghrita Tapyadi Loha which helps to cure RA.



**Arthodic powder** is a mixture of various *Ayurvedic Yoga* as *Sameera Pannaga Rasa*, *Ekangveera Rasa*, *Gokshuradi Guggulu*, *Saptamrita Loha*, *Vatagajankusha Rasa*, *Talishadi Churna*, *Ashwagandha Churna*, *Chandra Prabha Vati*.

**Chandraprabha Vati**; this formulation is mostly affected in *Kapha* and *Vata Dosha*. According to pharmacodynamic actions *Rakta Prasadana*, *Sothahara*, *Krimigna*, *Mutra Janana* and *Rasayana* actions are the prevailing actions of the *Chandra Prabha Vati*. *Ushna Virya* and *Katu Vipaka* pacifies mainly the *Kapha Dosha*. Also, *Rakta Prasadana* action help to purify the blood, *Sothahara*, *Krimigna* and *Rasayana* actions can re-establish the kidney and the urinary system and *Mutra Janana* action could be assist to excreta the redundant impurities.

**Simhanad Guggulu** mainly *Vata Kapha-Shamaka* (*Vata-Kapha-reducing*) properties and it has mainly *Deepana* (Enzyme stimulant), *Amapachana* (Biotoxin neutralizing), *Shothaghna* (Anti-inflammatory), *Vedanasthapaka* (Analgesic), *Jwaraghna* (Antipyretic), *Rasayana* (Rejuvenation), *Balya* (Power enhancer), *Mutrakaraka* (Diuretic) and *Amavatahara* (Anti-rheumatoid) actions. It Enhances *Agni* (Enzymes), mitigates *Ama* (Biotoxin) and vitiated *Kapha* (Bio-fluid), reduces aggravated *Vata* (Bio force) into the body and helps to relief the clinical manifestations of *Amavata* (Rheumatoid arthritis).

**Sameer Pannaga Rasa** is *Katu Rasa*, *Ushna Guna*, *Usna Virya*, *Katu Vipaka* and *Kapha Vataghna* so it acts against the *Shoola* (Pain) and *Shotha* (Oedema).<sup>[20]</sup>

**Vatantak liquid** is useful in management of arthritis, gout & muscle pain.

**Agni Tundi Vati** used in indigestion and fever & useful in management of arthritis, gout, muscle pain, nerve pain.

**Rumalaya fort** which include extracts of *Gokshura*, *Guduchi* and powder of *Shallaki*, *Guggulu*, *Rasna*, *Yasthimadhu* & processed in *Nirgundi*.

The specific *Gunas* of **Kshara Basti** are, it should not be *Ati Teekshna*, *Ati Mrudu*, *Ati Shukla*, *Ati Picchila* and should be *Slakshna*, *Avishandi*, *Shiva* (*Soumyatva*) and *Sheegrakari*. It Also has *Tridoshagna*, *Agneya Gunayukta*, *Ushna*, *Teekshna*, *Pachana*, *Shodhana*, *Ropana*, *Vilayana*, *Shoshana*, *Stambana*, *Lekhana* properties.<sup>[21]</sup>

The **Baluka Pinda Sweda** is said to instantly reduce pain swelling and stiffness.

On the basis of above description used medicines, present case study possess all properties which have the efficacy to reduce the symptoms of *Amavata* and reset the pathogenesis of *Amavata*.

## CONCLUSION

This case study showed that *Basti Karma* followed by *Samshamana Chikitsa* along with local application is effective in management of *Amavata* as it is safe, cost effective and free from any side effects. No aggravation was found in the patient during and after the treatment. After this management patients get magical effects in all symptoms.

## REFERENCES

1. International journal of research [granthaalayah.com/Articles/Vol5Iss12/14\\_IJRG\\_17\\_A12\\_852.pdf](http://granthaalayah.com/Articles/Vol5Iss12/14_IJRG_17_A12_852.pdf)
2. Ashtanga Hridaya 13<sup>th</sup> chapter 25<sup>th</sup> shloka-Nirmala Hindi commentary by Dr. brahmanand Tripathi, reprint, *chaukhambha Sanskrit pratishthan*, delhi, india, 2013; 188.
3. Madhava nidana 25<sup>th</sup> chapter 2<sup>nd</sup>-4<sup>th</sup> shloka madhukosha vyakhya by vijayrakshita and Srikanth dutta, vidyotini hindi commentary by sh Sudarshan shastri, revised and edited by prof. yadunandan upadhyaya; reprint year 2002, *chaukhambha Sanskrit bhawan*, Varanasi india, 509.
4. Tripathi B editor madhav nidana of madhavkar, ch.25 ver.1-5 reprint Ed. Varanasi *chaukhambha Sanskrit sansthan*, 2006; 1: 571.
5. Madhava nidana 25<sup>th</sup> chapter 5<sup>th</sup> shloka madhukosha vyakhya by vijayrakshita and Srikanth dutta, vidyotini hindi commentary by sh Sudarshan shastri, revised and edited by prof. yadunandan upadhyaya; reprint year, *chaukhambha Sanskrit bhawan*, Varanasi india, 2002; 509.
6. Madhava nidana 25<sup>th</sup> chapter 6<sup>th</sup> shloka madhukosha vyakhya by vijayrakshita and Srikanth dutta, vidyotini hindi commentary by sh Sudarshan shastri, revised and edited by prof. yadunandan upadhyaya; reprint year, *chaukhambha Sanskrit bhawan*, Varanasi india, 2002; 509.
7. Shastri B.S., editor. 6th ed. vol. I. *Chaukhamba Sanskrit Sansthan*; Varanasi, 1997; 566–573. (Yogaratanakara of unknown author, *Amavata Chikitsa*).
8. Khagram Rita, Mehta C.S., Shukla V.D. Dava A.R. Clinical effect of Matra basti and Vatari guggul in the management of *Amavata* (rheumatoid arthritis). *AYU.*, Jul-Sept, 2010; 31(3): 343-350.
9. Who.int [internet]. Geneva: World Health Organisation; c 2016 [updated 2016; cited 2016 May 11]. Available from: <http://www.who.int/chp/topics/rheumatic/en/>.
10. Malaviya A.N., Kapoor S.K., Singh R.R., Kumar A., Pande I. Prevalence of rheumatoid arthritis in the adult Indian population. *Rheumatol Int.*, 1993; 13(4): 131–134. [PubMed]

11. Harrison's principal of internal medicine, 2, 17th edition chapter 314, 2083.
12. Golwalla medicine for students, edited by Aspi F. Golwalla and Shahrukh A. Golwalla, Publishrd by Dr. A.F. Golwalla, The National book depot, Mumbai edition 24, reprint, 2014; 793.
13. Agnivesh, charak dridhabala charak Samhita sutra sthan adhyaya 22/11 vidyotini hindi commentary by shastri k chaturvedi GN edition chaukhambha Bharati academy Varanasi, 2003; 41.
14. Agnivesh, charak dridhabala charak Samhita sutra sthan adhyaya 3/144 vidyotini hindi commentary by shastri k chaturvedi GN edition chaukhambha Bharati academy Varanasi, 2003; 129.
15. Agnivesh, charak dridhabala charak Samhita sutra sthan adhyaya 26/4-5 vidyotini hindi commentary by shastri k chaturvedi GN edition chaukhambha Bharati academy Varanasi, 2003; 4.
16. Agnivesh, charak dridhabala charak Samhita kalpa sthan adhyaya 1/4 vidyotini hindi commentary by shastri k chaturvedi GN edition chaukhambha Bharati academy Varanasi, 2003; 3.
17. Agnivesh, charak dridhabala charak Samhita sutra sthan adhyaya 22/10 and 15 vidyotini hindi commentary by shastri k chaturvedi GN edition chaukhambha Bharati academy Varanasi, 2003; 414-15.
18. Agnivesh, charak dridhabala charak Samhita siddhi sthan adhyaya 1/40 vidyotini hindi commentary by shastri k chaturvedi GN edition chaukhambha Bharati academy Varanasi, 2003; 127.
19. Yogaratnakar Amavata chikitsa Adhyaya 2<sup>nd</sup> shloka vidyotini hindi teeka by laxmipati shastri edited by brahmshankar shastri 7<sup>th</sup> edition reprint, 2002.
20. Trikamji Yadavji Acharya, Agniveshakrita Charaka Samhita, Chakrapani Commentary, Chikitsasthan, Chapter 17/147 Verse no.18, Varanasi, Chaukhambha Surbharti Prakashan, 539 Reprint 2011.
21. Acharya YT; et al; Susruta Samhita with Nibandha Sangraha and Nyayachandrika commentary. Varanasi: Chaukhambha Sanskrit Sansthan, Edition 2012. Sutra sthana, Chapter 11, Shloka no 5 & 16, 45 & 47, 824.