

## AYURVEDIC APPROACH IN THE MANAGEMENT OF AMAVATA - A CASE STUDY

\*<sup>1</sup>Dr. Satish Digambar Urhe, <sup>2</sup>Dr. Ankush Haushiram Gunjal and <sup>3</sup>Dr. Tridev Arun  
Patil

<sup>1</sup>Assistant. Professor Department of Panchakarma,

<sup>2</sup>Associate Professor Department of Kayachikitsa,

<sup>3</sup>Assistant. Professor Department of Rachana Sharir,

SMBT Ayurved College and Hospital Nashik.

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### \*Corresponding Author

**Dr. Satish Digambar Urhe**

Assistant professor

Department of

Panchakarma, SMBT

Ayurved College and

Hospital Nashik.

### ABSTRACT

When there is improper digestion of food, toxins material are produced which is known as 'Ama' in Ayurveda. *Amavata* is correlate with Rheumatoid Arthritis in Modern science. It is an autoimmune disease which causes inflammation in the Joints. *Ama* is produced due to *Rasadhatwagnimandya*. *Ama* is caused by *Diwaswap*, Sea food with milk etc. In present study a female patient of 37 yrs was complaining of *Sarvang Sandhi Shula (Vruchikdansh Vat Vedana)*, *Shoth*, *Kriyakashyata*, *Aangamarda*, *Jwar*. etc was diagnosed as *Amavata*. The *Ayurvedic* drug combination which include *Aajmodadichurna*, *Musta*, *Shunti*, *Haritaki*, *Yograj Guggulu* etc. *Anupan- Koshnajal. Kala- Adhobhakt*, was given for 60 days to manage 'Amavata'. It was

observed in clinical Assessment that the drug therapy shows the significant relief in *Sarvang sandhi shula*, *shoth*, *Jwar*, *AangAmarda*. Hence, the combination of above drug is effective in the management of *Amavata*.

**KEYWORDS:** *Amavata*, Rheumatoid Arthritis, *Aajmodadichurna*.

### INTRODUCTION

*Amavata* is a disease caused due to the vitiation or aggravation of *Vayu* associated with *Ama*. Vitiated *Vayu* circulates the *Ama* all over the body through *Dhamanies*, takes shelter in the *ShleshmaSthana (Amashaya, Sandhi, etc.)*, producing symptoms such as stiffness, swelling, and tenderness in small and big joints, making a person lame. It can be correlated

with rheumatoid arthritis (RA) at modern parlance. *Shamana* (conservative) and *Shodhana* (biological purification of the body) treatments are advised in Ayurveda whereas anti-inflammatory, analgesics, steroids, and disease-modifying antirheumatic drugs are required for its management as per modern medicine, which are not free from side effects. The prevalence of RA in adults has been reported to vary from 0.5 to 3.8% in women and from 0.15 to 1.37% in men, with peak incidence in the fourth decade of life.<sup>[1]</sup> To avoid the permanent joint deformities and complication of musculoskeletal system, there is need of *Ayurvedic Management of Amavata*.

### Presenting complaints

A 37 year old Indian female came for consultation in Panchakarma OPD of Ayurved hospital for the complaints of *Sarva Sandhi Shula (Vruchikdansh Vat Vedana)*, *Shoth*, *Kriyakashtata*, *Aangamarda*, *Jwar* (99<sup>0</sup>F) since last 3 months. She was operated for Tubectomy before 7 years. No history of hypertension, Diabetes and any other major illness was noted.

### Clinical Findings-

The patient was having *Sarva Sandhi Shula*, *Shoth*, *Kriyakashtata*, *Aangamarda*, *Jwar*(99<sup>0</sup>F). On an examination of patient it was found that pulse 92/min, Blood pressure 110/70 mm of Hg, *Vishamagni*, *Krurakoshta*, tongue was coated, sound was clear. Patient was having *Kaphavataprakruti* with *Madhyamsara*, *Hinasamhan*, *Samapramana*, *Madhyamsatmya*, *Madhyamsatva*, *Madhyamaharshakti* and *Jaranshakti*, *Rasavaha*, *Asativaha* and *Majjavahasrotodushti*. Baseline hematological investigation done on 20 April 2018 revealed Hb9.4 gm/dl, Total Leucocytes count 9,200/cumm, platelet count 4.50 lack/cumm, ASO serum 479.1 IU/ml, ESR 39, Serum Uric Acid 5.3 mg/dl and RA factor Positive.

## MATERIALS AND METHODS

### Therapeutic focus And Assessment

First Line of Treatment given to the patient was *Amapachan*, *Deepan* and *Shulaghanachikitsa*.<sup>[2]</sup> A oral herbal Ayurvedic drug combination – *Ajmodadichurna*<sup>[3]</sup> 1 gm, *Musta*<sup>[4]</sup>, *Shunti*<sup>[5]</sup> and *Haritaki*<sup>[6]</sup> each 500 mg was given with luke warm water twice a day After meal, *Yograj Guggul*<sup>[7]</sup> 1 gm twice a day with luke warm water after meal, *Maharasnadi Kshaya*<sup>[8]</sup> 20 ml twice a day before meal and *Gandharvaharitaki Churna* 2 gm at night with luke warm water. The above medication was given for duration of 2 months. No concomitant Allopathic medication was given during this whole treatment period. (table no.1)

### Follow up And Outcome

Good result was observed on *Jwar*, *Angamarda*, *Kriyakashtata* and *Shoth* by the treatment regimen. *Jwar*, *Angamarda*, *Kriyakashtata Lakshana* was relieved on completion of fifteen days of treatment. *Shoth* was reduced after one month of treatment. Hematological parameter were reinvestigated on 24 may 2018, at this time Hb10.1 gm/dl, ESR 23mm per hour, ASO serum 194 and RA factor was positive. The patient was advised to continue oral medicine for next one month.

### DISCUSSION

*Deepan- Pachanchikitsa*<sup>2</sup> was the line of management for the present case.

#### Drug Action

*Ajmodadichurna- Deepan, Pachan and Amavatghana*

*Musta-Deepan, Pachan and Jwarghana*

*Shunti-Amavataghani, Pachani and Kaphavataghana.*

*Haritaki-Deepani and Anuloman.*

*Yograjuggul-Deepan, Vatrognashak and Sandhi-Majjagat Vat Nashak.*

*Maharasanadikshaya-Pachan, Vatrognashak and Sandhi-Majjagat Vat Nashak.*

*Gandharvaharitaki- Anuloman.*

Hence, taking the above points into consideration, the above herbal drug combination has established properties like *Deepan, Pachan, Amanashan, Amashoshak*, and *Vata-Kaphahara*, which are all antagonists to the present disease entity. Hence, this drug was effective in correcting the pathological condition of the disease *Amavata* in the present case.

### CONCLUSION

*Amavata* can be correlated to the Rheumatoid arthritis. The combined effect of above drugs were helpful in treating pathology of *Amavata*. This kind of approach may be taken in to consideration for further treatment and research work for *Amavata*.

Table no.1: Therapeutic intervention given in *Amavata* patient.

Internal Medication given	<i>Ajmodadi churna-1gm</i> <i>Musta-500mg</i> <i>Shunti-500mg</i> <i>Haritaki-500mg</i>	<i>Yograj Guggul</i>	<i>Maharasnadikashaya</i>	<i>Gandharva Haritaki</i>
<i>Anupan</i>	<i>Koshanajal</i>	<i>Koshanajal</i>	<i>Samabhagjal</i>	<i>Koshanajal</i>
<b>Route of Administration</b>	Oral	Oral	Oral	Oral
<i>Aushadisevan Kala</i>	<i>Adhobhakta</i>	<i>Adhobhakta</i>	<i>PragBhakta</i>	<i>Nishakal</i>
<b>Dose</b>	2.5gm in Two Divided Doses	2 gm in Two Divided Doses	40ml in Two Divided Doses	2 gm

## REFERENCES

1. Prevalence of Rheumatoid arthritis in the adult Indian population- Rheumatology International journal, A,N. Malaviya 2 feb 2016.
2. Lakshmi pati Shastri, Yogaratnakara with Vidyotini Hindi commentary edited by Brahmashankar Shastri, Reprint edition, Varanasi, Chaukhambha Prakashan, reprint 2013, Chapter *Amavatachikitsa* 566.
3. Bharat Bhaishajya Ratnakar. Compiled by Shah NC, Commentary by Bhisagrantha Gopinath, B. Jain Publishers, 2<sup>nd</sup> edition (1928) reprint 2005; part-1 *Akaradi Churna* sr.no.52 page no. 18.
4. Dr. Krushnachandra Chunekar et al, Shri Bhavamishra, Bhavaprakash Nighantu, Chaukhambha Bharati Academy, Varanasi, 2013, Chapter *Karpuradi Varga*, 232.
5. Dr. Krushnachandra Chunekar et al, Shri Bhavamishra, Bhavaprakash Nighantu, Chaukhambha Bharati Academy, Varanasi, 2013, Chapter *Haritakyadi varga*, 12.
6. Dr. Krushnachandra Chunekar et al, Shri Bhavamishra, Bhavaprakash Nighantu, Chaukhambha Bharati Academy, Varanasi, 2013, Chapter *Haritakyadi varga*, 05.
7. Govind Das. Bhaishajya Ratnawali. Ed by R.D. Shashtri., Hindi Commentary. Choukhambha Prakashan, 19th Revised Ed, Varanasai, 2008; 29: 625.
8. Govind Das. Bhaishajya Ratnawali. Ed by R.D. Shashtri., Hindi Commentary. Choukhambha Prakashan, 19th Revised Ed, Varanasai, 2008; 29: 616.