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A CASE STUDY ON AMAVATA W.S.R TO RHEUMATOID ARTHRITIS

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ABSTRACT

Amavata is composed of two elements: "*Ama*" and "*Vata*." This condition is primarily caused by an imbalance in *Agni,* including *Jatharagni, Dhatvagni*, and *Bhutagni,* leading to the formation of *Ama*. The *Ama* then spreads throughout the body via vitiated *Vata*, accumulating in areas such as *Shleshmasthana* (e.g., *Amashaya, Asthisandhi*), resulting in pain, stiffness, and swelling in both small and large joints, ultimately leading to immobility. The clinical symptoms of *Amavata* are similar to those of rheumatoid arthritis, an inflammatory autoimmune disease characterized by chronic, destructive, and deforming symmetrical polyarthritis, often with systemic involvement. In India, the prevalence of rheumatoid arthritis ranges from 0.5% to 3.8% in women and 0.15% to 1.35% in men.

Allopathic treatments provide symptomatic relief but often fail to address the underlying pathology, resulting in potential side effects and adverse reactions. In contrast, Ayurvedic treatment not only avoids these issues but also provides a more comprehensive approach by addressing the root cause—*Agni* and *Ama.* Management of *Amavata* in Ayurveda includes therapies such as *langhana* (fasting or lightening measures), *Swedana* (sudation therapy), and the use of herbs with *tikta* (bitter), *katu* (pungent) tastes, as well as *deepana* and *pachana* (digestive and metabolic enhancers) for *Shamana chikitsa* (palliative care). The first detailed description of *Amavata* as a disease is found in *Madhav Nidan,* which provides a systematic understanding of *Amavata* and its Ayurvedic management[5].

KEYWORDS: *Amavata, Ama, Langhan, Swedan, Shamana chikitsa, Virechan*, Rheumatoid Arthritis.

INTRODUCTION

Amavata is a condition characterized by the accumulation of *Ama* along with vitiated *Vata dosha*[1], affecting areas like *Sleshma Sthana*, and is comparable to rheumatoid arthritis in modern medicine. The current lifestyle marked by poor dietary habits, consumption of fast food, and lack of exercise—often leads to *Mandagni* (weakened digestive fire), resulting in the production of *Ama*. When *Ama* combines with vitiated *Vata* in the *Sleshmasthana,* it leads to *Amavata,* presenting symptoms such as joint swelling (*Sandhi Shotha),* pain *(Shoola),* tenderness *(Sparshaasahatwa),* and stiffness *(Gatrastabdhata)*. The clinical presentation of *Amavata* closely resembles rheumatoid arthritis, a chronic inflammatory disorder that affects both minor and major joints, including those of the hands and feet. In India, the prevalence of rheumatoid arthritis ranges from 0.5% to 3.8% in women and 0.15% to 1.35% in men[2].

When *Ama* localizes in body tissues or joints, it results in pain, stiffness, swelling, and tenderness in the affected areas[3]. These features align closely with rheumatoid arthritis, an

autoimmune condition that leads to chronic inflammatory and symmetrical polyarthritis[4]. In

Ayurveda, Nidana Parivarjana (avoiding causative factors) is the primary line of management for any disease. *Virechanakarma,* a purification process aimed at balancing vitiated *doshas,* particularly *Pitta*[5], is also recommended for treating *Amavata*. This approach involves combining both *Nidana Parivarjana* and *Virechanakarma* to manage *Amavata* effectively.

METHODOLOGY

A female patient diagnosed with *Amavata* has been taken for the study and administered with *Shamana chikitsa* and classical *Virechan Karma.*

Case report

A 46-year-old female patient came to us with chief compliant

1. *Ubhya parvasandhi shool* (Bilateral finger pain).
2. *Ubhya janusandhi shool-shotha* (Bilateral knee pain & swelling).
3. *Ubhya manibandha shool, Shotha & sparsha-asahatwa*.
4. *Ubhya Ansa-kurpara sandhi shool.*
5. *Angamarda* (pain in whole body)
6. *Aruchi* (loss of taste)
7. Morning stiffness. Since 2 years

Associated complaint: -

Constipation, on off headache since 1year.

History of Personal Illness

The patient was normal 2 years back. Since then, patient have been suffering from *Ubhya parvasandhi shool* (bilateral finger pain), *Ubhya janusandhi shool-shotha* (bilateral knee pain & swelling), *Ubhya Ansa-kurpara sandhi shool, Ubhya manibandha shool, Shotha & sparshaasahatwa, Angamarda*, *Aruchi*, Morning stiffness[6].

For this patient took allopathy treatment but got temporary relief, then she decided to take Ayurvedic treatment. So for further ayurveda treatment patient approached to Dy. Patil School of Ayurveda, Nerul.

Examination Personal History

- Occupation: Housewife.
- Diet: Mixed diet.
- Appetite: Irregular.
- Allergy: No history of any drug or food allergy.

Ashtavidh- Parikshna

1. *Nadi*: 80/min
2. *Mala*: *Malavashtmbha*

3. *Mutra*: 4 to 5 time in day, 2 to 3 times in night
4. *Jihva: Sama*
5. *Shabda: Prakrut*
6. *Sparsha: Anushna*
7. Drik: Prakrut
8. *Akriti: Sthula*

Dashavidha-Parikshna

1. *Prakruti: Vata pradhana-kapha anubandhi.*

2. Vikruti: Dosha- Vatapradhana tridosha, Dooshya- Rasa, Meda, Ashti.

3. *Satwa: Madhyama.*

4. Sara: Majja

5. Samhanana: Madhyama

6. Pramana: Madhyama

7. Satmya: Sarva rasa

8. Aharasakti: Madhyama

9. Vyayamasakti: Avara

10. Vaya: 48 *years*

MATERIAL AND METHODS

Material Management of *Amavata* (Table 1 & 2) Table 1: Showing material for Management of *Aamvata* as.

Sr. No	***Dravya***	**Dose**	**Duration**	***Anupana***
1	*Chitrakadi vati*	250 mg	2 BD	Lukewarm water
2	*Lakshadi Gugul*	250 mg	2 BD	Luke warm water
3	Tab.*Gandhrvaharitaki*	500 mg	2 HS	Luke warm water
4	*Rasnasaptakam kwath*	2 TSF	Twice in day	Luke warm water
5.	*Simahnadi guggulu*	250 mg	2 BD	Lukewarm water

Table 2: Showing *Panchkarma* Management of *Aamvata* as.

Rooksha Swedana	*Valukapottli sweda*

Snehana	*Vishagharbha taila*
Virechana	*Shunthi-siddha eranda tail* (5 ml in morning)

Methods

Type of study: Simple random single case study. Assessment Criteria (Tables 3-5):

Table 3: Grading of *Sandhishoola* (pain).

Sr.no	Severity of Pain	Grade
1	No pain	0
2	Mild pain	1
3	Moderate, but no difficulty in moving	2
4	Much difficulty in moving the body parts	3

Table 4: Grading of *Sandhishotha* (swelling).

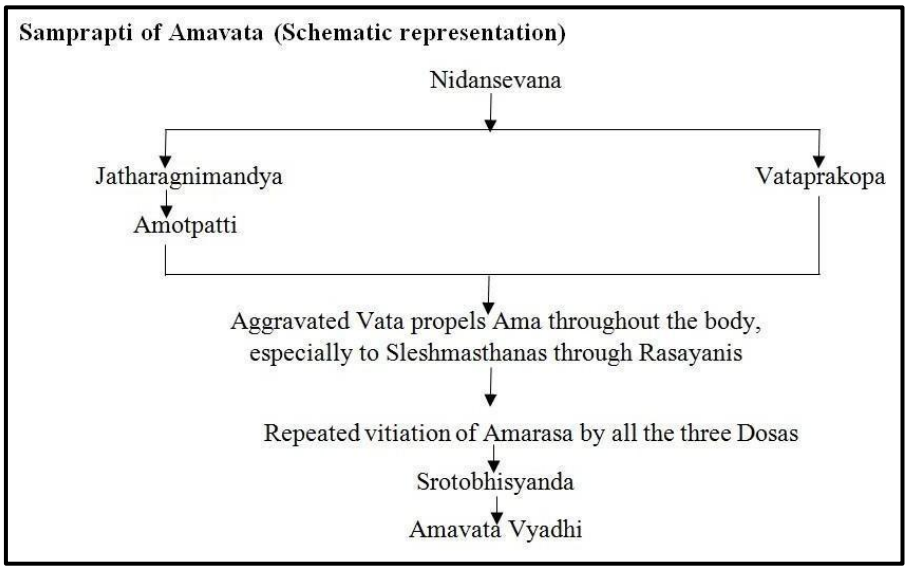
Sr.no	Severity of swelling	Grade
1	No swelling	0
2	Slight swelling	1
3	Moderate swelling	2
4	Severe swelling	3

Table 5: Grading of *Sparshasahatwa* (tenderness).

Sr.no	Severity of Tenderness	Grade
1	No tenderness	0
2	Subjective experience of tenderness	1
3	Wincing of face on pressure	2
4	Wincing of face and withdrawal of the affected part on pressure	3

Discussion of *Amavata* Hetu/ Etiology of *Amavata*[7]

1. *Viruddha Ahara* (Incompatible food) –*Viruddha Ahara* plays important role in causing *Ama.*
2. *Nischalata* (Lack of physical activity) - Lack of physical activity or sedentary life style is the main cause of accumulation of *Ama* in the body.
3. *Viruddha Cheshta* (Improper physical activity) - *Amavata* is produced due to *Mandagni.*
4. *Snigndham bhuktavato Annam vyayaamam*:- Performing physical exercise soon after intake of heavy food causes *Ama* in the body.



Discussion on Medicine (*Sampraptibhnga*)

Langhana: The primary treatment for *Amavata* involves *Langhana,* which aids in digesting *Ama*. *Langhana* doesn't imply complete fasting; rather, it involves consuming light, easily digestible food. The duration of *Langhana* differs based on each individual's capacity and condition.

Swedana: This treatment induces sweating and helps relieve stiffness *(Stambha),* heaviness *(Gaurava)*, and coldness *(Sheeta)*.

Since *Amavata* is primarily a *Vata-Kapha* disorder characterized by these symptoms, *Swedana* is used to address them effectively in indicated here is - *Ruksha Swedana (Valuka and Pottli).*

Snehana: Snehana is generally contraindicated during the Ama stage as it can worsen the condition. However, it is necessary to eliminate the obstruction of Doshas and to pacify Vata. In Amavata, Vishagharbha Taila is used as a specific type of Snehana to address the condition effectively.

Aushadhi Chikitsa[8]: Katu (pungent), Tikta (bitter), and digestive-stimulating (Deepana, Pachana) foods and medicines are recommended for Amavata. These drugs, due to their properties, help in breaking down Ama (Aapachana) and can aid in reducing swelling (Shotha) and pain (Shoola).

Chitrakadi vati:- This medicine is preferred for treating Amavata (Rheumatoid Arthritis) because it enhances digestive fire (Agni), helps balance vitiated Vata and Kapha, particularly in the improving agni especially jathar agni, and strengthens joint health.

Simhanada guggulu is the drug of choice in amavata (RA) due to its capacity to improve digestive fire (agni), pacify vitiated vata and kapha especially in joints and improve strength of joints.

Lakshadi Guggul: This formulation is listed in Bhishajya Ratnavali under the Aamvata treatment section. It contains ingredients like Laksha, Asthisamharaka, Kakubha, Ashwagandha, Nagbala, and Guggul. It aids in the healing and regeneration of bones affected

by Amavata.

Rasnasaptakam Kwath: This formulation includes Rasna, Amruta, Aragvadha, Devadaru, Trikantaka, Eranda, Punarnava, and Shunthi. It functions as an analgesic (Shoolaghna), balances Vata and Kapha, and acts as an immunomodulator, anti-inflammatory agent, carminative, and appetite stimulant.

Gandharva Haritaki: Gandharva Haritaki is a polyherbal Ayurvedic medicine made from ingredients like Eranda Taila, Bal Haritaki, Shunthi, Saindhava Lavana, and Sauvarchala Lavana. It has purgative and laxative properties, helping to cleanse the bowels and eliminate toxins from the body.

Virechana with Shunthi-Siddha Eranda Taila (5 ml in the morning): Shunthi is highly effective for digesting Ama (Aampachak) and reducing swelling (Shothaghna), while Eranda Taila is well-known for its effectiveness in treating Amavata. Together, these two work to balance Vata and Kapha, function as an immunomodulator, and provide anti-inflammatory (Shothahara) effects.

OBSERVATION AND RESULT

The patient experienced relief from swelling and tenderness within two days, with improvement in all other symptoms observed within seven days. By the 28th day follow-up, symptoms had almost completely resolved. Following the successful treatment, we monitored the patient every 15 days for the next three months. During this period, all symptoms remained absent, except for occasional mild knee joint pain, which can be considered normal given the patient's age and the chronic nature of the condition (refer to Tables 7-12).

Table 7: Assessment of sandhi-shool.

Left		**Name of Joints**	**Right**	
Before	**After**		**Before**	**After**
3	0	Parvasandhi	3	1
3	0	Janusandhi	2	1
2	0	Manibandha	3	0
2	0	Ansa sandhi	3	0
1	0	Kurpara sandhi	2	0

Table 8: Assessment of sandhi-shoth.

Left		**Name of Joints**	**Right**	
Before	**After**		**Before**	**After**
3	0	Janusandhi	3	1
2	0	Manibandha	3	0

Table 9: Assessment of sparshasahatwa (tenderness).

Left		Name of Joints	Right	
Before	After		Before	After
2	0	Manibandha	3	0

Table 10: Assessment of angamarda (malaise).

Angamarda	
Before	After
2	0

Table 11: Assessment of Aruchi.

Aruchi	
Before	After
2	0

Table 12: Assessment of Morning stiffness.

Morning stiffness	
Before	After
3	0

CONCLUSION

Amavata is one of the most common diseases today, presenting a significant challenge for modern medicine. The opposing properties of Ama and Vata, along with the involvement of Uthanadhatu (Rasa) and Gambhiradhatu (Asthi), complicate treatment. Therefore, there is a need for a systematic treatment protocol grounded in Ayurvedic principles. Any intervention must be carefully considered, as measures may counteract one another, highlighting the importance of a cautious approach to benefit the patient. Early diagnosis is crucial to prevent deformities through appropriate management. Panchakarma procedures can aid in controlling autoimmune activity and eliminating Bahudoshavastha. This case study demonstrates that Virechana Karma is an effective treatment modality for Amavata, providing symptom relief and correcting biochemical parameters.

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