

Management of *Aamvata* by Ayurvedic Treatment: A Case study

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Abstract

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 *Shleshma Sthana* (*Amashaya*, *Sandhi*, etc.), producing symptoms such as stiffness, swelling, and tenderness in small and big joints, making a person lame. The symptoms of *Amavata* are identical to rheumatism, which include rheumatoid arthritis and rheumatic fever. It is observed that rheumatism is an autoimmune disorder, which is among the collagen disorders having strong and significant parlance with *Amavata*. Various drug trials were already carried out on *Amavata*, yet there is a *lacuna* in the management of *Amavata*. Rheumatoid arthritis (RA), an auto-immune inflammatory disease is one of the challenging conditions for the physicians to handle due to its chronicity, incurability, complications, morbidity, etc. In spite of potent anti-inflammatory agents and powerful immune-suppressive agents, its prognosis is not good, as these drugs have certain limitations including dependency and other side effects restricting quality of life. Considering these inconveniences, alternatives are being searched from traditional systems. Ayurveda through its armamentarium can provide leads in the management of this condition that is similar to *Amavata* in its clinical presentation. A 42-year-old female with diagnosed history of RA was treated by Ayurvedic medicines then improvement was observed in the overall effect of therapy.

Keywords: *Amavata*; *Ama*; Rheumatism; Amrita; *Tinospora cordifolia*; Ghee

1. Introduction

Amavata is one of the crippling diseases claiming the maximum loss of human power. It is not only a disorder of the locomotor system, but is also a systemic disease and is named after its chief pathogenic constituents, which are, *Ama* and *Vata*¹. The main causative factor, *Ama*, is caused due to malfunctioning of the digestive and metabolic mechanisms. The disease is initiated by the consumption of *Viruddha Ahara* and simultaneous indulgences in *Viruddha Ahara* in the pre-existence of *Mandagni*². Although *Ama* and *Vata* are chiefly pathogenic factors, *Kapha* and *Pitta* are also invariably involved in its *Samprapti*³. *Ama* and *Vata* being contradictory in their characteristics, there is difficulty in planning the line of treatment. Derangement of the *Kapha dosha*, especially *Shleshak kapha* in the *Amavata*, which produces joint pain and swelling with tenderness, can be correlated with rheumatoid arthritis and derangement of the *Pitta dosha* along with *Ama* taking shelter in the *Avalambak Kapha sthana*, which can be correlated with rheumatic fever because of the cardiac involvement, due to repeated fever, resulting in rheumatic heart diseases⁴.

Rheumatoid arthritis (RA), an auto-immune inflammatory disease is one of the challenging conditions for the physicians to handle due to its chronicity, incurability, complications, morbidity, etc. It has worldwide distribution and involves all ethnic groups. Depending on the specific definition, the prevalence of RA is estimated to be between 0.3% and 1.5% in North America and its prevalence in India has been estimated to be similar to that in the West. It causes a great deal of pain and suffering and patients with this disease are unable to work within 5 years of its onset and patients with severe

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forms of the disease die 10–15 years earlier than expected. Thus, RA represents a significant societal problem justifying large efforts to improve its treatment. Several dreadful diseases are prevalent in medical science. The scope for therapeutic measures is limited even after extreme advancement of the modern bio-medical science. The rheumatological disorder is a group of diseases that has no specific medical management in any type of therapeutics⁵.

Amavata is a particular type of disease that is mentioned in Ayurveda since the period of Madhavkar, under the category of *Vata – Kaphaja* disorder. In spite of the description of multiple drug therapy on *Amavata* in different classics of Ayurveda, potential and durable results are not found due to non-removal of the basic cause. Hence, special emphasis should be put into searching for a standard and suitable drug for *Amavata*.

Although *Snehapana* is mentioned for the management of *Amavata* by our *Acharyas*⁶, practically it has been observed that *Snehapana* is not prescribed for *Amavata* patients because of *Ama*. However, presently it is observed that some physicians are administering *Snehapana (Ghrita)* for *Amavata* patients in *Niramavastha* and getting significant results⁷. It is stated to be one of the autoimmune disorders; hence it is observed that the maximum number of *Amavata* patients is emaciated and underweight... While allopathic treatment of RA is improving, remission remains rare, and treatment remains unsatisfactory. In spite of potent anti-inflammatory agents and powerful immunosuppressive agents, its prognosis is not good, as these drugs have certain limitations including dependency and other side effects restricting the quality of life. Considering these inconveniences, alternatives are being searched from traditional systems. Ayurveda through its armamentarium can provide leads in the management of this condition that is similar to *Amavata* in its clinical presentation. Drugs such as *Simhanada Guggulu*, *Rasnasaptaka kwatha*, *Vata Gajankusha Rasa*, *Bruhat Vata Chintamani*, and *Amavatari Rasa* are said to be efficacious in this condition. In this case study, efficacy of *Amavatari Rasa* in a diagnosed case of RA is presented dominance of *Shleshmak Kaphaat Sandhithana* leads to Rheumatoid Arthritis. Patients get symptoms such as *Sandhishool*, *Sandhishoth*, *Sandhigraha*, *Sparsha-asahatva* etc. Symptoms such as *Aruchi*, *Trishna* and tastelessness will be found predominantly when *Bodhak Kapha* involved at *Rasna (Jivha)*.

2. Case Report

A clinically diagnosed 42 yr old female student residing in Pune, Maharashtra state reported with complaints of Tachycardia, breathlessness, hoarseness of voice, stiffness in joint, anxiety, cough and loss of appetite with Anorexia. For that patient consulted by physician and admitted in ICU for 1 month, after that patient was shifted to oral medicine for 1 month. Then, the patient arrived at OPD for Ayurvedic Treatment.

2.1. On examination

- P-126/min
- BP-140/90 mmHg
- R/S-B/L Rhonchi present
- Oral –Pharyngitis with Tonsils inflamed.
- Joint –Stiffness in all joints and edema present
- CVS –Palpitation and murmur on Auscultation
- P/A –Tightness palpated

2.2. Investigation

- ESR-55 mm/hr, Hb-8.6 gm%.
- Rheumatology –SM/RNP Antibodies positive (strong)
- SS-A Antibodies positive (strong)
- RO-S2 Antibodies positive (strong)
- SS-B Antibodies positive (strong) ABS to Extractable Nuclear Antigen (ANA)

Table 1 Treatment given to the patient

Day	Drugs	Effect
1.	-Simhanada Guggulu 2TDS -Rasnasaptaka kwatha4 tsp BD with warm water. -Vata GajankushaRasa2TDS -Bruhat Vata Chintamani 1 Tablet with Madhu (Leha) -Amavatari Rasa 2 TDS -Eranda Sneha 2tsp Hs with warm water	Appetite decreases, Tongue coated Bowel not passed
2	Continue 2nd day to 8 weeks	Appetite normal, Tongue coated Bowel passed.

3. Results and discussion

After starting the Ayurvedic treatment the Allopathic medicines were gradually tapered in 4-5 months and patient completely shifted on Ayurvedic medicine after 5 months. Ayurvedic medicines improved *Jatharagni* and led to formation of other Dhatu as well as top the formation of *Aama*. After this frequency and duration of episodes were decreased significantly. Stiffness and Rigidity of joints decreased significantly. Ricinolein acid and Vitamin E is main component of Castor oil which has Anti-inflammatory effect. Patient felt more confident during walking and social interaction. In *Amavata*, *Stambha*, *Gaurav* and *Shula* are the chief symptoms so *Swedan* gives relief in these symptoms and helpful in the treatment of *Amavata*. Due to *Ushna Veerya* drugs, it improves digestion, absorption and excretion by its *ShodhanKarma*. The *Aamavata* is auto-immune disorder. It observed that *Swarnabhasma* is *Rasayan* drug, so it improves the quality of body elements, there is curing disease as well as maintaining the healthy status of body.

This disease is caused by impairment of *Vata* and can be traced to the improper functioning of the gastrointestinal system resulting in diminished gastric acid secretion (*Mandagni*), impaired liver functioning and intestinal absorption. Inappropriate food habits and physical activities such as those observed in the patient such as irregular diet habits, over indulgence in sweets and sour articles, day sleep, and sedentary lifestyles, weaken the digestion and metabolism leading to the formation of *Ama* (improperly processed intermediate metabolic products). In further course, this *Ama* spread throughout the body, causing degenerative changes in the system, affecting other tissues including cartilages, muscles, and further impairing metabolism. At different places, this *Ama* associate with vitiated *Vata dosha* and manifest characteristic symptoms of *Amavata*.

Significant relief in *Sandhi Shula*, *Sandhi Shotha*, *Angamarda*, *Aruchi*, and *Gaurava* were observed at the end of the treatment. *Shothaghna* (anti-inflammatory) property of *Guggulu* might be responsible for reduced *Sandhishotha*, *Dipana* and *Pachana* properties of *Chitraka* and *Dipana* property of *Triphala*, *Guggulu*, and *Eranda taila* may be helpful in correcting deranged digestive functions that further helps in eliminating circulating *Ama* from systemic levels accumulated in *Sandhi*, thus causing reduction in *Shotha*. Relief in *Sandhi Shula*, may be due to the *Vata Shamaka* (pacifying *vata*) and *Vedanahara* (analgesic) properties of *Amavatari rasa*. *Snigdha Guna* and *Vata Shamaka* nature of *Eranda Taila* might have played a major role in pacifying aggravated *Vata* resulting in reducing *Sandhi shula*. As *Shotha* and *Shula* are reduced, *Sandhi Graha* and tenderness were comedown.

Alasya, *Apaka*, and *Jwara* did not shown significant results, it could be due to a short period of treatment. *Kajjali* has *Sukshma* and *Stroto Shodhaka* properties, which helps in normalizing *Agni* and helps in inhibiting formation *Ama*. *Dipana*, *Pachana*, and *Kapha Vata Hara* properties of other ingredients of the formulation such as *Gandhaka*, *Chitraka*, and *Eranda* also helps in normalizing *Agni*.

Primary pathology in RA is inflammation of synovial membrane. This membrane secretes synovial fluid, which nourishes the cartilage covering the bone at movable joints. When this membrane thickens, synovial fluid accumulation takes place, results in pressure and pain. Thus, decreasing grip power and foot pressure. Analgesic and anti-inflammatory properties of ingredients like *Guggulu*, helps in decreasing inflammation and thus helping in reducing pressure and pain and ultimately improving grip power and foot pressure. Ayurvedic treatment is aimed at restoring the *Doshas* to harmonious equilibrium, thereby strengthening individual's healing response. Treatment for a particular disease includes wide range of medicines and therapies based on different aspects. In the current attempt,

only *Amavatari rasa* was administered to the patient without following the needful phases like *Dipana*, *Pachana* (specific preliminary treatment procedures), etc., If, one follows these steps, possibilities of better improvement are anticipated. RA with its limited management in modern medicine can be managed effectively with Ayurvedic medicine and *Pathyapathya* (dietetic regulations). In the current case, no specific dietary restrictions nor lifestyle modifications were advised to the patient. The result obtained was solely of *Amavatari rasa*. Before starting the treatment, the patient was taking 50 mg of Diclofenac sodium once daily, but by the end of 8 weeks treatment, the need of the analgesic was reduced to twice in a week. This reduction in need of nonsteroidal anti-inflammatory drug is also an important outcome of the therapy restricting the complications and improving the quality of life of the individual.

4. Conclusion

Based on the preliminary observations, it can be concluded that Ayurvedic treatment is effective in the management of *Amavata*. As encouraging results were observed during 8 weeks of study, increased duration of the treatment may be planned to give more significant results.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare that there was no conflict of interest regarding the publication of manuscript.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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