



## Case Report

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### AYURVEDIC STEWARDSHIP ON AMAVATA: A CASE REPORT

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#### ABSTRACT

Amavata is mainly due to the derangement of Agni, which results in the yield of ama, which circulates in the body and gets located in sandhis, causing pain, stiffness, and swelling over the joints. In modern times, it can be correlated to Rheumatoid Arthritis, an autoimmune and chronic inflammatory disorder that mainly affects the joints but can also affect many other tissues and organs. It mostly affects several joints [poly arthritis] simultaneously, along with stiffness, swelling, morning sickness, etc. This commonly occurs between the ages of 40 and 70 and is more widely seen in females than males, with a ratio of 3:1, respectively. Owing to its chronicity, complications, morbidity, and crippling nature, Amavata will be challenging for the physician to treat. Methods: This is a single case study of a 51-year male patient with complaints of pain in the bilateral knee joint, meta carpo phalangeal joints, proximal interphalangeal joints, elbow joints, and right shoulder joint for 2 years, along with severe pain all over the day and morning stiffness. He was administered internal medicines along with external therapies such as Dhanyamla dhara, mild abhyanga, patra pinda swedam, and matra vasti. Result: The patient had symptomatic relief, such as reduced pain, stiffness, and swelling; he could lift his hand to walk, and the flexibility of the joints became easier. Interpretation and conclusion: The stiffness and pain for the patient have been reduced with the help of Dhanyamla dhara, mild abhyanga, patra pinda swedam, and matra vasti.

**Keywords:** Amavata, Rheumatoid Arthritis, Panchakarma, Dhanyamla dhara, Vasti.

#### INTRODUCTION

Rheumatoid arthritis [RA] is a chronic inflammatory disorder that mainly affects the joints and also affects other tissues and organs. It is slow and insidious in onset and presents with malaise, fatigue, and generalized musculoskeletal pain. Small joints are involved before larger ones and are symmetrical, swollen, warm, painful, and stiff on arising or following inactivity<sup>1</sup>. It has typical symptoms, which are polyarthritis and symmetrical. This commonly occurs between the ages of 40 and 70 and is more widely seen in females than males.

RA occurs due to the loss of self-tolerance, activates mainly CD4 + T Cells [T<sub>H</sub>1 and T<sub>H</sub>17] and initiates cytokines-mediated inflammation. Cytokines TNF plays a central role in inflammation<sup>1</sup>. RA results from an immune response in which the body's immune system attacks its healthy cells. The specific causes of RA are unknown, but some factors can increase the risk of developing the disease. Contemporary medicine provides symptomatic relief, but the underlying pathology remains untreated due to the absence of effective therapy and also gives rise to many side effects, toxic symptoms, and adverse reactions, which are more serious complications<sup>2</sup>. The scope for therapeutic measures is limited even after the extreme advancement of modern biomedical science. The rheumatological disorder is a group of diseases with no specific medical management in any therapeutics. The line of treatment for RA is analgesics, NSAIDs,

intra-articular injections of hydrocortisone, physiotherapy, occupational therapy, and surgery, Arthroplasty and Arthrodesis<sup>3</sup>.

In Ayurveda, RA can be correlated with Amavata as both have the nature of swelling in the affected joints. It is due to inflammatory mediators such as TNF, IL-1, and IL-6, and in Ayurveda, it is due to Kapha and ama getting lodged in srotas, asthi, and medas leading to swelling and pain along with morning sickness<sup>4</sup>. Ama is a basic cause of all the diseases. Thus, the undigested essence of food [ama], which Vata spoils, reaches the dhamanis [vessels or channels]. Due to the weakness of the digestive fire, the digestion in the Rasa dhatu level does not undergo properly; it becomes spoiled and gets seated in amasaya [stomach], which is called ama<sup>5</sup>. This ama reaches joints and other body parts to cause pain, swelling, and tenderness, leading to Amavata. Due to the malfunction of the digestive and metabolic mechanism, ama is being formed<sup>5,6</sup>. The disease is initiated by the consumption of viruddha ahara in the pre-existence of mandagni along with derangement of Shleshaka Kapha, which produces stiffness, joint pain, and swelling with tenderness<sup>4,6</sup>. Amavata is a particular type of disease mentioned in Ayurveda since Madhvakara, under the category of Vata Kaphaja disorder<sup>6</sup>. The general signs and symptoms of Amavata are angamarda [pain], aruchi [anorexia], trushna [thirst], alasya [lassitude], gouravam [stiffness], and soonatangananam [numbness]<sup>7</sup>. Many treatments are praised for managing Amavata based on the stages of the disease.

In contemporary science, it helps mitigate the disease, but in Ayurveda, chikitsa based on nidana-parivarjana and samprativighātana is done, which corrects the ailment from its root. As in Amavata, there are both involvements of Kapha and Vata along with ama. Hence, deepana pachana has to be done as the first line of treatment, followed by snehana, swedana, and Vasti like saindhava Anuvasana Vasti and Kshara Vasti, Virechanam so that the prakupita dosas get expelled from the body, and the joints get strengthen and become nirama<sup>8</sup>.

**Case Presentation**

A 51years male patient who is a carpenter visited the OPD and was admitted in IPD of Kayachikitsa of Sri Jayendra Saraswathi

Ayurveda College and Hospital, Nazarathpet, Chennai, India, with complaints of pain in bilateral knee joints, meta carpo phalangeal joints, PIP joints, elbow joints and right shoulder joint for 2 years along with morning stiffness and pricking pain all over the day. Gradually, he developed pain while standing and flexing his arms, which gets reduced when he is at rest. The pain increases during the nighttime, which leads to sleeplessness associated with bloating and heartburn while eating spices and spicy foods. He had decreased appetite and burning micturition during intake of contemporary medicines.

**Consent and Ethical Statement:** This study is carried out as per the International conference of Harmonization-Good Clinical Practices Guidelines (ICH-GCP).

**Criteria for assessments<sup>9</sup>**

**Pain in the joint**

Domains	Grades
Occasional	0
Mild pain of a bearable nature	1
Frequent moderate pain but no difficulty in joint movement	2
Slight difficulty in joint movements due to severe pain requires medication and may remain throughout the day	3
Severe pain with more difficulty in moving the joints, disturbing sleep and requires strong analgesics	4

**Swelling of the joint**

Domains	Grades
No Swelling	0
Slight Swelling	1
Moderate Swelling	2
Severe Swelling	3

**Stiffness of the joints**

Domains	Grades
No Stiffness	0
Stiffness lasting from 5 min to 2 h	1
Stiffness lasting from 2 to 8 h	2
Stiffness lasting for more than 8 h	3

**Tenderness of joints**

Domains	Grades
No tenderness	0
Subjective experience of tenderness	1
Wincing of face on pressure	2
Wincing of the face with withdrawal of affected parts on pressure	3
Resists touching	4

**Warmth of joint**

Domains	Grades
Raised temperature when compared to the normal body surface	0
Fall in local warmth	1
Normal temperature	2
No change after treatment	3

There is no relevant family history.

**Personal History**

Appetite: Poor  
 Bowel: Regular  
 Diet: Mixed diet  
 Sleep: disturbed due to pain  
 Micturition: Regular

**General Examination**

Blood pressure: 150/90 mm Hg  
 Pulse rate: 69 bpm  
 Height: 165 cm  
 Weight: 70 kg  
 SPO<sub>2</sub>: 97%  
 Temperature: 36.7 °C

**Table 1: Systemic Examination**

Edema	Pitting oedema is present in bilateral knee joints and meta-carpo phalangeal joints.
Deformity	Mild genu varum
Muscle wasting	Absent
Flexion	unable to flex more than 70 degrees
Crepitus	present in bilateral knee joints
Stiffness	Present in knee joints, elbows and right shoulder joint
Warm [Calor]	Present
Rubor	No
Dolor [tenderness]	Positive
Heberden's node	Negative
Rheumatoid nodules	Negative
Patellar tap	Negative
Bulge test	Negative
Feet inspection	No deformity, callosities, or forefoot widening

**Table 2: Investigations**

Blood Sugar Random	81.0 mg%
Blood Urea	19.0 mg%
Serum Creatine	0.71 mg%
ESR ½ hr.	03 mm
ESR 1 hr.	07 mm
CRP	4.5 mg/L
RA factor	43.0 IU/ml
X-ray of the knee joint	Loss of joint space, osteophytes formation, sub-chondral cyst

**Table 3: Samprapthi Ghataka**

Dosa	Vatakapham
Dusya	Rasa, Medas, Asthi
Srotas	Rasavaha, Medovaha, Asthivaha Srotas
Srotodushti	Sanga
Rogamarga	Abhyantara
Sancharasthana	Sarva Shareera Through Dhamanies
Udbhavasthana	Amashaya
Vyakthasthana	Trika Janu Uru Sandhi
Adhistana	Hridaya
Ama	Jataragni Mandya Janya Ama

**Table 4: Ashta Vidha Pariksha**

Nadi	Kapha Vata
Mootra	Prabhoota
Mala	Ama
Jihwa	Lipta
Sabda	Spashta
Sparsha	Anushna Sheeta
Drik	Pravara
Akruti	Madhyama

**Table 5: Dasavidha Pariksha**

Prakruti	Vata Pittam
Vikruti	Kaphapitta
Sara	Mamsa
Samhanana	Madhyama
Pramana	Madhyama
Satmya	Sarvarasa
Satva	Madhyama
Vayah	Madhyama
Ahara Sakthi	Avara
Vyayama Sakthi	Avara

**Treatment Plan**

**Table 6: Internal Medicine**

S.No	Medicine Names	Dosage	Anupana	Ingredients	Reference
1	Rasna Saptakam Kashayam	10 ml-0-10 ml	45 ml Lukewarm Water	Rasna, Amruta, Devadaru, Aragwadha, Trikantaka, Eranda And Punarava	Chakradatta
2	Simhanada Guggulu	2-0-2	With Kashayam	Triphala, Haritaki, Vibhitaki, Amla, Suddha Gandhaka, Guggulu, Eranda Tailam	Bhaisajya Ratnavali
3	Tab.Orthoflex	1-0-1	After Food	Shallaki, Guugulu, Dasamoolam, Nirgundi, Rasna	

**Table 7: External Treatment [Panchakarma]**

Procedure	No. Of Days Done
Dhanyamla Dhara	6 Days [Day 1 – Day 6]
Valuka Sweda	6 Days [Day 1 – Day 6]
Abhyangam With Kottamchukadi Tailam	4 Days [Day 7 – Day 10]
Matra Vasti With Maha Narayana Tailam	3 Days [Day 7 – Day 9]
Patra Pinda Swedam with Nirgundi, Arka Leaves	2 Days [Day 9 – Day 10]

**RESULTS AND DISCUSSION**

As RA is an autoimmune disease, it is krichrasadhya; in this case, we found progressive improvement in the patient. Also, the severity of the symptoms has been reduced, as before treatment, he could not fold his hands, close his fingers, stand for more than 5 minutes, etc. After treatment, he could do all this and walk for 20 minutes without pain.

RA is an autoimmune chronic inflammatory disease that is caused due to environmental arthritogenic factors, genetic factors, and autoimmunity. The genetic factors occur due to HLA -DRB1 and Polymorphism [non-HLA gene, which encodes a tyrosine phosphatase] in PTPN23. The environmental factors are due to smoking and several microbial agents such as mycobacteria, viruses, etc. Autoimmunity is due to initial inflammatory

synovitis, an autoimmune reaction with T-cells responsible for RA's chronic destructive nature. Thus, it leads to inflammation, swelling, tenderness, stiffness, etc<sup>3</sup>. The main causative factor of Amavata is the malfunction of the digestive and metabolic mechanisms. It occurs mainly due to derangement of Agni like Jathragni, Dhatvagni, and Bhutagni, resulting in the production of ama, which circulates in the body and gets located in sandhis causing soola [pain], gourava [stiffness], and sotha [swelling]. The disease is initiated by consuming viruddha ahara in the pre-existence of Mandagni. Although ama and Vata are chiefly pathogenic factors, Kapha and Pitta are invariably involved in samprapti<sup>7</sup>. Derangement of Shleshaka Kapha in the Amavata, which produces gourava [stiffness], angamarda [joint pain] and sotha [swelling] with soola [tenderness], can be compared with symptoms like stiffness, morning sickness, etc. of RA<sup>5</sup>.

**Table 8: Symptoms Before and After Treatment**

Symptoms	Before Treatment	After Treatment	Result
Swelling	3	0	Reduced
Tenderness	2	0	Reduced
Crepitus	+++++	+	Reduced
Stiffness	3	1	Reduced
Warmth	0	Normal	Reduced
Pain	4	0	Reduced
Flexion of Arms	30°	60°	Reduced

**Probable mode of action of drugs**

**Rasna Saptaka Kashayam** has ingredients like Rasna, Amruta, Devadaru, Aragwadha, Trikantaka, Eranda, and Punarava. Rasna has properties like deepana and pachana. It helps alleviate aggravated Vata and Kapha, prevents accumulation of ama, and acts as a sothaghna [anti-inflammatory] and soolahara [analgesic]. Amrutha is katu rasa [pungent] and tikta rasa [bitter]; hence, it acts on tridoshas, and it is immunomodulatory in action and sothaghna [anti-inflammatory]. Daru also has sothaghna [anti-inflammatory] and soolahara [analgesic] nature. Aragwadha, due to its sheeta veerya, balances Kapha and Pitta. Gokshura and Punarava are sothahara, mutravirechini, krimighna, etc.; hence, they act as sothaghna [anti-inflammatory]. Eranda balances Vata and Kapha and has Virechana property along with angamarda prasamana and svedopaga. Thus, this medicine acts as an [analgesic] soolahna, sothahara [anti-inflammatory], deepanapachaniya, agnivaradhaka, and nitya virechaniyam which helps in alleviating Vata and Kapha and cooks the undigested ama which will be the primary line of treatment<sup>7</sup>.

**Simhanada guggulu** “Guggulu, Manikam, Katutailam, Triphala, Trikatu, Vidangam, Musta, Suradaru, Agni, Trivrit, Guduchi, Danti, Vaca, Manakam”<sup>9</sup>. The prabhava of Triphala is virechaniya [laxative], sothaghna [anti-inflammatory], agni deepthi [appetite stimulant], antioxidant, immunomodulating, antibacterial, hypoglycemic, etc<sup>11</sup>. Suddha Gandhaka acts as deepana pachana and dries out ama. It also acts as an anti-toxic; it is rasayana in nature. Guggulu has properties like anti-inflammatory, analgesic, etc., in nature. It has prabhava like vedanasthapaka, deepanapachaniya, rasayana and medhyakarma along with katu tikta rasa, laghu ruksha guna, ushna veerya and katu vipakam which helps for the samprapti vikananam. Tikta and katu rasa possess antagonistic properties to those of Ama and Kapha, which is the chief causative factor in this disease. Due to their agnivridhikara property, they help digest amarasa, reduce the excessive production of Kapha, and eliminate obstruction in the srotas. Because of ushna veerya, it also alleviates vitiated Vata and forbids the ama from getting occluded in the srotas. Hence, it helps reduce srotarodha and pain. Kaphahara karma of ruksha, laghu guna, and ushna veerya ama dosha pachana occurs. The laghu guna and tikta rasa have the

property of lekshana, which helps get rid of adhered doshas from dushita srotas. Due to the antagonistic action of sheetha and ruksha guna, it controls both ama and Vata together and helps in srotavikatanam<sup>9</sup>.

Tab orthoflex acts as an analgesic because most of the drugs present in that have actions like anti-inflammatory, analgesics, Vatakaphahara, antirheumatic, etc.

According to Acharyas, the doshas that are pacified by sodhana never recur. After doing sodhanam, if samanam aushadhis are administered, the therapeutic action will be swift and high so that the disease will be cured radically in a short period<sup>11</sup>. Hence, Dhanyamla dhara, abhyanga, patra pinda sweda, and Matra Vasti were administered in this case.

Giving Dhanyamla is to normalize the Agni as it possesses deepana and pachana property due to its amla rasa pradhanya dravyas. Because of its ushna guna, ushna veerya, it destroys the vitiated Vata or Kapha or Vata Kapha. With its laghu, snigdha, and teekshna guna, it helps in srotosodhana and acts as dahashamana [burning sensation] due to its snigdha guna and rejuvenates the bones, muscles, etc. Dhanyamla is an antagonist to ama and Meda. Hence, it removes the blocks in the cell and channels of transportation and nutrition. Because of this character, ama and the metabolism get corrected. It cures Kapha Vata conditions like obesity, rheumatic conditions, inflammation, and muscular pain and activates nerves. It has excellent effects on Vataja vyadhi and Asthivaha sroto vikara<sup>12,13</sup>.

After that, mild Abhyangam was done with Kottamchukadi Tailam. The ingredients are "Kottam, Chukka, Vayambu, Shigru, Lasuna Karotti, Devadaru, Siddartha, Suvaha, Murchita Tila Taila, Dadhi, Chinchha Rasa. It acts as vedanasthapana and sothahara and reduces Vata Kapha because of its ushna and teekshna guna. Mild Abhyanga patra pinda sweda has been administered for 3 days as it helps to alleviate the aggravated Tridosaja. Leaves of medicinal plants with properties like sothaghna [anti-inflammatory] and soolahara [analgesics] are taken and fried with oil, which diminishes the kledatva of the leaves. Patra pinda sweda is advised on the angamarda [pain-affected] areas. It helps to reduce soola [pain], gourava [stiffness], and sophha [swelling] associated with Vataja or Asthivaha sroto vyadhi<sup>14</sup>. The pain and its associated symptoms, which are caused due to ama, Medas or Kapha, can be treated with ruksha sweda. Patra pinda sweda is followed by mild Abhyangam so that it helps to bring back the aggravated doshas from koshta to sakha. Patra pinda sweda helps eliminate dosha imbalance; it increases blood circulation, strengthens the muscle, releases toxins, and reduces inflammation.

Followed by this patient has been administered Matra Vasti with Maha Narayana Tailam [60 ml]. The tailam has over 33 main ingredients and 11 murchana dravyas<sup>15</sup>. Applying this oil frees one from disease, gains strength and complexion, and increases longevity<sup>14</sup>. The properties of this taila are tikta, katu, madhura, kashaya rasa, gunas are laghu, guru and teekshna guna, followed by maximum ushna and mild sheeta veerya and katu vipaka<sup>15</sup>. Most of the ingredients possess Vata Kapha shamaka properties, and some have a tridosahara nature. The actions of this tailam are lekshana, deepanam, pachanam, mutralam, shothoharam, krimighna, basti sodhana, srotosodhana etc<sup>15-16</sup>. Hence, it works in all Vatajanya vikaras and helps eliminate aggravated dosas through Vasti.

## CONCLUSION

Rheumatoid Arthritis is an autoimmune disorder in which all small and larger joints are affected along with stiffness, pain, morning sickness, swelling, etc. In Ayurveda, it is co-related to Amavata, which has angamarda, gourava, alasya, etc., and in this deepana, pachana is important along with langhana, swedana, Kshara Vasti, Anuvastana Vasti along with saindhava. As the proverb goes, 'RA licks the joints, bites all the systems and barks at the treating physician', but it is not easy to cure as sometimes it shows reduced symptoms, and the next day, it gets aggravated. In this above case, the line of treatment which has been followed was amapachana, the first line of therapy with Dhanyamla dhara which acts as both deepanam and pachanam and helps ama to get removed from occluded sites and has a second line of treatment Abhyangam, patra pinda sweda and Matra vasti was administered to remove the Vata and expel the ama from koshta and bring brimhana to the affected areas that leads to a remarkable improvement.

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