

# A Comprehensive Ayurvedic Management of Amavata

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## ABSTRACT

Amavata is made up of two words, ama and vata. Ama means incomplete digestion of food which produces pathology like pain, stiffness and swelling of joints which closely resembles the chronic inflammatory autoimmune disorder called rheumatoid arthritis. Prevalence rate of rheumatoid arthritis is approximately 0.8% in India. Materials and methods: 50 years female present with pain in multiple joints associated with weakness in upper and lower limb in the past 3 years was diagnosed as amavata. The patients were treated with ajamodadi churna, sadhyovirechana, erandamoola niruha basti along with shamanoushadi. Results: there as significant improvement in overall symptoms. Conclusion: contemporary medicine offers DMARDS and steroid medications for very long time as it is auto immune condition. Where on other hand panchakarma therapies can target on root cause of the vyadhi and provide more promising results.

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## INTRODUCTION

A chronic systemic inflammation disease, rheumatoid arthritis clinically present as polyarthritis involving small and large diarthrodial joints of the extremities usually in a symmetrical pattern. It is a heterogeneous disease with variable severity, unpredictable course and a variable response to drug treatment. Untreated or sub optimally treated disease is associated with progressive disability, systemic complications, high socio-economic costs, guarded prognosis due to reduced life span with increased mortality rate mainly due to cardiovascular and other systemic complications<sup>1</sup>.

In ayurveda science, Agnimandya is the cause for all disease<sup>2</sup>. Amavata is the one such disease, where agni dusti plays vital role in the samprapti of the vyadhi. Due to nidana sevan and agnimandya, ama produced in body. Ama means incomplete digestion of food which results in incomplete formation of annarasa, it circulates all over the body produces symptoms like pain and heaviness in body, anorexia, fever, indigestion etc. in later stage due to datwagni mandya, the ama will causes painfull swelling in joints of hands, legs, ankle, sacrum, knees and thigh<sup>3</sup>.

Later produces the chronic sign and symptoms of amavata.

In contemporary medicine includes NSAIDS steroid's and DMARDS (disease modifying anti rheumatic drugs effects) for longer term uses and have severe side effects. Till today in Morden science, there is no effective medicine for this disease. 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. In ayurveda, nidana parivarjana is considered as the first and foremost line of management for any disease. Deepana, pachana, virechana and basti is performed to balance the vitiated dosha and manage the amavata effectively.

## MATERIALS AND METHODOLOGY

A 50year's female presented with pain in multiple joints associated with swelling and stiffness since 3years was diagnosed as amavata.

## CASE REPORT

Pain in multiple joints associated with weakness in both upper and lower limb.

**ADHYATANA VYADHI VRUTTANATA**

A female patients aged 50 years visited the opd of kayachikitsa S.V.M.A.M.C Ilkal Karnataka India. She was presented with chief complaints of pain in multiple joints associated with weakness in both lower limb and upper limb. Patients undergo investigation like RA factor and CRP both are normal but they took allopathic treatment and has been taking steroids for more than 6 months. They got symptomatic relief once again symptoms are aggravated. For further management, she visited S.V.M.A.M.C Ilkal.

**Poorva vyadhi vruttanta:** nothing significant

**Koutumbika vruttanta:** nothing significant

**Vayaktika vruttanta:** shown in table no 1

**Table 1: showing subjects personal history**

Name: xyz	Bowel: constipated
Age: 50 years	Appetit: reduced
Marital status: married	Menstrual history: menopause
Occupational: house wife	Habit: tea
Diet: mixed	Sleep: disturbed

**Table no 2: showing general examination**

B.P	130/80mmhg
Pulse	70/min
R. R	17/min
Height	145cm
Weight	58kg

**Table no: 3 showing systemic examination**

CVS:	S1-S2 heard
P/A:	soft & non tender
CNS:	conscious and well oriented
RS:	B/L symmetrical, lung field is clear.

**On examination:**

Inspection:

- Swan neck deformity
- Spindle shaped small joint
- Spindle shaped fingers
- ROM – restricted

Palpation:

- Rheumatoid nodules over small joints
- Temp: mild

Interrogation

- Morning stiffness
- Pain

**Table no 4: showing Investigation**

HB:	12.2gm%
RBS:	107mg/dl
CRP:	2.0mg/dl
RA:	12mg/dl

**Table no 5: showing Asta sthana pariksha**

Nadi:	Vata- kaphaja
Mala:	Baddamala pravrtti
Mutra:	Day time; 4-5times Night; 2-3times
Jihwa:	Lipta
Shadba:	Prakruta
Sparsha:	Prakruta
Drik:	Prakruta
Akruti:	Madhyama

**Table no 6: showing Dashavida pariksha**

Prakriti: vata-kaphaja	Satyma: Madhyama
Vikruti: vata- kaphaja	Ahara shakti: avara
Sara: Madhyama	Vyayama shakti: Madhyama
Samhanana: Madhyama	Vaya: Madhyama
Satva: madhyama	Pramana: Madhyama

**SHOWING NIDANA PANCHAKA**

**Nidana:**

**Aharaja nidana:** ajeerna  
Vishamashana  
Mandagni

**Viharaja nidana:** vegadharana  
Divaswapna

**Purva roopa:** Alasya  
Angamarda  
Agnimandya  
Arati

**Roopa:** Ashukari

- Hasta, pada, shirah, gulpha, trika, janu, uru Pradesha, sandhi vedhanayukta shota.
- Vrichhika damshavata Vedana
- Dourabalya
- Agnimandhya
- Morning stiffness

Chirakari

- Flexion
- Swan neck deformity
- Spindle shaped small joints
- Spindle shaped fingers
- Ankylosis
- Rheumatoid nodules

**Upashaya:**

ushna upachara  
Ushna rutu

**Anupashaya:**

- Sheeta upachara
- Sheeta rutu
- Vegadharana
- Ratri jagarana
- Varsha rutu

**Table no :7 Showing samprapti gataka**

Dosha	Vata kapha, ama dosha	Udbhavastana	Amashayotha
Dushya	Rasa, rakta,snayu, ashti	Sancharastana	Sarva shareera
Agni	Mandya	Vyaktastana	Sarva sandhi
Agnidusti	Jataragnimandhya Dhatvangnimandhya	Adhishtana	Sarva sandhi
Srotas	Rasavaha	Rogamarga	Madhyama
Srotodusti	Sanga	Sadhyasadyata	Yapya

**Panchakarma**

- Ajamodadi churna for deepan pachana
- Sadhyo virechana with gandharvahastadi taila
- Sarvanga abhyanga with M.M oil and kineaz
- Pinda sweda with kolakulattadi churna
- Bhaspa sweda
- Niruha basti with erandmuladi Kashaya
- Anuvasana basti with bruhat saindhavadi taila

**Internal medication**

- Cap arnopen 2BD A/F
- Cap kineaz 1BD A/F
- Syr rasnaerandadi Kashaya 5tsf with warm water BD B/F

**Table no: 8 Showing the contents of niruha basti**

Madhu	100ml
Saindhava	10gm
Brihatsaindavadi taila	200ml
Shatpushpa kalka	10gm
Erandamuladi kwatha	400ml
Gomutra	100ml

**Table no: 9 Showing yoga basti**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
	A.B brihat saindavadi taila 200ml	Erandmuladi N.B 800ml	A.B B.S oil 200ml	Erandmuladi N.B 800ml	A.B B.S Taila 800ml	Erandmuladi N.B 800ml	A.B.B.S Taila 200ml	A.B.B.S Taila 200ml
		A.B. B.S oil 100ml		A.B B.S oil 100ml		A.B B.S oil 100ml		
Complaints during treatment		Loose motion 4times *P/A tenderness		Loose motion 5 times *P/A tenderness		Loose motion 5 times *P/A tenderness		
Basti pratyaga manakala	11am-12.30pm	10am-10.10am	10am-11.30am	10am-10:03am	10am-11.30am	9.28am – 9.30 am	10am-12pm	10am-12.30pm

**DISCUSSION****Deepana, amapachana by ajamodadi churna**

Deepana and pachana are essential producer for all panchakarma therapies. Almost diseases acc to ayurveda are due to vitiated agni and ama is main factor for vitiation of agni. For amavata prime reason is agnimandya and it produce ama. By giving deepan pachana it does agnideepana and does amapachana removes srotorodha.

**Ajamodadi churna** contains ajamoda, vidanga, saindava lavan, devadaru, chitraka, pippali, pippali moola, maricha, shatpushpa, haritaki, nagara etc the overall properties of drug used are katu, tikta, a due to its properties it acts as amapachaka and agnideepana.

**Sadyovirecha by gandharvahastadi taila <sup>4</sup>**

After deepana, pachana, dosha attain nirmavasta and may require elimination from body by shodana. In this we given sadyovirechana because of virechana is advised in amavata by chakradatta<sup>4</sup> and It effects on the agnistana and agnimandya causes for amavata. Virechana helps for anulomana gati of vata and remove vitiated doshas from body.

**Gandharvahastadi taila** is well known drug for virechana, it contain erandmoola, yava, nagara, ksheera, shunti. It has properties like Madhura, katu, Kashaya, rasa, snigdha, Sukshma, teekshna guna, usna virya. It helps for elimination of vata, margashodana.

**YOGA BASTI**

Erandamooladi niruha basti is best vatahara. Erandmoola has the properties of kaphavata shamaka and acts as shulagna, shotagna and also acts as vedanastapana and adhobhaga rogahara.

**ANUVASANA BASTI WITH BRUTASANDAVADI TAILA <sup>5</sup>**

**Brihatsaindavadi taila** contain Main ingredients like eranda taila, shatpuspa, rasna etc. The overall properties of drug used have domient katu, tikta rasa, laghu, Tikshna in nature, usna virya and also this indicated in amavata.

After administration of niruha basti, anuvasana basti is given, by its Snigda, guru, ushna guna counter act the ruksha, laghu, sheeta guna of vata respectively. Anuvasan basti usefull for the patients suffering from vataja vikara.

**MODE OF ACTION SAMANOUSHADI**

**Rasnaerandadi Kashaya<sup>6</sup>** contains rasna, eranda, bala, sahachara, vari, dusparsha, vasa, amruta, devadaru, ativisa, gana, ikshu, shati, shunti.

The overall properties of drug used have katu, tikta domienant rasa, guna like Snigda, pichhila, guru guna. It specifies the vata dosha by its properties also indicated trika, prusta, jangasula, vatashamana, shoota, it does amapachana and agnideepana.

**Cap kineaz** contain suddha guggulu, rasna, bala, eranda, nirgundi. The overall properties of drug used have Ktu, tikta dominant rasa, guna like Snigda, picchila, guru guna by its properties it specifies the vata dosha. it is anti-inflammatory drug formulated for soft tissue inflammation of musculoskeletal system.

**Observation****According to patient satisfactory scale**

	Before treatment	After treatment
PAIN	Present	Absent
ROM	Reduced	Increased by 70 %
STIFFNESS	Present	Reduced
NUMBNESS	Present	Reduced
APPETITE	Poor	Good
SLEEP	Disturbed	Improved

**Conclusion**

Contemporary medication offers DMARDS and steroids medication for very long time it will give only symptomatic relief and not improve the quality of living as it is auto immune condition. whereas on other hand shodhana, shamanoushadi therapies can target on root cause of the vyadhi and provides more promising results. Amavata is one among annavaha srotasa vikara, Ama plays important role in formation of disease for that reason ajamodadi churna is given for Deepana, pachama help for improvement of appetite, initially to reduce the pain and swelling of multiple joints. Rasnaeranda Kashaya, cap kineaz, cap arnopen are advised as lakshanika chikitsa. erandamoola niruha basti is administered in the

present case there was a remarkable improvement seen in overall symptoms.

**Images of patient**





## REFERENCE

- [1] YP munjal, SK sharma, API textbook of medicine Vol 2, 10 edition cha 6/2492.
- [2] Vaidya yadavji trikamji, charaka Samhita, chikitsa sthana (15/45-49) with the ayurveda Dipika commentary of cakrapanidatta, chaukambha surbharati Prakashan, Varanasi 1992: 152.
- [3] Srivijayaraksita, Madhava nidanam, nidana stana(25/7-10) with the madukosha vidhyotini commentary chaukambha sanskrit bhawan 2005:209
- [4] Dr Sailaja srivatsava, astanga hrudaya, chikitsa sthana (15/21) with the vagabhata virachita, chaukambha surbharati Prakashan, Varanasi.
- [5] Pro siddinandana mishra, bhaishajya ratnavali, kaviraj shrigovinda dasa, (29/22-227) chaukambha surbharati Prakashan, Varanasi.
- [6] Dr. k nishteswar, sahasrayogam, kashaya adyaya (428), chaukambha chaukambha surbharati Prakashan, Varanasi.

