



## Case Study

### AN AYURVEDIC APPROACH TOWARDS MANAGING AMAVATA THROUGH SHODHANA AND SHAMANA CHIKITSA

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#### ABSTRACT

*Amavata* is one among *Rasapradoshaja vikara* where *Dushitha ama* combines with *Prakupita vata* and later takes *Sthana samshraya* in *Koshta*, *Trika* and *Sandhi pradesha* leading to *Gaatra stabdata* and *Sandhi vedana*. The treatment modalities are based on *Ama harana* and *Vata shamana* principles. The pathogenesis and symptomology of *Amavata* resembles the disease Rheumatoid Arthritis (RA). Rheumatoid arthritis is an autoimmune disorder characterized by morning stiffness, swelling, pain, tenderness, and restricted movements. This condition can lead to severe consequences, including joint damage, physical disability, and hematologic abnormalities, ultimately impacting quality of life. **Methodology:** In the present time due to a sedentary lifestyle and stress, the incidence of *Ama*-related diseases is increasing. *Amavata* is one of the most common diseases. There is an incidence of 20-40 new cases per lakh population annually in India. **Present case-** A 50-year-old female patient presented with complaints of morning stiffness, associated with restricted movements, swelling, and pain in bilateral metacarpophalangeal joints, metatarsophalangeal joints, and bilateral elbow joint. She was diagnosed as a case of *Amavata* based on signs and symptoms along with investigations showing increased levels of inflammatory markers. The patient underwent a 45-day course of *Shamana aushadhi*. Later on, she was administered with *Panchakarma* therapies like *Kshara basthi*, *Jambeera pinda sweda*, *Dhanyamladhara*, etc, on an admission basis for 10 days along with *Shamana aushadhi*. **Result:** After therapies and medicines symptomatic improvement along with a substantial reduction in the levels of inflammatory markers was noted. **Discussion:** The treatment protocol including *Shodhana* and *Shamana* was adopted based on the *Chikitsa* of *Amavata* to avoid further progression of the disease.

#### INTRODUCTION

**"Rogaha Sarve Api Mandagnau"<sup>[1]</sup>**– All diseases are the result of impairment of *Agni*. In the present era, a sedentary lifestyle and intake of unwholesome food leads to *Mandagni*, which results in the accumulation of toxins, which is understood as *Ama* according to Ayurveda. *Amavata* is one among *Rasapradoshaja vikara* where *Dushitha ama* combines with *Prakupita vata* and later takes *Sthana samshraya* in *Koshta*, *Trika* and *Sandhi pradesha* leading to *Gaatra stabdata* and *Sandhi vedana*<sup>[2]</sup>.

The *Ama* combines with *Vata*, circulates all over the body, and moves to the different seats of *Kapha* such as *Amashaya*, *Uras*, *Kanta*, and *Sandhi*, further combines with other *Dosha* such as *Kapha* and *Pitta* which is driven into the *Srotas* by aggravated *Vata* causing *Picchilata* in *Srotas*, leading to obstruction causing *Preenana Abhava*<sup>[3]</sup> at the level of *Dhatu* symptoms manifested as *Ruja* (pain), *Shotha* (swelling), *Stabdha gatra* (stiffness in joints), *Agni dourbalya* (reduced appetite), etc. as the exacerbated form of this condition.

The features of *Amavata* are much identical to rheumatoid arthritis, an autoimmune disease characterized by inflammatory arthritis and extra-articular involvement. It is a chronic inflammatory disorder that arises from the complex interplay between genetic predisposition and environmental

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triggers, primarily affecting the synovial joints. Chronic joint inflammation in rheumatoid arthritis can lead to progressive joint destruction, characterized by cartilage loss and bone erosions, ultimately resulting in deformity and functional impairment<sup>[4]</sup>. RA can affect any joint, but it is common to find involvement of the metacarpophalangeal (MCP), proximal interphalangeal (PIP) joints of the fingers, the interphalangeal joints of the thumbs, the wrists, the knees, and the Metatarsophalangeal joints of the toes (MTP), while typically sparing the axial skeleton except for the potential involvement of the cervical spine<sup>[5]</sup>.

The immune response in RA is thought to initiate at mucosal sites like the lungs, gums, and GI tract, where the post-translational modifications of proteins may trigger autoimmune reactions that ultimately target the synovial joints. The mechanism behind environment-triggered RA is due to the repeated activation of innate immunity<sup>[6]</sup>.

Several studies highlighted a critical role of the gut microbiota in RA pathogenesis, through mechanisms including mainly the production of proinflammatory metabolites, impairment of the intestinal mucosal barrier, and molecular mimicry of autoantigens. Molecular mimicry is a mechanism by which pathogen-derived antigens that share sequence homology with self-peptides may lead to cross-activation of autoreactive T or B cells, triggering autoimmunity<sup>[7]</sup>.

RA affects 0.5-1% of the adult population worldwide. Like many other autoimmune diseases, RA exhibits a higher prevalence in females compared to males, with a 3:1 ratio. The treatment protocol includes NSAIDs, DMARDs which on prolonged usage leads to adverse effects such as hepatotoxicity,

cardiomyopathy,<sup>[8]</sup> and RA-associated Interstitial lung disease<sup>[9]</sup>.

Below is a case of a 51-year-old female patient who was clinically diagnosed with *Amavata*. The *Chikitsa* adopted was focused on the correction of *Mandagni*, followed by *Ruksha Swedana* and *Kshara Basti* to tackle *Vatadushti* and *Dhatwagnimandya*.

### Patient Information

A 51-year-old female patient came to the Kayachikitsa OPD of SDMIAH, Bengaluru with complaints of *Aruchi*, *Urodaha*, *Udarashoola*, *Hrillasa*, and *Agnimandya*, since 8 months. Gradually after 3 months patient developed pain in the right elbow joint followed by pain in the left elbow joint. Later on, pain also developed in bilateral metacarpophalangeal joints and metatarsophalangeal joints. This was associated with stiffness in the small joints during the early morning, swelling, and tiredness. The condition was progressive in nature with frequent episodes of exacerbations on exposure to cold weather and travelling. swelling, and tiredness. Patient menstrual history was normal and regular with no significant complications during pregnancies or childbirth. Her dietary history revealed that she follows a vegetarian diet. Appetite was reduced with on and off hard stool. Sleep habits appeared regular.

### Clinical Findings

**General Examination:** Vital signs were under normal limits. All other general examination findings appeared normal except for signs of edema at a few involved joints.

**Systemic Examination:** All other systemic examinations appeared normal except in the locomotory system. Findings of the same are mentioned in Table 1 and the involved joint assessment is depicted in Table 2.

**Table 1: Locomotory system examination (GALS screening)**

Gait	Normal swing and stance phase noted
Deformities	No joint deformities noted
Range of movement	No restricted range of movement noted
Tenderness	Noted in 12 joints out of 28
Swelling	Noted in 10 joints out of 28

**Table 2: Simple Disease Activity Index (SDAI)<sup>[10]</sup>**

Joint	Left		Right	
	Tender	Swollen	Tender	Swollen
Shoulder	-	-	-	-
Elbow	+	-	+	-
Wrist	+	-	+	-
MCP1	+	+	+	+
MCP2	+	+	+	+

MCP3	+	+	-	-
MCP4	-	-	-	-
MCP5	-	-	-	-
PIP1	+	+	-	+
PIP2	-	+	-	-
PIP3	-	-	+	+
PIP4	-	-	+	+
PIP5	-	-	-	-
Total	Tender – 12/28		Swollen – 10/28	

Laboratory findings of blood serum (as on 9/3/24) – RA factor-23.71IU/ml, E.S.R -100mm/hg.

**Therapeutic intervention: On an OPD basis**

**Table 3: Phase 1**

Medicines	Dose	Remarks
<i>Shanka vati</i>	1-1-1 AF	Medication given for 15 days C/O <i>Aruchi, Urodaha, Agnimandya, Udarashoola</i> , nausea reduced, <i>Kshuth</i> improved
<i>Kamaduga rasa</i>	1-1-1 AF	
<i>Amlapitta mishrana</i>	15ml-0-15ml BF	

**Table 4: Phase 2**

Medicines	Dose	Remarks
<i>Simhanada guggulu</i>	1-1-1 AF	Medication given for 45 days C/O <i>Sandhi shoola</i> and <i>Stabdhatta</i> reduced.
<i>Cap Dolosal</i>	1-0-1 AF	
<i>Amrutottara kashaya</i>	15ml-0-15ml AF	

**Table 5: On Admission**

Date	Treatment	Remarks
6/7/2024	<i>Sadyovirechana</i> with <i>Gandharvahastadi taila</i> 50ml + <i>Triphala kashya</i> + <i>Shunti jala</i>	Number of <i>Vegas</i> -10 Last <i>Vega</i> at 4:00 pm Attained <i>Kshuth pravritthi</i> at 5:30 pm
7/6/2024 to 12/6/2024	<i>Sar Dhanyamla dhara</i> <i>Sar JPS</i> Physiotherapy <i>Yoga basti</i>	

**Table 6: Basti**

7/6/2024	8/6/2024	9/6/2024	10/6/2024	11/6/2024
	<i>Niruha basti</i>	<i>Niruha basti</i>	<i>Niruha basti</i>	
<i>Anuvasana basti</i>	<i>Anuvasana basti</i>	<i>Anuvasana basti</i>	<i>Anuvasana basti</i>	<i>Anuvasana basti</i>

**Table 7**

<i>Anuvasana basti</i> with <i>Brihat saindhavadi taila</i> - 100ml <i>Niruha basti</i>	
<i>Madhu</i>	50 ml
<i>Saindhava</i>	5gm
<i>Brihat saindhava taila</i>	80 ml
<i>Guda + Chinch</i>	50 ml
<i>Gomutra</i>	50 ml
<i>Erandamooladi kashaya</i>	250 ml

**Table 8: Orally Taken Medicine**

Medicine	Dose	Anupana
<i>Simhanada guggulu</i>	1-0-1 AF	<i>Koshna jala</i>
<i>Amrutottara kashaya</i>	15ml-0-15 ml AF	With 15ml <i>Koshna jala</i>

**Patient Assessment**

Simple Disease Activity Index (S.D.A.I) score and Serum R.A factor were calculated as primary outcome measures before the treatment; the second assessment was done on the day of follow up.

**Follow-up and outcomes**

After the successful intervention of the treatment as mentioned earlier for 4 months, a substantial reduction in the levels of inflammatory markers and symptomatic improvement noticed.

**Assessment of Biochemical Investigation**

S.No	Investigation	Before treatment 9/3/24	After treatment 6/6/2024
1.	RA factor	23.7IU/ml	14.5
2.	ESR	100 mm/hr	50mm/hr

**DISCUSSION**

Based on the presentation, initially patient was treated for *Agnimandya* with *Shamana aushadha* on an OPD basis, followed by *Vatahara chikitsa*. *Sadyovirechana* facilitated *Koshta shodhana* and *Vata anulomana*, thereby enhancing the efficacy and absorption of the subsequent modified *Kshara basti*. *Ruksha swedana* helps to correct the imbalance of *Kapha dosha*, as well as *Ama dosha*. It is also *Shotha, Shulahara* i.e., helps in pacification of swelling, pain, and stiffness<sup>[11]</sup>. *Dhanyamla dhara* due to its *Ushna guna* and *Ushna veerya* helps to mitigate vitiated *Vata* and *Kapha dosha*. Due to the *Amla rasa* of *Dhanyamla*, it acts as *Deepana* and *Amapachaka*, also it helps to attain *Deha sthairyam* (makes the body strong), *Agni sthairyam* (normalcy of digestive fire and corrects metabolism), *Pushtidam* (promotes nourishment), *Sroto-vishodhanam* and improves blood circulation<sup>[12]</sup>.

*Brihat saindhavadi taila* with its properties of *Sukshma, Ushna, Arukshya, and Vyavayi* helps in *Amapachana* and *Srotoshodhana*<sup>[12]</sup>. *Erandamoola* is considered a *Shreshta vatahara dravya*. *Erandamooladi Niruha Basti* acts as *Maruta Nigraha*. *Ricinus communis*, a key ingredient in *Erandamooladi Niruha basti*, exhibits potent anti-inflammatory, anti-oxidant, analgesic, and bone regeneration properties, contributing to its therapeutic efficacy<sup>[13]</sup>. Most of the drugs possess *Ushna veerya, Teekshna*, and *Sukshma Guna* and are *Vatakaphahara*, mainly in pacifying the *Kapha Dosha* and reducing symptoms like *Sthambha* and *Gouravata*. Most of the drugs possessed *Agni Deepaka* property which helped to improve the *Agni* of the patient, thereby increase in appetite was observed.

*Shamana* drugs like *Simhanada guggulu* act as *Rasayana* due to the presence of *Guduchi* and helps in *Ama Pachana* due to the predominance of *Tikta rasa*. *Cap Dolosal* contains *Shallaki* and *Eranda*; These

ingredients have potent *Vata- kaphahara, Shothahara*, and *Vedanasthapana* properties. Due to its *Tikta rasa, Katu vipaka* and *Ushna veerya* pacifies vitiated *Kapha* and *Vata dosha* resulting in a reduction of *Shotha, Shula*, and other related symptoms. Also, it possesses analgesic and antiarthritic properties. *Amrutottara kashaya* possesses *Deepana- pachana* and *Anulomana* and acts as immunomodulatory, anti-inflammatory, and antioxidant.

Hence the *Amavata* is an *Amapradoshaja vikara*, the treatment protocol adopted in this case such as *Deepana-pachana, Vatakaphahara, Lekhana, Shothahara*, and *Shoolahara* action. Thus, helped in relieving the symptoms and improved quality of life by following *Pathya ahara* and *Vihara*.

**CONCLUSION**

The treatment modalities are based on the principles of *Ama harana* and *Ruksha vatahara* was adopted which showed significant remission in the Simple disease activity index and substantial reduction in the Serum R.A. Factor levels of the subject.

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