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## “A CASE REPORT OF *AAMAVATA* IN AYURVEDA W.S.R. TO RHEUMATOID ARTHRITIS”

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### **Abstract:**

*Ayurveda has described various principles and treatment modalities which helps for the prevention and treatment of the diseases<sup>1</sup>. Amavata is the one of the important disorder described in Ayurveda. In this there is vitiation of Aama Dosha and Vatadosha which leads to pathogenesis in the body. It was correlated with the Rheumatoid arthritis in modern science. It is most commonly found persistently inflammatory Arthritis, which has bilateral symmetrical joints are to be affected. Mortality of the Rheumatoid arthritis increased due to increased risk of cardiovascular disease. In Ayurveda, Rheumatoid arthritis can be correlated with the Amavata. In Ayurveda mentioned that for balanced digestion of food there is requirement of the normal digestive heat (Agni) and many of the diseases occurs due to abnormal digestive system functions. Doshas, Dushyas when vitiated due to their own causes, it get combined with the Aama termed as Sama state of that Dosha Dushya. Aama Dosha is responsible for the development of the various diseases in the body.*

**Keywords:** Amavata, Ayurveda, Rheumatoid arthritis.

### **Introduction:**

*Aamavata* is one of the generally found disorder mentioned in *Ayurveda*. Which is correlated with the Rheumatoid arthritis in modern science. It is defined as a chronic inflammatory arthritis disorder. Rheumatoid Arthritis is a systemic and auto-immune disorder. In Rheumatoid arthritis there is symmetrical deformity in small and large joints<sup>2</sup>.

*Aamavata* was first described by *Madhavakara*, in his text *Madhava Nidana*. According to *Ayurveda* for the digestion of food there is requirement of the normal digestive heat (*Agni*) and many of the diseases occurs due to the abnormal digestive system functions.

Lack of *Agni* i.e. *Agnimandya* due to various reasons gives inappropriate food digestion produces *Apachita Aahara Rasa* termed as *Aama*<sup>3</sup>, which acts as causative factor for many of the

diseases including *Aamavata*. It is developed when *Aama* and *Vatadosha* both are vitiated in the body and goes into *Koshtha*, *Trikapradesha*, *Sandhipradesha*, develops *Shotha* (Inflammation), *Shoola* (Pain), *Stabdhata* (Stiffness), then it is known as '*Aamavata*'.

Rheumatoid Arthritis explained in modern medicine has a close resemblance with the clinical entity of *Aamavata*. Rheumatoid Arthritis is most common persistent arthritis, occurring throughout the world and all ethnic groups the prevalence is lowest in black Africans Chinese & highest in Indians, In Caucasian is 1.0-1.5% with Female to Male ratio is 3:1.<sup>4</sup>

In this case study of *Aamavata* disease, the treatment was done through the help of *Shodhana* and *Shamana Chikitsa* described in *Ayurveda*.

### **Aim & Objectives of the study –**

**Aim** – Management of *Aamavata* [Rheumatoid Arthritis] in *Ayurveda*.

### **Objectives –**

To study the role of *Shodhana* and *Shamana Chikitsa* in the management of *Aamavata* w.s.r. to R.A.

### **Materials & Methods –**

#### **Case study –**

The case study was conducted on male patient having age of 40 years which comes to OPD of *Kayachikitsa* department in our hospital with presenting complaints of *Ubhaya Janu Sandhi Shotha* (Inflammation), *Shoola* (Pain), *Stabdhata* (Stiffness), *Sakashta Chamkramana* since from 2-3 months.

#### **History of present illness –**

Patient was asymptomatic before 2-3 months, then he develops *Ubhaya Janu Sandhi Shotha* (Inflammation), *Shoola* (Pain), *Stabdhata* (Stiffness), *Sakashta Chamkramana*. This all complaints, makes patients daily activities and life difficult. So, patient comes to OPD of *Kayachikitsa* for further management.

**Past history** – H/O – Intake of *Vataprakopaka*, *Sheeta*, *Ushna Aahara*, *Snigdha Aahara Sevana*, Constipation [on & off]

**Family history** – No H/O any illness

**Personal history** – Non vegetarian diet, fast food, *Divaswapa*, Work in seating position, Tea addiction.

#### **General examination –**

- ❖ PR = 74/min
- ❖ BP = 120/90 mm of Hg
- ❖ Temperature = 98.6<sup>0</sup> F
- ❖ Weight = 65 kg.

**Systemic examination –**

- ❖ RS = Clear, AE=BE,
- ❖ CNS = Conscious, oriented,
- ❖ CVS = No murmur, S<sub>1</sub>, S<sub>2</sub> Normal,
- ❖ P/A = Soft, No tenderness

**Ashtavidha Parikshana / Examination –**

- ❖ Nadi = 74/min
- ❖ Mala = Asamyaka
- ❖ Mutra = Samyaka
- ❖ Jivha = Sama
- ❖ Sparsha = Anushna
- ❖ Shabda = Spashta
- ❖ Druka = Prakruta
- ❖ Akaruti = Madhyam

**Surgery / Treatment history –** No any history.

**Local examination –**

- Ubhaya Janu Sandhi Shoola +++
- Ubhaya Janu Sandhi Shotha ++++
- Sandhi Stabdhatata ++
- Ubhaya Janu Sandhi Ushna Sparsha, Shotha, Araktata

**Management –**

In this case study, management of Aamavata is done by Aamapachana, Valuka Pottali Swedana, Eranda Taila with Dugdha, Pathyadi Churna, Rasnapanchaka Kashaya & Simhanada Guggulu.

	<b>Dravya</b>	<b>Duration</b>	<b>Period of Study</b>
<b>Ruksha Swedana<sup>5</sup></b>	<i>Valuka Pottali</i>	15 minutes	For 30 days

<b>Kalpa</b>	<b>Matra</b>	<b>Kala</b>	<b>Anupana</b>	<b>Duration</b>
<i>Aamapachaka Vati<sup>6</sup></i>	250 mgBD	<i>Purvabhakta</i>	<i>Koshnajala</i>	30 days
<i>Eranda Taila with Dugdha<sup>7</sup></i>	10 ml HS	<i>Nishakale</i>	<i>Dugdha</i>	30 days
<i>Pathyadi Churna<sup>8</sup></i>	250 mg BD	<i>Adhobhakta</i>	<i>Koshnajala</i>	30 days
<i>Rasnapanchaka Kashaya<sup>9</sup></i>	40 ml BD	<i>Adhobhakta</i>	<i>Jala</i>	30 days
<i>Simhanada Guggulu<sup>10</sup></i>	250 mg BD	<i>Adhobhakta</i>	<i>Koshnajala</i>	30 days

**Observations & Results:**

The effect of *Aamapachana, Valuka Pottali Swedana, Eranda Taila* with *Dugdha, Pathyadi Churna, Rasnapanchaka Kashaya & Simhanada Guggulu* in the management of *Aamavata* in 30 days of case study is as follows;

	Symptoms	Before treatment	After treatment
<b>VAS Scale</b>	<i>Ubhaya Janu Sandhi Shoola, Shotha</i>	10	2
<b>Symptom</b>			
	<i>Sandhi Stabdhata</i>	++++	+
	<i>Araktata</i>	++	+
	<i>Ubhaya Janu Sandhi Ushna Sparsha</i>	+++	+

**Gradation of symptoms -**

+ = Mild, ++ = Moderate, +++ = Severe

1 - 3 = Mild, 4 - 6 = Moderate, 7 - 10 = Severe

*Aamavata* is treated through *Aamapachana, Valuka Pottali Swedana, Eranda Taila* with *Dugdha, Pathyadi Churna, Rasnapanchaka Kashaya & Simhanada Guggulu* in the management of *Aamavata* in 30 days of case study. It is found effective in this case report.

**Discussion:**

*Aamapachaka Vati* possess *Tikta* and *Katu Rasa* are *Laghu, Ushna* and *Tikshna* in property which are useful for *Aamapachana & Agnibala vrudhhi*. *Valuka Pottali Swedana* is a type of *Ruksha Sweda*. In *Aamavata*, *Rukshata* was increased therefore; *Snigdha Swedana* should also be given. *Valuka Pottali Swedana* helps in *Sthanika Aama Pachana, Jwaraghna* and *Srotoshodhaka*. *Eranda Taila* with *Dugdha* helps in *Deepana* and *Pachana* *Doshas* are converted to *Nirama* state and brought to *Koshta* from *Shakha Pradesha*, which reduces *Shoola, Shotha, Stabdhata*.

**Conclusion:**

In *Aamavata* case report, presenting signs & symptoms like *Ubhaya Janu Sandhi Shotha* (Inflammation), *Shoola* (Pain), *Stabdhata* (Stiffness), *Sakashta Chamkramana* are markedly reduced in this 30 days of case study & duration. In conclusion, *Aamapachana, Valuka Pottali Swedana, Eranda Taila* with *Dugdha, Pathyadi Churna, Rasnapanchaka Kashaya & Simhanada Guggulu* is significantly effective in the management of *Aamavata* [Rheumatoid Arthritis] with proper follow up of *Pathya* and *Apathya*.

## References:

1. Chakrapani, Charaka Samhita by Agnivesa, edited by Vaidya Jadavaji Trikamji Acharya, Chaukhambha Publications, New Delhi, Reprint 2017, Sutrasthana, 30/26, 187.
2. Munjal Yash pal, Surendra k Sharma, API Textbook of Medicine, 10<sup>th</sup> Edition, Mumbai, The association of physician of India, 2015, 2492.
3. Kaviraj Atridev Gupta, Ashtang Hridayam, Varanasi, Choukhamba Prakashan, Reprint, 2011, Sutrasthana, 13/25, 132.
4. Walker B.R, Davidson's principles and practice of medicine, 22<sup>nd</sup> Edinburg London, Churchill Livingstone, 2014, 1096.
5. Agnivesha, Charaka, Charaka Samhita (Uttarardha), Acharya vidyadhar Shukla, Pro. Ravidutta Tripathi, Reprint, chaukhambha Sanskrit pratistan, Delhi 2013; Chikitsasthana, 3/44, 75.
6. Vd. Gangadhar shastri Gune, Textbook of Ayurvediya Aushadhi Gunadharma Shastra, Part 2, Chaukhambha Sanskrit Pratishthana, Delhi, Reprint 2014.
7. Agnivesha, Charaka, Charaka Samhita (Poorvardha), Edited by Acharya vidyadhar Shukla, Pro. Ravidutta Tripathi, Reprint, Chaukhambha Sanskrit pratistan, Delhi, 2007; Sutrasthana, 22/11, 309.
8. Prof. Misra Siddhinandan, Bhaishajyaratnavali, Varanasi, Choukhamba Surbharati Prakashan, Reprint 2016, 29/60-61, 600.
9. Prof. Misra Siddhinandan, Bhaishajyaratnavali, Varanasi, Choukhamba Surbharati Prakashan, Reprint 2016, 29.
10. Prof. Misra Siddhinandan, Bhaishajyaratnavali, Varanasi, Choukhamba Surbharati Prakashan, Reprint 2016, 29.

