



CASE REPORT

A PROTOCOL BASED APPROACH IN THE MANAGEMENT OF AMAVATA – A CASE REPORT

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ABSTRACT

Amavata is one among the most prevalent disease in the present era claiming the maximum loss of human power. Here is a case report of a patient suffering from *amavata*, where a systematic treatment protocol, purely based on the principles of ayurveda was adopted. A 62 year old female patient, presented at the O.P.D. of Amrita Ayurveda Hospital, on September 9, 2015. She complained of pain and swelling in all joints of her body. The pain was associated with morning stiffness which lasts more than half an hour. It used to increase on taking rest and also during cold climate. She had a poor appetite and tends to pass motion every time she takes food. She often used to feel feverish inside. She also complained of anxiety and sleep disturbances. The treatment principle of *amavata* includes *langhana*, *svedana*, *agni deepana*, *virechana*, *snehapana*, *anuvasana basti* and *kshara basti*. She was admitted in the hospital for 20 days and was treated based on the same principles. She was given *langhana chikitsa* in the beginning which included *valuka sveda*, *choorna pinda sveda* and *khsara basti* followed by *virechana* with *Gandharvahastha eranda thaila*. Along with these treatments, internal medications and specific diet plans like *pachana kashaya* and *sthoulyahara yavagu* were also given to the patient. There was remarkable improvement in the patient after the treatment.

KEYWORDS: *Amavata*, *langhana chikitsa*, *kshara basti*

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INTRODUCTION

Ayurveda looks at the healing process from a holistic viewpoint. Ayurvedic treatment involves use of medicines both internally and externally, along with specific diet and activities, which will restore the imbalances in the body.

Amavata is one among the most crippling diseases prevailing in the present era. It is not only a disorder of the locomotory system, but is also a systemic disease. The disease is named after its chief pathogenic constituents, which are, *Ama* and *Vata*. According to ayurveda, the disease is initiated by the use of *virudha ahara* and *chesta* in the pre existence of *mandagni*, which results in *ama*. The vitiated *vata dosha* along with *ama dosha* takes shelter in the *sleshma sthana* and further circulates to all parts of the body through the *dhamanies*, which finally reaches the channels of the body and cause obstruction; thus producing symptoms such as *angamarda* (body pain), *stabda gatrata* (stiffness), *shoonathangata* (swelling), *aruchi* (anorexia), *gourava* (heaviness of body), *agnidourbalya* (poor digestive fire), etc.^[1] The treatment principle includes *langana*, *svedana*, *agni deepana* using *thikta katu dravyas*, *virechana*, *snehapana*, *anuvasana basti* and *kshara basti*.^[2]

CASE REPORT

A 62 year old female patient, Muslim by religion, housewife, living presently in Kerala

presented at the O.P.D. of Amrita Ayurveda Hospital, on September 9, 2015. She complained of pain and swelling in multiple joints of her body since 2 months. The patient was apparently normal 10 yrs back. Then she started noticing pain and swelling in both knee joints. Gradually the pain increased and by the course of time other joints were also getting involved. Since then she had been taking various allopathic treatments for the same, but didn't get any considerable relief. Two months back, she had to travel long, after which her condition worsened. There was severe pain and stiffness in all joints of her body due to which she found it difficult to do her daily chores. The pain was associated with morning stiffness which lasts more than half an hour. It used to increase on taking rest and also during cold climate. She had a poor appetite and tends to pass motion every time she takes food. She often used to feel feverish inside. She also complained of anxiety and sleep disturbances.

TREATMENT COURSE

The patient was admitted in the hospital for a period of 20 days. The following treatments were employed in two phases:-

First phase of treatment (14 days):

1. *Valuka sweda*^[3] x 3 days
2. *Rooksha churna pinda sweda*^[4] with *kottamchukkadi churna* x next 4 days

3. *Churna pinda sweda* with *kottamchukkadi churna* and *nalpamaradi thaila*^[5] x next 7 days

4. *Kshara basti*^[6] x 7 days

Second phase of treatment (6 days):

1. *Panchavalkala kashaya dhara*^[7] x 3 days

2. *Shirodhara* with *Dhanwantharam thaila*^[8] and *ksheerabala thaila*^[9] x 5 days

3. *Sarvanga abhyanga* with *kottamchukkadi thaila*^[10] and *nadi sweda* x next 3 days

4. *Koshta shuddi* with *Gandharvahastha eranda thaila*^[11] 60ml on 3rd day

Internally patient was advised with:

1. *Varunadi kashayam*^[12] + *Amruthotharam kashayam*^[13] – 3 tsp + 12 tsp warm water bd before food

2. *Drakshadi kashayam*^[14] + *Punarnavasavam*^[15] - 10ml + 20ml bd after food

3. *Hinguvachadi churna*^[16] 1-1-1 tsp after food

4. *Chandraprabha vati*^[17] -2-2-2 after food

5. *Dhanwantharam gulika*^[18] -1-1 tab after food

6. *Triphala guggulu*^[19] - 1-1-1 tab after food

7. *Dashamoolaharitaki lehyam*^[20] - 1 tsp at bedtime with hot water

Specific diet plans for the patient included:

1. *Kashaya* (decotion) prepared with *pachana dravyas* like *chitraka*, *musta*, *shunti*, etc was given as a regular drink

2. *Basti kanji* (rice gruel) after each *basti*

3. *Sthoulyahara yavagu* prepared with *yavam*, *vidanga*, *triphala*, etc was given at bedtime

Local application/ *Lepam*:

1. *Kottamchukkadi lepam*^[21] – was applied on both knee joint everyday for 1hr

2. *Jadamayadi lepam*^[22] – it was simultaneously applied on both ankle joint for the same time period

INDICATIONS AND BENEFITS OF INTERNAL MEDICATIONS

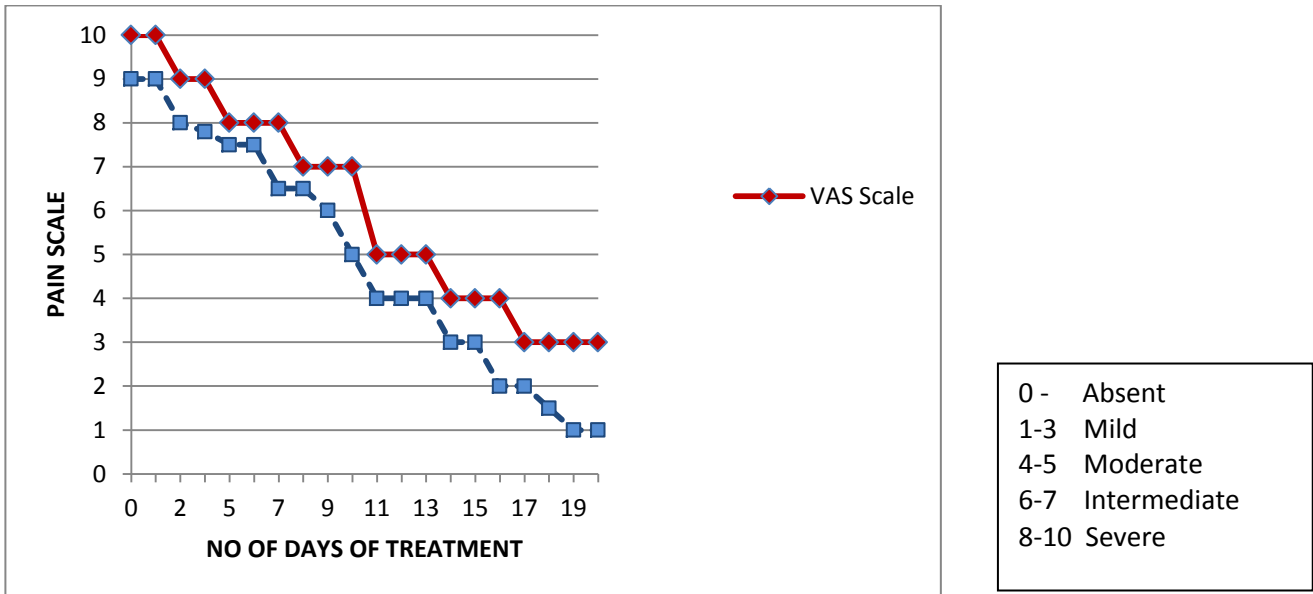
Sl	Medicine	Indications and benefits
1	<i>Varunadi kashayam</i>	<i>Vidradi, shopha, kapha medohara</i>
2	<i>Amruthotharam kashayam</i>	<i>Purana jwara, vataraktha, kamala, amapachana</i>
3	<i>Drakshadi kashayam</i>	<i>Chardi, daha, moorcha, jwara, raktapitta</i>
4	<i>Punarnavasavam</i>	<i>Gulma, udara, pandu, shotha</i>
5	<i>Hinguvachadi churna</i>	<i>Admana, shoola, gulma, pandu</i>
6	<i>Chandraprabha vati</i>	<i>Vibandha, anaha, shoola, pandu, kamala, prameha, mutrakrichra</i>
7	<i>Dhanwantharam gulika</i>	<i>Kasa, swasa, hridroga, vatanulomaka</i>
8	<i>Triphala guggulu</i>	<i>Shotha, bhagandhara, arsha, medohara</i>
9	<i>Dashamoolaharitaki lehyam</i>	<i>Arochaka, udararoga, gulma, shopha, swasa, amavata, pleeharoga</i>

Evaluation of the patient before and after treatment

SL NO	PHYSICAL CONDITION OF THE PATIENT	BEFORE TREATMENT	AFTER TREATMENT
1	Walking	With support only	Without support
2	Joint movements	Restricted with severe pain	Improved with mild pain
3	Morning stiffness	Lasts more than 30 min	Lasts about 20 min
4	Sleep	Disturbed	Sound
5	Appetite	Reduced	Good
6	Motion	4-5 times a day	2-3 times a day
7	Weight	97kg	93kg

Evaluation of the patient II –

Figure 1: Evaluation of pain and stiffness in the patient



DISCUSSION

During the 20 days of treatment the patient had reported 70% improvement in her symptoms. The pain and swelling had considerably reduced. The patient was able to walk independently after the treatment. Her appetite improved to a great extent and her sleep disturbances almost vanished. The management adopted was based on the treatment principles of *amavata* which includes *langhana*, *svedana*, *agni deepana* using *thikta katu dravyas*, *virechana*, *snehapana*, *anuvasana basti* and *kshara basti*.

The treatment regime was planned in two phases. In the initial phase of management, the patient was made to undergo various fomentation therapies like *valuka sveda* and *churna pinda sveda* which are directly indicated for *amavata*.^[23] These come under *rooksha sveda* and helps in softening the channels of the body by removing the obstruction caused by *vata kapha*.^[24] Along

with that, *kshara basti* was also given for 5 days. It is one of the prime modality of the treatment for *amavata* which is a type of *shodhana basti*.^[25] The principle behind was to do *amapachana* and bring *rookshana* in the body as a part of *langhana chikitsa*. The treatments were continued for 14 days till *samyak langhana lakshanas* were seen in the patient like lightness in the body, proper expulsion of *vata*, *mutra* and *pureesha*, increase in appetite, loss of stupor, clear belching, reduction in the severity of symptoms, etc.^[26]

In the second phase of management, *sarvanga abhyanga* followed by *virechana* with *Gandharvahastha eranda thaila* was given for *kostha shuddhi*. *Eranda Taila* which is *katu*, *ushna* and *vata ghna*^[27], is described to be the best for the treatment of *amavata*.^[28] Due to its *sukshma guna*, it can reach the *sandhi* and break *doshasanghata*, thus helping in *samprapti vighatana*.

During the course of treatment the patient developed itching and mild rashes all over the body, as the *doshas* were not expelled fully and also owing to her *pittakapha prakruti*. For this *Panchavalkala kashaya dhara* was advised.^[29] *Shirodhara* was also included as the patient had complaints of anxiety and sleep disturbances.^[30]

The internal medications given were primarily aimed at *amapachana* and *agni deepana* along with relieving symptoms of pain, swelling, stiffness, etc. The patient was given *Drakshadi kashaya* and *Amruthotharam kashaya* due to the feeling of internal *jwara* which she was having regularly due to the *ama* inside. The specific diet plans like *pachana kashaya* and *sthoulyahara yavagu* also helped in *amapachana* as well as *agnideepana*. *Vatanulomaka* medicines like *Dhanwantharam gulika*; *kaphamedohara yogas* like *varunadi kwatha* and *triphala guggulu* were also included seeing the physical condition of the patient. There was considerable relief in the symptoms after these medications and treatment procedures.

The specific diet plans like *pachana kashaya* and *sthoulyahara yavagu* also helped in *amapachana* as well as *agnideepana*. *Vatanulomaka* medicines like *Dhanwantharam gulika*; *kaphamedohara yogas* like *varunadi kwatha* and *triphala guggulu* were also included seeing the physical condition of the patient. There was considerable relief in the

symptoms after these medications and treatment procedures.

CONCLUSION

The result obtained in the patient after the treatment was encouraging. The treatments employed were purely based on the principles of ayurveda and was found to be very effective. The condition of the patient improved remarkably. Apart from the symptomatic approach towards any disease, ayurveda focuses on the pathogenesis of the disease, which will help the physicians to adopt apt measures to do *samprapti vighatana* and thereby eliminate the disease right from its root. Hence, following the treatment protocols in a systematic way, as discussed in this case of *amavata*, will surely yield positive results.

REFERENCES

1. Sudarshana sastri. Chapter 25. verse no. 6-10. In: Yadunandana upadhaya (ed.) Madhukosa commentary on Madhava nidanam. Varanasi: Chowkambha Publication; 2009. p. 508-511
2. Ajaykumar Sharma. Kaya chikitsa, 2nd vol. Varanasi: Chowkambha Publication; 2010. p. 536
3. Pavana J, Keraliya Chikitsa paddhati: Padmasri.DR.K.Rajagopalan Ayurveda Series-3; p. 80
4. Pavana J, Keraliya Chikitsa paddhati: Padmasri.DR.K.Rajagopalan Ayurveda Series-3; p.78
5. Gopla pillai, S. Thaila prakarana . In: Krishnan vaidyan, K.V (ed.) Sahasrayogam. 29th edition. Alappuzha: Vidyarambham Publishers; 2010. p. 289.

6. Indradeva Tripathi, Chakradatta; 2011 reprint edition; Chaukambha Sanskrit Bhavan; p. 455
7. Pavana J, Keraliya Chikitsa paddhati: Padmasri.DR.K.Rajagopalan Ayurveda Series-3; p. 34
8. Gopla pillai, S.Thaila prakarana . In: Krishnan vaidyan, K.V (ed.) Sahasrayogam. 29th edition. Alappuzha: Vidyarambham Publishers; 2010. p.286
9. Gopla pillai, S.Thaila prakarana . In: Krishnan vaidyan, K.V (ed.) Sahasrayogam. 29th edition. Alappuzha: Vidyarambham Publishers; 2010. p.315
10. Gopla pillai, S.Thaila prakarana . In: Krishnan vaidyan, K.V (ed.) Sahasrayogam. 29th edition. Alappuzha: Vidyarambham Publishers; 2010. p.280
11. Kaviraj Atrideva Gupta. Asthanga Sangraha of Vagbhatta, Chikitsa sthana, chapter 15, verse no 21; Varanasi; Chowkhambha Sanskrit Series; p.89
12. Hari Sadashiva Shastri Paradakara. Asthanga Hrydaya of Vagbhatta, Sutrasthana, chapter 15, verse no.21-22, Varanasi: Chowkhambha Surbharati Prakashan; 2010. p.236
13. Gopla pillai, S. Kashaya prakarana . In: Krishnan vaidyan, K.V (ed.) Sahasrayogam. 29th edition. Alappuzha: Vidyarambham Publishers; 2010. p.40
14. Hari Sadashiva Shastri Paradakara. Asthanga Hrydaya of Vagbhatta, Chikitsa sthana, chapter 1, verse no.55-56, Varanasi: Chowkhambha Surbharati Prakashan; 2010. p.554
15. G Prabhakar Rao. Bhaishajya Ratnavali, Vol 11; chapter 42, verse no.193-197; Choukambha Orientalia; 2014. p.185
16. Hari Sadashiva Shastri Paradakara. Asthanga Hrydaya of Vagbhatta, Chikitsa sthana, chapter 14, verse no.31-32, Varanasi: Chowkhambha Surbharati Prakashan; 2010. p.686
17. Brahmanand Tripathi. Sharangadhara Samhita, Madyamakhanda, chapter 7, verse no.40-49, Chaukambha Surbharti, Prakashan; 2010. p.201
18. Gopla pillai, S. Gutika prakarana . In: Krishnan vaidyan, K.V (ed.) Sahasrayogam. 29th edition. Alappuzha: Vidyarambham Publishers; 2010. p.135
19. Brahmanand Tripathi. Sharangadhara Samhita, Madyamakhanda, chapter 17, verse no.82, Chaukambha Surbharti, Prakashan; 2010. p.206
20. Hari Sadashiva Shastri Paradakara. Asthanga Hrydaya of Vagbhatta, Chikitsa sthana, chapter 17, verse no.14-15, Varanasi: Chowkhambha Surbharati Prakashan; 2010. p.706
21. Gopla pillai, S. Thaila prakarana . Kottamchukkadi thaila kalka. In: Krishnan vaidyan, K.V (ed.) Sahasrayogam. 29th edition. Alappuzha: Vidyarambham Publishers; 2010. p. 280
22. Gopla pillai, S. Thaila prakarana . Balaguluchyadi thaila kalka. In: Krishnan vaidyan, K.V (ed.) Sahasrayogam. 29th edition. Alappuzha: Vidyarambham Publishers; 2010. p. 295
23. Brahma Sankara Misra. Bhavaprakasha, Part 11, chapter 26, verse no.15; Chaukambha Sanskrit Bhavan, 2010. p.283
24. Pavana J, Keraliya Chikitsa paddhati: Padmasri.DR.K.Rajagopalan Ayurveda Series-3; p. 80
25. Chakrapanidatta, Chakradatta with Vidyotini Hindi commentary, Vol 1, 25th reprint edition; Varanasi, Chaukambha Sanskrit Samsthana; 2005. p.166
26. Harish Chandra Singh Kushwaha, Charaka Samhita, Part 1, Sutrasthana, chapter 24, verse no.34-35; Choukambha Orientalia; p.324
27. Brahmanand Tripathi. Charaka samhita, Charaka Chandrika Hindi commentary; sutrasthana, chapter 13, verse no.12; Varanasi: Chaukhambha Surabharati Prakashan; 2006. p.164.

28. Govindadas. BhaishajyaRatnavali, Hindi commentary by Shri Ambikadatta Shastri, chapter 29, verse no.20; Varanasi: Chaukhambha Prakashana; 2014. p.615.
29. Pavana J, Keraliya Chikitsa paddhati: Padmasri.DR.K.Rajagopalan Ayurveda Series-3; p.37
30. Pavana J, Keraliya Chikitsa paddhati: Padmasri.DR.K.Rajagopalan Ayurveda Series-3; p.18

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