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ISSN (Online): 2455-7838

SJIF Impact Factor (2016): 4.144

EPRA International Journal of

Research & Development (IJRD)

Monthly Peer Reviewed & Indexed
International Online Journal

Volume:2, Issue:3, March 2017



Published By :
EPRA Journals

CC License





SJIF Impact Factor: 4.144

ISSN: 2455-7838(Online)

EPRA International Journal of Research and Development (IJRD)

Volume: 2 | Issue: 3 | March | 2017

A CASE REPORT ON THE AMAVATA

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ABSTRACTS

Amavata is one of the diseases of Vata which has badly captured the large number of population of world. Its clinical presentation is more or less similar to the Rheumatoid arthritis (RA) and Ankylosing spondylitis (AS). Non-steroidal anti-inflammatory drugs (NSAIDs) plays the major role in the treatment of this condition; however, they have serious adverse effects and have limitations for a long term therapy. Hence, there is a need for drugs having good efficacy with low toxicity in this debilitating disorder. Ayurveda has always given the best solutions for chronic disorder. The whole treatment includes Deepan, Pachan and Vatanuloman described in the chikitsa sutra of Amavata. Drugs like Amavatari rasa, Godanti bhasma, Praval pishti, Agnitundi vati, Simhnad guggulu, Rasna saptak kwatha, Shunthi kwatha with Eranda tail, Panchakola phanta etc. are used for Deepan and Pachan. The case described in this article was treated with the same guideline of Amavata Chikitsa in Ayurveda and a satisfactory result was obtained. Though a single case is not enough to prove the efficacy, author has tried to share his experience through this article to state that Ayurvedic treatment for Amavata (AS/RA) is very effective and enhances the quality of life of patient without creating any side effects.

KEYWORDS:-, Amavatari rasa, Godanti bhasma, Pravla pishti, Agnitundi vati, Simhnad guggulu etc.

INTRODUCTION

Amavata is a chronic systemic disorder with painful involvement of multiple joints. In Ayurveda, Madhava kar¹³ (700AD) mentioned first the *Amavata* as a special disease entity and where *Ama* (bio toxin) as well as *Vata* (biophysical force) plays a predominant role in the *samprapti* (pathogenesis) of the disease *Amavata*. According to the clinical features, the disease *Amavata* is very closely resembled with the Rheumatoid arthritis and Ankylosing spondylitis. Rheumatoid arthritis is a chronic, progressive autoimmune arthropathy & characterized by bilateral symmetrical involvement of joints with some systemic clinical manifestations. Ankylosing spondylitis is an inflammatory disorder of unknown cause that primary affects the axial skeleton; peripheral joints and extra articular structures are also frequently involved. Ayurveda have many classical books for the treatment of *Amavata*. *Amavata* is a most remarkable problem in the society in modern era. The suitable effective treatment of this disease is not available in the modern medicine till now. The national economy is badly affected due to this disease problem as the young aged people are mostly affected by this disease and the patients are gradually crippled both physically and mentally regarding to the worse prognosis of this disease. So it draws the major attention of the physicians of all over the world. *Ayurvedic* drugs like *Amavatari rasa*, *Godanti bhasma*, *Pravla pishti*, *Agnitundi vati*, *Simhnad guggulu*, *Rasna saptak kwatha etc.*; shows comparatively better results over the allopathic drugs. This single case study also shows the better results in providing a better quality of life with minimal side-effect.

CASE STUDY

A 19 year male patient, from Gorakhpur, came to the OPD and after taking proper history and proper physical examination, was admitted in the *SIR SUNDAR LAL HOSPITAL* with MRD NO. 13307 at the date of 30/04/2015 and after proper treatment he was discharged on 15/05/2015.

CLINICAL FEATURES

Complaints of: - pricking type of pain in back region since 10 years. Along with morning stiffness of more than 30 minutes.

PAST HISTORY

History of recurrent attack pricking type of pain in back region since thirteen years and no history of Diabetes mellitus, Tuberculosis, Bronchial asthma etc.

DRUG HISTORY

- 1) Tab. Naxen CR (Naproxen750) -1 OD
- 2) Tab Caltex (Calcium carbonate and Vit-D3) -1 OD

3) Inj. Arachitol (cholecalciferol):-6 lacks unit, i/m stat than repeated after 4 weeks and 12 weeks.

INVESTIGATIONS

1. **.ASO (IU/ml):** 194.00 (05/08/2008), (Reference range: <200 IU/ml).

141.00 (27/10/2009), (Reference range: <200 IU/ml).

2. **CRP (mg/l):** 114.00 (09/11/2009), (Reference range : <10 mg/l).

1.30 (02/08/2015), (Reference range : <10 mg/l).

3. **RA factor (IU/ml):** 32.00

(09/11/2009), (Reference range : <25 IU/ml).

4. **HLA-B27:** positive(04/08/2011) Positive (30/04/2015)

5. **CBC-** (02/08/2011) WBC-6500/Cu mm
RBC-4.73 Million/Cu mm
PLT- 2.06lacks/Cu mm
Hb-13.00gm/dl

DLC-Neutrophill-60%

Lymphocytes-30%,

Eosinophill-06%

Monocytes-0.04%

Basophill-0.00%

5. **.Vitamin-D: (nag/ml):** 1.099 (08/08/2011), (Reference range : <12 ng/ml-deficiency).

18.80 (30/04/2015), (Reference range: <12 ng/ml-deficiency).

6. **Serum Calcium (mg/dl):-** 9.60 (30/04/2015) (Reference range: 8.9-10.3 mg/dl).

7. **Vitamin B-12 (pg. /dl):-** 118.00 (30/04/2015) (Reference range: 211-911 pg /dl).

WE HAVE GIVEN FOLLOWING AYURVEDIC TREATMENTS

1. *Siddhamakardhwaja*¹-

Dose and Duration- 100 mg thrice in a day with honey for 45 days.

2. *Hinguleswar rasa*² -

Dose and Duration- 125 mg thrice in a day with honey for 45 days.

3. *Amavatari rasa*⁹-

Dose and Duration-125 mg thrice in a day with honey for 45 days.

4. *Mahavavatvidhwansan rasa*¹¹-

Dose and Duration- 125 mg thrice in a day with honey for 45 days.

5. *Godanti*¹²-

Dose and Duration- 250 mg thrice in a day with honey for 45 days.

6. *Pravla Pisthi*¹⁰-

Dose and Duration-250 mg thrice in a day with honey for 45 days.

7. *Agnitundi rasa*⁸-

Dose and Duration- 65 mg thrice in a day with honey for 45 days.

8. Amritbhallatak⁶-

Dose and Duration- 5 gm. twice in a day with milk for 45 days.

NOTE: The above drugs (1-8) were given in the combination form.

9. Mahayograj guggulu⁷-

Dose and Duration- 250 mg thrice in a day for 45 days.

10. Simhnad guggulu⁴-

Dose and Duration -250 mg thrice in a day for 45 days.

11. Rasna saptak kwatha⁵-

Dose and Duration- 40 ml twice in a day for 45 days.

12. An Ayurvedic analgesic oil for local application thrice in a day for 45 days.

RESULT AND OBSERVATION

After 15 days treatments with the above mentioned drugs, patient got symptomatic relief in his complaints and so he was discharged from IPD and advised to come in the OPD at the interval of one month.

1) FIRST FOLLOW-UP:- After 1 month: - Improvements in the previous complaints of hip joint pain but fresh complaints of pain and swelling with morning stiffness in the left knee joint (since 25 days), pricking pain in left leg (on and off), pain in right knee joint with mild stiffness, pain in left temporo-mendibular joints, unable to open the mouth completely (since 25 days). So we advised for the following drugs:-

1. Amavatari rasa-

Dose and Duration – 125 mg twice in a day with honey for one month.

2. Godanti-

Dose and Duration- 250 mg twice in a day with honey for one month.

3. Praval pishti-

Dose and Duration- 250 mg twice in a day with honey for one month.

4. Agnitundi rasa-

Dose and Duration- 125 mg twice in a day with honey for one month.

The above drug (1-4) was given in the combination form.

5. Simhnad Guggulu-

Dose and Duration- 250 mg twice in a day for 1 month.

6. Rasna saptak kwatha-

Dose and Duration - 40 ml twice in a day for 1 month.

7. An Ayurvedic analgesic oil for local application twice in a day 1 month.

8. Calcium supplementation for one month.

2)SECOND FOLLOW-UP:- After 1 month - Improvement in the previous complaints of swelling and morning stiffness of left knee joint, hip joint pain, pricking pain in left leg (on and off), pain in right knee joint (70% improvements as per the patient) and so same treatment continued for next 1 month.

3) THIRD FOLLOWS-UP: - After 1 month-Improvement (80% as per the patient) in the previous complaints and fresh complaints of pain in the left knee joint while walking upstairs and same treatments continued for next 1 month.

4) FOURTH FOLLOWS-UP: - After 1 month-Patient had improvement in the complaints of pain and same treatment was continued.

DISCUSSION

In the pathogenesis of *Amavata*, important components are *Ama* and *Vata*. As there are no disease occurs without impairment of *Agni*. So the important issue is the *Chikitsa* of *Ama* associated with vitiated *Vata* and the *Chikitsa* of *Mandagni*. The drugs, used here in the management of the *Amavata*, have properties of *Amapachak*, *Vatasamak* and *Agnideepan*. *Agnitundi vati* improves the *Mandagni* and provide relief in pain because of its main ingredient i.e. *Kuchala* which have property of *Deepan*, *Pachan* and *Vednasthapan*. *Amavatari rasa* pacify the *Ama* along with vitiated *Vata*. *Godanti bhasma* has anti-inflammatory and antipyretic properties so it provides relief in fever, pain and joint swelling. *Mahavatavidwasan* rasa pacify the vitiated *Vata*, *Rasna saptak kwatha* also pacify the aggravated *Vata* and so works as *Vedna samak* because of its main ingredient i.e. *Rasna* (*Charak sutra* 25/40). *Simhnad Guggulu* and *Mahayograj Guggulu* are indicated in the *chikitsa* of *Amavata*. The main ingredient of *Simhnad Guggulu* is *Erand tail* which is very effective in the treatment of *Amavata*. *Amritbhallatak* is a good *Rasayan* and provide nutrition to *Ras*, *Raktadi Dhatus* etc. because of its main ingredient i.e. *Bhallatak* which very effective for *Agnivardhan* (*Charak Chikitsa* 1/3/19).

Since in Modern medicine, the signs and symptoms of *Amavata* is more or less similar to ankylosing spondylitis (AS) and rheumatoid arthritis. Ankylosing spondylitis¹⁶ is an inflammatory disorder of unknown cause that primary affects the axial skeleton; peripheral joints and extra articular structures are also frequently involved. This disease usually begins in the second or third decade; male-to-female prevalence is between 2:1 and 3:1. AS shows a striking correlation with the histocompatibility antigen HLA-B27 and occurs worldwide. Since no laboratory test is diagnostic of AS. HLA-B27 is present in 80-90% patients of AS. CRP is often elevated. Here in this discussed case,

HLA-B27 is present and CRP is also elevated and after treatment with the above mentioned Ayurvedic drugs CRP comes within the normal range. The pathogenesis of AS is immune mediated and there is evidence to suggest more of an auto inflammatory pathogenesis. In the pathogenesis of AS, there are involvement of five gene (IL23R, PTER4, IL12B, CARD9 and TYK2). These all five gene are also involved in the pathogenesis of inflammatory bowel disease (IBD), since the patient of IBD complaints for fever, altered bowel habit, etc. and the Ayurvedic drugs, used here, improves the *Mandagni* and subsides the inflammation so decrease the formation of *Ama* and hence improves the altered bowel habits.

Rheumatoid arthritis¹⁵ (RA) is a chronic inflammatory disease of unknown aetiology marked by a symmetric, peripheral polyarthritis. It is the most common form of chronic inflammatory arthritis and often results in joint damage and physical disability. Because it is a systemic disease, RA may result in a variety of extra articular manifestations including fatigue, subcutaneous nodules, lung involvement, pericarditis, peripheral neuropathy, vacuities, and hematologic abnormalities

NSAIDs were formerly viewed as the core of all other RA therapy, but they are now considered to be adjunctive therapy for management of symptoms uncontrolled by other measures. NSAIDs exhibit both analgesic and anti-inflammatory properties. Although the results of clinical trials suggest NSAIDs are roughly equivalent in their efficacy, chronic use should be minimized due to the possibility of side effects, including gastritis and peptic ulcer disease as well as impairment of renal function¹⁷. So prolonged use is not preferable.

Disease Modifying Antirheumatic drug (DMARDs) are so named because of their ability to slow or prevent structural progression of RA. The conventional DMARDs include hydroxyl chloroquine, sulfasalazine, methotrexate, and leflunomide. Methotrexate is the DMARDs of choice for the treatment of RA and is the anchor drug for most combination therapies. But prolonged therapy causes liver damage leading to liver cirrhosis; incidence of chest infection is increased¹⁸. So prolonged use of these drugs are not preferable. Glucocorticoids may serve in several ways to control disease activity in RA. They have potent immunosuppressant and anti-inflammatory activity but they do not arrest the progress of the RA. And long-term use of corticosteroids produces serious side effects like hyperglycaemia, susceptibility to infection, peptic ulceration, and osteoporosis etc¹⁹. So prolonged use of these drugs are not preferable.

Since in the modern the management of *Amavata* (AS/RA) is mainly done with the NSAIDs and Immunosuppressive agent, these drugs have

many side-effect and long term complications as mentioned in the above discussion. NSAIDs cause ulceration of gastric mucosa, hepatotoxicity, nephrotoxicity etc. Immunosuppressive drugs offer more chances of opportunistic infection. Such types of side-effects are minimal with the *Ayurvedic* drugs which are used here. So Ayurveda provides better option for the management of the *Amavata* over the allopathic drugs in respect to the side effect, frequency of the recurrence of *Amavata*, day to day life etc.

CONCLUSION

Since the management of the *Amavata* with the *Ayurvedic* drugs shows better symptomatic improvements. With lesser side effect over the allopathic drug. So Ayurveda provide better option in the management of *Amavata* with lesser side effect.

REFERENCES

1. *Rasa Tarangini of Sri Sadanand Sharma explained by Kashinath Shastri, 11th edition, 2009, Motilal Banarasidas Prakashan, Chauk, Varanasi, 151p.sloke 245-247.*
2. *Rasa Tarangini of Sri Sadanand Sharma explained by Kashinath Shastri, 11th edition, 2009, Motilal Banarasidas Prakashan, Chauk, Varanasi, 662p.sloke 78-79.*
3. *Chakradatta of Sri Chakrapanidatta, Hindi commentary Vaidhyaprabha, explained by Indradev Tripathi, 2010, Chaukhamba Sanskrit Bharwan, Varanasi, 168p.sloke 25-30.*
4. *Chakradatta of Sri Chakrapanidatta, Hindi commentary Vaidhyaprabha, explained by Indradev Tripathi, 2010, Chaukhamba Sanskrit Bharwan, Varanasi, 168-169p.sloke 31-36.*
5. *Chakradatta of Sri Chakrapanidatta, Hindi commentary Vaidhyaprabha, explained by Indradev Tripathi, 2010, Chaukhamba Sanskrit Bharwan, Varanasi, 168p.sloke 8.*
6. *Chakradatta of Sri Chakrapanidatta, Hindi commentary Vaidhyaprabha, explained by Indradev Tripathi, 2010, Chaukhamba Sanskrit Bharwan, Varanasi, 430p.sloke 192-197.*
7. *Bhaisajya Ratnavali of Kaviraj Govind Das Sen, edited with Siddhiprada Hindi commentary by prof. Siddhinandan Mishra, reprint 2009, Chaukhamba Surbharati Prakashan Varanasi, 608p.sloke 158-167.*
8. *Rasendra Sar Sangraha of Sri Gopal Krishna, Raschandrika Hindi commentary by Pt. Prayagadatta Joshi, 6th edition, 1981 Chaukhamba Amarbharati Prakashan, Gopal Mandir Lane, Varanasi, 212 p.sloke 3-4.*
9. *Rasendra Sar Sangraha of Sri Gopal Krishna, Raschandrika Hindi commentary by Pt. Prayagadatta Joshi, 6th edition, 1981 Chaukhamba Amarbharati Prakashan, Gopal Mandir Lane, Varanasi, 321 p.sloke 1-6.*
10. *Rastantrasaar & Siddhaprayog Sangraha part 1 published from Krishna Gopal Ayurved Bharwan (D.T.), Kalera- Krishna*

- Gopal-305408(Ajmer) Rajasthan.24th edition in2015, 94p.*
11. *Rastantrasaar & Siddhaprayog Sangraha part 1 published from Krishna Gopal Ayurved Bharwan (D.T.), Kalera- Krishna Gopal-305408(Ajmer) Rajasthan.24th edition in2015, 230p.*
 12. *Rastantrasaar & Siddhaprayog Sangraha part 1 published from Krishna Gopal Ayurved Bharwan (D.T.), Kalera- Krishna Gopal-305408(Ajmer) Rajasthan.24th edition in2015, 83p.*
 13. *Madhavakara, Shastri S, Upadhyaya T. Madhava Nidana with Madhukokosha Vyakya and Vidyotini Hindi Commentary,26th edition, Varanasi, Chaukhamba Sanskrit Sansthana; 1996, 460-464p.*
 14. *Davidson Principle and Practice of Medicine, Churchill Livingstone 19th edition 2002,1002-1007p.*
 15. *Harrison's Principles of Internal Medicine, Anthony S. Fauci et al, 19thedition. New York; Mc Graw-Hill Education; 2136p.*
 16. *Harrison's Principles of Internal Medicine, Anthony S. Fauci et al, 19thedition. New York; Mc Graw-Hill Education; 2169-2173p.*
 17. *Essential of Medical Pharmacology by KD Tripathi, 6th edition, reprint in 2010,JP Brothers Medical Publishers, New Delhi,187p.*
 18. *Essential of Medical Pharmacology by KD Tripathi, 6th edition, reprint in 2010,JP Brothers Medical Publishers, New Delhi,203p.*
 19. *Essential of Medical Pharmacology by KD Tripathi, 6th edition, reprint in 2010,JP Brothers Medical Publishers, New Delhi,286p.*