



EFFECT OF LANGHANA THERAPY IN THE MANAGEMENT OF AMAVATA- A CASE STUDY

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ABSTRACT

Amavata is a frequent, debilitating disorder that affects mainly the joints (sandhi). In this disease, Ama along with Vata gets aggravated and gets accumulated in joints causing swelling, stiffness and pain. Ama is the undigested food material which formed due to impaired function of agni. According to the classics of Ayurveda, Langhana, Deepan-Pachan, Snehan, Snehana, Virechan and Basti are considered as the line of treatment of Amavata. In this case a randomly selected female patient presenting with complaint of pain in small joints of both hands, bilateral wrist joints and bilateral ankle joints was studied in Government Ayurvedic College and hospital Jalukbari, Guwahati. The case was studied taking the clinical history, along with clinically manifested sign and symptoms and it was diagnosed as a case of Amavata. Only Langhana therapy was adopted for the management of the case along with Deepaniya and Pachaniya drugs. The patient had significant improvement in sign and symptoms and in overall health after 14 days of therapy.

KEYWORDS : Amavata, Langhana, Deepan-Pachan

INTRODUCTION-

When Ama and Vata simultaneously gets vitiated and enters the trika sandhi leading to stabdhatata (stiffness) in the body, the condition is termed as Amavata. Among all the Acharyas Madhavakara is the first to give a description of Amavata in his entity Madhav Nidan.

In the pathogenesis of Amavata, two processes take place simultaneously. One is formation of Ama and other is vitiation of Vata. Ama refers to the undigested food material found in Amasaya due to hampered or weak function of Jatharagni. Vata also starts to accumulate due to the vata prakopak nidana sevan. As the person keeps continuous indulgence in causative factors of Amavata such as viruddha ahar, viruudha chesta, nichalatva, vyama after consuming snigdha bhojan then there will be more and more accumulation of Ama and Vata at their respective place. The Ama becomes more virulent and propelled into the dhamanis by Vyana vayu. Then by the combined action of Tridosha, Ama becomes further vitiated and becomes excessive slimy (picchila) and contain different colours resulting in production of Kleda in different srotas. Thus, along with Ama Vata circulates in the whole body and get settled in sleshma sthana especially in the sandhis. As sleshma and Ama having the similar qualities, Ama has great affinity to sleshma. After the lodging of Ama and vitiated Vata pathogenesis starts at sandhithana.

In Ayurveda, to treat the patient of Amavata mostly advocated Samsodhan therapy which is started from the Langhana, Deepan-Pachan, Snehan, Swedan followed by Vaman, Virechan and Basti. Langhana is the 1st line of treatment advised for the management of Amasayottha vyadhi. Charaka has also advised Langhana in Samavata condition. Langhana are the procedures which actually stimulate the agni and to help the digestion of Ama.

So, in the present case, we focused on the rapid removal of Ama from the body, used the Langhana as a line of therapy to prevent recurrence.

MATERIALS AND METHODS-

Selection of the patient was done randomly in OPD, Roga Nidan Dept, Govt. Ayurvedic College and Hospital, Guwahati, Assam.

The 46 years old female patient who is a homemaker complaining of pain in small joints of both hands, bilateral wrist joint joints and bilateral ankle joints. Detailed history

was taken and examination of the patient was done according to Ayurvedic parameters and modern parameters.

Examination of Personal history- (on the day of admission)

Diet	2 meal/Day, History of excess Oily, heavy food consumption
Appetite	Poor
Bowel	Constipated, Irregular
Sleep	Disturbed

On examination-

BP-130/80 mmHg
P/R- 84/min

Systemic examination- Within normal limits

Local site examination-

Clinical Assessment-

Symptoms will be graded from Nil to + + + +

1. Joint pain

Sl no	Severity of pain	Grade
1.	No pain	Zero (nil)
2.	Pain occasional, can be managed with drug	I (+)
3.	Pain frequent and can be managed with some pain killer	II (++)
4.	Pain resistant with unmanageable even with drugs	III (+++)

2. Morning stiffness

Sl No	Morning stiffness	Grade
1.	No stiffness	Zero (nil)
2.	Early morning stiffness upto 30 minutes	I (+)
3.	Early morning stiffness more than 30 minutes and less than 45 minutes	II (++)
4.	Early morning stiffness more than 45 minutes	III (+++)

3. Swelling of joints

Sl no	Swelling of joints	Grade
1.	No swelling	Zero (nil)
2.	< 5 small joints	I (+)
3.	> 5 small joints	II (++)
4.	Swelling of big joints	III (+++)

4. Tenderness

Sl No	Tenderness	Grade
1.	Absent	Zero (nil)
2.	Present	I (+)

Clinical assessment of the patient- (On the day of admission)

Pain in joints (sandhi shula)	+++
Swelling of joints (sandhisotha)	++
Tenderness (sparsasahatwa)	+
Morning stiffness (stabdhata)	++

Ayurvedic parameters- (on the day of admission)

Samanya Lakshana of Amavata-

Symptoms	Findings
Angamarda	Present
Aruchi	Present
Trishna	Absent
Alasya	Present
Gaurava	Present
Jvar	During the time of pain feverish feeling Present
Apaka	Present
Sunatanganam	Present

Vishista Lakshana of Amavata-

Hasta(hands), pada(legs), sira(head), gulfa(ankle), trika (sacrum), Janu(knee), Uru (thigh) sandhi ruja and sotha	Present
Agnidaurbalya (decreased digestive power)	Present
Praseka (salivation)	Absent
Utsaha hani (Loss of enthusiasm)	Present
Vairasya (Loss of taste)	Present
Daha (burning sensation)	Absent
Bohumutrata (excessive urination)	Absent
Kukshi kathinata	Absent
Shula (pain in abdomen)	Absent
Nidraviparyay (Disturbed sleep)	Present
Chardi (vomiting)	Absent
Bhrama (vertigo)	Absent
Murccha (Faint)	Absent
Hridgraha (Stiffness in cardiac region)	Absent
Vidvadhha	Present
Jadwata (Stiffness in body)	Present
Antrakujana (gurgling sound in abdomen)	Absent

Astavidh Pariksha- (on the day of admission)

Nadi	Vatik
Mutra	Prakrita
Jihva	Sama
Mala	Malabastambha
Sabda	Prakrita
Sparsa	Prakrita
Drik	Prakrita
Akriti	Prakrita

Therapeutic intervention-

1. Table showing Langhana in the form of diet (alpa bhojan) that is given to the Patient for the management of Amavata-

Diet chart for 14 days

Morning	Afternoon	Evening	Night
Red Tea with a pinch of Black pepper (Marica) + Puffed rice	1 bowl of Moong dal Khisdi	Red Tea +Puffed rice	2 pieces Roti +Dry Sobji

2. Deepaniya and Pachaniya drugs-

I. Trikatu Churna

- ½ TSF (1.5gm) twice daily with food

II. Sanjivani vati

- 1 pill twice daily after food

RESULT-

After 14 days of Therapeutic intervention –

Personal history of the patient shows improvement

Appetite of the patient is increased along with bowel of the patient gets normal.

Local site examination of the patient-

Symptoms	Before Treatment	After 7 Days	After 14 Days
Pain in joints (sandhi shula)	+++	++	Nil
Swelling of joints (sandhisotha)	++	+	Nil
Tenderness (sparsasahatwa)	+	+	Nil
Morning stiffness (stabdhata)	++	+	Nil

Ayurvedic parameters-

Samanya Lakshana of Amavata-

Symptoms	Before Treatment	After 7 Days	After 14 Days
Angamarda (Pain in body)	Present	Present	Absent
Aruchi (Anorexia)	Present	Absent	Absent
Trishna (Thirst)	Absent	Absent	Absent
Alasya (Lethargy)	Present	Present	Absent
Gaurava (heaviness in body)	Present	Present	Absent
Jvar (Feverish feeling during pain)	Present	Absent	Absent
Apaka (indigestion)	Present	Absent	Absent
Sunatanganam (swelling of joints)	Present	Present	Absent

Vishista Lakshana of Amavata-

Symptoms	Before Treatment	After 7 days	After 14 days
Hasta(hands), pada(legs), sira(head), gulfa(ankle), trika (sacrum), Janu(knee), Uru (thigh) sandhi ruja and sotha	Present	Present	Absent
Agnidaurbalya (decreased digestive power)	Present	Absent	Absent
Praseka (salivation)	Absent	Absent	Absent
Utsaha hani (Loss of enthusiasm)	Present	Present	Absent
Vairasya (Loss of taste)	Present	Absent	Absent
Daha (burning sensation)	Absent	Absent	Absent
Bohumutrata (excessive urination)	Absent	Absent	Absent
Kukshi kathinata	Absent	Absent	Absent
Shula (pain in abdomen)	Absent	Absent	Absent
Nidraviparyay (Disturbed sleep)	Present	Present	Absent
Chardi (vomiting)	Absent	Absent	Absent
Bhrama (vertigo)	Absent	Absent	Absent
Murccha (Faint)	Absent	Absent	Absent
Hridgraha (Stiffness in cardiac region)	Absent	Absent	Absent
Vidvadhha	Present	Absent	Absent
Jadwata (Stiffness in body)	Present	Present	Absent
Antrakujana (gurgling sound in abdomen)	Absent	Absent	Absent

DISCUSSION-

In the management of Ama, Langhana is the prime treatment. Langhana is given to the patient in the form of alpabhojana or laghu bhojana along with deepaniya and pachaniya drugs.

Laghubhojana is the most vital step for Amapachana and it prevents the Ama formation. It also enhances the Jatharagni. As amapachana occurs the inflammation or sandhisotha starts to reduce along with reduction of sandhishula (pain) and sparsahasatwa (tenderness). Laghubhojana helps to reduce the heaviness of the body (gaurava) due to its laghu nature.

Deepaniya and pachaniya drugs which possess tikta, katu rasa and usna virya causes agni deepana and amapachana and they are also ruchikarak. It helps to increase the appetite of the patient.

For the amapachana Sanjivani vati is used specifically. Sanjivani vati contains mainly Vatsanabh along with

Vidanga, Sunthi, Pippali, Haritaki, Amalaki Vacha, Giloy, Bhallataka. Vatsanabh possess the qualities of deepaniya, agnimandyahara, amavatahara etc. So, in this case Sanjivani vati is used for its amapachana property.

CONCLUSION-

This study shows that the patient presenting lakshanas of Amavata, Langhana chikitsa is intended to relieve the patient. Even without moving on to other treatment principle which is mentioned in Amavata chikitsa in the classics, we can prove this with the use of this case study that Langhana chikitsa by itself provides symptomatic relief.

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