

EFFICACY OF *ARDHAMATRIKA BASTI* IN THE MANAGEMENT OF *AMAVATA*- A CASE REPORT.

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ABSTRACT *Amavata* is a musculoskeletal disorder involving metacarpophalangeal joints, interphalangeal joints. Major manifestations include morning stiffness, fever, multiple joints pain and swelling, gastrointestinal symptoms. In modern lifestyle it is a very common disorder mostly affecting females below 50 years of age. On the basis of the signs and symptoms it can be correlated with Rheumatoid Arthritis in modern medicine. According to a survey in India the prevalence rate of Rheumatoid Arthritis is 0.75% in rural population. In modern medicine the treatment for this disease is very limited and has side effects. In *Ayurveda* the treatment is done according to the disease as well as the condition of the patient by breaking the *samprapti* or pathogenesis of the disease. A case study was done of a known case of *Amavata* in AIIA hospital, treatment was planned according to the principles of *Ayurveda*. Results were analysed and there is a considerable reduction in all the signs and symptoms of the disease in the patient. Overall quality of life of the patient was improved.

KEYWORDS : *Amavata*, Rheumatoid arthritis, fever, morning stiffness, *Ayurveda*, Pathogenesis, *Samprapti*

INTRODUCTION

Amavata is a *Vatavyadhi* very well explained in all the classical texts. It was first described by Acharya Madhava. It is mentioned in all the classical text but explained by Acharya Madhava only.

आमेन सहितः वातः आमवातः। (Ma.ni.25)

The word *Amvata* is formed by the two words *Ama* and *Vata*.

युगपत्कृपितावन्तस्त्रिक संधिप्रवेशकौ।

स्तब्धं च कुरुतो गालं आमवातः स उच्यते। (Ma.ni.25/5)

In this disease the *Ama* and *Vata* got vitiated together, after this both these dosha goes to *koshta*, *trika* and *Sandhi pradesha* and create stiffness all over the body and produces *Amavata* disease.

Main causes of this diseases are

विरुद्धाहारचेष्टस्य मन्दाग्नेनि श्वलस्य च।

सिग्धे भुक्तवतो ह्यत्र व्यायामं कुर्वतस्तथा। (Ma.ni.25/1)

Long term intake of *virudhahar*, doing physical work after intake of oily and heavy food, *virudha cheshta*, decrease digestive power.

Mainly various physical factors, mental factors, environmental factors and seasonal variations are important for causing this disorder together or separately.

This is a lifestyle disorder and in this era this is more prevalent disease. The prevalence of this disease is 0.8% of the population, women are affected three times more than men. Family studies indicate a genetic predisposition. It can be correlated with Rheumatoid Arthritis in modern medicine, and there is no ideal treatment in allopath for RA, but in *Ayurveda* there are various treatment modality explained for this disease. The main signs and symptoms mentioned for *Amavata* are as

अङ्गमर्दोऽरुचिश्चतुष्णा ह्यालस्ये गौरवं ज्वरः।

अपाकः शूनताऽङ्गानाम आमवातस्य लक्षणम्। (Ma.ni.25/6)

Symptoms are body pain, anorexia, excessive thirst, fatigue, heaviness in the body, fever, indigestion, oedema.

Treatment of *Amavata* is defined in *Ayurveda* as

लङ्घनं स्वेदनम् त्रिकतं दीपनानि कटुनि च।

विरेचनं स्नेहपानं बस्तयश्चाममारुते।।

सैन्धवाद्येनानुवास्य क्षार वस्ति प्रशस्यते। (Chakradutt amavata)

These are the three stages of treatment explained in *Ayurveda*. In first stage of the disease *laghnam swedan* and *tikta* and *deepana dravya* should be used, in second stage *Virechan karma*, *Snehapan* and *Basti karma* should be done, and in third stage *Anuvasan* and *Kshara basti* should be given.

Case Presentation

A 45 years old Female patient (UHID no.272983 IP no.1099) attended

the Kayachikitsa OPD of All India Institute of Ayurveda 21 May 2018 and got admitted on the same day for the treatment. The presenting complaints were pain in multiple joints, morning stiffness, fever on and off and pain over bilateral knee joints since 12 years. Swan neck deformity is present in the interphalangeal joints of ring finger and little fingers of bilateral hands since two years.

H/O present illness: According to the patient she was asymptomatic 12 years back, then gradually she developed pain in multiple joints and morning stiffness with fever and pain in bilateral knee joints along with swelling, for this she took allopathic treatment but could not get satisfactorily relief, so she came to the AIIA hospital for the needful management. H/O past illness: none

Examination of Patient:

Table 1:

General Physical Examination	Systemic Examination	Ashtavida Pariksha	Dashvidha Pariksha
Y Blood Pressure: 130/70 mmHg	Y Cardiovascular system: NAD	Y Nadi- 78 beats per minute	Y Prakriti- Pitta Kaphaj
Y Appetite: normal	Y Respiratory system: NAD	Y Mala- regular	Y Vikriti- vikriti visham samveta
Y Bowel: regular, 1 time/day	Y Gastrointestinal: NAD	Y Mutra- normal	Y Sara- madhyama
Y Bladder: normal, 3-4 times/day and 2 times in night	Y Locomotor system: difficulty in walking, restricted movement	Y Jihva- clean	Y Samhana- madhyama
Y Sleep: normal	Y Central nervous system: normal	Y Shabda- normal	Y Pramana- madhyama
Y Menstrual history: regular, 4-5 days/28 days	Y Higher function: patient conscious, well oriented	Y Sparsh- normal	Y Satmya- madhyama
Y Temperature: normal	Y Motor function: normal	Y Drika- normal	Y Satva- avara
Y Pallor: slightly present(+)	Y Cranial nerves: intact	Y Akriti- average	Y Ahar Shakti- madhyama
Y Icterus: absent	Y Reflexes: present, normal.		Y Vyayama Shakti- avara
Y Lymphadenopathy: absent			Y Vaya- madhyama
Y Clubbing: absent			

Methods for determining objective parameters

Grip power and pressing power: The functional status of wrist joints, metacarpophalangeal joints and interphalangeal joints was assessed by measuring of pressing power and grip power. For this test (Grip power), patients were asked to grip the inflated cuff of a sphygmomanometer by both palms and fingers separately and the rise of manometer readings was recorded in mmHg of mercury at the time of registration and follow ups of the patients of Amavata. For measuring the pressing power the cuff of sphygmomanometer was

inflated at the basal value and was placed on the table. The patient sitting on front of the table on a chair was told to press the inflated cuff by both hands separately. While pressing the cuff pressure should be applied from all the involved joints of upper limbs and the extent to which the patient can press the cuff is observed in terms of the rise in mercury column in mm of Hg at the time of registration and follow ups. In both the test the cuff of sphygmomanometer was inflated up to basal value of 30 mm of Hg and grading was done.

Grading for assessment of disease

Table 2:

Pain	Swelling	Tenderness	Stiffness	Grip power
0= No pain 1 = Pain complaints but tolerable 2 = Pain complaints difficult to tolerate and taking analgesic once a day 3 = Intolerable pain and taking analgesics two times a day 4 = Intolerable pain and taking analgesics more than two times in a day.	0 =No swelling 1 =Feeling of swelling + Heaviness 2 =Apparent swelling 3 =Huge (Synovial effusion) swelling	0 =No tenderness 1 =Mild tenderness 2 =Moderate tenderness 3 =Severe tenderness	0= No stiffness 1= 20% limitation of normal range of mobility 2= 50% limitation of mobility 3= 75% or more reduction of normal range of movement	0 = 200 mmHg 1 =198 –120 mmHg 2 =118 –70 mmHg 3 =<70 mmHg

Treatment Protocol

A.Oral medications

Table 3:

S.no	Medication	Doses	Frequency	Route
1	<i>Simhnad guggulu</i>	2 tablet	BD	Orally B/F
2	<i>Dashmoola kwatha + Castor oil(5ml)</i>	50ml	BD	Orally B/F
3	<i>Rasnaerandadi kashaya</i>	10ml	BD	Orally with equal amount of water
4	*Cap HB vista	1 capsule	BD	Orally
5	<i>Vaishvanar churna</i>	3 grams	BD	Orally

*A patent medicine (contents of the medicine are mentioned in discussion)

B. Panchkarma Treatment

1. *Sarvanga abhyanga* with *saindhavadi tail* and *Sarvanaga swedana* with *Dashmool kwatha*.
2. *Yoga basti*
 - *Anuvasana basti* with *saindhavadi tail*(50ml)
 - *Niruha basti- Ardhamatrika basti* (450ml)

Contents of Ardhmatrika Basti-

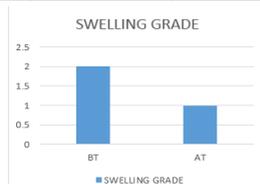
- *Kwatha dravya: Dashmoola kwatha*(400ml)
- *Kalka dravya: Shatpushpa*(10grams)
- *Madanphala* (Randi spinosa seed powder):10grams
- *Madhu* (honey): 100grams
- *Saindhava Lavana* (rock salt): 5 grams
- *Erand tail*-100ml

Result

Changes in signs and symptoms before and after treatment

Table 4:

S.no	Signs and Symptoms	BT	AT
1	<i>Sandhi ruja</i> (joint pain)	Present(++++)	Reduced(+)
2	<i>Sandhi shotha</i> (joint swelling)	Present(+++)	Absent
3	<i>Stabdhta</i> (stiffness)	Present(+++)	Absent
4	<i>Ushanata</i> (heat over affected joints)	Present(++)	Absent
5	<i>Sparshasahayta</i> (tenderness over joints)	Present(+++)	Absent
6	<i>Jwar</i>	Present	Absent
7	Hb	8 g/dl	11 g/dl
8	RA factor	54 IU/ml	30 IU/ml
9	TLC	12000/cumm	9000/cumm
10	ESR	20 mm/Hr	14 mm/Hr



In this case assessment was done on the basis of the signs and symptoms of the patient and the assessment criteria of American Rheumatism Association 1987. After giving the above treatment, patient condition got improved, pain in the joints reduced and swelling subsides, morning stiffness decreased, fever subsides, body pain reduced. Overall quality of life of the patient got improved.

DISCUSSION

In *Ayurveda Amvata* is considered as major ailment and *Acharya Madhava* was the first who explained the *Amavata* disease in detail. In this disease if a person suffers from hypofunctioning of digestive mechanism indulges in compatible diet and regimen, or does any physical exercise after taking fatty food the *Ama* (a product of maldigestion) is formed and propelled by *Vata dosha* and reaches the site of *Kapha*. The *Amarasa* on being incompletely processed and very much vitiated by *vata, pitta* and *kapha* is circulated through the vessels to all over the body. It accumulates in small vessels gradually and renders the patient weak and produces heaviness all over the body. *Ama* is the cause of most of distressing diseases. When this aggravated *Ama* simultaneously afflicts the girdles and joints making the body stiff, condition is known as *Amavata*. General clinical features of this disease are bodyache, anorexia, thirst, malaise, a feeling of heaviness, fever, indigestion, inflammation of the body parts. In this case also patient suffers from the same mentioned symptoms and signs. *Amavata* can be correlated with *Rheumatoid Arthritis (RA)* in modern medicine because of the similar symptoms and signs. *RA* is considered as autoimmune disorder in which the immunity of the body starts attacking body's own tissues. Diagnosis is based on signs and symptoms and various investigations like *Erythrocyte sedimentation rate (ESR)* test, *RA factor*. Treatment given in modern medicine is mainly painkillers and steroids and lastly the joint replacement therapy, there is no permanent treatment for this disease in modern medicine, on the other hand, in *Ayurveda* we can treat this disease to a much more extent than allopathic medicine. There are various treatment modalities indicated for this in *Ayurveda*. In this case treatment given was according to the principles of *Ayurveda*, *Simhnad guggulu* is indicated in *Amavata* disease by *Acharya Chakradutt* so in this case it was given, *vaishvanar churna* was given because it is also mentioned in *Amavata roga* by *Acharya Chakradutt*, *dashmoola kwath* was given for *vata dosha pitta dosha shaman* and for its *shothahar*

property, castor oil was given for vatanulomana, Rasnaerandadi kashaya was given for vata dosha shaman. Cap HB vista is a patent drug which was given to increase the haemoglobin concentration in the patient because the patient was anaemic and the contents of the drug are Emblica officinalis(80mg), Phyllanthus niruri(50mg), Ferric sulphate(150mg), Ferric oxide calyx(80mg), Pearl paste(70mg), Biotite calyx(35mg), Ferrisulphuretum(35mg) in each capsule. Panchakarma treatment was also planned according to the principles of Ayurveda, sarvanga abhyanga and swedana was to reduce the pain and swelling of the joints, it increases circulation and calm the nerves, here abhyanga was done by saindhavadi tail as it is tridosha shamak and help in reducing pain and swelling, swedana with dashmoola kwatha as it is also tridosha shamak and shothahara. Yoga basti was given as basti treatment is indicated in the treatment of Amavata, Anuvastana basti with saidhavadi tail was given and niruha basti (ardhamatrika basti) was given which is indicated by Acharya Chakradutta in Amavata.

CONCLUSION

The disease was diagnosed according to the signs and symptoms and the investigations findings. After giving the treatment overall condition of the patient was improved, pain and swelling got reduced but not completely. Patient was able to walk properly without difficulty.

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