CASE STUDY OF AMRUTA-NAGARADYA CHURNA ON SAMATA LAKSHANASA OF AMAVATA (RHEUMATOID ARTHRITIS).

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Received on: 24/11/2020; Revised on: 20/12/2020; Accepted on: 21/12/2020

ABSTRACT

Amavata is the disease which is not mentioned in important in ancient classics. Amavata is well described in 7th century in Madhav Nidan text of Madhavaka. He was the first to describe detailed Nidanpanchaka (Etiology, Pathology, Signs, Symptoms, Prognosis etc.) of Amavata. Chakrapani was the first to describe line of treatment for Amavata in his text Chakradatta. Present article reflects a case of 45 years old male patient suffering from severe joint pain was treated successfully. All symptoms were typically representing samata pradhanaya. Ama is main reason of tivra shula in Amavata. Hence Amapachana karma was tried in the patient to observe its effects on symptoms especially on shula. After administration of drug the patient was followed up at the interval of every 7 days. Patient reported good recovery in symptoms, though symptoms were not vanished completely. Decrease in severity of symptoms was definitely achieved due to Amapachana done by Amruta-Nagaradya Churna and Luke warm water. This case is published as a guideline and foundation of future research.

Keywords: Amavata, Samata lakshanas, Rheumatoid Arthritis, Amruta-Nagaradya Churna.

1. INTRODUCTION

Ayurveda is the great science of ancient as well as modern era. Due to its uninterrupted relation with nature, it has survived for almost 5000 years. Hence ancient acharyas termed Ayurveda as Shaswat (permanent/endless). Amavata is the disease which is not mentioned in important in ancient classics. There may be less cases of Amavata and hence it might be termed and mentioned under other disease (viz. under Vatarakta by Charaka) or this disease might be evolved later due to changed lifestyle and improper food habits of people. Amavata is well described in 7th century in Madhav Nidan text of Madhavaka. He was the first to describe detailed Nidanpanchaka (Etiology, Pathology, Signs, Symptoms, Prognosis etc.) of Amavata. Chakrapani was the first to describe line of treatment for Amavata in his text Chakradatta.¹

Amavata is disease of madhyama roga marga. There is predominance of Ama and Vata which vitiates Tridoshas.¹ This disease affects Sandhi marma and further leads to gradual deformity and morbidity. Virudhha ahara (improper diet), Viruddha cheshta (improper body movements/work), Mandagni (less digestive power), work or exercise after Snigdha ahara (fatty diet) are causative factors of Amavata.² Ama and Vata when vitiated enters in Hridaya, spreads all over body further vitiated all doshas and affects Sandhis giving rise to Amavata.³ All sign and symptoms observed in Amavata are Samata pradhan (Ama dominant) viz. Angamarda (body ache), Aruchi (Anorexa), Trushna (Thirst), Jwara (Fever) etc.⁴ Hence the name Amavata. Treatment plan also includes all

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measures which reduce Samata.\textsuperscript{5} Rheumatoid Arthritis (RA) is a chronic inflammatory disease. Complete etiology is unknown till date. Peripheral polyarthritis with asymmetric presentation is key feature. RA is one of the most common chronic inflammatory arthritis which results disability.\textsuperscript{6} The Prevalence Rate of this disease is about 3\% with a male to female ratio of 1:3.\textsuperscript{7}

Present article reflects a case of 45 years old male patient suffering from severe joint pain was treated successfully. All symptoms were typically representing samata pradhanya. Ama is main reason of tivra shula in Amavata. Hence Amapachana karma was tried in the patient to observe its effects on symptoms especially on shula. Amruta-Nagaradya Churna along with Luke warm water was prescribed for 30 days. Amruta-Nagaradya Churna is Aamapachak, Aagnidipak and Vata-kapha shamak.\textsuperscript{8} Patient showed good improvement in signs and symptoms. In India almost 100 million people are suffering from Amavata (RA). Treatment of RA according to modern science costly as well as has limitations and many long-term adverse effects. Amapachan karma can give relief from Tivra shula in such patients. Amapachana drugs are easily available and are not costly.

2. CASE STUDY

2.1. History of present illness

A 45 years male patient, farmer by occupation, was suffering from Amavata since last 3 years. He has taken allopathic treatment at many places but got temporary relief. After investigations he was diagnosed as Sero-negative arthritis patient. Based upon his complaints and samprapti ghataka his diagnosed as Amavata patients as per Ayurveda. Past investigations viz. RA, ASO were within normal limits. CBC and ESR were done at his first visit. WBC count was 16000 mm\(^3\) and ESR was 34 per hour. Family history and past illness history was found insignificant.

2.2. Chief complaints

- Sandhishul (Joint pain) ++++
- Sandhistabdhata (Stiffness) +++
- Agnimandya (Loss of appetite) +++
- Aruchi (Anorexia) ++
- Aalasya (Laziness) +++
- Sparshashatva (Tenderness) +++
- Sandhishoth (Swelling) ++

2.3. Diagnosis

Amavata (Ama pravruddha avastha)

2.4. Plan of treatment

As all symptoms suggested samata pradhanya (Ama pravruddha avastha), it was decided to do pachan of samata. Aim was to observe effect of Amapachan karma on symptoms especially on Sandhishul. Amruta-Nagaradya Churna\textsuperscript{8} 3 gm, with Luke warm water, twice a day after meal for 28 days was prescribed. Patient was asked to consume like warm water at every time in order to achieve amapachana.

2.5. Drug review

Amruta\textsuperscript{9} (Tinospora cardifolia), Nagar\textsuperscript{10} (Zinziber officinale), Gokshur\textsuperscript{11} (Tribulus terrestris), Gorakh mundi\textsuperscript{12} (Sphearanthus indicus) and Varun\textsuperscript{13} (Crataeva religiosa) are ingredients of Amruta-Nagaradya Churna. A fine powder of all ingredients was prepared as per stated by Sharangadhara in Churna kalpa.\textsuperscript{14}

2.6. Criteria of Assessment

- Sandhishul (Joint pain), Sandhistabdhata (Stiffness), Agnimandya (Loss of appetite), Aruchi (Anorexia), Aalasya (Laziness), Sparshashatva (Tenderness) and Sandhishoth (Swelling) were subjective parameters. Grada-
tions of subjective parameters are shown in Table No. 1. WBC and ESR were objective parameters.

3. RESULTS AND DISCUSSION

After administration of drug the patient was followed up at the interval of every 7 days. Patient reported good recovery in symptoms, though symptoms were not vanished completely. Decrease in severity of symptoms was definitely achieved due to Amapachana done by
Amruta-Nagaradhy Nadhana and Luke warm water. It suggests that Amapachana is extremely important in Ama pravruddha avastha of Amavata. Previous study also shown that, the drugs achieving Amapachana gives good relief in symptoms of Amavata.\(^5\) At the end of treatment values of ESR and WBC count are also lowered. Reduction in subjective and objective parameters is shown in Table No. 2.

The Ama in the body is spread all over the body by Vata dosha and it enters in the places of Kapha especially in Sandhi and Hridaya. Ama creates strotavarodha in the body generating the symptoms. This disease is called Amavata and is difficult to treat.\(^3\) Due to sama-ta (ama praveudhav avastha) along with Sandhishula and Sandhishotha, other symptoms viz. angamardha, Alasya, Aruchi, Trushna and Jwara arise.\(^4\) These symptoms mainly occurs due to Ama and hence Amapachana is the best way to break samprapti and to relieve symptoms. The line of treatment of Amavata comprises Langhan, Swedana, Tikta-Katu rasatmak drugs, Virechan, Snehan, Basti, Rukhsa sweda, Valuka potalli sweda and Upanaha but, all strictly avoiding Sneha (Oil, Ghee etc.).\(^5\)

Contents of Amruta-Nagaradi Nadhana are Ushna, Tiksha, Katu, Mutral, Kledanashaka hence achieve Amapachana.\(^6\) Amruta is Tikta rasatmak, Katu vipaki, Shita, Laghu, Rukhsa gunatmaka. It acts as Vatahara, Dipaniya, Shleshma vibandha nashaka, Shonita prashamana.\(^7\) Nagar is Katu rasatmaka, Katu vipaki, Ushna, Laghu, Rukhsa gunatmaka. It acts as Rochana, Dipana, Vrushya, Vata and Shleshma vibandha nashaka.\(^8\) Gokshura is Madhura, Tikta rasatmaka, Madhura vipaki, Ushna, Laghu, Rukhsa gunatmaka. It acts as Dīpana, Vrushya, Ashmarihar, Vata nashaka, Mutral, Kledanashaka, Prameha-Shwasa-Kasa-Arsha-Hridrog-Vatavyadhi nashaka.\(^9\) Gorakh mindi is Katu, Tikta rasatmaka, Katu vipaki, Ushna, Laghu, Rukhsa gunatmaka. It acts as Vata and Rakta vibandha shamak, Amapachaka, Aruchi nashaka, Apasmara-Galaganda-Shleepada nashak.\(^10\) Varun is Kashaya, Madhura, Tikta rasatmaka, Katu vipaki, Ushna, Laghu, Rukhsa gunatmaka. It acts as Pa-chan, Dipana, Mutral, Vata, Rakta and Shleshma vi kara nashaka.\(^11\)

Present case study was aimed at only Amapachana karma in Amavata vyadhi to observe its effects on symptoms. For complete cure of Amavata, combination of different drugs and Shodhana karma for long duration is needed. But Amapachana should be central concept for its treatment. After Amapachana, Vatashamana chikitsa must be carried out. Further trials on large number of patients will provide more evidences. This case is published as a guideline and foundation of future research.

4. CONCLUSION

Amavata is termed as Atidaruna (troublesome to patient and very difficult to treat) by Madhavakara. Various treatment modalities suggested by Chakradatta and Yogaratnakar for Amavata indicates Amapachana. In present case Amapacha karma with the help of Amruta-Nagaradi Churna and Luke warm water shown good relief in symptoms. Amapachana chikitsa must be stopped and only Vatashamana chikitsa should be continued after complete removal of ama.

REFERENCES


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**TABLES**

**Table No 1. Gradations of Subjective Parameters**

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Parameter</th>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sandhishul (Joint pain)</td>
<td>0</td>
<td>No pain</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Mild pain of bearable nature comes occasionally</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Moderate pain but no difficulty in moving</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>Slight difficulty in joint movement due to pain requires medication and may remain throughout the day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4</td>
<td>More difficulty in moving the joint and pain is severe disturbing sleep and requires strong analgesic</td>
</tr>
<tr>
<td>2</td>
<td>Sandhistabdhata (Joint pain)</td>
<td>0</td>
<td>No stiffness or stiffness lasting for 5 min</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Morning stiffness up to 30 min</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Morning stiffness&gt;30 min.&amp; &lt;1 hour</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>Morning stiffness&gt; 1 hour</td>
</tr>
<tr>
<td>3</td>
<td>Agnimandya (Loss of appetite)</td>
<td>0</td>
<td>Normal feeling of hunger with uncoated tongue</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Indigestion of heavy food</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Indigestion of normal food and heaviness in abdomen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>Indigestion of light food, heaviness and flatulence constantly</td>
</tr>
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</table>
### Table No 2. Follow up wise improvement

<table>
<thead>
<tr>
<th>Sr. No.</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Day 0</td>
</tr>
<tr>
<td>1</td>
<td>Sandhishul</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Sandhistabdhora</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Agnimandya</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Aruchi</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Alasya</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>Sparshasahatva</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>Sandhishotha</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>WBC (mm$^3$)</td>
<td>16000</td>
</tr>
<tr>
<td>9</td>
<td>ESR (per hr.)</td>
<td>34</td>
</tr>
</tbody>
</table>

### Table No 2. Follow up wise improvement

Cite this article as:

Source of Support: Nil; Conflict of Interest: None declared.