

CONCEPT OF AGNI IN *ĀMAVĀTA* W.S R. TO RHEUMATOID
ARTHRITIS AND ITS MANAGEMENT WITH *ŚATAPUŚPĀDI CŪRṆA*
WITH *ŚUNṬHYĀDI KVĀTHA*- A CASE STUDY

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ABSTRACT

Introduction: *Āmavāta* (Rheumatoid Arthritis) is the most common persistent inflammatory joint disorder occurring throughout the world. There is no specific treatment in modern medicine other than NSAID's and steroids which has much more side effects hence the present study aimed to observe the efficacy of *śatapuspādi cūrṇa*^[1] with *śunṭhyādi kvātha*^[2] and the concept of *agni* in *Āmavāta*. Due to hypofunctioning of *Ushma (Jathragni)* the first *Dhātu "Rasa"* is not properly formed.

This malformed *Rasa* is called as *Āma*. *अजीर्णान्नरसो ह्यामः तेन दूषितो*

वातह आमवातः (gananatha sen) Improperly formed *Anna Rasa* is *Āma*

& it causes *srotorodha* resulting in to vitiation of *vāta doṣa*, a condition

is called *Āmavāta*. **Materials and methods:** A male patient of age 58 years having morning stiffness, pain and swelling over phalanges, wrist & knee joint since 2-3 months came to the OPD. He was also having *aruci gaurava agnimāndya* and was diagnosed as *Āmavāta*. It was the early stage of the disease. In that patient I used the *samprapti vighatana chikitsa* by using *śatapuspādi cūrṇa with śunṭhyādi kvātha*. Clinical assessment was done after every 15 days for 2 months. **Result:** After treatment I found that patient was relived from most of the symptoms like morning stiffness, *aruci*, joint pain and *agnimāndya* and in pathological findings ESR also decreased. **Conclusion:** This case study shows that *Āmavāta* can be treated in its initial stage by *agni chikitsa* with *dipan pachan* drugs *śatapuspādi cūrṇa with śunṭhyādi kvātha*.

INTRODUCTION

Āmavāta is one of the chronic disease mainly affecting the joints with some other constitutional symptoms. Due to absence of some suitable remedy, it is imposing great challenge before the medical world. It runs a very long course and not only makes the patients to cripple but may also restrict them to the bed. *Āma* & *Vāta* are the two main pathogenic factors responsible for causation of *Āmavāta*. Excessive consumption of *nidāna* of *Āmavāta* in preexisting stage of *Mandāgni* leads to formation of *Āma*^[3] and simultaneous vitiation of *tridoṣa*, especially the *Vāta doṣa*. The *samprapti* originates initially from the *Annavaha Srotasa* and in due course spreads to the other *Srotasa* a mainly *Rasavaha*, *Asthivaha* and *Majjavaha Srotasa*. The *duṣyā* mainly involved in this disease are *Rasa*, *māmsa*, *Asthi* and *majjā*. *Sandhi* is the main site of *Abhivyakti* of *Lakṣaṇa*. *Āma*, under influence of vitiated *Vāta*, comes in *śleṣmāsthāna*^[4] mainly in *sandhi* and gets lodged there. ***aṅgamarda aruci tṛṣṇā ālasya gaurava apāka and aṅgaśoṭha***^[5] are the cardinal features of *Āmavāta*. As stated earlier, the disease runs a chronic course of *jāḍya*, *saṅkoca*, *aṅgavaikalya*, *māmsakṣaya* etc.

Disease Review (Vyadhi-vivechana)

युगपत्कुपितावन्तस्त्रिक सन्धिप्रवेशकौ। स्तब्धं च कुरुते गात्रं आमवातः सोच्यते^[6]

Acharya madhav said ‘Vitiated *vāta* and *Āma* simultaneously enters in the *kostha*, *trikka* and *sandhi pradesha* leading to *gatra stabdhata* and *trikka sandhivendana*. This condition is known as *Āmavāta*.’

Agni vivechana

Agni is the soul of Indian medicine and considered the whole *chikitsa* is nothing but correction of “*Antaragni*”.

Agni in *Ayurveda* concerned with *Kayagni* / *pachakagni* / *kosthagni* / *Audaryagni* only. It is the *Agni* in the body that makes the diet helpful or responsible for the production of *oja*, *bala*, *varna* etc. From *Apakwa* ‘*Ahara rasa*’ proper *Rasadi dhātu* cannot form

Āma vivechana

“*Amyatae Gamyate pakadartham iti Āmah*” (Āmarkosha)

The substance which is not digested properly and needs further digestion is called *āma*. Due to hypofunctioning of *uṣmā* (*Jathragni*) the first *Dhātu* ‘*Rasa*’ is not properly formed instead

the Anna rasa undergoes fermentation or putrefaction (*duṣṭa*) being retained in the *Āmashaya*. This *Rasa* is called as *Āma*.^[7]

Samprapti of Āmavāta

- ↳ *Viruddhahar nischalatva viruddha chesta snigdha bhojanottar vyayam*
- ↳ *Vitiation of sāman vāyu pācaka pitta kledak kapha*
- ↳ *Preexisting mandāgni*
- ↳ *Mandāgni*
- ↳ *āmotpatti evaṃ vātaprakopa*
- ↳ *vāyunoprerito āmaḥ śleṣmasthanapradhāvati*
- ↳ *dhātvāgnimāndya*
- ↳ *duṣṭi of āma by malasamcayarupa kapha etc doṣa and dhātuduṣṭi*
- ↳ *stroto abhiṣyandya*
- ↳ *thanasanshraya and dosha dushya sammurchana*
- ↳ *Manifestation of Āmavāta*

MODERN REVIEW

Rheumatoid arthritis is an autoimmune disease that causes chronic inflammation of the joints.^[8] Although there is a variety of systemic manifestation, the characteristic features of RA are persistent inflammatory synovitis usually involving peripheral joints in symmetric distribution. The potential of the synovial inflammation to cause cartilage destruction is the hallmark of the disease. (Harrisons – principles of internal medicine)

CASE STUDY

a patient of age 45 came to me suffering from severe pain and swelling over wrist and knee joint. He has fever more than 100 °F. I took the proper history of the patient then I found maximum hetu for āma utpatti and for *Āmavāta* then patient was advised for blood investigation which reveals RA factor reactive and ESR 90 mm fall after 1st hr. Firstly I advised him nidan parivarjana chikitsa, then gave him *śatapuṣpādi cūrṇa 2gm BD with śuṅṭhyādi kvātha 20ml BD*

Drug regimen with contents

śatapuṣpādi cūrṇa: śatapuṣpā, viḍaṅga, saimdhava, marica

śuṅṭhyādi kvātha: śuṅṭhī, gokṣura

Follow up was taken after every 15 days for 2 months and I got following effect.

RESULT

Symptoms	Before treatment	During treatment			After treatment 2 nd month
		15 days	1 month	45 days	
Angāmarda	Severe	moderate	Moderate	Mild	Mild
tr̥ṣṇā	Moderate	Mild	Mild	Mild	Mild
Gaurava	Severe	moderate	Moderate	Mild	Absent
Jwara	Moderate	Mild	Mild	absent	Absent
Agnimāndya	Severe	moderate	Mild	mild	Absent
Bahumutrāṭā	Moderate	Mild	Mild	Mild	Mild
koṣṭhabaddhatā	Moderate	Mild	Mild	absent	Absent
Rheumatoid factor	Present	present	Present	present	Present
ESR fall after 1 hr	90mm	80 mm	50mm fall after 1 hr	30mm fall after 1 hr	20mm fall after 1 hr

After completion of trial patient was found to be not treated completely but he was relieved from symptoms like severe pain, swelling, agnimāndya and fever. ESR decreased but RA FACTOR persists.

DISCUSSION

In this combination, *Katu, Tikta* are dominant *Rasa* in formulation thus help in digestion of *Ama* & finally in breakage of pathogenesis of disease. Besides this, there is dominancy of *Laghu, Ruksha Gunas* iwhich also helps in *Kaphaghna* property. This formulation is also dominantly has 4 *Dravya* with *Ushna Virya* which also helps to pacify the *Vata Dosha*. With these properties is able to digest *Ama* & to control the *Vata Dosha*. *Tikta* and *Katu* rasa present in most of the contents of drugs possess the antagonistic properties to that of *Āma* and *Kapha* which are the chief causative factors. Because of their *agniv̥ṛddhikara* property they increase digestive power which also digests *Āmarasa* and reduces the excessive production of *Kapha* and also removes the obstruction of the *srotasas*. Because of *Tiksna Guna* and *Usna virya* thes also alleviates vitiated *vāta*. *Tiksna* and *ushna* properties do not allow the *Āma* to linger at the site of pathogenesis and to create *srotorodha*. But it reduces *srotorodha* and pain.

Thus these drugs controls *Āma* and *vāta* together and minimize the process of pathogenesis.

CONCLUSION

It can be concluded that indicated hypo-functioning of *Agni* otherwise termed as *Mandāgni* is largely responsible for the formation of *Āma*, which is the chief pathogenic factor of the disease. The trial therapy provided statistically significant results in various clinical features

of the disease. Given drug having *Deepana*, *Pachana*, *Kapha Shāmaka* and *Vāta Prashmna* properties appear to play an important role in the treatment of *Āmavāta*.

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