

CONCEPT OF SAMA AND NIRAMA AWASTHA IN AMAVATA (RHEUMATOID ARTHRITIS) AND ITS MANAGEMENT - A CASE STUDY

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ABSTRACT

Objective-*Amavata* (Rheumatoid Arthritis) is chronic disease affecting various systems in body. Primarily it affects the joints but its manifestations can be seen in Haematological system, Cardio-vascular system, Digestive system. Patient suffering from *Amavata* (Rheumatoid Arthritis) can be in *Sama or Nirama* condition when it comes to hospital. The study mentions the two *awastha* and the treatment specific to each *awastha*. **Methods-** *Sama* (severe phase) and *Nirama Awastha* (less severe phase) comes with different *lakshanas* (symptoms). Although these *awasthas* are not mentioned in texts, they are seen in patients and can be compared with *Sama vayu* and *nirama vayu lakshana* which are mentioned in texts. This study is a case from Government Ayurveda College, Nagpur. Accordingly the treatment of *Amavata* (Rheumatoid Arthritis) as mentioned in texts, *Sama Awastha* (severe phase) in our patient is treated with *Langhana* (fasting), *Deepana-pachana* (appetizer, digestives), intake of *tiktakatu-rasa* (astringents, pungents), *valukapottli swedan* (sudation), *virechana* (purgatives) and *Vaitran Basti*. *Lakshanas* of *Nirama awastha* (less severe phase) of *Amavata* (Rheumatoid Arthritis) are similar to *nirupsthambhit vata* and in our patient is managed by *basti* (enema), treatment, *snehpana*, *lepa* (application of medicated powder). **Result-** After *ama pachan and ama shoshan in sama awastha*, patient's complaints of pain and swelling are minimized. After this *awastha*, *lakshanas of nirama vayu* are seen in our patient and treated accordingly. **Conclusion-** *sama and nirama awastha* are observed in patients of *Amavata* (Rheumatoid Arthritis). The treatment would be more effective if these *awastha* are taken into consideration.

Keywords: *Amavata, Sama- Awastha, vaitran-basti, Rheumatoid Arthritis.*

INTRODUCTION

Amavata (Rheumatoid Arthritis) is progressing at a higher rate nowadays. It is described in texts as *Daruna Vyadhi*¹ (chronic disease). More commonly seen in women, patients of all ages including children, all strata of society are affected by this disease. Lifestyle changes have played a major role in its increas-

ing rate. The *hetu*² (aetiological factor) of *Amavata* (Rheumatoid Arthritis) is unwholesome foods & life style, sedentary work habits which lead to impairment of digestive function and hence formation of *ama (toxins)*. One of the most observed *hetu* (causative factor) as seen in patients is " *Paryushitaahar*" (stale

food). It is not of importance for modern medicine but of dire importance in Ayurveda as Ayurveda is life science and “*hetu*” (causative factor), *linga* (symptoms), *auśhadha* (treatment) are *Trisutra*³ (three basic principles) of Ayurveda. *Ama* (undigested food) is main causative factor in the disease *Amavata* (Rheumatoid Arthritis). Factors causing formation of *ama* have direct impact on gastro-intestinal system. Therefore, *Amapachan* (digestion of *ama*) and its removal is the mainstay of Ayurvedic treatment in *Amavata* (Rheumatoid Arthritis). Modern system of medicine uses Anti-inflammatory drugs, DMARDs, Immunosuppressive agents. But these drugs have bad impact on the quality of life and they have many side effects. In Ayurveda, there are *Shaman* (management) and *Shodhan* (complete removal) measures which remove the toxins (*ama*) from the body without any side effect. Accordingly the treatment⁴ of *Amavata* (Rheumatoid Arthritis) as mentioned in texts, *Sama Awastha* (severe phase) in our patient is treated with *Langhana* (fasting), *Deepana-pachana* (appetizer, digestives), intake of *tiktakatu-rasa* (astringents, pungents), *valukapottli swedan* (sudation), *virechana* (purgatives) and *Vaitran basti*⁵. Patients of *Amavata* (Rheumatoid Arthritis) come mostly in *Sama Awastha* (severe phase) in hospital. This *Sama Awastha* (severe phase) includes symptoms similar to *Sama- Vayu lakshanas*⁶ which are *Vibandha* (constipation), *Agni-saada* (poor-digestion, anorexia), *tandra* (weakness), *antra-kunjan* (bloating), *vedana* (pain), *shoth* (inflammation), *nistoda* (pricking pain), *kramasho-anganipidyeta* (affecting body parts chronologically). This *Awastha* is treated with *langhana* (fasting), *depana-pachana* (appetizer, digestives), *tiktakatu rasa* (astringents, pungents) *sewan*, *valukapottliswedan* (sudation), *virechana* (purgatives) in our patient. When *Nirama Awastha* (less severe phase), after *ama* digestion comes in patient it shows *lakshana* similar to *nirama vayu*⁷ like *vishada* (clean), *ruksha* (dryness-swelling disappears), *bandhamukta* (devoid of sticky toxins), *alpa vednayukta* (less pain) and is treated by *snehana* (oleation therapy).

Materials and Methods-

Place of Study - Government Ayurved College and Hospital, Sakkardara, Nagpur.

Case Report: A 56 year old female patient was admitted to FW, bed no. 46 on 23.03.2019 having complaints of

- *Vamjanusandhishotha*, *shula*, *ushnasparsha* (swelling, pain, calor at left knee), *ubhayansa sandhi shula* (both shoulder joint pain), *vamkurpar sandhi shotha* (swelling in left elbow), *ubhay hasta-mushtibandhan nahi* (no grip movement) since 1 year
- *Nakha-netrapanduta* (pallor), *shudha-mandya* (anorexia) *khandit-nidra* (sleep disturbance), *mukha-sushakta* (mouth dryness), *trushna-adhikya* (increase thirst), fever, *aadhaman* (bloating), *malvibandha* (constipation), *sadhar-sakashta chankraman* (walk with support-painful) --- since 6 months.
- *Prataha-sandhi graha* (morning stiffness for more than one hour) since 1 year

Symptoms after 40 days of treatment:-

- Both knee joint pain (no swelling)
- Walk without support (painful)
- Both wrist joint pain (no swelling)

On examination she displayed restriction of movements in her left knee joint, wrist joints, and shoulder joint. Swelling on both knee joints, both wrist joints.

- Her ESR on 24.04.2019- 90 mm/hr
- Based on ACR-EULAR⁸ (American College of Rheumatology- European League Against Rheumatism collaborative initiative) criteria for diagnosing Rheumatoid Arthritis the case was diagnosed R.A. with a score 7/10.

Earlier she had taken NSAIDS.

Personal History: Diet - mixed diet (spicy, non-vegetarian food); No h/o typhoid, dengue, malaria; Appetite - irregular; No h/o -HTN, DM; Bowel - constipated; No h/o-any drug allergy; *Ashtavidhaparikshavidhi*-; *Nadi* (pulse)-*pitta-vata*. 78/min; *Mutra* (urine)-normal; *Mala* (stool)-constipated; *Jiwha* (tongue)-*saama*; *Shabda* (voice)-normal; *Sparsha* (touch)-warm; *Drik* (eyes)-normal; *Aakriti* (built)- moderate built.

Table 1: Treatment during *Sama Awastha* (severe phase):

| Day | Symptoms | Treatment | Properties |
|---------------------------|---|--|---|
| 24 th April | <ul style="list-style-type: none"> • swelling, pain, calor at lt. knee • both shoulder jt. pain • swelling in lt elbow • increased thirst • anorexia • fever • unable to walk • malvibandha | <ol style="list-style-type: none"> 1. <i>Amavatari rasa</i> combination for 21 days (Amavatari rasa-10gm Rasnadi guggul-10gm Mahavatvidhvansa rasa-20 tab Gulvel satva-10 gm Sunthi churna-50gm) 42 equal portions, BD for 21 days 2. Maharasnadi kadha 4 tsf *BD 3. Punarnavasava 4tsf * BD 4. Triphala guggul 2*BD 5. Ajmodadichurna 2gm *BD 6. Valuka-pottli swed 7. Sunthi-lepa | <ol style="list-style-type: none"> 1. Amavatari rasa-deepana-pachana (helps in ama digestion), <i>shothaghna, vednahara</i> (analgesic, anti-inflammatory) 2. Rasnadi guggul- <i>aampachak</i> (digestion of ama) 3. Mahavatvidhvansa rasa-analgesic 4. Gulvelsatva-balances acidity 5. Maharasnadikadha-analgesic, anti-inflammatory 6. Punarnavasava- anti-inflammatory 7. Triphala guggul-deepan, reduces pain 8. valuka-pottliswed-local anti-inflammatory 9. sunthi-lepa—localized <i>aampachan</i> |
| 30 th April | *fever subsides Other complaints continuous | Vaitranbasti for 14 days | Indicated for Amavata (Rheumatoid Arthritis) treatment. |
| 17 th May | *increased thirst *c/o fever at night *malvibandha | <ol style="list-style-type: none"> 1. Rasnadwadashkwath for 30 days 2. Shadangpaniya (muhurmuhu) 3. Sudarshan ghanavati 2BD 4. Sunthi-siddha erandasneha 1tsf Hs | Rasnadwadashkwath - indicated in Amavata (Rheumatoid Arthritis) Shadangpaniya - jwaraghna (antipyretic), pipasaghna (treating excessive thirst) Sudarshan ghanavati-jwaraghna (antipyretic), |

Table 2: Treatment in *Nirama Awastha*

| Day | Lakshanas | Treatment | Properties |
|------------------------|---|---|--|
| 5 th June | Both knee joint pain during flexion Difficulty in walking | Alternate anuvasan and niruhbasti. Anuvasanbasti with til tail 20ml+eranda tel 10ml+mahavishgarbha tel 10ml Niruhbasti with dahmoolkwath 600 ml | Vatadosha shodhan |
| 11 th June | Rt. Knee pain (X-Ray shows degeneration of Rt. knee joint) | Tel-pattabandhan(both knee joints) Lakshadi guggul 2BD Ghritasewan – 1 tsf with milk | Snehan (oleation therapy) For vatadhosha shaman |
| 5 th august | Weakness <i>Nakh-netrapanduta</i> | Yograj guggul combination for 21days*BD Yograj guggul-10gm Punarnava mandur-10gm Mandur bhasma-10gm Shatavari churna-50gms | Treating <i>pandu</i> (anaemia) |

Table 3: Subjective Criteria in *sama awastha*

| <i>Laskshanas in Sama Awastha</i> (severe phase) | Before treatment | After treatment |
|--|------------------|-----------------|
| 1. <i>Vam janusandhi shotha, shula</i> (swelling, pain-lt. knee) | ++++ | ++ |
| 2. <i>vam kurpar sandhi shotha</i> (swelling in lt. elbow) | +++ | + |
| 3. <i>shudha-mandya</i> (anorexia) | ++++ | Absent |
| 4. <i>malvibandha</i> (constipation) | ++ | Absent |

Table 4: Subjective criteria in *nirama awastha*

| Lakshanas in NiramaAwastha | Before treatment | After treatment |
|--|------------------|-----------------|
| 1. Both knee joint pain (no swelling) | +++ | + |
| 2. Walk without support (painful) | +++ | + |
| 3. Both wrist joint pain (no swelling) | ++ | Absent |

Table 5: Objective Criteria

| | Before treatment | After treatment |
|---|---------------------------------------|------------------------------------|
| Fatigue | Fatigued and requiring long term rest | Interrupt work to rest |
| ESR | 90 mm/hr | 73 mm/hr |
| Haemoglobin (gm%) | 7.9 gm% | 9.2 gm% |
| Distance of knee joint from flat surface (for stiffness and contracture of joint) | Right Knee-15 cm Left Knee-9 cm | Right Knee-11 cm Left Knee-8 cm |

Table 6: Assessment of joint tenderness⁹

| Grade | Assessment |
|-------|--|
| 1 | Patient says joint is tender |
| 2 | Patient winces due to pain |
| 3 | Patient winces and withdraws the affected part |
| 4 | Patient does not allow the joint to be touched |

Table 7: Joint tenderness assessment in our patient

| Affected joint | Before treatment | After treatment |
|---------------------|------------------|-----------------|
| Both knee joint | 4 | 2 |
| Both wrist joint | 3 | 1 |
| Both shoulder joint | 3 | 1 |

DISCUSSION

Initially the patient presented with severity in symptoms. After diagnosed with *Amavata* (Rheumatoid Arthritis); her condition is related with severe *Sama Awastha* (severe phase) in body. The treatment was given for *ama as deepan-pachan with Amavatari rasa* combination for 21 days. Similarly pain was treated with triphalaguggul, maharasnadi kwath. Punarnasav was given as an anti-inflammatory. Vaitranbasti through its properties did *shodhana* of the body. Valuka- pottali swed and sunthilepa for localized

Amapachan. This *awastha* was relevant with *Sama-vayu* symptoms in texts. After treatment the patient was relieved with inflammation and stiffness of joints, weakness and fatigue reduced. Her walking time increased with less pain. This condition was seen for one and half month in our patient.

After the symptoms in *Sama Awastha* (severe phase) subsided, we could see symptoms of *vataprakopa*. Here *Niramavayu* symptoms were predominantly seen. So, the base line of treatment was *Vata-Shodhan* and Shaman Chikitsa (treatment for alleviat-

ed vatadosha) which was done with Basti (medicated enema) treatment through *Anuvasan- Niruhbasti*, followed by milk and *Ghrita-sevan and tail-pattbandhan* around both knees. Her symptoms of pain while joint movements, stiffness was gradually subsided.

CONCLUSION

Amavata is a debilitating disease defined with its chronicity and deformities. In its *Sama Awastha* (severe phase) patient is weakened and unable to do daily activities. Here plays its major role than alleviated *vatadosha as in Amavata* (Rheumatoid Arthritis). Knowing the nature of ama, this phase is treated primarily taking ama into consideration. Our patient got relieved through this *awastha*. After this phase, the *lakshanas of niramavayu* was seen in our patient. It was treated on the principles of *vatadosha chikitsa*. The *lakshanas in nirama awastha* gradually subsided and patient was able to do her daily routine chores. Many patients of *Amavata* (Rheumatoid Arthritis) are relieved of their symptoms considering the *Awastha*. But for study purpose, a single case is taken into account.

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Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Rahman Saniya et al: Concept Of Sama And Nirama Awastha In Amavata (Rheumatoid Arthritis) And Its Management - A Case Study. *International Ayurvedic Medical Journal* {online} 2019 {cited November, 2019} Available from: http://www.iamj.in/posts/images/upload/2133_2137.pdf