A CASE STUDY OF YOGVASTI IN THE MANAGEMENT OF AMVATA

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ABSTRACT
The present study was aimed to evaluate the efficacy Dashmula yogvasti in Amvata. In the treatment principle of Amvata shodhana therapy has been given prime importance. In Ayurveda Yoga Ratnakara advises undergoing specific panchakarma according to Dosha, Svastha, Avastha. Here a male patient of amvata came to take ayurvedic treatment for his relief. He had been given ayurveda treatment. according to chikitsa sutra. Initially Deepana, Pachana, Roookshana was done followed by administration of dashmula yogvasti for 8 days. Follow up period was of 16 days in which Yograjguggulu, amvatari kashayam, maharasadakshaya. was given. Assessment was done at clinical level and investigation level after the treatment and after follow up period. This study proves the significance of Selected drug Yogavasti in Amvata. It shows Panchakarma is useful for diminishing the signs and symptoms of amvata.

KEYWORDS: Dashmula yogvasti, Amvata, Simhanada guggul.

INTRODUCTION
Amvata is a painful multiple joint involvement systemic disease. In Ayurveda Amvata nidana mentioned by Acharya Madhavakara in madhav nidana. Ayurveda says multiple systemic diseases are aggravated from Mandagni and Apachit ahar rasa. As consider to amvata it is a sama vyadhi aggreated from sama Aahar rasa. Amvata is likely to be saam vaya lakshana. In Amvata Ama And vata dosha vitated by Improper metabolism. Although no. of. diseases are also formed by apachit or dushit Aahar rasa, and Amvata is one of them. [1]

In case of disease the hetu are responsible. In case of Amvata viruddha Aahar, atisnigdha aahar, mandagni is responsible for Apachit Aahar rasa. This Apachit aahar rasa comes to shleshmasthan and causes strotorodha, gaurav, balbhramsha and vimargagamana is to be formed.so in amvata joints are inflamed. [2] The treatment plan of Amvata is described in Yogratnakara. I have selected this widely spreading amvata vyadhi which is co-related with Rheumatoid Arthritis. [3] The prevalence rate of Rheumatoid arthritis is about 3% with male to female ratio of 1:3. [4]

CASE REPORT
A 32 year male patient presenting with signs and symptoms of Amvata like:
1) Sandhishula
2) Shotha
3) Vrischikdanshvatvedana
4) Trisha
5) Angmarda etc. was taken in study.
He has RA +ve and E.S.R.raised

But from last 20days increase in severity of symptoms were observed. So he has approached to O.P.D. of csmss ayurved hospital, kanchanwadi Aurangabad.

History of present illness
Patient was having snadhishula, shotha, vrischikdanshvat vedna etc. symptoms since 3-months for the same he approached to modern medicine. He has been advised to take painkillers, steroids etc, instead of taking modern medicine he has approached to ayurved.

Past History: No history of DM/HTN/IHD/Typhoid/or any major illness. No history of accident or fall.

Family History
Svakula – swastha
Matrikula - swastha
Pitarakula – swastha

Personal History
Age- 32yrs
Sex- male
Education-hsc.
Prakriti – Vaat pittaj.
P.R.- 72/min.
Koshta- madhyam
Agni- manda
Aahara
1) Type of diet- veg-nonveg
2) Dominant rasa- madhur, amla, lavan, katu rasa pradhanya.
3) Dietary habits-viruddhanna
4) Dravya- navadhanya(rice), dadhi.
5) Addiction- tea-4-5 times/day.
6) Viharaja- vyayam, atishrama, vegadharana.
7) Nidra – khanditnidra
8) Divaswnapa- 1hr /day
9) Occupational history- labour work.

General examination
(including Ashtavidha, indriyapariksha and strotasa examination.)
G.C.- Moderate
P.R.-74/min.
R.R.- 16/min
B.P.-120/80mmHg.
Systemic examination-
Cvs- s1,s2 normal
Cns well consciousness oriented.
R.S.- air entry equal…chest clear.
P/A. soft,non tender.
Liver, kidney, spleen-not palpable.

Ashtavidhapariksha
1) Nadi- 74/min.
2) Mutra-4-5times
3) Mala-regular (1/day)
4) Jivha – sama
5) Shabda-aatur, gambhirswara.
6) Sparsha – Ushna sparsha
7) Drik-snigdha

8) Akruti – madhyama.

IndriyaPrikshana
Dyunendriya (sensory organ)- no any deformity.
Karmendriya
Vaak- normal.
Pauni- shotha.
Kurpansadhishula.
Pada – ubhay pad brihad sandhi shula, sakashtachankramana.

Strotas parikshana
Rasavaha Strotas: aruchi, angmarda, jwara.
Asthivaha Strotas: sandhishula
Majjavaha Strotas: tingling sensation in hands

Investigations
1) Hb% - 12.9gm%
2) Rbc- 4.26 million / Cumm
3) Wbc - 4600 /Cumm
4) Platelet count - 2,28,000 /Cumm
5) E.S.R - 25mm at the end of one hour
6) RA test. - Positive

Dignosis and assessment
Amvata was dignosed by the presence of symptoms such as angamarda, ushnasparcha, shotha, vrushchikdanshavatavedana etc.

Treatment
I have given treatment plan as per,
Langhana
Deepanpachana
Swedana

Treatment - Bahya

<table>
<thead>
<tr>
<th>Day</th>
<th>Basti名称</th>
<th>Basti pradan kaalu</th>
</tr>
</thead>
<tbody>
<tr>
<td>1Dec.to 7dec.</td>
<td>Valukapottaliswedan, Sunthilepa at night</td>
<td>Simhanadaguggulu 500mgBD Maharasnasidakashay 20ml BD</td>
</tr>
</tbody>
</table>

After diminishing all lakshana of aama, I have given yogvasti treatment to the patient.

On 8th December
After diminishing the samaavastha „yogavasti is given to the patient followed by Yograjguggulu, maharasnasidakshaya. [5]

<table>
<thead>
<tr>
<th>Sr.no.</th>
<th>Day</th>
<th>Basti名称</th>
<th>Basti pradan kaalu</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8th dec.</td>
<td>Anuvasan basti</td>
<td>Morning (after breakfast) 9am.</td>
</tr>
<tr>
<td>2</td>
<td>9th dec.</td>
<td>Niruh basti</td>
<td>Morning (before breakfast) 8am.</td>
</tr>
<tr>
<td>3</td>
<td>10th dec.</td>
<td>Anuvasan basti</td>
<td>Morning (after breakfast) 9am.</td>
</tr>
<tr>
<td>4</td>
<td>11th dec.</td>
<td>Niruh basti</td>
<td>Morning (before breakfast) 8am.</td>
</tr>
<tr>
<td>5</td>
<td>12th dec.</td>
<td>Anuvasan basti</td>
<td>Morning (after breakfast) 9am.</td>
</tr>
<tr>
<td>6</td>
<td>13th dec.</td>
<td>Niruh basti</td>
<td>Morning (before breakfast) 8am.</td>
</tr>
<tr>
<td>7</td>
<td>14th dec.</td>
<td>Anuvasan basti</td>
<td>Morning (after breakfast) 9am.</td>
</tr>
</tbody>
</table>
Yograj guggul 2BD after meal
Maharasnadi kashaya – 2 teaspoon two times after meal.

On 16th December
Patient was discharge and advice to take following treatment.
1) Yograj guggul- 500ml BD.
2) Amvatari Kashay- 20ml BD.
3) Tapyadi loha-250mg OD.

RESULT
The patient is symptomatically improved. The subjective parameter show improvement in clinical symptoms (Table 1). Patient shows RA test Negative and changes in ESR value (Table no.2). Before starting the treatment patients was presented with all the symptoms but there was improvement in Sandhishula, Shotha, Vrischik danshvatavedana, Trishna, Angmarda etc. In this case study it is found that there is decrease in symptoms of aamvata at the end of parihar kala and change in the R.A test and E.S.R.value during follow up study. (Table no.2).

Table No. 1.
<table>
<thead>
<tr>
<th>Sr.no.</th>
<th>Signand symptoms</th>
<th>Before treament</th>
<th>After treament</th>
<th>After paihara kala (aftr 16th day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sandhishula</td>
<td>Present (8+)</td>
<td>Present (3+)</td>
<td>Present (1+)</td>
</tr>
<tr>
<td>2</td>
<td>Shotha</td>
<td>+++</td>
<td>+++</td>
<td>+</td>
</tr>
<tr>
<td>3</td>
<td>Vrischikdanshvatavedana</td>
<td>+++</td>
<td>+++</td>
<td>+</td>
</tr>
<tr>
<td>4</td>
<td>Trishna</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>5</td>
<td>Angmarda</td>
<td>+++</td>
<td>+++</td>
<td>+</td>
</tr>
<tr>
<td>6</td>
<td>Gaurarava</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>7</td>
<td>Sparshasharva</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>

Table No. 2.
<table>
<thead>
<tr>
<th>Sr.no.</th>
<th>Test</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ESR</td>
<td>25</td>
<td>15</td>
</tr>
<tr>
<td>2</td>
<td>R.A.</td>
<td>Positive</td>
<td>Negative</td>
</tr>
</tbody>
</table>

DISCUSSION
Sarvdehikandsosha panchanadoone byour bahya and abhyantar treatment. Vata shamana is also done by above treatment.

Vasti plays a prime role in treatment of vitiated vata.[41] Vata is only responsible for all the functions of the body and also therefore for the production of the disease. The given Vasti enters the Pakvasaya, which is the main seat ofvata dosha and destroy vitiatedvata dosha, which is the originator of the disease. By subsiding the vata, the disease located in the other parts of the body also become pacified just like cutting the root of a plant, stem branches, sprouts, fruits, leaves etc. also destroyed. The Shaman medicine like Singnaad Guggulu and Maharasnadi kashaya is beneficial in Amavata. They help in diminishing the sign and symptoms of aamvata.

CONCLUSION
From above discussion As per disease activity Sampraptibhangachikitsa is important in Amavata. And sarvdehik Bala improvement is also important. Yogvasti has effect in aamvata after Langhan, Dipana, Pachana. and panchakarma chikitsa plays and important role to treat such diseases. Ama is one of the vyadhi ghatak given in text. But in this disease it is a prime factor that why first treatment of ama was done and after that yogvasti was given.

REFERENCES
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