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CASE STUDY ON AAMAVAT CHIKITSA WITH SPECIAL REFERENCE TO LANGHANA UPAKRAMA

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Abstract:

Agni plays an essential role in human health righteously described Ishwara by Acharya Sushruta. Rather this Agni when manda (diminished power) is mentioned to be the cause of all types of diseases. Hence appropriate care of Agni is most essential. Agni-bala is dependent on Ahara-matra and vice versa, hence any disturbances in any one factor affects the other. The aim of article is to highlight the importance of Aharamatra in order to maintain Agni-bala. The diminished Agni-bala led to ama formation. The untreated ama diseased the Rasadhatu and along with the Rasadhatu get dispersed in the entire body further taking Sthana-sanshraya at Dakshina Janusandhi causing the Amavaata disorder as per Ayurveda. The case study also implicit the Langhana concept of prime importance and justly mentioned foremost in Amavaata treatment by the Granthakaras. Meticulous treatment in accordance to cause and as per principles of Ayurveda consequences apposite Chikitsa and ultimately Upashaya of Vyadhi.

Keywords:

Amavaata, Aharamatra, Agnibala, Ama, Langhana.

Introduction:

Ahara is described as foremost *Upasthambha* amid the *Trayopatsmbha*, i.e., *Ahara*, *Nidra* and *Brahmacharya*.

आहारसंभवं वस्तु रोगाश्चाहारसंभवाः | हिताहितविशेषाच्च विशेषः सुखदुःखयोः || च. सू. 28 / 45

Trayopasthamba sustain the body as pillars of house strongly hold the entire house. Undeniably Ahara is one of the most essential factors for human survival. *Agni* is an imperative factor in *Ahara pachana;* rather it is suitably described as fundamental component in *Ahara parinAmakara bhava* [factors responsible for *pachana* (digestion of food)]. The

Agni gets vitiated due to several reasons like *Abhojana* (Not having meals), *Ajirna*, *Ati - bhojana* [eating excessive during *Ajirna* (indigestion)], *Vishamashana (*when one is not hungry or not eating when one is hungry), *Asatmya - bhojana* [eating food which is not *Satmya* (accustomed)], *Guru (difficult to digest) bhojana , Sheeta*, more *Ruksha*, *Sandushta* food (spoilt), *Karshana* (loss of weight) due to *Virechana, Vamana, and Sneha, Ahara* opposite to *Desha Kala* and *Rutu* and suppression of *Vega* is responsible for vitiation of *Agni.*

अभोजनादतिभोजनाद्विषमाशनात् | असात्म्यगुरुशीतातिरुक्षसंदुष्टभोजनात् || च. वि. 15 / 42

Due to diminished strength of *Agni* the *Adya* (first) *Dhatu* remains *Apachita* (improperly digested) and results in *Ama* formation.

उष्मणोऽल्पबलत्वेन धातुमाद्यमपाचितम् | दुष्टमामाशयगतं रसमामं प्रचक्षते || अ.हृ.सू. 13/25

This Ama produced in the *madhyam marga* if not treated appropriately, eventually find its way to the *shakha marga* and results in *sthanasanshraya*(refuge) at *dusta sthana*(weaker sites) in human body. *Ama* is an outcome of improper digestion and alludes to be *visha sAmana* (resembling poison). Similar etiology ensues in *Amavaata*, the *Ama* originated in *Kostha-marga* due to *Prakupita Vata* harbors shelter in *Sandhi (dusta sthana)* resulting in *Amavaata*. *Ayurveda* has described *Samprapti* as the etiology of a disease. The case presented in current article classically elucidates the *Samprapti* (etiology of a disease) as illustrated in *Ayurvedic* literature and application of the *Chikitsa* principles in accordance to *Granthas* resulted in *Upashaya* of *Vyadhi*.

Case presentation:

Patient Name: xyz

Sex: Male.

Age: 2 yrs. 6 months

Weight: 10.5 Kg.

Address: Juinagar, Navi Mumbai

Date of Examination: 13/07/2020

VartAman Pradhan Lakshana (Chief complaints)

Kshudha Mandya since age of 6 months

Jwara (100 – 101^0 F) since 4 months

Anidra(insomnia), *Arati* and *Anutsaaha* (less activity) since 2 months

Dakshina Jaanu Sandhi Shoola +++ since 1 month

Dakshina Jaanu Sandhi Shotha + since 1 month

Shool and Jwara associated with Chalane Kashtata (unable to rest the right foot completely on the floor while walking)

Ashtavidha Parikshana:

Nadi: 100/min. Guru

Shabda: -

Mala: NAD

Sparsha: Dakshina Janu Oushnya

Mutra: NAD

Drika: -

Jihva: Ishad Shwetabha Upalep

Akruti: Krusha

Pathological investigations:

Date – 17/06/2020

Sr. Cr. – 0.7, S.G.P.T. – 12.3, CBC – Hypochromia; Hb – 11.6 gms/dl, ESR – 65,

CPk – 55, CRP – 29.20, ASO titer quantitative – 370

Chikitsa(Treatment)

1. Langhanaa – Peya for 2 to 3 Annakaala
2. Koshnodaka

For 7 days.

- Follow up: 21/07/2020

Chief Complaints

Alpa Kshudbodha +

Jwara 99^0F once a week

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Dakshina Jaanu Sandhi Shoola +

Dakshina Jaanu Sandhi Shotha – Absent.

Chikitsa:

1. Langhanaa – Peya for 2 to 3 Annakaala

   Vilepi – Alternate day
2. Koshnodaka

For 7 days.

- Follow up: 3/08/2020

Chief complaints

Kshudbodha ++ associated with Krodha (used to subside immediately after Bhojan specially of

madhura rasa)

Dakshina Jaanu Sandhi Shoola + intermittent (not regular)

Jwara -Absent

Dakshina Jaanu Sandhi Shotha – Absent.

Chikitsa:

1. Langhanaa – Vilepi & Kruta krushara
2. Koshnodaka
3. Rasnadi yog (100 mg.) + Sutshekhar (50 mg.) + Krimikuthar (50mg.) – twice in Ananna kala (morning 7 to 8 and evening 5 to 6) with Madhu.

For 15 days.

- Follow up: 25/08/2020 Weight: 11.6 Kg.

Kshudbodha +++

Dakshina Jaanu Sandhi Shoola - Absent

Dakshina Jaanu Sandhi Shotha – Absent.

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Jwara - Absent

Chikitsa:

1. Godhum bhallatak (30 mg.) + Sitopaladi Churna (250 mg.) once in Morning Ananna Kaala with Ghruta and Madhu – for one month.
2. Advised normal course of meal.
3. Advised Pathological investigations after a month

- Follow up

Pathological investigations: Dated – 09/10/2020

Hb – 12.1, Sr. Cr. – 0.4, S.G.P.T. – 13.4, CPk – 93.8, CRP – 0.783, ASO titer quantitative – 137

Patient's first visit was on 13 July 2020. Patient's mother complained of Jwara and right knee joint pain with slight inflammation. Jwara Lakshana commenced four months ago, while Dakshina Janusandhi Shoola and Shotha was noted since last 2 months along with anidra ,arati and anutsaha Shool and Jwara associated with Chalane Kashtata (unable to rest the right foot completely on the floor while walking).Detailed prashna pariksha(questioning) revealed forcible feeding since one and half years as the patient was reluctant to eat thus concluding Kshudha Mandya since age of 6 months .Since the onset of Jwara the patient was on alternative medicine but no relief hence opted for ayurvedic treatment. Following Pathological investigation reports were noted. Serum Creatinine – 0.7, S.G.P.T. – 12.3, CBC – Hypochromia; Hb – 11.6 gms/dl, ESR – 65, CPk – 55, CRP – 29.20 and ASO titer quantitative – 370.Treatment initiated with Peya for 2-3 annakaala and koshnodaka (warm water) for 7 days.

The next visit was on 21 July 2020. Dakshina janu sansdhi Shotha had totally subsided. Occurence of Jwara was once a week that too maximum 99^0F. The patient experienced alpa Kshudha bodha slight feelining of hunger.Peya and koshnodaka was continued for further 7 days along with vilepi every alternate day.

On further follow-up complete Upashaya of Jwara and dakshina janu sandhi Shotha was noted.Occurence of dakshina janusandhishoola was intermittent. Kshudha bodha (desire for consuming food) had increased associated with Krodha (anger) which subsided on having meals especially madhura rasa pradhana. Vilepi and Kruta Krushara was advised along with koshnodaka. Rasnadi yog {Rasna, Amruta, Punarnava, Shunthi, Krauncha (100 mg.)} + Sutshekhar (50 mg.) + Krimikuthar (50mg.) at Ananna kala (morning 7 to 8 and evening 5 to 6) with Madhu was prescribed for 15 days.

After 15 days on 25 August 2020 complete Upashaya of Jwara, Dakshina Janusandhi Shoola and Shotha was reported. Significant increase in Kshudha was noted. The patient was prescribed Godhum bhallatak (30 mg.) + Sitopaladi Churna (250 mg.) once in Morning Ananna Kaala with Ghruta and Madhu for one month.Normal meal and pathological investigation after one month was adviced .

Pathological investigation dated October 2020 revealed significant decrease in CRP and ASO titer quantitative.

Discussion:

Knowledge of Ayurveda is classically elucidated in form of trisutra i.e.,hetu (causes or etiology), linga (Sign and symptoms) and aushadha (Medicine) considering this the case is discussed in similar format.

Hetu is the etiology i.e causes of diseased condition. A keen study of above case reveals that the patient was reluctant to eat since age of 6 months. Rather forcible feeding was done by the parent in order to attain the weight in accordance to age chart by modern science. Thus, resulting into ajirna, further *ajirne, ati bhojana continued, both of* these are mentioned to cause vitiation of *Agni. Diminished* power of Agni caused improper digestion of food resulting in formation of Ama. Thus, Adhyashanan is the main hetu as in this case which resulted in a vicious circle of improper digestion and AgniMandya resulting in Ama.The hetu sevana still continued resulting in increased Ama. This uncured Ama further accumulated and ultimately got disperse in the body along with rasa. The Rasagata Ama attained (sthana sanshraya) shelter at weaker spots in the body i.e., knee joint initiating Dakshina Janusandhi Shoola and Shotha. Thus, passive Adhyashanana (as the patient individually was not responsible for hetu sevana) can be concluded cause of the above case which led to further Samprapti.

Linga are the signs and a symptom seen in the patient. Agnimandya was observed as the patient was unwilling to consume food, simultenously Adhyashanana hetu was incessantly proceeding. In this case it was difficult to predict what was first AgniMandya or Adhyashanana however this atrocious circle of Adhyashanana and Agnimandya led to Ama formation. Arati, Aalasya, Anutsaha and reluctancy to eat food these Lakshana of Ama were observed in early phase. Further the Ama due to continuous Hetu-sevana and inapposite treatment accumulated and happened to become Rasagata. Eventually the Rasagata Ama got dispersed in the entire body causing the Jwara Lakshana. Later this Ama took shelter i.e., sthana sanshraya at dakshina janu sandhi resulting in Dakshina Janusandhi Shoola and Shotha along with ushnya. Accompanied by above Lakshana Kshudha Mandya was present incessantly. Considering the entire etiology Amavaata diagnosis was concluded as per Ayurveda.

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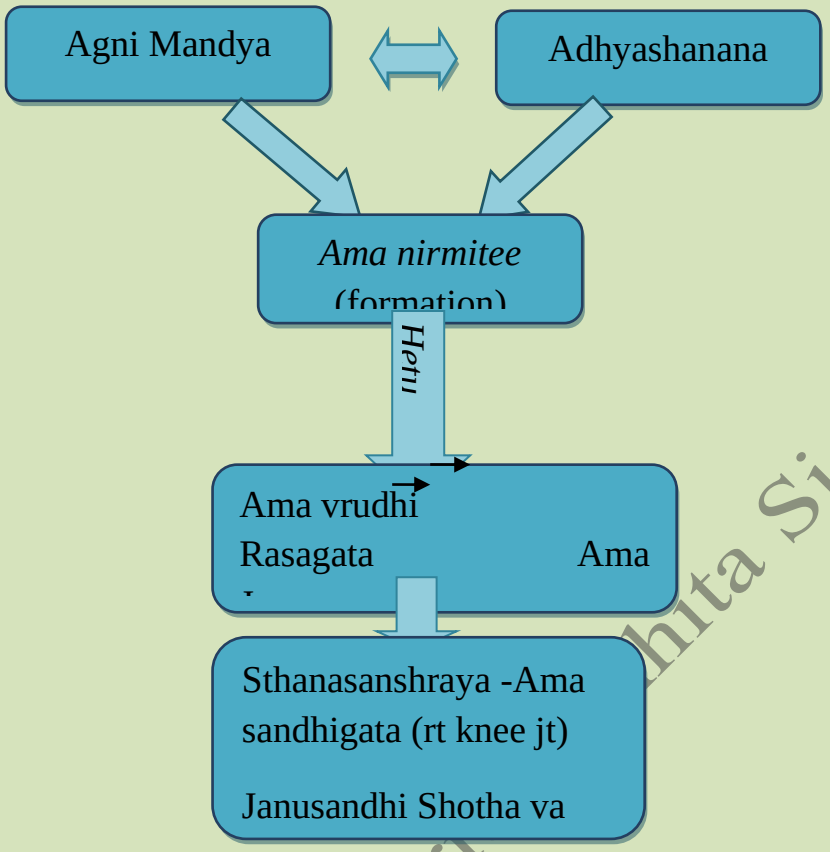

Aushadhi

Aushadhi refers to medicine given for a certain ailment during Chikitsa i.e., treatment.Chikitsa refers to acts performed inorder to attain Dhatusamya (equilibrium of Dhatu).Dhatu samya is refered to as a sadhana(mean) of attaining arogya(health).

याभिः क्रियाभिर्जायन्ते शरीरे धातवः समाः | सा चिकित्सा विकाराणां कर्म तद्भिषजां स्मृतम् || च. सू. 16 /

Amavaata Chikitsa sutra states implementation of Langhanaa as first line of treatment,

लंघनं स्वेदनं तिक्त दीपनानि कटूनि च | विरेचनं स्नेहपानं बस्तयश्चाऽऽममारुते || यो. र.

also the Ama had become Rasagata specifying the disease to be rasapradoshaja and Langhanaa is stated as preferred treatment for rasapradoshaja vikara.Langhanaa karma results in pachana (digestion) of anavashtita dosha (dosha which has left their sthana in this case

Ama),dipana (igniting of Agni),destruction of Jwara ,ruchikar (improves sense of taste) and laghav (lightness). Charakacharya have stated Langhanaa as laghu bhojana(meals light to digest) and upawas (complete leaving of meals.considering the age of patient being in bala avastha laghu bhojana form of Langhanaa was implemented.

विमलेन्द्रियता सर्गो मलानां लाघवं रूचि: |

क्षुत्तृट्सहोदय: शुद्धहृदयोद्गारकण्ठता ||

व्याधिमार्दवमुत्साहस्तंद्रानाशश्च लङ्घिते | अ.ह.सू. 14/17-18

Thus, peya for two to three annakala or as per Kshudha bodha (sense of hunger) was recommended for first seven days. Along with Langhanaa koshna jala was advised replacing normal water for consumption as koshna jala results in pachana and dipana.

On Follow up visit complete Upashaya of januShotha with intermittent Jwara and janu shoola was recorded indicating pachana of Ama in progression, along with-it slight improvement in hunger stipulated increase in Agnibala. To increase the Agni bala Sansarjana karma is subsequently practiced after shodhana karma in accordance in order to increase Agnibala in the patient along with peya vilepi was advised alternate day accompanied by koshnodaka.

At the Later visit patient complained of intermittent janu sandhi shoola and significant increase in sensation of hunger indicating substantial increase in Agnibala. Further, as per general protocol of treatment the apunarbhava aushadhi treatment was prescribed. Rasnadi yoga was prescribed for sandhigata Ama pachana.Sootshekhar rasa was advised to take care of Agnibala and yakrut.Patient was in balavastha with increased predominance of kapha dosha escalating the incidence of krumi hence krumikuthar rasa was prescribed .

Follow up visit after fifteen days complete Upashaya of all complaints was observed along with it there was proper sensation of hunger. Hence as a part of Vyadhi vishista rasayana(rejunivaton therapy of specific disease) godhum bhallataka to take care of Agni and sitopaladi churna as balya was prescribed for further month . pathological investigations after one month revealed significant decrease in CRP and ASO titer quantitative accompanied by complete Upashaya of all Lakshanas with excellent Agnibala.

Conclusion:

The basic principles are the strength of Ayurveda and its meticulous application results in yogya Chikitsa and Upashaya of Vyadhi. The primary hetu in above case was Adhyashanana. The parents had forced the child to consume food in order to attain weight as per the modern science. Ayurveda has recommended consumption of Ahara matravat i.e., in right quantity. Morever the Ahara matra rely on Agnibala and for proper digestion of Ahara, Agni bala ought to be suitable thus Aharamatra and Agnibala are mutually dependent factors. Agnibala vitiation resulted into Ama which further vitiated rasa and took sthanasanshraya in the sandhi to cause Amavaata.Thus to increase the Agnibala and pachana of Ama was most important key to treatment in above case. Granthakaras have described Langhana as prime in Amavaata Chikitsa. Eventually Langhana brings about Agni dipana and Ama pachana thus proven to be useful. The sequence Langhana, pachan, apunarbhava Chikitsa and rasayana followed by ayurvedic practitioners was followed and resulted in Vyadhi Upashaya.

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