



Research Article

ROLE OF PANCHAKARMA IN MANAGEMENT OF *Amavata*: A CASE REPORT

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ABSTRACT

Amavata is most common debilitating joint disorder which makes the life of patient almost crippled. It is seen most commonly in the patients due to their changing dietary habits, social structure, environment and mental stress and strain. De-arrangement of *Agni* is a chief factor responsible for the formation of *Ama*, which is main pathological entity of the disease. Due to their similar mode of presentation the term Rheumatoid arthritis can be broadly grouped under the heading of *Amavata*. Rheumatoid arthritis is a chronic inflammatory disease of unknown aetiology marked by a symmetric, peripheral polyarthritis, often results in joint damage and physical disability. In contemporary science this condition can be managed by NSAIDs, Corticosteroids, DMARD's. In Ayurveda many approaches are in practice to treat *Amavata* but still it remains a challenging problem. So an efficient *Ayurvedic* treatment that can improve the condition and also overcome the adverse effects of corticosteroids and its dependency is the need of hour. **Methods:** A female patient aged 35 years approached *panchakarma* OPD, GAMC-Bangalore with complaints of pain in multiple joints since 10 years associated with. Hard stools once in 2 days and reduced appetite, Based on the symptoms it diagnosed as *Amavata* and was intervened by *chikitsa* mentioned in the classics. **Results:** The patient reported significant improvement in signs and symptoms of the disease. **Conclusion:** Thus, the above case study has shown that the auto immune disorders such as RA can be managed effectively in Ayurveda by undergoing regular *Shodhana* and following the regimens accordingly.

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INTRODUCTION

Amavata is the one common disease which is mainly caused due to indulging in *viruddhaahara* and *vihara*. It is the most common crippling and disabling disorder in the world as well as in India. As we understand from the word '*Amavata*' there is involvement of *Ama* and *Vata*, since *Ama* is having equal *gunas* to *kapha* its affinity is mostly towards *shleshmasthanas* hence the *sthanasamshraya* of the disease is at *shleshmasthanas*. *Amavata* can be compared to Rheumatoid arthritis as there is close resemblance in the manifestation of both the conditions.

Rheumatoid arthritis is Autoimmune polyarthritis of unknown etiology with symmetrical joint involvement and affects many other systems too. Rheumatoid arthritis affects 0.5-1% worldwide population, the annual mortality rate per 1.00.000

people from rheumatoid arthritis in India as increased by 13.6 % since 1990, an average of 0.6% a year, peak incidence at 50-70 years of age and women are more affected than men (3:1)². Regarding the management of *Amavata* has been explained by *chakradatta* which includes *Langhana*, *Swedana*, *Deepana* with *katutikta rasa*, *Virechana* and *Basti karma*.

Hence here is an attempt is made to manage the case of *Amavata* with these treatment protocols.

Case Report

A 35 year old female patient visited Government Ayurvedic medical hospital with the complaints of pain in multiple joints since 10yrs, Which she neglected and gradually noticed generalised weakness and excessive thirst she sought consultation for this problems and was given with oral medications along with injections which gave her temporary relief. The disease was said to be progressive in nature and causing hard stools once in 2 days and reduced appetite, she also observed mild swelling, restricted range of movements in the joints, Where on approaching physician he was advised

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blood investigations & was screened to be RA factor- 228 IU/ml ,CRP-24.7mg/DL on 03/02/2019, and they diagnosed it was Rheumatoid arthritis ,With their prescription patient was not willing to take allopathic medicines so came to our Government Ayurvedic Hospital.

Personal History

Diet: Vegetarian, Madhura-snighda-guru aharasevana, aharasevana. **Appetite:** Reduced,

Sleep: Disturbed sleep, **Micturition:** 5-6 times a day, 2 times at night **Bowel:** Constipated (once in 2 days), **Habits:** Nil

Examination

Sytemic Examination

- ✓ Swelling in Rt knee jt, PIP joints bilaterally
- ✓ Mild swan neck deformity seen in Rt little finger, ring finger, left ring finger.
- ✓ Boutonier deformity of B/L thumb.
- ✓ Restricted ROM of Rt shoulder, knee Jt and B/L interphalangeal joints.
- ✓ Raise of temperature +, Tenderness +

Dashavidha Pariksha

Prakruti -Kapha-vata, **Sara** - Madhyama , **Samhanana** - Avara , **Satva** - Madhyama

Satmya-Shad rasa saatmya, **Ahara Shakti:** **Abhyavaranashakti** - Madhyama, **Jaranashakti** - Madhyama **Vyayama Shakti** - Madhyama, **Vayah-** 35 yrs (Madhyama), **Pramana** – Madhyama

Vikruti Pariksha

Dosha–Kapha-vata, **Dushya** - Rasa, Rakta, Mamsa, Asthi, Sandhi, **Desha** –Anupa, **Kala** - Hemanta ,shisira, Varsha, **Bala- Rogabala:** Chirakari, **Aturabala** : Madhyama

Samprapti Ghataka

Dosha: Vata-kapha, **Dushya:** Rasa, Rakta, Mamsa, Asthi, Sandhi, **Agni:** Jataragni, Dhatwagni, **Ama:** Jataragnijanya, Dhatwagnijanya, **Srotas:** Rasa, Mamsa, Rakta, Asthi, **Srotodushtiprakara:** Sanga, **Udhhavasthana:** Amashaya, **Vyaktasthana:** Sandhi, **Sadhyaa-sadhyataa:** Krucchasadhyaa

Treatment Protocol Adopted

- ✓ Swedana karma
- ✓ Deepana, Pachana
- ✓ Shodhanachikitsa– Virechana and Basti
- ✓ Shamanachikitsa

Shamana Oushadis

- Simhanadaguggulu 1-1-1 A/F
- RE Kashaya 15ml -0-15ml B/F
- Ashwagandachoorana ½tsp BD A/F
- Punarnavamandura 1-0-1 A/F for 1 month

Assesment

Subjective parameter

| Objective parameters | Before Treatment | After treatment |
|----------------------|------------------|-----------------|
| ESR | 80mm/hr | 48mm/hr |
| RA factor | 228IU/ml | 102IU/ml |
| CRP | 24.7mg/DL | 2.8mg/DL |

DISCUSSION

Rheumatoid arthritis is not mentioned in *Ayurveda* directly but when we correlate it here, the symptoms mimick *Amavata*. The line of treatment of *Amavata* is *Langhana*, *Swedana*, *Deepana* with *katutikta rasa*, *Virechana* and *Basti karma* and the same is adopted here.

Table 1 Treatment schedule

| Sl no. | Date | Treatment | Duration | Remarks |
|--------|--------------------------|---|-------------------|--|
| 1. | 08-02-2019 | • Deepana-pachana with Vaishwanara churna | 3 days | Agni deepiti, samyak ama pachana |
| 2. | 11-02-2019 | • Shodhananga snehapana with murchitha gritha | 4 days | Adhastat Snehadarshana, snigdhavarchas, vatanulomana , Agnideepana |
| 3. | 15-02-2019 | • Sarvanga abhyanga with moorchita tila taila f/b usna jala snana | 3 days | Samyak swedana lakshanas was observed. |
| 4. | 18-02-2019 | • Virechana karma with Eranda taila-60 ml | 1 day | Had Madyama shuddi-14 vegas |
| 5. | 18-02-2019 to 22-02-2019 | • Peyadisamsarjanakarma | | |
| 6. | 27-02-2019 to 14-03-2019 | • Erandamooladi ksheera basti along with Brihat saind avadi taila anuvasana basti | kalabasti pattern | Samyak niruha and anuvasana lakshanas was observed. |

Table 2 Assesmentcriteria

| 1.Sandhi soola | Criteria | Grading | Baseline assesment | After treatment | After follow-up |
|-------------------|--|---------|--------------------|-----------------|-----------------|
| | No pain | 0 | | | |
| | Mild pain, but able to continue work relive on its own | 1 | | ✓ | ✓ |
| | Moderate pain ,frequent pain interferes routine work | 2 | | | |
| | Severe pain, nottolerable, halts routine activity | 3 | ✓ | | |
| 2. Sandhistabdata | Criteria | Grading | Baseline assesment | After treatment | After follow-up |
| | 0-30 mins | 0 | | | |
| | 30 mins-60 mins | 1 | | ✓ | ✓ |
| | 60 mins-90 mins | 2 | ✓ | | |
| | 90 mins-120 mins | 3 | | | |
| | 120 mins and more | 4 | | | |

Patient was given with *Sarvangadashamoola* with *gomutraseka* along with *Deepana – Pachana* with *vaishwanarachoorna* which corrected her *Agni* and *jarana Shakti* was improved which is necessary step for further *panchakarma* procedures. *Dashamoola Kashayaparisheka* being *saagni* and *dravasveda* helps in removing *sanga* and does *vatanulomana* and it also possess *tambangna, shoolahara* properties. *Gomutra* having *Katurasa, katuvipaka, usnavirya, laghu-ruksha-ushna-teekshnaguna, kaphahara* property helps in relieving the stiffness of the body parts.

Virechana has been described to be best remedy for *pitta dosha*, yet it is effective in the vitiated *kapha* and *vata* dosha also, afterdosha attain *niramaavasta* it may require elimination from the body by *shodana*⁴.

The patient subjected to *virechanabecause* of the following reasons. The Symptoms of *amavata* like *Anaha, Vibanda, Antrakujana, Kukshishula* etc are the indicative of *pratilomagati* of *vata* and that is best conquered by *virechana*. Production of *Ama* is the result of *Avarana* of *pitta sthana* by *kledaka kapha*⁵, thus hampering the digestive activity of *pachakapitta*, *virechana* helps in this condition through two ways -1. It removes the *Avarana* produced by *kledakakapha*. 2. It is the most suited therapy for the *sthanika pitta dosha*. *Erandataila* is drug of choice it is also having specific *Amavatahara* action. Root of *Eranda* is *vrishya* and *vatahara* Removes *Avarana* of *vata* by *kapha, meda, rakta*. It acts as *Virechana*, does *Amapachana* and controls *Vatadosha* by *snigdha*guna. The drug *Erandataila* drug administered orally Converts into *recinoleic acid* by pancreatic juice, which irritates the bowel, stimulate the intestinal glands and muscular coat to cause purgation. It is especially used as mild laxative for painful conditions like *Sciatica, Rheumatic arthritis, Arthritis and Backache*.³

In the *Amavata*, *kapha –vata* is of most significant here so *basti* can be administered in *vata* associated with *kapha* and *pitta dosha*. This patient predominant with the *Vatadosha* and it was in *jeernaavastha* which may requires *brimhana* therapy so *Erandamoola ksheera basti* along with *Brihat saind avadi taila anuvasana basti* was selected for the current study. When *basti* is introduced into the *pakwashaya*, the *veerya* of *basti* reaches all over the body, collects the accumulated *doshas* and *shakruth* from *nabhi, kati, parshwa* and *kukshipradesha* causes *snehana* to the body and expels out the *dosha* along with *purisha*. *Pakwashaya* which is the, seat of *vatadosha* can be co-related to *purishadarakala*. According to *dalhana, purishadarakala* itself is *asthidharakala*. This establish a relationship between the large intestine and bones. *Basti* is having two actions-*veerya* and *dravya* should get absorbed to have its systematic action, Secondmajor action is related with the facilitation of excretion of morbid *doshas* responsible for disease into colon from where they are evacuated. All these action can be well explained on the basis of *pshysiological* and *pharmacological* actions. *Eranda* being main ingredient, has *snigdha, sukhsma* and *teekshna* properties does *srotoshodana* and thus acts as *vatahara, bhalya, vedanastapana*.

Ksheera, having *snigdha* and *guru guna* gives *brahmana* effect, *Brihat saindavadi taila* is mainly having *kaphavatahara* property by virtue of its properties like *laghu, teekshna, sukshma, vyavayi* and improves *agni* by its peculiar *guna*. It pervades into micro channels, the *taila* administered in *basti* helps to pacify morbid *vata* at its own site *pakwashaya*, hence considering properties of all the ingredients *Erandamoola ksheera basti* was very effective in this patient. Even after *shodhana*, proper *Santarpana Shamanaushadis* are to be advised to patients to maintain this condition.

CONCLUSION

Amavata is one among the most prevalent disease in the present era, and it is challenging issue for medical science. *Ama* and *Vata* have the properties on opposite pole of each other and involvement of *uthanadhatu (RASA)* and *gambheradhatu (ASTHI)* makes the treatment more complicated so there is necessity of a systematic treatment protocol purely based on the principles of *Ayurveda*, because any measure adopted will principally oppose one another so very careful approach can only benefit the patient. Early diagnosis is key to prevent deformities with appropriate management. The exact etiology of the disease *Rheumatoid arthritis* remains unknown, but in *Ayurveda* the *nidana* like *Ama* is believed to be acting as auto-antigen, which triggers the immunological reaction. The *SHODHANA* helps in decreasing auto-antigens and thus modifies the immune response to autoantigens. *Swedana, depana-pachana, virechana karma* and *bastichikitsa* showed remarkable symptomatic relief in the features of *Amavata*. This observation needs to be studied in more number of patients for better opinion to manage *Amavata*.

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