ROLE OF PANCHAKARMA IN MANAGEMENT OF Amavata: A CASE REPORT

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A B S T R A C T

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-arretangement 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.

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 shleshmashanas hence the sthanasamshraya of the disease is at shlesma sthanas. 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 effects 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
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
Systemic Examination
✓ Swelling in Rt knee jt, PIP joints bilaterally
✓ Mild swan neck deformity seen in Rt little finger, ring finger, left ring finger.
✓ Boutonniere deformity of B/L thumb.
✓ Restricted ROM of Rt shoulder, knee Jtand 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 Vayyama Shakthi - 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

Treatment Protocol Adopted
✓ Swedana karma
✓ Deepana, Pachana
✓ Shodhanachikitsa– Virechana and Basti
✓ Shamanachikitsa

Shamana Oushadhi
• Simhanadaguggulu 1-1-1 A/F
• RE Kashaya 15ml -0-15ml B/F
• Ashwagandachoorna ½tsp BD A/F
• Punarnavamandura 1-0-1 A/F for 1 month

Assesment

Subjective parameter

<table>
<thead>
<tr>
<th>Objective parameters</th>
<th>Before Treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESR</td>
<td>80mm/hr</td>
<td>48mm/hr</td>
</tr>
<tr>
<td>RA factor</td>
<td>228IU/ml</td>
<td>102IU/ml</td>
</tr>
<tr>
<td>CRP</td>
<td>24.7mg/DL</td>
<td>2.8mg/DL</td>
</tr>
</tbody>
</table>

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

Table 1 Treatment schedule

<table>
<thead>
<tr>
<th>Sl no.</th>
<th>Date</th>
<th>Treatment</th>
<th>Duration</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>08-02-2019</td>
<td>• Deepana-pachana with Vaishwanara churna</td>
<td>3 days</td>
<td>Agni deepi, samyak ama pachana</td>
</tr>
<tr>
<td>2.</td>
<td>11-02-2019</td>
<td>• Shodananga snehapana with murchita gritha</td>
<td>4 days</td>
<td>Adhastat Snehadarshana, snigdhabhavchras, vatanulomana , Agnideepana</td>
</tr>
<tr>
<td>3.</td>
<td>15-02-2019</td>
<td>• Sarvanga abhyanga with moorchita tila f/b usna jala snana</td>
<td>3 days</td>
<td>Samyak swedana lakshanas was observed.</td>
</tr>
<tr>
<td>4.</td>
<td>18-02-2019</td>
<td>• Virechana karma with Eranda taila-60 ml</td>
<td>1 day</td>
<td>Had Madyama shuddi-14 vegas</td>
</tr>
<tr>
<td>5.</td>
<td>18-02-2019</td>
<td>• Peyadisamsarjanakarma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>22-02-2019</td>
<td>• Endamooooladi ksheera basti along with Brihat saind avadi taila anuvana basti kalabasti pattern</td>
<td></td>
<td>Samyak nirupa and anuvasaana lakshanas was observed.</td>
</tr>
</tbody>
</table>

Table 2 Assessments criteria

<table>
<thead>
<tr>
<th>1. Sandhi soola</th>
<th>Criteria</th>
<th>Grading</th>
<th>Baseline assessment</th>
<th>After treatment</th>
<th>After follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No pain</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mild pain, but able to continue work relive on its own</td>
<td>1</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderate pain, frequent pain interferes routine work</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Severe pain, not tolerable, halts routine activity</td>
<td>3</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Sandhistabdata</th>
<th>Criteria</th>
<th>Grading</th>
<th>Baseline assessment</th>
<th>After treatment</th>
<th>After follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-30 mins</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 mins-60 mins</td>
<td></td>
<td>1</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>60 mins-90 mins</td>
<td></td>
<td>2</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>90 mins-120 mins</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>120 mins and more</td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Patient was given with Sarvangadashamoola with gomutra seka along with Deepana – Pachana with vaishnavanarchoorna which corrected her Agni and jarana. Shakhti was improved which is necessary for step further panchakarma procedures. Dashamoola Kashayaparisheka being saangi and dravasveda helps in removing sangha and does vataunulomana and it also possess tambangana, shoolahara properties. Gomutra having Katurasa, kartupipaka, usnavirya, laghu-ruksha-ushna-teeekshnaguna, kaphahara property helps in reliving 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 vatadosha also, afterdosha attain niramaavasta it may require elimination from the body by shodana

The patient subjected to virechana because of the following reasons. The Symptoms of amavata like Anaha, Vibanda, Antrakujana, Kukshishulae 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 kaptha, thus hampering the digestive activity of pachakapitta, virechana helps in this condition through two ways -1. It removes the Avarana produced by kledakakaptha. 2. It is the most suited therapy for the sghanika pitta dosha. Eranda taila is drug of choice it is also having specific Amavatohara action. Root of Eranda is virshya and vatahara. Removes Avarana of vata by kaptha, meda, rakta. It acts as Virechana, does Amapachana a and controls Vastas by snigdhaguna. The drug Erandataila drug administered orally Converts into recineolic 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.

In the Amavata, kapha –vata is of most significant here so basti can be administered in vata associated with kaptha and pitta dosha. This patient predominant with the Vatadosha and it was in jernaavastha which may requires brimhana therapy so Erandamoola ksheera basti along with Brihat saind avadi taila anuvasaana 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 morbids doshas responsible for disease into colon from where they are evacuated. All these action can be well explained on the basis of psysiological and pharmacological actions. Eranda being main ingredient, has snigdha, suhksma and teekshna properties does srotosodhana and thus acts as vatahara, bhalya, vedanastapana.

Ksheera, having snigdha and guru guna gives brahmaan effect, Brihat saindavadi taila is mainly having kaphavatohara 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 morbids 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 Shamanauoshadhis 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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