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A CLINICAL STUDY OF VIRECHANA IN RHEUMATOID ARTHRITIS W.R.T *VATASHONITA*

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ABSTRACT

The aim of present study was to evaluate the efficacy of *virechana* in rheumatoid arthritis w.r.t. *vatashonita* . Signs and symptoms of rheumatoid arthritis are identical to *vatashonita* .According to our classics, the treatment principle of *Vatashonita* include *shodhana* therapy . The present study included 15 patients according to inclusion criteria. Initially *Deepana, Pachana, Rookshana* was done followed by *snehapana, abhyanga bashpasweda ,virechana* and *samsarjana krama* .After *samsarjan krama guggultiktakam ghritam* was given for 15 days. Follow up of patient was done after 15 days .Assessment was done before treatment ,after the treatment and after follow up period. Statistical analysis was done which lead to conclusion that *virechana* was effective in reducing the clinical signs and symptoms of Rheumatoid Arthritis.

Key words :*Virechana, Vatashonita, Rheumatoid Arthritis, Guggultiktakam Ghritam*.

INTRODUCTION

RA is chronic multisystem disease characterized by persistent inflammatory synovitis, usually involving peripheral joints in a symmetric distribution[1]. The prevalence of Rheumatoid Arthritis is approximately 0.8% of the population (range – 0.3 to 2.1%), women are affected 3 times more often than men[2]. Recent report suggest that RA affected about 1% of world population[3]. According to *Ayuvedic* concept *vatashonita* is a disease in which there is vitiation of *vata* and *rakta* by their own causative factor. Due to the *sookshma* and *sarathwa guna* of *vata*, as well as *dravathwa* and *sarathwa guna* of *rakta*, they spread throughout the body through *siramargas* .These *vata* and *rakta* gets lodged in *sandhis* due to *vakratha* of *sandhi sthana* and together with *pitha* and *kapha* lead to manifestation of symptoms[4].In *ayurvedic* concept, RA can be treated under the treatment principle of *vatashonitam*.. The efficacy and applicability of the *sodhana* procedure have been highlighted in classics with respect to disease management. *Virechana* with appropriate *vyadhihara* drugs can be used effectively in management of RA[5]. It is being proven in one or the other way that only *Ayurveda* can cope with the necessities of modern man with regards to health and happiness. Thus the age old practices are coming to forefront to provide

curative and palliative care to the disease affecting man in this competitive world. The treatment modalities of *Ayurveda* have been found to be effective in reducing the signs & symptoms in this chronic disease. The present study is aimed to assess the efficacy of the *Virechana* in Rheumatoid arthritis.

AIMS AND OBJECTIVES: To study the efficacy of *virechana* in the management of Rheumatoid arthritis.

MATERIALS AND METHODS

Drugs used for *deepana pachana: Amrutottaram kashaya*[6] *,Shaddharan choorna*[7]. For *abhyanga: Pinda tailam*[8] For *virechana: Gandharvaeranda tailam*[9]

Source of data and method of collection: The 15 Patients were selected from the O.P.D & I.P.D of department *of Panchakarma*, Govt. *Ayurveda* College, Thiruvananthapuram as per inclusion criteria.

Research design: The Patients were given *Virechana* by classical methods followed by *Guggulutiktaka Gritha*[10] in take for 15 days of the follow-up period.

Inclusion criteria

- According to the revised criteria for classification of Rheumatoid Arthritis by American College of Rheumatology.[11]
- Age group 30 – 60 years(both genders)
- Patient fit for Virechana
- Patient with written informed consent

Exclusion criteria

- Patients having other arthritis disorders and also with gross deformity and complications
- Pregnant Females.
- Patients with severe systemic diseases.

Investigations: The investigations were done in the laboratory of Govt. *Ayurveda* Hospital, Thiruvananthapuram which included: Hb %, TLC, DLC, ESR, LFT, RFT, Lipid profile, RA factor.

Treatment Schedule: The patients were given *deepana, pachana* drugs namely *shaddharana choorna* and *Amruthotara kashaya* twice daily for correcting the *amatwa*. *Lepana* and *dhanyamala dhara* were done according to *avastha* for reducing joint swelling. *Sodhana* procedure was started after assessing *samyaka langhana lakshana*. Required assessments were done before treatment, after treatment, and after follow up of 15 days. Administration of *virechana* was as follows:

Procedure of *Virechana*

***Purvakarma*:** *Snehapana* was started in the patient, after observing *samyak langhana lakshana.*

Drug used – *Guggulutiktaka gritha*.

Time of Administration – 6.00 AM

Dose- Fixed as per *agnibala. Hraseeyasi* dose of *gritha* was given for testing the *agnibala*. Depending on time required for the digestion of *Hraseeyasi* dose, dose was fixed for the next day. It was continued till *samyak snigdha lakshanas* were observed. In the study all the patients got *Samyak Snigdha Lakshanas* in 5 to 7days. During *Snehapana* patients were told to note the symptoms observed during the digestion of *sneha*. They were restrained from food and physical activities till the digestion of *sneha*. They were allowed to take *ushnodaka* in little quantity whenever they felt thirst or dryness of mouth. They were told to note the *sneha* digestion by intense hunger and pure belching after drinking hot water. When they felt hunger, they were first given *manda* to drink and wait for some time and when they feel hunger again they were allowed to take *Odana and Mudga Yusha*.

Abhyanga and Swedana: *Pinda taila abhyanga* and *bashpa sweda* were administered for three days. *Swedana* was done till the patients got moderate sweating and felt lightness in the body without causing any discomfort. During this period no other medications were given. Food was restricted to *Odana* and *Mudga Yusha*.

Pradhana Karma

Virechana:

Time: 9 to 10 A.M. depending on season.

Dose: 40- 50 ml of *Gandharavaeranda taila* was given, according to *koshta* and strength of the patient

Observation –

- They were advised to observe the symptom and go to attend the urge and not force or hold the urge. For all purposes luke warm water was advised.
- The time of onset of the first *vega*, consecutive *vegas*, type of motion passed were noted.
- The patients were advised to drink hot water only for two reasons,
  a. When they felt thirst and dryness of mouth.
  b. When there is no symptom of onset of Vega for long time.
- The number of Vegas, the elimination of Pureesha, Pitta and Kapha were noted along with other symptoms.
- The shuddhi was graded accordingly.

Paschat karma: After cessation of *vegas* the patient was advised to take rest and not to sleep during day time. When the subject feels hungry, was asked to drink *Manda* (watery portion of kanni). *Peya* was given in the evening.

Samsarjana Krama: It was started according to the *shuddhi*.In the study *heena* and *madhyama shuddhi* was observed .For *heena shuddhi*:*Peya, Vilepi, Akrita Yusha ,Krita Yush, Mamsarasa* were given for 1*annakala* each. In *madhyama shudhi :Peya, Vilepi, Akrita Yusha ,Krita Yush, Mamsarasa* were given for 2 *annakalas* each.

Post Virechana regime: The patients were discharged after *samsarjan karma* and were advised to take rest for 15 days . During these 15 days they were advised to take *Guggulutiktaka Gritha* 15ml twice daily after food.

Assesment of response to treatment

It included subjective and objective parameters as well as blood laboratory findings .

CLINICAL ASSESSMENT

1. **Pain: The** visual analogue scale was adopted in the study.
1. **.Morning Stiffness**

Mild	-	< 1 hr
Moderate	-	1-2 hrs
Severe	-	2-3 hrs
Very severe	-	> 3 hrs

3. **Tenderness**

Grade I - Patient complaints of pain.

Grade II - Patient winces with pain

Grade III - Patient winces and withdraws the affected parts

Grade IV - Patient will not allow the joint to be touched.

Joint Count: The number of the inflamed joints at a specific time represents the joint count.

Joint Circumference: Joint circumference of individual pairs of joints was assessed using a Simple measuring tape.

Hand grip strength: This was recorded using Sphygmomanometer. The de-inflated cuff of the instrument was rolled and inflated while the patient holds it with one

hand. The height to which the mercury column raised when the patient just looses the grip was recorded. For avoiding inaccuracy in measurement, the mean of three measurements was taken.

Joint mobility

Grade I - Normal mobility
Grade II - Slight restriction, can manage public Transport.
Grade III - Can cross roads, cannot manage public transport.
Grade IV - Can use stairs, can go out, but cannot cross roads
Grade V - Cannot use stairs.
Grade VI - Can move from room to room with help.
Grade VII - Confined to chair or bed.

Functional assessment

Grade I -Can perform all activities
Grade II -Moderate restriction of activities performed with difficulty due to pain or limitation of movement.
Grade III-Marked restriction of activities
Grade IV-Incapacitated or confined to bed or chair.

Discoloration of skin

Present before treatment - 2
Reduction after treatment - 1
No discoloration - 0
No change after treatment - 2

Lab parameters used for assessment

Hemoglobin percentage, E SR, RA Factor (dilution)

Statistical Analysis: The efficacy of treatment was analyzed by calculating the mean, standard deviation of the parameters; t & p values were found using paired't' test

OBSEVATIONS, ANALYSIS AND INTERPRETATIONS

Data related to response to the treatment

	Mean			SD			N	Mean difference			Paired t test			P Value		
variables	BT	AT	AFU	BT	AT	AFU		BT	AT	AFU	BT	AT	AFU	BT	AT	AFU
Pain	7.8	5.73	3.2	1.32	1.49	1.01	15	0	2.07	4.6	0	10	24.1	0	<.001	<.001
tenderness	1.67	1.07	1.07	0.49	0.26	0.26	15	0	0.6	0.6	0	4.58	4.58	0	<.001	<.001
morning stiffness	2.4	1.47	1.27	0.51	0.52	0.46	15	0	0.93	1.13	0	14	8.50	0	<.001	<.001
Joint mobility	2.93	2.33	2.13	0.88	0.49	0.35	15	0	0.6	0.8	0	4.58	4.0	0	<.001	<.001
Joint count	15.13	11.33	11.33	3.98	3.13	3.13	15	0	3.8	3.8	0	10.33	10.33	0	<.001	<.001
Functional capacity	2.47	2.47	1.2	0.52	0.52	0.41	15	0	0	1.27	0	0	10.71	0	0	<.001
Grip strength	1.47	2.6	2.6	0.52	0.51	0.51	15	0	1.013	1.13	0	12.47	12.47	0	<.001	<.001
Joint swelling	2.20	1.07	1.07	0	0.26	0.26	15	0	1.13	1.13	0	12.47	12.47	0	<.001	<.001
Skin discoloration	2	1.75	1.75	0	0.46	0.46	8	0	0.25	0.25	0	1.52	1.52	0	>0.05	>0.05
Hb	10.84	11.01	11.24	1.21	1.09	0.95	15	0	0.17	0.39	0	3.24	3.8	0	<0.05	<0.05
Esr	2.53	1.73	1.67	1.13	0.88	0.82	15	0	0.8	0.87	0	7.48	6.5	0	<.001	<.001
R.A	1.0	0.8	0.8	0	0.42	0.42	10	0	0.2	0.2	0	1.5	1.5	0	>.05	>.05

DISCUSSION

The present study was designed to assess the efficacy of *virechana* in RA. The study included 15 patients. Assessments were done before treatment, after treatment and after 15 days of follow up. Initially *deepana* ,*pachana* and *rookshana* was done for correcting the *agn*i. Then *snehapana* with *guggulutiktaka ghrita* was started and was continued till the *samyak snigdha lakshanas* were observed. Here *snehapana* helps to alleviate aggravated *vayu*, softens

the body and disintegrates the adhered morbid *doshas*[12]. Then *abhyanga* and *bashpasweda* was done for 3 days[13] .Here after *snehana* , *swedana* liquefies the adhered *doshas* in the micro channels of the body[14]. On fourth day *virechana* was done with *gandharva eranda taila* .The *virechana* helps to eliminate the *doshas* which came to *koshta* by means of *snehana* and *swedana*. *Ghandharva eranda taila* has *snigdha* , *tikshna* and *sukshma guna*. It does *deepana* ,*pachana* and *tridosha samana* and moreover *eranda taila* is specifically indicated for *virechana* in *vatashonita*. The gap of 3 days between the *samyak snigdha lakshana* and *virechana* was to attain *mand kapha* status of the *koshta*. Then according to the *vegas* the *suddhi* was assessed, and based on that was the *samsarjana karma*. Both subjective and objective parameters and laboratory investigations were done for assessment before treatment, after treatment and after follow up period of 15 days krama. *Samsarjana krama* was done to increase the *agni*. This took on an average 22-25 days.

Patients were discharged after *shodhana* procedure and were advised to take *guggulutiktaka ghrita* in the follow up period of 15 days. The remnants of the *doshas* in smaller quantites following *shodhana* should be treated with *samana oushadhies*, so the patients were given *guggulutiktaka ghrita* for period of 15 days because of its special indication for *vatashonita*. The patients were advised to inform the noticeable changes that occurred. The data shows that 53.33% of the patients had 400-600ml as total *abhyantara snehapana* followed by 1001-1200ml, 601-800ml,801-1000ml in 20%, 13.33% and 13.33% respectively. The 53.33% of the patients had 150-200ml as a maximum dose of *sneha* on the last day followed by 251-300ml, 201-250ml,301-350ml in 20%, 13.33%, 13.33% cases respectively. The data reveals that in majority of the patient i.e.57.14% *samyak snehana* was observed in 4-5 days while in rest of the patient i.e.46.6% in 6-7 days. In the present study it was observed that all the patients were having *snigdha varchas, asamhat varchas, snehodwega, klama,* as *samyak snigdha lakshana* followed by *diptagni* in 80% of patients and *vatanulomana* in 33.33%. It was observed that 66.66% of patients were having *kaphanta shuddhi* while 33.33% were having *pithanta shuddhi*. The data shows that the 40% of patients had onset of *virechana vega* in 1 ½ to 2 hrs after drug consumption, while 26.66 in 1 to 1 ½ hrs , followed by 2 to 2 ½ hrs in 20% and ½ to 1 hr in 13.33%. It was observed, that 80% patients were having *laghuta* and 66.66% were having *Strotovishuddhi* and 60% with *roga upashanti* whereas 53.3% patients with *Indriya samprasadan* immediately after *virechana* and after *samsarjana krama*. 66.66% patients were having *Kramat vita, pita, kapha anila* immediately after *virechana*.66.66% patients were having *Agni vriddhi* after *samsarjana karma*. The data that the most of the patients i.e. 53.33% were having *heena shuddhi* followed by 46.66% patient having *madhyam shuddhi*.

With regard to response to treatment

After treatment: Pain, tenderness, morning stiffness, joint count, joint swelling was reduced, whereas grip strength, and joint mobility was increased. But results were not encourageable for skin discoloration and functional capacity. Regarding hematological parameters considerable improvements were seen in Hb%. ESR was reduced but did not show any changes in RA factor.

After follow up: All the parameters showed marked improvement except skin discoloration. Regarding haematological parameters considerable improvements were seen in Hb% .ESR was reduced but did not show any changes in RA factor. Thus, it shows that *virechana* is effective in reducing signs and symptoms of the patients with R.A**.** Thus for overall effect of therapy, it can be said that with *virechana*, 40% of the patients showed minor improvements after treatment and 60% of the patients got moderate improvements whereas all patients got moderate improvement after follow up.

Mode of action of *virechana*[15]: Drugs for *virechana* are *ushna* , *tikshna* , *sukshma* , *vyavayi*, and *vikasi*. By virtue of its own potency, reaches the heart and circulate through the vessel. Because of the *agneya* nature they liquify the adhered *doshas* and because of their sharpness they separate adhered *doshas* located in the gross and subtle channels of entire body. Like honey kept in a pot smeared with fat, the morbid material after separation, moves floating without adhesions in the body which has been oleated. Because of its nature to move through the subtle channels and to flow, this morbid material reaches the stomach and gets propelled by *udana vayu*. Because of its predominance of *prithvi* and *jala mahabhutas* and their specific action to move downward to expel the morbid material through downward tract. This is mode of action of *virechana* told in literature.

CONCLUSION

- Rheumatoid Arthritis is a type of polyarthritis having similarity to Vatashonita in many aspects .
- *Virechana* reduces the clinical signs and symptoms of RA.

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