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 bashpaweda ,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 distribution¹. 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 men². Recent report suggest that RA affected about 1% of world population³. According to Ayurvedic 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 symptoms⁴. In ayurvedic concept, RA can be treated under the treatment principle of vatashonitam.. The efficacy and applicability of the so-dhana procedure have been highlighted in classics with respect to disease management. Virechana with appropriate vyadhihara drugs can be used effectively in management of RA⁵. 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: Amrutot-taram kashaya⁶, Shaddharan choorna⁷. For abhyanga: Pinda tailam⁸ For virechana: Gandharvaeranda tailam⁹

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

Research design: The Patients were given Virechana by classical methods followed by Guggulutiktaka Gritha¹⁰ 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 7 days. 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.

Assessment 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.
2. 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 loses 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
- ESR
- 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

**OBSERVATIONS, ANALYSIS AND INTERPRETATIONS**

**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 agni. 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\textsuperscript{12}. Then abhyanga and bash-pawedha was done for 3 days \textsuperscript{13}. Here after snehana , swedana liquefies the adhered doshas in the micro channels of the body \textsuperscript{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 guggulutikata ghrita in the follow up period of 15 days. The remnants of the doshas in smaller quantities following shodhana should be treated with samana oushadhies, so the patients were given guggulutikata 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 vatumuloman 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 1½ to 2 hrs after drug consumption, while 26.66 in 1 to 1½ hrs, followed by 2 to 2½ 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 encouraging 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 circulates 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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