A CLINICAL CASE REPORT - NIRUHA BASTI AND GUDUCHI RASAYANA IN AMAVATA W.S.R TO RHEUMATOID ARTHRITIS

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ABSTRACT
The human body possesses a defense mechanism which is broadly termed as immune system. It is mediated through the antigen antibody reaction. This immune system has got immunologic tolerance that identifies host antigens and avoids immune damage to normal self-tissues. Autoimmunity is the system of immune responses of an organism against its own healthy cells and tissues. Rheumatoid arthritis is a chronic immune-inflammatory disease of unknown pathology. Symmetric peripheral polyarthritis is the hallmark of this disease. Hence a same manifestation of a condition called amavata is explained in classics. Ama and vata are two major components in the pathogenesis of amavata. The ama is best treated by un-unctuous measures. Contrary to this the vatadosha gets alleviated by unctuous treatment. Thus, the treatment of these two major components is contradictory posing difficulty in planning the treatment. Hence a balanced approach that clears the ama and pacifies the vatadosha is effective in the management of amavata.

Keywords: Amavata, swedana (sudation), virechana (purgation), Basti (therapeutic enemata), guduchi capsules

INTRODUCTION
In Ayurveda the disease amavata is having broad views of explanations. It’s mainly described by madhavakar as an independent disease. In present scenario the sedentary lifestyle factors has become one of the causative factors for the mandagni which directly results in production of ama rasa which further vitiated by vata which takes to various kaphasthanas through raktavahadhamaani. Even after reaching the kaphasthana, trikasandhi due to similarity with kaphadosha its intensity increases and end up with symptoms like vrishechikadamsa vedana\(^2\). Due to pain and stiffness patient faces difficulty to move fingers and joints. This further leads to contractures and deformities like swan neck deformity, spindle shaped joints, ulnar deviation etc.

Case History
Main complaints: multiple joint pain along with stiffness, swelling, contractures and restricted movements of shoulder joints, elbow joints, wrist and interphalangeal joints.

Duration: 2years
Past / treatment history: patient has been diagnosed with rheumatoid arthritis and treated with HCQS and other oral medications
Personal History:
Appetite-decreased
Bowel- constipated
Micturation- NAD
Sleep- disturbed
Habbits- tea
Gynaec and Obstetric history: P2L2
Menstrual history- regular with 30days cycle
Psychological history: stress-present

General Examination:
Built and nourishment- moderate
Pallor +
Cyanosis/Icterus-absent/Clubbing-absent-
absent/Lymphadenopathy-absent
Edema +
Pulse rate- 84bpm
Bp-110/70mm/hg
Weight-73.6kg
Temperature-98°F
Tongue-coated

Diagnostic Criteria:
Table 1: Diagnostic criteria for rheumatoid arthritis

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>morning stiffness</td>
<td>stiffness in and around the joints, lasting at least 1 hour before maximal improvement</td>
<td>&gt;= 6 weeks</td>
</tr>
<tr>
<td>arthritis of 3 or more joint areas</td>
<td>at least 3 joints areas simultaneously have soft tissue swelling or fluid observed by a physician; 14 possible areas include left and right PIP, MCP, wrist, elbow, knee, ankle and MTP joints</td>
<td>&gt;= 6 weeks</td>
</tr>
<tr>
<td>arthritis of the hand joints</td>
<td>at least 1 area swollen in a wrist, MCP or PIP joint</td>
<td>&gt;= 6 weeks</td>
</tr>
<tr>
<td>rheumatoid nodules/deformities</td>
<td>subcutaneous nodules over bony prominences or extensor surfaces or in juxta-articular regions swan neck deformity, contractures</td>
<td></td>
</tr>
<tr>
<td>serum rheumatoid factor</td>
<td>increased rheumatoid factor (ESR, Anti CCP antibody, RA factor)</td>
<td></td>
</tr>
<tr>
<td>radiographic changes</td>
<td>characteristic changes on posterior anterior hand and wrist radiographs, with erosions or unequivocal bony decalcifications localized in or most marked adjacent to the involved joints; osteoarthritis changes alone do not qualify</td>
<td></td>
</tr>
</tbody>
</table>

Interpretation: The presence of 4 or more criteria is diagnostic for rheumatoid arthritis.

Study Design: an open randomized clinical case study at SPSAMC hospital.

Assessment criteria:
- Changes in the subjective signs and symptoms will be assessed by scoring method.
- Objective signs are assessed by using appropriate clinical parameters

B. Functional assessment:
The objective improvements are assessed as following methods.
1. Grip strength
2. Foot pressure
3. Range of joint movement
4. General functional capacity:

Treatment given:
1) Agni alepa for 7days
2) Dashamoolaniruhabasti- 8days alternatively starting with anuvasana and ending with anuvasana Basti preparations: Madhu-80ml, Saindhava lavana-5gms, Moorchitisita thaila-60ml, Manjishthadi kalka-40gms, Dashamoolakwatha -100ml, Gomutra-100ml, Matrabasti with dhamvantari thaila-60ml
3) Amavatari kashaya12 15ml tid after food
4) Simhanadaguggulu12 1-0-1 after food
5) Panchakolaphanta 30ml od in empty stomach
6) Nityavirechana with erandathaila 20ml and shuntikashaya 20ml – from 8th day
7) Valuka sweda2
8) Parishekasweda- dashamoolakwatha
9) Guduchirasayana – 2tid, 4tid, 6tid subsequently before food and 6tid continue for one month.

Investigations: Hematological investigations done as ESR was 128mm/hr before treatment and after treatment its 80mm/hr.
Total duration of the study: 15days
Investigation recorded after 8 days of treatment.

**Results:**

<table>
<thead>
<tr>
<th>SL NO</th>
<th>PARAMETERS</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pain</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Morning stiffness</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Swelling</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Redness</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Warmth</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Tenderness</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>Malabaddhata</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>8</td>
<td>Sadana</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>9</td>
<td>Angamarda</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>10</td>
<td>Aruchi</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>11</td>
<td>Gourava</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>12</td>
<td>Kukshishoola</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>13</td>
<td>Anaha</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>14</td>
<td>Kandu</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>15</td>
<td>Grip strength</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>16</td>
<td>General functional capacity</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>17</td>
<td>Esr</td>
<td>128mm/hr</td>
<td>80mm/hr</td>
</tr>
</tbody>
</table>

**DISCUSSION**

As the standard balanced approach of treatment for amavata defines as:

*Langhana, Deepana-pachana, Swedana, Virechana, Basti, Rasayana*

Langanachikitsa is planned at the beginning to accomplish the ama pachana as it can be the pre-treatment for the shodhanachikitsa for elimination of dosha. Among 10 forms of langhana, anashana and laghvashana are accepted in the present context. The functioning of agni is further supported by dipanachikitsa. Panchakolaphanta may be administered orally in a dose of 30 to 96ml for seven days. The treatment of dipana is followed by pachanachikitsa to ensure the achievement of niramas-tage. clearance of koshtaghata ama is essential to proceed with the next steps of shodhana procedure.

As bahirparimarjanachikitsa, in amavata morbidity of ama may worsen by abhyanga and hence is contra-indicated. Accordingly, the rukshasweda is performed by adapting the method of valukasweda and parishekasweda. Following the langhana, dipana, snehana and swedana the patient should be treated with virechana karma. Also, the ghee processed with virechana drugs like trivrit is preferred as snehavirechana. The samprapti of this disease is with predominant vitiation of vatadosha hence given snehavirechana for the best results. The accumulation of doshas that are failed to get evacuated by the virechanais cleared by bastichikitsa. Hence ksharabasti is ideal by adapting the course of yogabasti.

Amavata is a chronic debilitating illness. Chronic lingering illness that runs a long course is best treated by vyadhihara rasayana. The rasayana that are indicated in amavata includes guduchirasayana, pippali-rasayana and bhallatakarasayana hence guduchirasayana adapted in this case and had marked improvement in the symptoms of amavata.

**CONCLUSION**

The present case has been treated with certain limitations still a marked improvement is sought both based on biochemical and radiological parameters. Based on treatment principle of amavata, it can be better managed with safe ayurvedic treatment on regular basis. Hence the snehana, swedana, virechana, basti, ra-
sayana comprises a well form of treatment for the disease amavata.

REFERENCES

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