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**Combined Effect of Kshar Basti and Panchasama Churna in Amvata
With Special Reference to Arthritis : A Case Report**

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Abstract :

Amavata is one among the most crippling disorders . One of the most hazardous disease to patients and challenging to physician . It can be compared to Rheumatoid Arthritis (R.A.) based on similarity of signs and symptoms . Ayurveda literature has a wealth of resource information regarding the measures providing treatment and preventing complication of this disease . Chakrapani has recommended role of ksharbasti in amvatachikitsa – adhyaya 25 . Panchsamachurna has been mentioned by sharangdhara as shoohoharamparam in churnakalpanaadhyaya. In this case report , combined effect of ksharbasti and panchsamachurna was tried in a patient of R.A. and assessment was done on the basis of diseases activity score 28 by American Association of R.A, as well as symptoms as per described in MadhavNidan . Result of the treatment were encouraging.

Keywords :Amavata ; Rheumatoid Arthritis ; Ksharbasti ; Panchasmachurna

Introduction :

Amavata as a disease was first described in detail in Madhavnidan. The word amavata is made up of combination of two words ama and vata. The disease is mainly due to derangement of agni like jatharagni, dhatavagni, etc resulting in production of ama. This ama circulate in whole body by vitiated vata and gets accumulated in sandhis causing pain , stiffness , swelling over joints . It may Be compared to Rheumatoid Arthritis on the basis of signs and symptoms . According to modern medicine, Rheumatoid Arthritis is an autoimmune disorder of unknown etiology, characterised by bilateral symmetrical involvement of joints with some systemic clinical manifestations. It is one of the leading causes of YLD

(Years Lived with Disability) at global level. presently Non-steroidal anti-inflammatory drugs (NSAIDs), Disease modifying anti-rheumatic drugs (DMARDs), glucocorticoids, anti-TNF- agents like adalimumab and golimumab, anakinra (IL-1 receptor antagonist), abatacept (T-cell co-stimulation inhibitor), rituximab (anti-CD20 monoclonal antibody), tocilizumab (anti-il6 monoclonal antibody), etc are used. As these drugs have many serious adverse effects , there is indeed a need of drugs having good efficacy with low toxicity. Ksharbasti and PanchasamaChurna are among such preparations which are described in Ayurveda for this debilitating disorder.

Case Report :

A 35 yrs old male patient came to kayachikitsa out-patient (OPD) of Dr.V.J.DGramin Ayurveda college and Hospital,Patur,Dist –Akola, Maharashtra with chief complaints of strvasandhishoola, Ubhaymanibandh,janu, gulfa,hastangulisandhishohta,Angagrah (specially morning) kshudhamandya since 3 months.

Patient had not received any treatment befor attending OPD of dr.V.J.DGraminayurvediccollege,patur. Patient was thoroughly examined and detailed history was taken by the attending physician. On examination, his general conditions was fair, having pulse rate of 72/minute, blood pressure was recorded as 120/80 mm of Hg, temperature was 98.6 F and mild pallor was present clinically.Patient was conscious, oriented with time place and person. Cardiovascular system, respiratory system and per abdomen examinations were within normal limits. Other clinical finding were as follows- Ashtavidhparikshan ::

Nadi-vatakaphaj, mala-malavshatambh, mutra-sama, jiva-sama, shabd-spashta, sparsh-ushna, Druk-panduta, Akriti-madhyam .

Nidanpanchak:

Hetu- Astishrama, vishamashana, atiapavasa, aniyamitbhojan, nidraviparyaya, atyambupana, purvarupa-angagraha. Lakshana-sarvasandhishoola, sandhishohta, angagraha Upashaya- laghana, deepana, pachana. Strotas-rasa ,asthi

Patient was not having any significant past history related to medical , surgical or drug treatment. The laboratory parameters like ESR and RA factor have been carried out for the purpose of diagnosis. On admission, laboratory values showed RA factor- 176 IU/ml and ESR- 35 mm/Hr. other laboratory investigations like liver function Test (SGOT- 29 IU/L, SGPT- 16 IU/L Serum AIPO4- 51 IU/L Serum total proteins- 6.4 mg%. serum Bilirubin- Direct: 0.3 mg./dl, Total : 0.9 mg/dl) kidney function Test (Blood Urea Level- 35 mg/dl) and ECG come out to be within normal range. Patient was diagnosed with Rheumatoid arthritis on the basis of American college of Rheumatology European League Against Rheumatism (ACR-EULAR) 2010 Classification criteria for Rheumatoid Arthritis . Patient was examined and parametric assessment was done before and after the treatment (Table 1) .

Table 1 parametric assessmentof the patient

Day	Before Treatment	After Treatment
Angamarda	2	0
Aruchi	1	0
Trishna	1	0
Alasya	2	0
Gauravata	2	1

**Table 2 :Disease Activity Score in 28 Joints
(DAS-28) of the patient.**

Day	Before treatment	After treatment
Swollen (0-28) joints	14	6
Tender (0-28) joints	10	0
ESR (mm/Hr)	35	21
VAS (0-100)	70	30
SCORE	6.3	3.92

Patient was treated with Langhana (mudgayushpana) for 3 days following by ksharbasti for 8 days. Matra of basti has been modified as per bala of the patient. It consist of saindhav 10gm, shatavha 10 gm, guda 60 gm, amalaki 60 gm, fresh gomutra 200 ml. total basti of 320 ml was given after meal. Panchasamachurna consisting of haritaki, shunthi, Krishna, trivruttsaurvchal, total 5 gm was given two time a day with koshnajal. DAS-28 score for the patient was compared before and after treatment as given in the table 2.

Discussion :

Rheumatoid arthritis is a complex and variable condition from point of view of severity. It is usually a painful nuisance for which treatment needs to be individualised with optimum dosage of safe, effective and affordable drugs. For diagnosis of Rheumatoid arthritis American college of Rheumatology- European League Against Rheumatism (ACR-EULAR) 2010

classification criteria is used. This criteria majorly includes four classification, with point scores for each viz. joint symptoms (score- 0 to 5); serology including RF and/or ACPA (score- 0 to 3); symptom duration, whether <6 weeks >6 (score- 0 to 1); and acute-phase reactants i.e., CRP and/or ESR (score- 0 to 1). Ksharbasti work by virtue of action of ingredients present in it. Saindhav- due to its sukshma and tikshnaguna it helps to pass the drug molecules in systemic circulation through mucosa. Guda should be puranaa. It has laghupathya. Anabhishtyandi, agnivaradhak, vatapittaghna, Amlika has vats kaphashama, ruksha and ushna properties. Gomutra is chief content which owing to its katu rasa. Katuvipaka, ushnavirya, laghu. Rukshatikshnaguna pacify kapha. Lekhana and vishobhana are antagonistic properties to Ama, these properties of kshara are hence effective in treatment of amavata. among panchsamachurnasunthi is ushna and pachak, while pippli and trivrutta are known for deepana, pachanalaghuguna. Also haritaki is anulomana. Overall amapachana and vataanulomana is done with the help of panchasamachurna in amavata.

Conclusion:

The combine use of ksharbasti and panchsamachurna proved effective in symptomatic relief of this patient especially in controlling morning stiffness and also in reducing swelling and tenderness. More studies are needed to prove its efficacy in the treatment of amavata, which may prove useful alternative to the relatively unsafe and some costlier treatment options currently available in the modern medicine.

References :

1. Yadunanana Upadhyaya, editor. (1995). Madhavakara. Vijayarakshita Srikanhadatta, Madavanidanam, Amavatanidanam 25(part- 1). 25th ed. Chhaukhamba Sanskrit Sansthan, Varanasi.
2. Prof. P. V. Sharma, editor. (2006). BhelSamhita text with English translation by Dr. K.H.Krushnamurthy. chaulhambha. Vishwabhandaniprakashana, Varanasi.
3. Rastogi s. Rastogi R., Chiaplli F., Ramchandani M. H. Singh R. H (2012). Evidencebased practice in complementary and alternative medicine : perspective, protocols, problems and potential in ayurveda (Illustrated ed.) Springer Science and Business Media. Verlag berlin Heidelberg.
4. Kasper ,Braunwald , Fauci, Hauser, Longo, Jameson. (2011). Harrison's Principle of Internal medicine (volume 2). 16th ed. McGraw Hill Company, New York, USA
5. <https://drbaljotbharaj.wordpress.com<tag Amavata/ Dr. BaljotBharaj>
6. Satoskar R.S REge N.N Bhandarkar S. D. (2013). Pharmacology and pharmacotherapeutics. 23th ed. Popular Prakashan Pvt. Ltd. Mumbai.
7. Bruxton L. I. Chabner B. A Knollman B.C (2012). Goodman and Gilman's The pharmacological basis of therapeutics. 12th ed. McGraw Hill, New York.
8. Ramnath Dwivedi R. editor. (1997). Chakrapanidatta: Chakradutta. 3rd ed. Chaukhamba Sanskrit Sansthan, Varanasi.
9. ShilajaShrvastava S., editor. (2011). SharangdharaSamhita. ChaukhambaOrientalia, Varanasi.
10. Jonathan K., Katherine S., Upchurch. (2012). ACR/EULAR 2010 rheumatoid arthritis classification criteria. Rheumatology, 51: vi5 - vi9.
11. Disease Activity Score in 28 joints (DAS) www.das-score.nl
12. Gangapandey, editor. (1999). Bhavamishrapranita. ChaukhambaBharati Academy, Varanasi.
13. Shastri G. M. editor. (1996). Bhavamishravirachita. SastuSahitya, Mumbai.
14. Sharma Yadav, editpr. (1984). CharakSamhita: Ayurvedadipikavyakhya. Rashtriy SanskritaSamsthana, New Delhi.
15. Thanki K, Bhatt N., Shukla V.D (2012). Effect of KsharaBasti and Nirgundi Ghana Vati on Amavaata (RheumatiodArthritis). An international quterly journal of research in Ayurveda ,33 50-53 .