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**Address**

• Vikram Nagar, Boudhi Chouk, Latur.  
• Tq. Latur, Dis. Latur 413512 (MS.)  
• (+91) 9922455749, (+91) 8999250451

**Email**

• aiirjpramod@gmail.com  
• aayushijournal@gmail.com

**Website**

• www.aiirjournal.com

**CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE**

## Efficacy of Virechana Karma Along With Shaman Chikitsa in The Management of Amavata (Rheumatoid Arthritis) - A Case Study

**Dr. Sarika Garkal**

P.G.Scholar. Dept of Kayachikitsa,  
C.S.M.S.S. Ayurved Mahavidyalaya,  
Aurangabad.

**Dr. Shrikant Deshmukh**

Guide, Professor and HOD. Dept of Kayachikitsa,  
C.S.M.S.S. Ayurved Mahavidyalaya,  
Aurangabad

### Abstract

*Amavata is a kind of painful disorder mostly seen in middle age which has both skeletal and extra-skeletal manifestation. Amavata can be correlated with Rheumatoid Arthritis due to similarities of clinical features. Rheumatoid Arthritis is an autoimmune disease causing chronic symmetrical polyarthritis with systemic involvement. The management in Modern science includes the use of NSAID's (Nonsteroidal anti-inflammatory Drugs), Glucocorticoids, DMARD's (Disease Modifying Ant rheumatic Drugs), immunosuppression therapies, but still has incomplete cure and many side effects. Ayurveda has detailed description regarding management of Amavata which includes Langhana (procedures like fasting, drying etc.), Swedana (sudation), Deepana (appetizing) with tikta-katu rasa (astringent, pungent), Virechana (therapeutic purgation) etc. A 43 year old female patient reported hospital with chief complaints of pain, swelling and stiffness of knee joints and wrist joints. Based on clinical examination and blood investigations, diagnosis of Amavata was made and Ayurvedic treatment was advised with Virechana Karma and some Shaman Chikitsa. Assessment was done by taking consideration of both subjective and objective parameters. There was substantially significant improvement and patient felt relieved of pain and inflammation of the joints after the treatment. This case study reveals the potential of Ayurvedic treatment in management of Amavata.*

**Keywords:** Amavata, Rheumatoid Arthritis, Virechana, Shamanchikitsa

### Introduction

*Amavata is a disease of Asthivaha and Rasavaha Strotas. It is mainly produced due to Ama and vitiation of Vata Dosha. The Ama is carried by the aggravated Vata and deposited in Sleshmasthanas (Seats of kapha like joints etc.) producing features like Angamarda (body ache), Aruchi (loss of appetite), Alasya (weakness), Sandhiruk (joint pain), Sandhishotha (joint swelling)<sup>1</sup>*

*Madhavakara (700AD) was the first who described the features of Amavata in Madhava Nidana where as the treatment of Amavata was first explained by Acharya Cakradatta. Amavata is a disease of Madhyama Rogamarga hence it is said to be Krichrasadhya or Yasya.*

*Rheumatoid arthritis is a chronic, progressive autoimmune arthropathy and characterized by bilateral symmetrical involvement of joints with some systemic clinical features<sup>2</sup>.*

*This disease affects mainly young population and the patients are gradually crippled physically as well as mentally due to bad prognosis of the disease. Hence it is a most burning problem in the society. Treatment in modern medicine has limitations due to their side effects. The prevalence of RA is ~0.8% of the population (range 0.3–2.1%); women are affected approximately three times more often than men. The prevalence increases with age and sex differences diminish in the older age group. The onset is most frequent during the fourth and fifth decades of life, with 80% of all patients developing the disease between the ages of 35 and 50.<sup>3</sup>*

*Ayurveda treats root cause of Amavata (RA) which leads to break the Samprapti of the disease. Chikitsa Siddhant for Amavata includes Langhana, Swedana and use of drugs having Tikta, Katu Rasa with Deepana property, Virechana, Snehapana and Vasti<sup>4</sup>. Here a case of Amavata was treated by using Virechana karma and Shaman Chikitsa.*

**Aim**

To evaluate clinical efficacy of *Virechana Karma* and *Shaman Chikitsa* in the management of *Amavata*

**Materials & Methods****Methodology:-****Place of Study-**

C.S.M.S.S Ayurved Mahavidyalaya And Rugnalaya, Kanchanwadi Aurangabad.

**Case Report:-**

## 1. Basic Information

- Age: 43Years
- Sex: Female
- Socio-Economic Status: Middle Class

## 2. Pradhan Vendnavishesh (Chief Complaints)

- Angamarda(malaise), Aruchi (anorexia)
- Gradual onset of bilateral pain and stiffness over MCP(metacarpo-phalangeal joint), Wrist joints , elbow joints,ankle joints and knee joints since 2 years
- Morning stiffness for more than one hour since 2 years
- Mild swelling over both knee joint and wrist joints since 2 weeks

## 3. Vartamanvyadhivritta (History of present illness)

- Patient was treated with DMARDs and steroids by allopathic doctor since one year but was not getting satisfactory results. So further treatment she came to our hospital for Ayurvedic management.

## 4. Purvavyadhivritta (History of past illness)

- Hyperthyroidism since last two years
- Tubal ligation done 25 years ago

## 5. Vayaktikvrittanta (Personal history)

- Aaharaya (Diet):mixed diet ,prefers spicy non –vegetarian food
- Viharaya (Movement):Patient has moderate exertion
- Vyasana (addiction): tea 5-6 times in a day

## 6. General Examination

- B.P.: 110/80 mmhg
- Weight: 78Kg

## 7. Ashtavidhpariksha

- *Nadi* (Pulse):70/min
- *Mala* (Stool):constipation
- *Mutra* (Urine):Normal
- *Jivha* (Tongue):*Saam*(coated)
- *Shabda* (Voice):Normal
- *Sparsha* (Voice):warmth over both knee joints and wrist joints
- *Druk* (Eyes):Normal
- *Aakriti* (Built): moderately built

## 8. Local Examination

- Swelling presents on both wrist and knee joints.
- Tenderness presents on both wrist and knee joints.

- Local temperature-Raised
- Range of movement-Restricted and painful movement of both knee and wrist joints

**Differential Diagnosis**

- *Amavata* (Rheumatoid arthritis), *Sandhivata* (Osteoarthritis), *Vatarakta* (Gout).

**Investigations Done**

1) Hb%-	11.9gm%
2 )Rbc	5.20 million / Cumm
3)Wbc-	4600 /Cumm
4)Platelet count	3,11,000 /Cumm
5) E.S.R	34mm at the end of one hour
6)RA Factor	Positive

**Diagnosis:**

*Amavata*(Rheumatoid arthritis) was diagnosed on the basis of symptoms described in the classics of *Ayurveda* and criteria fixed by the American Rheumatology Association in 1988.<sup>5</sup>

**Treatment Plan**

Duration- 2 months

Table no.1.  
**Shaman Chikitsa-**

Medicine	Dose	Anupan	Duration
<i>SinhanadGuggul</i>	500mg	koshnajaal	30 days
Rasnasaptakkashaya	20ml	koshnajaal	30 days
Vaatvidhvansa rasa	500mg	koshnajaal	30 days
Gandharva Haritaki churna	3mg	koshnajaal	7 days

Table no.2.  
**Shodhan Chikitsa-**

Swedan-Valukapottaliswedan	1-15days
Virechana-by Moorchiterandtaila(30ml)	15 <sup>th</sup> day
Yogasanas- Vajrasan,pavanmuktasana,parvatasana,tadasana,	Daily

*Pathya-Apathya* (dos and don'ts) - Adviced to patient as follow:

	Pathya	Apathya
Aaharaja (Food)	<i>Yava</i> (barley), <i>kulattha</i> (horse gram), <i>raktashali</i> (rice),	Flour of <i>mash</i> (black gram), Rajmah (kidney beans), sweets.
	<i>shigru</i> (drum sticks), <i>punarnava</i> , <i>karvellak</i> (bitter gourd), <i>parawar</i> , <i>ardrak</i> (ginger)	Fast food, uncooked food, salty, spicy, oily food.



	<i>rasonaor</i> ginger (shodhit with <i>takra</i> )	
	<i>Jangalmansa</i> (meat).	Fish
Viharaja (Behaviour)	Hot water	<i>Cold water</i> , Curd, jaggery, milk, cold beverages ,ice creams.
	Sunlight exposure for at least 15 minutes in a day. <i>Pranayam, yoga, meditation</i>	Daytime sleeping, <i>vegavadharan</i> (suppression of natural urges); exposure to cold, wind, A.C., excess of stress

**Subjective Parameter Gradation**

**1)Sandhishoola (Joint Pain)**

Sr.no	Criteria	SCORE
A	Mildpain of bearable nature	0
B	Frequent moderate pain but no difficulty in joint movement	1
C	Slight difficulty in joint movement due to severe pain requires medications and painmay remain throughout the day	2
D	Severe pain with more difficulty in moving joints,disturbing sleep and requires strong analgesics.	3

**2)Sandhishotha (Swelling)**

Sr.no	Criteria	SCORE
A	No swelling over affected joint	0
B	<10%increased circumference of affected joint	1
C	>10%increased circumference of the affected joint	2
D	>20%increased circumferenceof affected joint	3

**3)Stambha( Stiffness)**

Sr.no	Criteria	SCORE
A	Absent	0
B	Occasionally	1
C	Moderate 10min-30min daily	2
D	Severe persistent >30 min daily	3

**4)Angamarda(Malaise)**

Sr.no	Criteria	SCORE
A	Absent	0
B	Occasionally but patient is able to do usual work	1
C	Continuous angamarda which hampers routine work	2
D	Patient is unable to do any work	3

**5)Gaurav (Heaviness)**

Sr.No	Criteria	SCORE
A	Absent(no feeling of heaviness)	0
B	Occasionally	1
C	Moderate 10min-30min daily	2
D	Severe persistent >30 min daily	3

**Objective Parameter Gradation:**

**1) ESR (Erythrocyte Sedimentation Rate )(At The End Of 1 Hr)**

Sr.no	Criteria	SCORE
A	0-20mm/Hr	0
B	21-35mm/Hr	1
C	36-50mm/Hr	2
D	>50mm/hr	3

**2) RA Factor**

Sr.no	Criteria
A	Positive
B	Negative

**Observations Subjective And Objective Parameter**

Sr.No	Signs And Symptoms	Before Treatment	After Treatment	Follow Up
1	Sandhi Shula(Joint Pain)	3	1	0
2	Sandhi Shotha(Swelling)	3	0	0
3	Stambha(Stiffness)	3	0	0
4	Angamarda(Malaise)	3	0	0
5	Gaurava(Heaviness)	2	1	0
6	E.S.R(At Endof 1 Hr)	34mm/hr	18mm/hr	0
7	RA Factor	Positive	Negative	0

During the treatment course patient expressed gradual relief in her complaints. On the day of admission her E.S.R. WAS 34MM/HR AND RA FACTOR TEST WAS POSITIVE. She was started with Valukapottali Sweda and internal medications. For 14 days, she had considerable relief in symptoms. On 15th day morning Moorchitaerandtaila (30ml) was given and she had attained 8 weeks. The patient's general condition was stable. There were no adverse effects. and she was discharged next day. Internal medications were continued for another 15 days and when patient came for follow up, subjective and objective assessment were done to assess the effectiveness of treatment. Her E.S.R. level reduced to 18mm/hr and RA factor test was negative. Patient came follow up after one month there was marked improvement and there was no recurrence of symptoms

### Discussion

*Chakradatta* was the first, who described the *Chikitsa Siddhant* for *Amavata*. It includes *Langhana*, *Swedana*, drugs having *Tikta*, *Katu Rasa* and *Deepana* action, *Virechana*, *Snehapana* and *Anuvasana* as well as *Ksharabasti*. *Yogaratanakara* have added *Upanaha* without *Sneha*, to these therapeutic measures.

*Amavata* is mainly caused due to vitiation of *Vata Dosha* and formation of *Ama*. *Mandagni* is the main cause of *Ama* production<sup>7</sup>. In *Yogaratanakara* *Langhana* has been mentioned to be the best measure for the treatment of *Ama*. *Langhana* in the form of *Laghu Ahar* was advised to the patient. *Amavata* is considered to be an *Amashayothavyadhi* and *Rasaja Vikara*. *Langhana* is the first line of treatment in such conditions<sup>8</sup>.

*Swedana* have been specially indicated in the presence of *Stambha*, *Gauraya* and *Shula*.<sup>9</sup>

In *Amavata*, *Rukshasweda* has been advocated in the form of *Valukapottali*<sup>10</sup> due to the presence of *Ama*. It helps in pacifying vitiated *Vata Dosha* thus leads to relieve pain and stiffness.

*Sinhanada Guggulu* 500mg twice a day, *Rasnasaptakawatha* 20ml twice a day, *Vatavidhwansarasa* 500mg twice a day with luke warm water were given to the patient. *Sinhanada Guggulu*<sup>11</sup> has *trifala* & *saugandhika* which act as *Rasayana* and improves the immunity system. *Guggulu* has anti-inflammatory & analgesic property that helps to control joint pain & swelling symptoms. *Rasnasaptakawatha*<sup>12</sup> has *Deepana*, *pachana*, *shophahara*, *shoolaprashamana*, *kaphavata shamana* properties. *Vatavidhwansa Rasa (Jayapalrahit)*<sup>13</sup> It is classical preparation that maintains the balance of *Vata Dosha*. It is used to manage the various problems like *Vata* disorders, abdominal pain, neuralgia, epilepsy, paralysis, aches and pains. *Gandharva Haritaki Churna*: It contains laxative herbs i.e. *Haritaki* and *Eranda*. It softens stools and eases the problem of the constipation by inducing regular bowel movement. It does *Anulomana* of *Apanvayu*. *Virechana Karma*<sup>14</sup>:

*Virechana Karma* is described for the effective management of *Amavata* as a *Shodhana* therapy. As it is the most suited therapy for the *Sthanika Pitta Dosha*, it might be responsible for *Agnivardhana* and evacuation of *Ama*, which is the main culprit of this disease. *Moorchitaerandtaila*<sup>15</sup> is indicated in *kaphapredominant vata* disorders as it has the properties of *kaphavata shamana*, anti-inflammatory, immunomodulatory (ref). Thus *Virechana Karma* along with *shaman Chikitsa* enhances the *Agni-Bala* (digestive and metabolic capacity), alleviates the *Ama* (biotoxins) and prevents the further *Ama* (biotoxins) formation into the body. This reduces the clinical manifestations of *Amavata* (Rheumatoid arthritis) and helps in breaking the *Samprapti* (pathogenesis) of *Amavata*. The assessment of the patient before and after treatment was taken which showed improvements in the subjective and objective criteria.

### Conclusion

*Amavata* correlates with Rheumatoid arthritis. *Virechana Karma* along with *shaman Chikitsa* showed significant improvement in the symptoms *Amavata*. Ayurvedic treatment helps in maintaining the

normal health of musculoskeletal system. No adverse reactions /side effects were observed during treatment. Proper line of treatment gives better result in *Amavata*. *This is increasing faith in the concept given in our ancient texts*

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