INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY HEALTH SCIENCES
ISSN: 2394 9406

"ROLE OF VIRECHANA IN MANAGEMENT OF AMAVATA (RHEUMATOID ARHRITIS: A SINGLE CASE STUDY"

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Abstract:

Amavata is a chronic disorder described in Ayurveda , primarily caused by the accumulation of Ama (undigested toxic metabolites) along with aggrevated Vata Dosha . weak digestive power (Agnimandya) leads to the formation of Ama, which circulate in the body and get accumulated in joints and thus Amavata is considered as ama pradoshaj vyadhi,It is a disease of madhyama rog marga , as it affects sandhis and marma. Amavata is very distressing disease in all joint disorders .

Virechan karma is helpful to eliminate aggravated doshas from adho marga. In Amavata Strotorodh is present which is cleared of Virechan due to property of Strotovishyandana of virechan drug. Virechan karma also helps in normalizing the pratiloma gati of Vata and has direct effect on Agnisthan

Keywords:

Ama , vata ,Rheumatoid Arthritis , Amavata , virechana

INTRODUCTION

Nowadays out of all arthritic condition Rheumatoid arthritis is common one. It is not only disorder of locomotor system, but also systemic disease,which is caused by formation of Ama and vitiation of vata dosha. Aamavata and rheumatoid arthritis are correlated with each other due to the resemblance in clinical features. It is a chronic progressive autoimmune arthropathy. Rheumatoid arthritis is commonly seen in bilateral symmetrical joint involvement in that primarily affects small diarthrodial joints of hands and feets, along with some systemic, clinical characteristics.[1] The worldwide prevalence of this disease is approximately 0.8% and 0.5-0.75% in India. Male to female ratio is 1:3[2] The typically involved joints in RA are proximal interphalangial (PIP), distal interphalangial (DIP) and metacarpophlangial (MCP) joints of hands.[3]

The classical clinical features of Amavata like shool, shotha, Sparshasahatva, and stabdhagatrata are closely similar to the features of Rheumatoid Arthritis that is pain, swelling, tenderness and morning stiffness. So that's why, we can corelate Amavata to Rheumatoid Arthritis due to its clinical manifestation. Acharya Chakradutta mentioned Chikitsa for Amavata as Langham, Svedanam, Snehapana, Virenchana, And usages of medication having Deepana, Pachana properties.[5] By using this Siddhant Amavata can be successfully treated.

The Rheumatological disorders is a group of disease that has no specific medical management in any type of therapeutics. In modern medicine science the disease is treated with NSAID, steroids, and immunosuppressive medicine. When the medicine is stopped, pain and other symptoms aggravates more. In Ayurveda preservation of Agni specially Jatharagni later Dhatvagni is the main objects towards Chikitsa or treatment. As Amavata is related to derangement of Agni then formation of Ama and involvement of aggravates Vata. Due to lifestyle disorder so many more modalities have been contributed by the Ayurvedic classics to enhance the power of Agni and specified Vata by correction of lifestyle and clearing the channels (Srotoshodhan.)

Aims and Objectives:

Role of virechana in Amavata :A case study

Materials:

Source of Data –

Laghutrayi Samhita

Bruhatrayi Samhita

E-Journal

B) Disease review:

Ayurvedic View:

निदाि

"निरुद्धाहारचेष्टस्यमंदाग्नेर्निि्श्चलस्यच ।

निग्धंभुक्तितोह्यन्नम्व्यायामंकुि्तस्तथा ॥ १ ॥

(माधि निदाि आमितनिकार २५/1)०

सम्प्राप्तिः

ि्ायुि्ा प्रेररतो ह्यामिः श्लेष्मस्थाि्ं प्रधाि्नत।

तेि्ात्यथं निदग्धोऽसौ धमि ि्प्रनतपद्यते ॥ २ ॥

ि्ातनपत्तकफैभभियो दनीमिः सोऽन्नजो स्रि।

स्रोतांस्यनभष्यन्दयनत ि्ाि्ि्ोर्णोऽ नतनपप्ि्लिः॥ ३ ॥

जियत्याशु दौर्ि्ल्यं गौरिं हृदयस्य च ।

याध ि्ामाश्रयाँ हयेि् आमसञ्ज्ञोऽनतदारुर्णिः॥४॥

युगपत्कुनपताि्न्तप्ि्कसप्ि्प्रिशकौ।

स्तब्धं च कुरुतो गात्रमामितिः स उच्यते ॥ ५ ॥

(माधि निदाि आमितनिकार २५/२ ते ५)

आमित सामान्य लक्षर्ण :

अंगमदो ऽ रुनचतृष्णा आलस्यं गौरिं ज्वरिः ।

अपाकिः शभिता अंगाि्ा आमितस्य लक्षर्णम् ॥

(मा. नि २५/६४

आमित नचनकत्सा सुत्र

लङ्घि स्वेदि नतक्त द पिानि कटुनि च ।

निरेचिि 'ि्ेहपाि्म्' स्त्यार्श्च मारुते ।

सैि्िद्येि्ाि्ुि्ास्या क्षारस्त्त प्रशस्यते ॥ १॥

(चक्रदत्त आमित नचनकत्सा २५/१) १।

CASE REPORT

A male patient aged 45 years came to the OPD of LRP Ayurved College, Islampur with complaints of extreme pain and swelling, tenderness, stiffness over multiple jopints both wrist joint pain, MIP and PIP joints of both hands, Both shoulder joint pain more at left shoulder pain, Both ankle joint pain more at right ankle joint with Angamarda, Trishna, and Aruchi

Personal History:

Prakruti parikshan-kaphpittaj

Weight : 50 KG

Occupation: Farmer

Diet: veg and non veg

Appetite- Irregular Decreased

Stess- stess present

History of present Illness:

No history of DM ,HTN

O/E

BP-130/80 mmHg

PR- 78/min

RR-22/min

Temp - 98.3

Ashtavidha Pariksha:

Nadi: 78/min

Mala:Samyak

Mutra:Samyak

Jivha:Alpa saam

Shabda :Spashta

Sparsha:Anushna

Druk:Prakrut

Akruti:Krush

Dignosis - Amavata

Based on European League against Rheumatism/American college of Rheumatology 2010

Assessment of Subjective criteria with Gradation

Grading of Sandhishool (Pain)

Sr No.	Severity of pain	Grade
1	No pain	0
2	Bearable Mild pain occasionally	1
3	Unbearable pain and difficulty in moving body Parts	2
4	All day pain with much difficulty in moving the body parts	3

Grading of Sandhishotha (Swelling)

Sr No.	Severity of Swelling	Grade
1	No Swelling	0
2	Mild Swelling	1
3	Moderate Swelling	2
4	Severe swelling	3

Grading of Sparshasahatva (tenderness)

Sr No.	Severity of Tenderness	Grade
1	No tenderness	0
2	Subjective experience of tenderness	1
3	Wincing of face on pressure	2
4	Wincing of face and withdrawal of the affected part	3

Grading of Sandhistabhdhata (stiffness)

Sr No.	Severity of stiffness (in time)	Grade
1	No Stiffness	0
2	stiffness for more than 1 min to less than 30 min.	1
3	stiffness for more than 30 min to less than 1 hr.	2
4	stiffness for more than 1 hr.	3

MATERIALS AND METHODS:

Deepana Pachana:

Saubhagyasunthi Paka 5gm BD with luke warm water was given with sunthi siddha jalapan muhur muhur for 3 days

Abhyantar Snehapan with panchatitkta ghruta

Sarvang Abhyanaga with Til Taila for 3 days

Bashpaswedana.

Samyak Snigdha Lakshana

Day	1ST	2ND	3RD
Snehamatra	30ml	60ml	90ml
Snehapana kal	9am	7am	7am
Snehajirna kala	1pm	2pm	5pm
Vatanulomana	-	-	present
Asamhat Varcha	-	-	present
Gatra Mardav	-	-	Present
Gatra Snighdhata	-	present	present
Twak Snigdhata	-	present	Present
Klama	-	-	-
Anga laghav	-	-	-
Adhastat Snehadarshana	-	-	Present
Snehodwega	-	-	present

Pradhan Karma :Virechana

Virechana Dravya matra 200ml

No complications noted.

vaigiki	Laingiki	Antiki
12	Sharir Laghav	kaphanta

Shuddhi: Madhyama

Paschat Karma : Sansarjana Karma -3days as per shuddhi given

Assesment chart:

JT. involved		**Pain**		**Swelling**		**Stiffness**		**Tenderness**	
		AT	**BT**	**AT**	**BT**	**AT**	**BT**	**AT**
Wrist Joint	Right	0	3	0	3	0	3	0
	Left	0	3	0	3	0	3	0
MCP Joint	Right	0	3	0	3	0	2	0
	Left	0	3	0	3	0	2	0
PIP Joint	Right	0	2	0	2	0	2	0
	Left	0	2	0	2	0	2	0
Shoulder Joint	Right	0	2	0	2	0	2	0
	Left	0	3	0	3	0	3	0
Ankle Joint	Right	0	2	0	3	0	3	0
	Left	0	2	0	2	0	2	0

Lab values	B.T	A.T
HB	14.0gm%	13.8gm%
WBC Count	8100/cumm	7800/cumm
PLT Count	225000/cumm	255000/cumm
RA Factor	Positive	Positive
ESR	50mm/hr	36mm/hr
Uric Acid	4.2mg/dl	4.8mg/dl

Result and Disscussions:

Amavata Shares many clinical Similarities with Rheumatoid Arthritis . The therapeutic approach of virechana karma proved to be beneficial in the treatment of Amavata .After administration of virechana, considerable improvement was observed in the major clinical symptoms such as sandhishoola ,sandhishotha, stambha ,Gaurava and jwara . patient also showed improvement in joint mobility and overall functional capacity.

The probable mode of Action of virechana lies in its ability to eliminate vitiated pitta and kapha dosha along with Ama through the gastrointestinal tract . Since Ama is Considered the primary Pathogenic factor in Amavata .its expulsion helps in breaking the disease process. Virechana improves Agni thereby preventing further formation of Ama and promoting proper digestion and metabolism . The reduction in inflammatory symptoms may be attributed to the Shodhana effect of virechana ,which helps in removing accumulated toxins and restoring Dosha balance .Improved circulation and metabolic activity following virechana may further contribute to decrease pain ansd swelling in affected joints .

Thus findings suggest that the Virechana not only provides symptomatic relief but also addresses the root pathology of amavata by eliminating Ama and correcting and correcting Agnimandya .Therefore ,virechana can be considered an effective therapeutic approach in the comprehensive management of Amavata, especially when performed according to classical Ayurvedic principles .

Conclusions:

Thus Virechana Therapy demonstrated significant benefits in reducing the signs and symptoms of amavta . Its aampachan ,agni deepana and dosha shodhana actons contribute to improvement in disease condition and quality of life ,hence Virechana may be recommended as an important component of ayurvedic treatment protocols for amavata.

References

1. Munjal Y.P api textbook of medicine for on behalf of the Association for physician of India ,9th edition part 24v,chapter 6 , 1829

2. colin and Christopher C, Evans, editors, Signs and symptoms in clinical medicine, Disease of joint, Rheumatoid disease 12th edition 207

3. Sri yadunandan Upadhyaya , editor, Madhava Nidan Of Madhava Kosh – vidhyotani tika by Shri Vijay rakshita And Shrikanta datta , Amavata Nidanam Chapter 25,verse 5 Varanasi chaukhambha Sanskrit series 2nd edition 2018: 510

4. chakradutta with Ratnaprabha commentary edited by Priyavat Sharma , Swami Jayramdas prakashan Jaipur , Reprint ,2000 Amavata chikitsa 25/1,423.

5. Aletaha D, Neogi T silman AJ , Funovits J, FElson DT , Bingham CO 3rd 2010 rheumatoid arthritis classification criteria ,An American College of Rheumatology / European League Against Rheumatism collaborative intiative Ann Rheum Dis,2010

6. Prof Upadhyaya Yadunandan . Madhav Nidan , Reprint edition 2003 part 1 Chaukhambha Sanskriti Bhavan , Varanasi pg .no 508-511, chapter no 25 shlok no 1

7. Prof Upadhyaya Yadunandan .
Madhav Nidan , Reprint edition
2003 part 1 Chaukhambha Sanskriti
Bhavan , Varanasi pg .no 508-511,
chapter no 25 shlok no 2 -5

8. . Prof Upadhyaya Yadunandan .
Madhav Nidan , Reprint edition 2003
part 1 Chaukhambha Sanskriti
Bhavan , Varanasi pg .no 508-511,
chapter no 25 shlok no 6

9. Dr . Tripathi Indradeva Prof Dwiwedi
ramnath .chakradutta ,4th edition 2002,
chaukhamba Sanskrit sansthan , Varanasi ,
amavata samanya chikitsa sutra siddhanta
pg no .166 shlok no 1