

ROLE OF SHUNTHI SIDDHA JAL, PACHAN AND SHODHAN CHIKITSA IN AMVATA W.S.R TO RHEUMATOID ARTHRITIS – A CASE STUDY

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ABSTRACT

In the present era *Amavata* is the most common disease affecting a large young population. *Amavata* is a condition that resembles Rheumatoid Arthritis (RA) in modern language since it is caused by the vitiation of the *Vata Dosha* and the accumulation of *Ama* in the joints. The term *Ama* refers to a condition in which various ailments in the body cause a toxic effect. When *Ama* combines with *Vata dosha* and occupies *Shleshmasthan* (*Asthi sandhi*), it causes painful disease. In contrast to modern medicine, which relies on side-effect-prone anti-inflammatory, analgesic, steroid, and disease-modifying anti-rheumatic medicines for its care, Ayurveda recommends *Shamana* i.e

conservative and *Shodhana* i.e biological purification of the body therapy. This study was conducted to assess the clinical results of *Ayurvedic* medicine with diet and *shodhana* therapy in *Amavata* patients. A 16 year female patient diagnosed with *Amavata* Treated successfully with *Ayurvedic* management.

KEYWORDS:– *Amvata*, *Pachana*, *Virechana*, Rheumatoid arthritis.

INTRODUCTION

In the present era *Amavata* is the most common disease affecting a large young population. *Amavata* is a condition that resembles Rheumatoid Arthritis (RA) in modern language since it is caused by the vitiation of the *Vata Dosha* and the accumulation of *Ama* in the joints. Ayurveda has described *Amavata* (RA) as a chronic disorder with clinical manifestations of

joint swelling, pain, and stiffness in the ankle, knee, hip joints, wrist, elbow, and shoulder. The term *Ama* refers to a condition in which various ailments in the body cause a toxic effect.

वायुना प्रेरितो हयामः श्लेष्मस्थानं प्रधावति।^[1]

When *Ama* combines with *Vata dosha* and occupies *Shleshmasthan* (*Asthi sandhi*), it causes painful disease. In contrast to modern medicine, which relies on side-effect-prone anti-inflammatory, analgesic, steroid, and disease-modifying anti-rheumatic medicines for its care. The adverse effects of treatments have limits in contemporary medicine. 0.8% of people with RA, with a range of 0.3% to 2.1%; women are affected around three times more frequently than males. Age-related incidence rises, and as people get older, sex disparities get smaller. 80% of patients experience the disease's beginning between the ages of 35 and 50, which is when it occurs the most frequently.^[2] Ayurveda recommends *Shamana* i.e conservative and *Shodhana* i.e biological purification of the body therapy. This study was conducted to assess the clinical results of *Ayurvedic* medicine with diet and *shodhana* therapy in *Amavata* patients. The root causes of *Amavata* (RA) are addressed by *Ayurveda*, which breaks the disease's *Samprapti*. The *Chikitsa Siddhant* was explained by Acharya Chakradatta for *Amavata*. It comprises *Virechana*, *Snehapana*, *Vasti*, *Langhana*, *Swedana*, and drug use with *Tikta*, as well as *Katu Rasa* with *Deepana* property.^[3] *Shaman Chikitsa* from the *Chikitsa Sutra* was used to treat a case of *Amavata* in this instance.

CASE REPORT

A 16-year-old female having 35 kg body weight, student, residing in an urban area, suffering from multiple joints pain visited the outpatient department of *Kayachikitsa* for Ayurvedic treatment. The patient was suffering from both wrist joint and third metacarpophalangeal and proximal interphalangeal joints of both hands along with swelling, moderate morning stiffness, restricted movements, malaise, and *Mandagni* (Poor appetite) for the past 2 years. Sometimes, symptoms were so severe that the patient was unable to stand or walk even after taking strong pain killers. There was a history of hypothyroidism since 2019, patient took medication for 2 months then stopped. Such pain was felt in any joint which was shifting in nature and increased during rainy and winter seasons. There was no history of any addiction/treatment/illness.

Examination

Vitals of patient were within normal limits. Systemic examination showed no any abnormal findings. *Jivha* was *Saam*. Rest of the *Ashtavidha pariksha* was within normal limits.

Local examination

Swelling presents on both wrist and phalangeal joints. Tenderness presents on both wrist and phalangeal joints. Local temperature-Raised Range of movement-Restricted and painful movement.

Differential diagnosis

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

Investigations done

CBC, ESR, RA test, Sr.Uric Acid

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 1988⁴.

Treatment plan

Table no. 1: *Abhyantar Aushadhi* -(Internal treatment).

Sr. no.	Name of drug	Dosage	Frequency	Kaal	Duration
1.	<i>Aampachak Kwath</i>	20 ml	BD	<i>Apaan</i>	5 Days
2	<i>Hingwashtak Churna</i>	2g	BD	<i>Apaan</i>	5 Days
3.	<i>Amruta Guggul</i>	250 mg	BD	<i>Vyanodan</i>	5 Days
4.	<i>Shunthi Siddha Jal</i>	100 ml	Whole day	-	5 Days

Bahya aushadhi (External treatment)

Swedana- Ruksha Valuka Pottali sweda (In Morning)

Shothahar lepa (Local application over B/L Wrist Joint) (In Evening)

Duration – 10 days

Diet modification – *Laghvashan* (*Mudga Yush* 100 ml only at night) for 5 days

Erاند snehapan - 30 ml with milk at morning for 3 days

Shodhan chikitsa – *Virechan* Procedure

Ghritpaan for 4 days with *Mahatikta Ghrita* followed by

Sarvang Snehana swedan for 3 Days

On 3rd day - *Virechan Kalpa* – *Trivrit Avaleha* 25 g + *Abhayadi Modak* 250 mg

Sansarjan Krama for 7 days

Follow up after 30 Days

Assessment criteria

Table no. 2: Grading of *Sandhishoola* (pain).

Sr. no.	Severity of pain	Grade
1	No pain	0
2	Mild Pain	1
3	Moderate but no difficulty in moving	2
4	Much difficulty in moving body parts	3

Table no. 3: Grading of *sandhishotha* (Swelling).

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

Table no. 4: Grading of *sparshasahatwa* (Tenderness).

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

OBSERVATIONS AND RESULTS

Table no. 5: Assessment of *sandhishoola* (pain).

Left		Name of joint	Right	
BT	AT		BT	AT
2	0	Wrist	2	0
2	0	Phalanges	2	0

Table no. 6: Assessment of *sandhishotha* (Swelling).

Left		Name of Joint	Right	
BT	AT		BT	AT
3	0	Wrist	3	0
2	0	Phalanges	2	0

Table no. 7: Assessment of *sparshasahatwa* (Tenderness).

Left		Name Of Joint	Right	
BT	AT		BT	AT
3	0	Wrist	2	0
2	0	Phalanges	2	0

Before and After images

1) Before



2) After

Investigations

Table no. 8: Showing Laboratory values Before and After treatment.

Investigation	BT	AT
Hb	11 gm%	12.1 gm%
TLC	5000 /cmm	4300/cmm
PLT	264000	220000
ESR	28 mm	16 mm
RA Factor	Positive	Positive
Sr.Uric Acid	4.5	3.8

DISCUSSION

Acharya Yogaratnakara of Ayurveda, has mentioned a different concept of *Amvata* management. According to this theory, *Amvata* treatment should begin with *Langhana* (Fasting), then move on to *Dipana* (Improving appetite), *Pachana* (Improving digestion), *Swedana* (Fomentation therapy), *Virechan* (Purgation), and *Basti* (Medicated enema).

Vata Dosha vitiation and *Ama* production are the primary causes of *amavata*. *Ama* production is primarily caused by *Mandagni*.^[5] *Langhana* has been suggested in *Yogaratanakara* as the ideal course of action for treating *Ama*. The patient was given advice to do *langhana* in the form of *laghu ahar*. *Amavata* is regarded as a *Rasaja Vikara* and an *Amasayotha vyadhi*. In these circumstances, *langhana* is the primary line of treatment.^[6] In *Amavata*, *Rukshasweda* has been advocated in the form of *Valukapottali* due to the presence of *Ama*. It helps in

pacifying vitiated *Vata Dosha* thus leads to relieve pain and stiffness. *Shunthi siddha jal* is prepared in our IPD which enhances the *Agni-Bala* (Digestive and Metabolic capacity), alleviates the *Ama* (Biotoxins) and prevents the further *Ama* (Biotoxins) formation into the body. *Amruta Guggul* 500 mg twice a day and *Aampachak kwatha* 20 ml twice a day, *Hingwashtak churna* 1 gm twice day with luke warm water were given to the patient. *Amruta Guggul* has *Laghu*, *Ruksha*, *Ushna*, *Tikshna* properties. Majority drugs of *Amruta Guggul* have *Deepan* (Enzyme activating), *Ama-Pachan* (Biotoxin neutralizing), *Shothaghna* (oedema reducing), *Shoolghna* (analgesic), *Jwaraghna* (Antipyretic), *Balya* (Energy enhancing) and *Amavatahara* (anti-rheumatic) properties.^[7] Also. Also other drugs reduces the clinical manifestations of *Amavata* (Rheumatoid arthritis) and helps in breaking the *Samprapti* (pathogenesis) of *Amavata*. *Virechana karma* is referred to as a *Shodhana* therapy for the efficient management of *Amavata*. Since it is the most effective treatment for the *Sthanika Pitta Dosha*, it may be to blame for *Agnivardhana* and the evacuation of *Ama*, which is the primary cause of this illness.

CONCLUSION

From this case study it can be concluded that *Amavata* can be effectively and safely treated by using *Chikitsa Siddhant* described by *Acharyas*. The *Amavata Chikitsa Sutra* describes these five sequential steps (principle of treatment of RA). Ayurveda contains a few such principles that need to be scientifically evaluated; thus, the current work was planned to investigate *Amavata Chikitsa Sutra* on a clinical level. But this is a single case study hence to prove its efficacy there is a need to conduct a study on large number of patients.

REFERENCES

1. Madhav Nidana, Madhukosh tika, Yadunandan Upadhyay, Choukhamba Orientalia Varanasi, 2019; 509: 25 – 2.
2. Churchill Livingstone, Davidson's Principle and Practice of Medicine. Elsevier Publication, 2002; 19: 1002 – 7.
3. Chakrapani Datta. Chakradatta commentary by Indradev Tripathi. *Amavata rogaadhikara* Varanasi: Chaukhamba Sanskrit Sansthan, 2010; 25, 31 – 36: 167-168.
4. Arnett FC, Edworthy SM, Bloch DA, McShane DJ, Fries JF, Cooper NS et al. The American Rheumatism Association 1987 revised criteria for the classification of rheumatoid arthritis. *Arthritis & Rheumatism* Arthritis & Rheumatism-Arthritis Care & Research, 1988; 31(3): 315 - 324.

5. Tripathi Ravidatta, Charaka samhita with Vidyamanorama Hindi commentary, Chaukhamba Sanskrit Pratishthan, Delhi, 2009; 542: 8 – 31.
6. Tripathi Ravidatta, Charaka samhita with Vidyamanorama Hindi commentary, Chaukhamba Sanskrit Pratishthan, Delhi, 2009; 319: 23 - 25.
7. Bhav Prakash madhyam khanda, Prof. Krishna Chandra Chuneekar, Chaukhamba Sanskrit Pratishthan, Delhi, Vatarakta Chikitsa, 2018.