

## 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 *vata* 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 *vata* 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 *raktavahadhamani*. Even after reaching the *kaphasthana*, *trikasandhi* due to similarity with *kaphadosha* its intensity increases and end up with symptoms like *vrishchikadamsha vedana*<sup>2</sup>. 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

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

**General Examination:**

**Diagnostic Criteria:**

**Table 1:** Diagnostic criteria for rheumatoid arthritis

Criteria	Description	Duration
morning stiffness	stiffness in and around the joints, lasting at least 1 hour before maximal improvement	>= 6 weeks
arthritis of 3 or more joint areas	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 <sup>4</sup> .	>= 6 weeks
arthritis of the hand joints	at least 1 area swollen in a wrist, MCP or PIP joint	>= 6 weeks
rheumatoid nodules/deformities	subcutaneous nodules over bony prominences or extensor surfaces or in juxta-articular regions swan neck deformity, contractures	
serum rheumatoid factor	increased rheumatoid factor (ESR, Anti CCP antibody, RA factor)	
radiographic changes	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	

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, *Moorchitaila thaila*-60ml, *Manjishtadi kalka*-40gms, *Dashamoolakwatha* -100ml, *Gomutra*-100ml, *Matrabasti* with *dhanwantari thaila*-60ml
- 3) *Amavatari kashaya*<sup>12</sup> 15ml tid after food
- 4) *Simhanadaguggulu*<sup>12</sup> 1-0-1 after food
- 5) *Panchakolaphanta* 30ml od in empty stomach
- 6) *Nityavirechana* with *erandathaila* 20ml and *shuntikashaya* 20ml – from 8<sup>th</sup> day
- 7) *Valuka sweda*<sup>2</sup>
- 8) *Parishekasweda- dashamoolakwatha*
- 9) *Guduchirasayana* – 2tid, 4tid, 6tid subsequently before food and 6tid continue for one month.

**Investigations:** Hemotological investigations done as ESR was 128mm/hr before treatment and after treatment its 80mm/hr.

Total duration of the study: 15days

Investigation recorded after 8days of treatment.

### Results:

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

## 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 *laghvasana* 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<sup>7</sup>. 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 *par-ishekasweda*. 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 *yoga-basti*<sup>7</sup>

*Amavata* is a chronic debilitating illness. Chronic lingering illness that runs a long course is best treated by *vyadhihara rasayana*<sup>1</sup>. The *rasayana* that are indicated in *amavata* includes *guduchirasayana*, *pippali-rasayana* and *bhallatakarasayana* hence *guduchira-sayana* 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*.

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