



EFFECT OF RASNADIPANCHDASHAKAM KWATHA IN THE MANAGEMENT OF AMAVATA -A SINGLE CASE STUDY

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ABSTRACT

The accumulation of *Ama* and the vitiation of the *Vata Dosha* result in the chronic immune-inflammatory condition known as *Amavata*. When *Agni* is not functioning properly, *Ama* forms mixes with *Vata Dosha* and takes up residence in *Sleshmasthanas*. Due to its terrible prognosis, the disease primarily affects the younger generation, leaving them physically and intellectually disabled. Due to the similarities in symptoms, it can be compared to rheumatoid arthritis, although not all *Amavata* patients have a positive RA factor; some have a negative RA factor. A chronic autoimmune inflammatory disease, rheumatoid arthritis mostly affects the body's symmetrical metacarpophalangeal joint and two to three proximal interphalangeal tiny joints. Compared to men, women are more likely to have this condition. The ratio of women to men is 3:1. By using *Chikitsa Siddhanta*, a case of *Amavata* was successfully treated. A 42-year-old female patient reported to the OPD of PGIA, Jodhpur, with complaints of *Sandhishoola* (pain in joints), *Sandhishotha* (swelling in joints), *Sandhijadyata* (Stiffness in joints) for the last 12 months. Other associate complaints were *Aruchi* (Anorexia), *Jwara* (Fever), and *Apaka* (Indigestion of food) for six months. The patient was diagnosed with *Amavata* (Rheumatoid Arthritis). *Rasnadipanchdashakam Kwatha* was given orally, 20 ml with 10 ml *Erand Taila* as a *Prakshepa Dravya* twice a day for 45 days. Marked improvement was observed in signs and symptoms after treatment. No complication was found during the treatment.

INTRODUCTION

Amavata is a condition that affects multiple systems and occurs when a person engages in any form of *Vyayam* immediately following a meal, impairing digestion and food absorption. In the modern era, a person leads a sedentary lifestyle that includes sitting or lying down while watching TV, using a phone or computer for most of the day, reading, etc., along with an unbalanced diet, which hinders the functions of the digestive fires *Jatharagni*, *Bhutagni*, and *Dhatwagni* and results in *Ama*. It can be seen in present days that people work out / exercise just after eating oily food, as mentioned in *Bhavaprakash*, it hampers *Vata* in the body and that vitiated *Vata* combines with *Ama* and reaches *Sleshmsthan*, i.e., joints¹. With the help of *Vata*, *Ama* circulates all over the body and accumulates in the joints by *Srotosanga*, making the body stiff; this condition is known as *Amavata*. Prevalence of Rheumatoid arthritis increases with age, with 5% of women and 2% of men over 55 years being affected. The characteristics of *Amavata* were initially detailed by *Madhavakara* (700 AD) in *Madhava Nidana*², however, *Acharya Chakradatta* was the one to first explain how to treat *Amavata*. Since *Amavata* is a *Madhyama Rogamarga* ailment, it is also known as *Krichhasadhya* or *Yapya*. In *Samhita*, the pain of *Amavata* is compared with the pain of a scorpion bite (*Vrishchika Danshavat*).

Rheumatoid arthritis is a chronic, progressive autoimmune arthropathy that affects both sides of the body equally, and it also has some systemic clinical characteristics. This illness primarily affects young people, and because the prognosis is poor, sufferers eventually become physically and intellectually disabled³. Therefore, it is one of the most pressing issues in society. *Chakradatta* mentioned *Chikitsa Siddhanta* for management of *Amavata*, which consists of *Langhana*, *Swedana*, use of drugs having *Tikta*, *Katu Rasa* and *Deepana* property, *Virechana*, *Snehanana*

and *Basti*⁴. These modalities help in *Amapachana*, *Vatashamana*, and *Strotoshodhana*.

AIMS & OBJECTIVES

To evaluate the efficacy of *Rasnadipanchdashakam Kwatha* in the management of *Amavata* (Rheumatoid Arthritis)

MATERIALS AND METHODS

Types of study- Single observational case without any control group.

Study centre- PGIA, Jodhpur (Rajasthan)

CASE REPORT

A Hindu married 42 years old female patient visited (Jan 21, 2023) the outdoor department of *Kayachikitsa* in DSRRAU hospital with OPD (Reg. No. 5148) for the chief complaints of *Sandhishoola* (pain in joints), *Sandhishotha* (swelling in joints), *Sandhijadyata* (Stiffness in joints) for the last 12 months. Other associate complaints were *Aruchi* (Anorexia), *Jwara* (Fever), and *Apaka* (Indigestion of food) for six months.

HISTORY OF PRESENT ILLNESS

The patient was alright 12 months. Gradually, pain, swelling and morning stiffness started in both PIP, DIP, and Wrist joints. Thereafter, she developed Pain in both hands. She had complained of loss of appetite, indigestion of food, and a mild fever for six months. For that, he took allopathic treatment but did not get satisfactory results, and for further management, she came to OPD of the department of *Kayachikitsa* for *Ayurvedic* treatment in DSRRAU, hospital, Jodhpur.

PAST HISTORY

There was no history of Diabetes, Hypertension or any other major illness in the past.

PERSONAL HISTORY

Appetite- decreased, Bowel- constipated, Urine – Normal, Sleep- Normal, Diet- mixed.

SYSTEM EXAMINATION

RS-normal, CNS-normal, CVS-normal

ASTHVIDH PAREEKSHA OF PATIENTS

Table No.1

1. <i>Nadi</i> (Pulse)	74/min	5. <i>Shabda</i> (Speech)	Samyak
2. <i>Mootra</i> (Urine)	4-5 timed in a day	6. <i>Sparsha</i>	Anushna
3. <i>Mala</i> (Stool)	Vibandha	7. <i>Drik</i> (Eyes)	Prakrit
4. <i>Jihva</i> (Tongue)	Malavrita (coated)	8. Akriti (Built)	Madhyam

GENERAL EXAMINATION

Table No.2

Built	Not obese
Pallor	Absent
Icterus	Absent
Cyanosis & Clubbing	Absent
Lymphadenopathy	Absent
Tongue	Coated
Blood pressure	110/70 mm hg
Pulse	74/min

LOCAL EXAMINATION

- 1) Swelling and stiffness are present on both PIP, DIP, wrist joints.
- 2) Restricted and painful movement of both wrist joints, both shoulder joint, DIP joints.

TREATMENT PLAN

The Following oral medicine was administrated for treatment. *Rasnadipanchdashakam Kwatha* was given orally, 20 ml with 10 ml *Erand Taila* as a Prakshepa Dravya twice in a day for 45 days.

OBSERVATION

Subjective Criteria- *Sandhishoola* (pain in joints), *Sandhishotha* (joint swelling), *Sandhistabdhatata* (Stiffness in joints), *Angamarda* (Body ache), *Aruchi* (Anorexia), *Trishna* (Polydipsia), *Alasya* (Lassitude), *Gaurava* (Body Heaviness), *Jwara* (Fever), and *Apaka* (Indigestion of food).

Objective Criteria- Hb%, TLC, ESR, CRP, RA Factor.

Table No.3 Grading of Subjective Criteria

Subjective Criteria	Before Treatment (3-0)	After Treatment (3-0)	% Relief
<i>Sandhishoola</i> (pain in joints)	3	1	75%
<i>Sandhishotha</i> (Swelling in joints)	3	1	75%
<i>Sandhijadyata</i> (Stiffness in joints)	2	1	50%
<i>Aruchi</i> (Anorexia)	2	2	0%
<i>Jwara</i> (Fever)	2	1	50%
<i>Apaka</i> (Indigestion of food)	2	1	50%

Table No.4 Grading of objective Criteria

Objective Criteria	Before Treatment	After Treatment
Hb%	10 gm%	12 gm%
TLC	10,000	7000
ESR	50	20
CRP	10	5
RA Factor	Positive	Positive

S. Uric acid	3.5	3.5
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DISCUSSION

The contents of 'Rasnadipanchdashakam Kwatha' include *Rasana* (*Pluchea lanceolata*), *Amrita* (*Tinospora cordifolia*), *Nagar* (*Zingiber officinale*), *Devadaru* (*Cedrus deodara*), *Kutaj* (*Holarrhena antidysentrica*), *Bilva* (*Aegle marmelos*), *Ag-nimanth* (*Premna Integrifolia*), *Shyonak* (*Oroxylum indicum*), *Patala* (*Stereospermum suaveolens*), *Gambhari* (*Gmelina arborea*), *Gokshur* (*Tribulus terrestris*), *Brihati* (*Solanum indicum*), *Kantakari* (*Solanum surattense*), *Shalparni* (*Desmodium gangeticum*), *Prishniparni* (*Uraria picta*).

Drugs like *Rasna*, *Amrita*, *Nagar*, and *Devadaru* have *Aampachak*, *Jwaraghna*, and *Shoolaprashaman* qualities, whereas *Dashamool* has *Shothaghna*, *Tridosh Shamak*, and *Shoolaghna* properties. Natural anti-inflammatories like castor oil work quite well.

Rasna: - Affected *Kapha* and *Ama Dosh* are calmed by *Rasna's* *Tikta Rasa*, *Katu Vipaka*, and *Ushna Veerya*⁵. The *Vata Dosh* is calmed by *Guru Guna* and *Ushna Veerya*, which reduces *Shoola* and other related symptoms.

Amrita: - *Amrita* is a well-known *Rasayana* and *Tridhoshaghana*⁶ medication. *Guduchi* has also been shown to have anti-inflammatory, anti-rheumatic, and immunostimulant properties. **Nagar:** - *Ama's* digestion is aided by *Laghu*, *Ruksha*, and *Tikshna Guna*, while *Agni* is improved by *Ushna Veerya*⁷. *Shunthi* has also been discovered to be effective in the management of rheumatic and musculoskeletal conditions, reducing pain and swelling.

Devdaru: - *Devdaru* contains *Vata Kaphashamaka*⁸, which has anti-inflammatory, analgesic, and spasmolytic properties, as well as *Tikta Katu Rasa*, *Laghu Guna*, and *Ushna Virya*⁹.

Kutaj: - It exhibits *Sangrahi*, *Deepana*, and *Pachana* traits and has the impacts of *Kshaya Tikta Rasa*, *Laghu*, *Ruksha Guna*, *Sheeta Virya*, and *Kapha-Pittashamaka*¹⁰.

Dashamool: - It has *Laghu*, *Ruksha Guna*, *Kashaya Tikta Rasa*, *Shothahara*, *Shoolahara*, and *Vedana Shamaka* properties.

Eranda: - *Eranda* is *Rechaka*, *Vedana Sthapak*¹¹ and *Vrishya* drug. It is the drug of choice for *Avrita Vata*. *Acharya Charaka* said for *Eranda*, *Vrishya Vataharanam Shreshta*¹².

Eranda Taila has been given in the line of treatment of *Amavata*. *Ricin* in the *Eranda Taila* is hydrolysed to *Receonelic acid* by the *Lipase* enzyme, which irritates the gut and causes *Virechana*. It also has *Vata-Kapha Shamaka*¹³ properties and acts on the *Dosha*, which are pathogenesis factors for the disease *Amavata*. *Eranda Taila* is utilised both for *Virechana*¹⁴ and *Ama Pachana* properties.

CONCLUSION

From this study, it may be inferred that the *Aacharya Chakradutta*-described *Chikitsa Siddhanta* can be used to cure *Amavata* safely and efficiently. In this instance, *Rasnadipanchdashakam Kwatha's* enormous impact has been demonstrated. Following this therapy, the patient acquired medication independence. I will plan more research on the same disease.

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