

**EFFECT OF ERANDAMOOLADI NIRUHA BASTI IN AAMVATA W.S.R.TO RHEUMATOID ARTHRITIS – A CASE STUDY****Ratnesh Kumar Shukla,¹ Shraddha Sharma,² Shrikant Lodhi³, Vivek Sharma⁴**1,3. PG scholar, 1st year, Pt KLS Govt. *Ayurved* College & Institute, Bhopal, M.P2,4. Assistant professor, *kayachikitsa* department, Pt. KLS Govt. *Ayurveda* College, Bhopal, M.PCorresponding Author: Drratneshs@gmail.com<https://doi.org/10.46607/iamj4713022025>

(Published Online: February 2025)

Open Access

© International Ayurvedic Medical Journal, India 2025

Article Received: 06/01/2025 - Peer Reviewed: 30/01/2025 - Accepted for Publication: 09/02/2025.

**ABSTRACT**

INTRODUCTION- *Amavata*, commonly known as rheumatoid arthritis (RA), is a chronic inflammatory disorder primarily affecting the joints. This condition is mischaracterised by the immune system attacking the body's tissues, leading to joint inflammation, pain, swelling, and potential destruction. The exact aetiology of *Aamvata* remains unclear, though it is believed to result from genetic predisposition and environmental factors. Symptoms typically include persistent joint pain, stiffness, particularly in the morning or after periods of inactivity, and fatigue. Diagnosis is based on clinical evaluation, supported by imaging studies and laboratory tests, such as rheumatoid factor (RF) and anti-cyclic citrullinated peptide (anti-CCP) antibodies. Early diagnosis and an integrated treatment approach are crucial for improving the quality of life and outcomes for individuals with *Amavata*. **OBJECTIVE** - To evaluate the effect of *Ayurved* management in *Amavata*. **MATERIALS AND METHODS-** A 40-year-old female pt. Visited our hospital with a complaint of polyarticular joint pain with stiffness, and morning stiffness in bilateral hands for more than 1hr in the last 2 years with elevated RA quantitative 306.1 U/ml. *Kala Basti* was planned along with *Sarvang Abhyanga Swedana* with *Saindhawadi tail*. *Niruha basti* with *Erandamooladi kwath* 360 ml and *Anuvasana basti* with *saindhawadi tail* 80 ml were administered for 16 days, with *shamanoushadha* after those 15 days of *shamanaushadh* was administrated. **RESULT-** Better relief was found in symptoms of RA, and a significant decrease in the value of RA factor before Treatment was 306.1 u/ml, and after

treatment was, 46 u/ml noted. **CONCLUSION-** It was found that *Erandmooladi niruha kala basti*, followed by shaman chikitsa, is significantly effective in *Aamvata* (Rheumatoid Arthritis).

Keywords: *Aamvata*, Rheumatoid Arthritis, *Niruha Basti*.

INTRODUCTION

Aamvata, commonly known as rheumatoid arthritis (RA), is a chronic inflammatory disorder primarily affecting the joints. This condition is mischaracterised by the immune system attacking the body's tissues, leading to joint inflammation, pain, swelling, and potential destruction. According to Ayurveda, Aam and Vata get aggravated together and enter the trike and sandhi Pradesh located in the Madhyama rogamarga and cause shot, school and Stabdhatta, which is called *Aamvat*. The exact aetiology of Rheumatoid arthritis (*Amavata*) remains unclear, though it is believed to result from genetic predisposition and environmental factors. Symptoms typically include persistent joint pain, stiffness, particularly in

the morning or after periods of inactivity, and fatigue. More than one million people worldwide, one-fifth of people with disabilities, are affected by rheumatic diseases. Make it 1:3. The disease usually occurs between the ages of 40 and 50, and 80% of patients develop the disease between the ages of 35 and 50.2 Diagnosis is based on clinical evaluation, supported by imaging studies and laboratory tests, such as rheumatoid factor (RF) and anti-cyclic citrullinated peptide (anti-CCP) antibodies. Early diagnosis and an integrated treatment approach are crucial for improving the quality of life and outcomes for individuals with *Aamvata*.

Samprapti of Aamvata

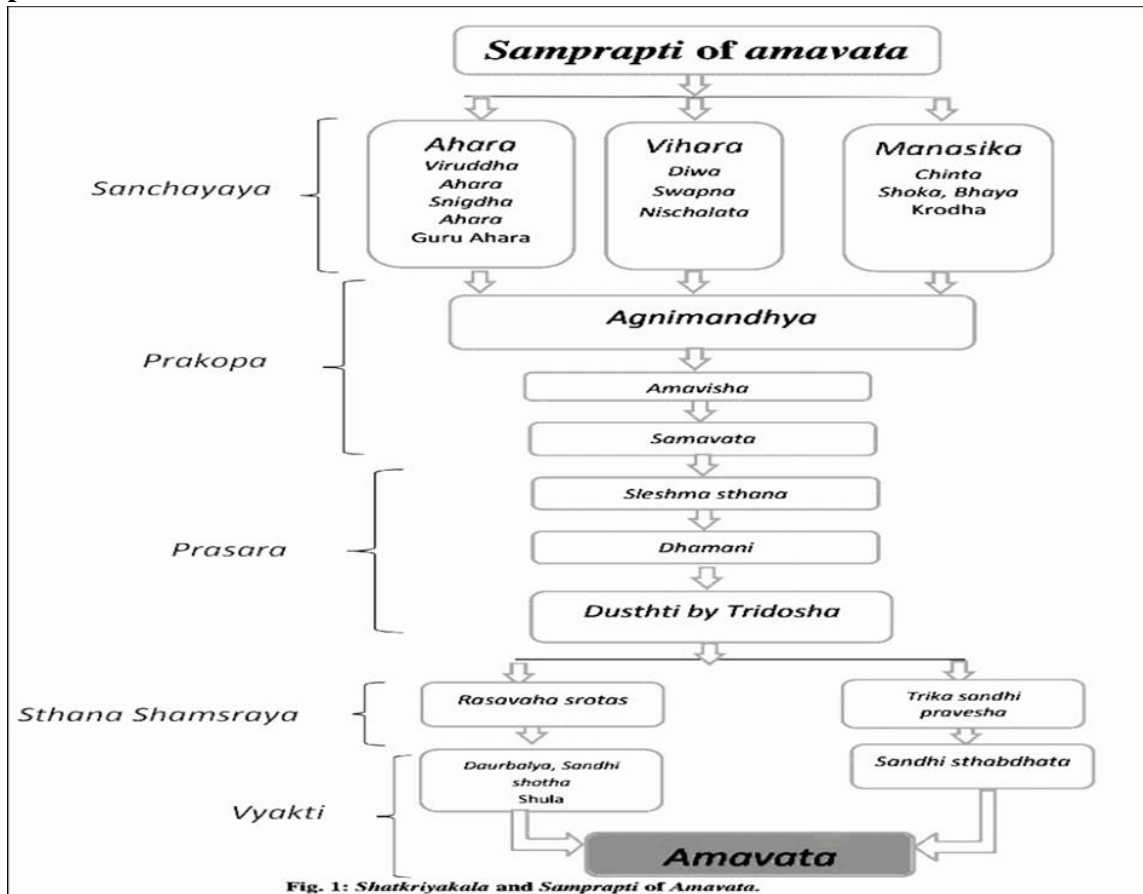


Fig. 1: Shatkriyakala and Samprapti of Amavata.

MATERIAL AND METHODS

A 40-year-old female patient presented with a year's history of gradually increasing pain and stiffness in multiple joints, with swelling in the fingers of the hand and wrist joints with weakness. In the early stage, the pain remained in their bilateral hands and wrist, and progressively, it involved shoulder joints, which were aggravating at night, and she felt heaviness all over her body with itching sometimes. So, for treatment, she came to the hospital.

History - Patient has no history of Diabetes, HTN, Hyperthyroidism

Personal History

Diet- mixed

Appetite- Loss of appetite

Bowel- Not proper

Micturition- Bahumootrata

Sleep- disturbed

Family History - NAD

Dashavidha pareeksha

- Prakruti- Vata Kapha
- Vikruti – Vata Kapha Pradhan Tridosh sah Aama
- Sara- Madhyama
- Pramana – Madhyama
- Satwa – Madhyama
- Satmya – Madhyama
- Ahara Shakti – Avar
- Vyayama Shakti – Madhyama
- Vaya – Madhyama

General Examination • Pallor – Absent • Icterus – Absent • Koilonychias – Absent • Lymphadenopathy – Absent • Edema – mild present on B/L hands

Systemic Examination

- CNS – conscious, well oriented
- CVS – S1, S2 heard normal
- R.S – normal vesicular breathing sounds heard
- Temperature – normal

Local Examination: inspection, Bilateral symmetrical PIP, MCP, Wrist, and Shoulder joints were affected with restricted movement, mild swelling, and no redness seen on the surface. Mild to moderate tenderness was present on palpation, with no raised temperature and nodules.

Investigations –

Hb%- 8.1 gm%

RBC – 3.77 mil

HBA1C- 5.5%

ESR- 55mm/hr

RA – 306.1 u/ml

CRP - Positive

Serum uric acid – 4.20 mg/dl

LFT- NAD

KFT – NAD

DIAGNOSIS- Amavata (Rheumatoid arthritis) was diagnosed based on symptoms described in the classics of Ayurveda and criteria fixed by the American Rheumatology Association in 1988.3

TREATMENT -

Types Of Treatment	DRUG	DOSES	Time Of Administration	ANUPANA
Sarvanga Abhyanga	Saindhawadi Tail			
Sarvanga Swedana	Dashmoola Kwath			
Kala Basti Niruha	Madhu 50 ml Saindhav 5gm Sneha Saindhawadi Tail 50ml Kalka shatpushpadi Kwath Erandamooladi Kwath 260ml	360 ml	16 days	
Anuvasan	Saindhawadi Tail	80 ml		
Internal Medication	Singhnada guggul	2 tabs	BD	Lukewarm water
	Maharasnadi Kwath	20 ml	BD	Lukewarm water

	Svarna Bhasma Yograj guggul Bang bhasma Nag bhasma Lauha bhasma Mandura bhasma Makshik bhasma Abhraka Bhasma Rasa sindur	250 mg	BD	Lukewarm water
	Eranda taila (as directed)			

*Ruksha Baluka Pottali Swedana was done during severe pain at night.

Assessment ⁴

Subjective Criteria

Grade	0	1	2	3	4
Angamarda (Malaise)	No Angamard	Occasional Angamarda, but patient can do usual work	Continuous Angamarda, but the patient can do usual work	Continuous Angamarda, which hampers routine work	The patient is unable to do any work
Aruchi (Anorexia)	The normal desire for food	Eating timely without much desire	The desire for food a little later than standard time	The desire for food only after long intervals	No desire at all
Trisna (Thirst)	No feeling of thirst	Frequent feeling of thirst but quenched with a normal amount of liquids	Satisfactory quench after increased intake of fluids but no awakening during nights	Satisfactory quench after increased intake of fluids with regular awakening during nights	No quench after heavy intake of fluids
Alasya (Tiredness)	No tiredness	Starts work on time with efforts	Unable to start work in time but completes the work	Delay in the Start of work and unable to complete	Never able to start work and always likes to rest
Gourava (Heaviness)	No feeling of heaviness	Occasional heaviness in body but does usual work	Continuous heaviness in body but does usual work	Continuous Heaviness which hampers usual work	Unable to do any work due to heaviness
Sotha (Swelling)	No swelling	<10% increased circumference of the affected joint	>10% increased circumference of the affected joint	>20% increased circumference of the affected joint	-
Sthamba	No stiffness	0 to 10 min	10 to 120 min	2 to 8 hours	>8 hours

(Stiffness)					
Sandhi shoola (Joint Pain)	Occasional	Mild pain of a bearable nature	Frequent moderate pain but no difficulty in joint movement	Slight difficulty in joint movement due to severe pain requires medication and may remain throughout the day	Severe pain with more difficulty in moving the joints, disturbing sleep and requires strong analgesics

OBJECTIVE CRITERIA

Grade	0	1	2	3
Fatigue	Not there	Full-time work despite fatigue	The patient must interrupt work to rest	Fatigue and long-term Rest
RA Factor	Less than 20	20 to 50	50 to 100	More than 100
Wintrobe method ESR (in 1st hour)	0 to 20	21 to 35	36 to 50	>50
Haemoglobin (g%)	12.5 or more	12.4 to 11	10.9 to 9.5	<9.5
General function	All activities without difficulty	Most activities but with difficulty	Few activity cares for self	On chair and bed
Patients estimate	Fine	Almost well	Pretty Good	Pretty bad
Walking time (25 feet in seconds)	15 to 20 Sec	21 to 30 Sec	31 to 40 Sec	>40 Sec ¹¹

RESULTS

Table: Assessment chart -Subjective Criteria

Features	BT	AT
Angamarda	2	1
Aruchi	3	2
Trishna	2	1
Alasya	3	1
Gourava	3	1
Angashotha	2	1
Stambha	3	1

BT: Before Treatment, AT: After Treatment

Left		Name of the joints involved	Right	
BT	AT		BT	AT
3	0	Metacarpophalangeal	3	1

2	0	Wrist	1	0
3	1	Shoulder	2	2
3	1	Ankle	2	1
3	0	Elbow	2	0

Table: Sandhishoola

BT: Before Treatment, AT: After Treatment

Table: Objective Criteria

Parameters	BT		AT
Fatigue	2		1
	Right	3	2
RA Factor	4		2
Wintrobe ESR (in 1st hour)	4		1
Haemoglobin (g%)	4		3
General function	2		0
Walking time (in seconds)	3		1

BT: Before Treatment, AT: After Treatment

DISCUSSION

Erandmuladi Niruha Basti acts as a deepana and has lekhana properties, aiding in the pacification of Kapha and alleviating symptoms such as heaviness and stiffness. The primary ingredient, Eranda (*Ricinus communis* Linn.), is known for its anti-inflammatory, antioxidant, analgesic, and tissue regeneration qualities. Erandamooladi Niruha Basti includes various herbal ingredients, many of which have a hot potency (Ushna Veerya) and effectively alleviate Vata and Kapha. These herbs possess ushna and teekshna, which aid in clearing the obstructions in bodily channels (Srotas), promoting the formation of healthy tissues (Prakrita Dhatu). It is particularly beneficial in conditions dominated by Kapha, helping to pacify this Dosha and reduce symptoms like stiffness (Stambha) and heaviness (Gaurava). Many of these herbs also stimulate the digestive fire (Agni), increasing appetite.⁵ Saindhawadi Taila, used as Anuvasana Basti, contains ingredients such as Shunthi, Shatpushpa, Saindhav, Maricha, Ajmoda, Pippali, and Pippali Moola, which promote digestion and the breakdown of toxins (Ama). Most of these components effectively alleviate Vata and Kapha, making them beneficial for conditions like Amavata. Ingredients such as Shatpushpa, Medaa, Kataphal,

Kachoor, Chavya, Vidanga, Renuka-beeja, Nili Vriksha, Danti, Kushtha, Sarshap, and Pippali specifically target these doshas. Rasna, Erand Mula, Renuka Beeja, Nili Vriksha, and Mulethi also have pain-relieving and anti-inflammatory properties.⁶ Simhanada Guggulu contains Katu and Tikta Rasa, Laghu and Ruksha Guna, Ushna Virya, and Katu Vipaka. These properties contribute to its Vata-kaphashamaka (balancing Vata and Kapha), Amapachaka (digesting toxins), and Srotoshodhaka (purifying channels) effects, which are crucial in treating Amavata (rheumatoid arthritis). Tikta and Katu Rasa counteract Ama and Kapha, the primary factors in this disease, by enhancing digestion and reducing Kapha production, thus clearing obstructions in bodily channels. Ushna Virya helps alleviate aggravated Vata. The combined actions of Katu Rasa and Ushna Virya enhance digestive fire (Agni Deepana) and promote digestion (Pachana), which address Ama and Kapha imbalances. Laghu and Tikta Rasa help remove adhered Dosha from contaminated channels. Ushna properties prevent Ama accumulation and unblock channels, reducing pain and congestion. The properties of Simhanada Guggulu balance the cold and dry qualities of Vata, controlling Ama and Vata and minimising disease progression. Enhanced digestive fire and purification of channels lead to the as-

similation of undigested substances, restoring balanced digestion and mitigating Amavata symptoms through its Vatashamana (pacifying Vata) actions.⁷ Maharasnadhi Kwatha is a polyherbal formulation known for its safety and non-toxicity, offering potential relief to arthritis patients. It is made from parts of 26 different plants commonly used in traditional medicine for their pain-relieving, anti-inflammatory, and antipyretic properties.⁸ The formulation contains Svarna Bhasma, Yograj Guggul, Bang Bhasma, Nag Bhasma, Lauha Bhasma, Mandura Bhasma, Makshik Bhasma, Abhraka Bhasma, Rasa Sindur, and other herbs. Gold in a micro-pulverized form targets inflamed synovial cells in the joints and promotes immunomodulatory activity. This helps to alleviate rheumatoid arthritis by inhibiting prostaglandin synthesis in the body.⁹ Eranda Taila, with its Sukshma Guna, penetrates the body's microchannels to clear obstructions. Its Katu Rasa and Ushna Virya enhance digestive fire, while its Snigdha Guna acts as a Vata Shamaka. At the cellular (Dhatu) level, it functions as an Ama Pachaka and Kapha Shamaka, aiding in the digestion of toxins and balancing Kapha.¹⁰

CONCLUSION

The case study on the effect of Erandamooladi Niruha Basti in Amavata, with specific reference to rheumatoid arthritis, demonstrates promising results. The treatment, grounded in Ayurvedic principles, utilises the therapeutic properties of Erandamooladi to address the complex pathogenesis of Amavata. The formulation effectively reduces symptoms and improves patient outcomes by combining Sukshma Guna for channel penetration, Katu Rasa and Ushna Virya for enhancing digestive fire, and Snigdha Guna for Vata pacification. The study indicates that Erandamooladi Niruha Basti can be a beneficial adjunct therapy in managing rheumatoid arthritis, offering a holistic approach to mitigating inflammation, pain, and joint dysfunction associated with the condition. Further research and more extensive clinical trials are recommended to substantiate these findings and optimise treatment protocols.

REFERENCES

1. Sharma Ajay Kumar, Kaya Chikitsa second part, chaukhambha Orientalia Delhi, edition 2019, page 526.
2. Azara Qureshi, & Riyanka Kumari. (2023). A case study on Amavata (Rheumatoid Arthritis). Journal of Ayurveda and Integrated Medical Sciences, 8(1), 201 – 206.
3. Arnett FC, Edworthy SM, Bloch DA, McShane DJ, Fries JF, Cooper NS et al. The American Rheumatism Association 1987 revised the criteria for the classification of rheumatoid arthritis. Arthritis & Rheumatism Arthritis & Rheumatism-Arthritis Care & Research 1988; 31(3):315-324
4. M Jawaad Ali and Vinod N. Management of Amavata (Rheumatoid arthritis) through Ayurveda principle: A Clinical Case study. Int. J. Res. Ayurveda Pharm. 2019;10(4):56-60
5. Dr. Swathi N., Dr. Rahul S. Gandhi, Prof. Dr. Anup B. Thakar, EFFICACY OF ERANDAMOOOLADI NIRUHA BASTI IN THE MANAGEMENT OF SCIATICA AND HYPERLIPIDEMIA: A CASE REPORT, ijrar, Volume 7, Issue 2, page no 207-216
6. Negi, A., P. Pandey, and B. Singh. "A CLINICAL STUDY TO EVALUATE THE EFFICACY OF SAINDHAVADI TAILA MATRA VASTI IN THE MANAGEMENT OF AMAVATA W.S.R. RHEUMATOID ARTHRITIS". Asian Journal of Pharmaceutical and Clinical Research, vol. 10, no. 12, Dec. 2017, pp. 435-9.
7. Pandey SA, Joshi NP, Pandya DM. Clinical efficacy of Shiva Guggulu and Simhanada Guggulu in Amavata (Rheumatoid Arthritis). Ayu. 2012 Apr;33(2):247-54. Doi: 10.4103/0974-8520.105246. PMID: 23559798; PMCID: PMC3611626.
8. Patel Snehal S., Shah Praboth V. Evaluation of anti-inflammatory potential of the multidrug herbomineral formulation in male Wistar rats against rheumatoid arthritis. J Ayurveda Integr Med. 2013 Apr-Jun;4(2):86-93.
9. Bhatt, Narendra (2020), Standardization of Ayurvedic and Natural Origin Products: Integrating Principles, Practices and Techniques, In N. Bhatt [Ed.], Integrative Perspectives: Ayurveda, Phytopharmaceuticals and Natural Products, (VI/35, pp. 376-398), Continental Prakashan, Pune, India
10. Gurudutt Mishra, Darshana H Pandya. Efficacy of Erand Sneha (Castor Oil) in managing Amavata

(Rheumatoid arthritis) concerning its Sama Stage. J. Res. Tradit. Med 2017; 3(2): 28-35.

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Ratnesh Kumar Shukla et al: Effect of erandamooladi niruha basti in Aamvata w.s.r.to rheumatoid arthritis – a case study. International Ayurvedic Medical Journal {online} 2025 {cited February 2025}