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# Effectiveness of *Sanshman Chikitsa* on *Amavata* w.s.r. to Rheumatoid Arthritis

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## ABSTRACT

*Amavata* occurs when the *Ama* mixes with the *Vata Dosha* and occupies the *Shleshmasthanas* (*Asthisandhi*). *Ama* and *Vata* are the two main pathogenic components of *Amavata*, a *Rasa Pradosaja Vikara* that primarily affects *Sandhi* before moving on to *Asthi* and *Majja*. Due to similar clinical features, *Amavata* and rheumatoid arthritis can be co-related. It is an autoimmune condition called rheumatoid arthritis results in persistent symmetrical polyarthritis with systemic involvement. When compared to men, females are more likely to contract this disease. The ratio of male to female is 3:1. It is an extremely painful condition that frequently results in soreness, edema, and inflammation in the joints. The pain, joint stiffness occurs maximum in Mornings, which lasts for over an hour.

**Key words:** *Amavata, Ayurveda, Rheumatoid arthritis, joint stiffness*

## INTRODUCTION

*Asthivaha* and *Rasavaha Strotas* are affected by the condition known as *Amavata*. It is mostly formed as a result of *Ama* and *Vata Dosha* vitiation. The increased *Vata* transports the *Ama* and deposits it in *Sleshmasthanas* (Places of *Kapha*, like joints, etc.) it includes clinical features like *Angamarda* (body ache), *Aruchi* (loss of appetite), *Alasya* (weakness), *Sandhiruk* (joint pain), *Sandhishotha* (joint swelling).<sup>[1]</sup>

The characteristics of *Amavata* were originally detailed by *Madhavakara* in *Madhava Nidana*, but *Acharya Chakradatta* was the first to explain techniques to recover from *Amavata*. *Amavata* is a *Madhyama Roga-*

*marga* disorder, which is why it is also known as *Krichrasadhya* or *Yapya*. It is a chronic, progressive autoimmune arthropathy, rheumatoid arthritis is characterized by bilateral symmetrical joint involvement and certain systemic clinical symptoms.<sup>[2]</sup> 80% of patients experience the disease's beginning between the ages of 35 and 50, when it occurs most frequently in the fourth and fifth decades of life.<sup>[3]</sup>

## AIMS AND OBJECTIVES

A case study of *Amavata* managed with *Ayurvedic* medicines.

## MATERIAL AND METHODS

### Patient's personal history

- Name - XYZ
- Age - 18 year
- Sex - Female
- Occupation - Student

### Chief complaints

- Morning stiffness in interphalangeal joints of both hands (from 4 months)

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- Redness, itching and swelling in fingertips of both hands (from 4months)
- Pain in interphalangeal joints of both hands (from 4 months)
- Appetite - low
- Sleep - disturbed
- Bowel - constipated

### Vitals

BP - 100/60 mm/Hg

Pulse Rate - 84/min.

RR - 18/Min

Weight - 48kg

Temp - Afebrile

History of past illness - NAD

Family history - No family history present

### Treatment history

An 18 years old, female patient came in the O.P.D. of Govt. Ayurvedic Hospital Moti Chohatta, Udaipur in Kaya Chikitsa Dept. with the complaint of Morning stiffness in interphalangeal joints of both hands (from 4 months). Redness, itching and swelling in fingertips of both hands (from 4 months). Pain in interphalangeal joints of both hands (from 4 months) Patient has taken the modern medicine before, but no relief found so she came to us for the Ayurvedic treatment.

### Ashtvidha Pariksha

Nadi	Normal in rate and rhythm, Kapha Pradhana
Mala	Aam
Mutra	Bahu-Mutrata (6 times-Day) (1-2/night)
Jihwa	Coated
Shabda	Samanya
Sparsha	Sheeta
Drika	Shweta
Aakriti	Krishna

### Dashvidha Pariksha

Prakriti	Kapha Vaataj
Vikriti	Aamvata
Sara (purest body tissue)	Majjasara
Samhanana (body built)	Krishna
Pramana (body proportion)	Avara
Satmya (homologation)	Madhyam
Satva (mental strength)-	Madhyam
Aharshakti (food intake)	Avara
Vyayamshakti (to carry on physical activities)	Avara
Vaya	Baal

### Investigation

	Date	RA Factor	Normal range
Before treatment	30 /01/2023	190.65 IU/ml (elevated)	0-20 IU/ml
After treatment	24/04/2023	9.00 IU/ml (normal)	0-20 IU/ml

### Treatment Profile

SN	Medicine	Dose	Anupana	Duration
1.	Giloy Ghan Vati	2 tabs BD	Ushna Jala	First month 1
2.	Giloy Churna	1 gm BD	Madhu	First month 1
3.	Kutaki Churna	1 gm BD	Madhu	First month 1
4.	Trikatu Churna	1 gm BD	Madhu	First months 3
5.	Haritaki Churna	1 gm BD	Madhu	First months 3
6.	Chop Chini Churna	1 gm BD	Madhu	First months 3
7.	Punarnava Mandura	500mg BD	Madhu	1 month

8.	Vaishwanara Churna	3 gm BD	Madhu	1.5 month
9.	Agnitundi Vati	1 tab BD	Ushna Jala	1 month
10.	Eranda Sneha	10 ml	Luke warm milk	1.5 month
11.	Amavatahara Kwath	5 gm		1.5 month

## DISCUSSION

### Guduchi

Guduchi is having *Katu, Tikta, Kashaya Rasa* and *Ushna Virya*, it does *Ama Pachana*. It also acts as *Agni Deepaka and Vatahara*. The anti-inflammatory effect *Guduchi* was mediated via reduction of the pro inflammatory cytokines such as: IL-16, TNF-alpha, IL-6, and IL-17 etc. Due to its *Rasayana* property its action was expected in micro level by cellular repairing, it may be the reason of its immunomodulator effect. *Deepana, Amahara*.<sup>[4]</sup>

### Kutaki

*Kutaki* is helpful for treating rheumatoid arthritis due to its anti-inflammatory property. It helps reduce joint swelling by inhibiting the production of inflammation causing chemicals.

### Trikatu Churna

Contains *Shunthi, Maricha, Pippali*. *Trikatu* has an anti-inflammatory effect in RA, similar to piperine, 6-shogaol, and 6-gingerol.

*Trikatu* has immunomodulatory properties also.

*Haritaki - Laghu, Ruksha, Tridoshashamaka, especially Vata anulomaka, Ushna Virya*. It has Chebulanic acid, which have antioxidant property, Hyperglycemia promotes auto-oxidation of glucose to form free radicals. The generation of free radicals beyond the scavenging abilities of endogenous antioxidant defenses results in macro and microvascular dysfunction.<sup>[5]</sup>

*Chopchini* - it has anti-rheumatic nature is used to reduce inflammation. It also helps in stimulation of digestive system.<sup>[6]</sup>

**Vaishwanara Churna** - Contains *Haritaki, Saindhaw, Yavani, Ajmoda, Shunthi*. It is mentioned in *Chakradatta, Amavata Rogadhikar*.

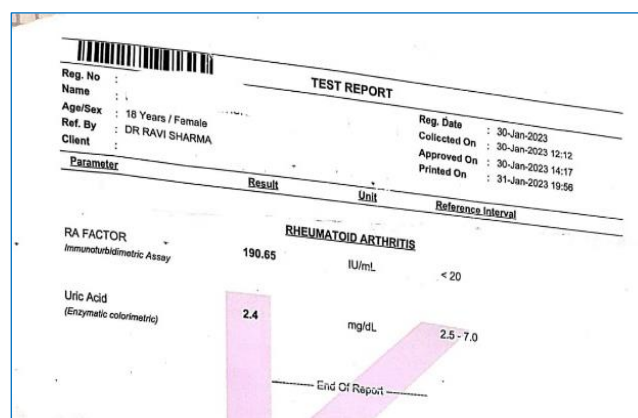
**Agnitundi Vati** - *Kajjali* (Black sulfide of mercury), *Ajwain (Trachyspermum ammi), Sudha Vatsanabha (Aconitum ferox), Harad (Terminalia chebula), Bahera (Terminalia bellerica), Amla (Emblica officinalis), Sajjikshar, Yavakshar, Chitrakmool (Plumbago zeylanicum), Saindhav Lavan (Rock salt), Survarchal Lavan (Black salt), Samudra Lavan (Sea salt), Shavet Jiraka (Cuminum cyminum), Vidanga (Emblica ribes), Shunthi (Zingiber officinalis), Pippali (Piper longum), Marich (Piper nigrum), Sudh Kuchla (Strychnos nuxvomica)*. Through the digestion of *Ama*, the primary cause of illness appearance, *Agnitundi Vati* strengthens *Agni*.

**Eranda Sneha** - *Eranda Taila* is a combination of *Kashaya, Madhur* and *Katu Rasatmak, Madhur Vipaka, and Ushna Viryatmak*, which balances the *Doshas Vata, Kapha, and Pitta*. It is Anti-inflammatory and has the purgative, or *Bhedaniya*, function of destroying excrement. *Rechana* removes excess *Doshas, Snehopaga* hydrates and treats dryness, and *Rechana* decreases *Vata*.

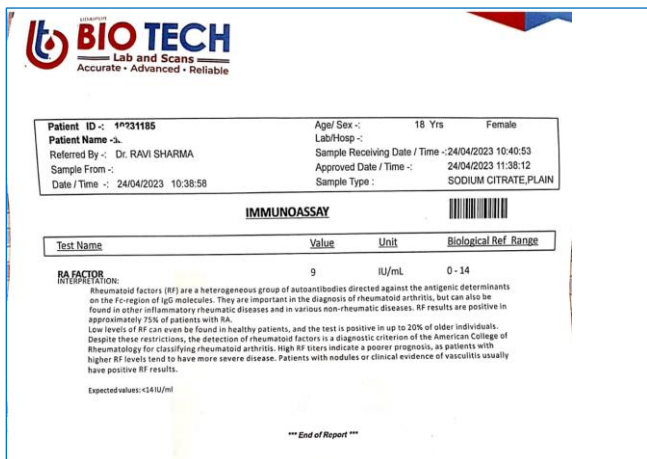
**Amavatahara Kwath** - It is Hypothetical *Kwath*, made in pharmacy of Madan Mohan Malviya Govt. Ayurved College, Udaipur (Rajasthan). Contents - *Erondmoola, Punarnava Moola, Giloy, Shunthi, Karchur, Haritaki, Pippalimoola, Ashwagandha, Dhanyaka*.

All the contents are *Agnideepaka, Aam Pachaka, and Mutra Virechak* have the anti-inflammatory property.

### Before treatment



After treatment



CONCLUSION

One of the most common diseases nowadays is *Amavata*, which presents a difficult problem for medical research. *Ama* and *Vata* have characteristics that are at odds with one another and the presence of *Uthanadhatu (Rasa)* and *Gambheradhatu (Asthi)* complicates the treatment. As a result, a systematic treatment protocol that is solely based on the principles of Ayurveda is required, as any measures taken will primarily work against one another. As a result, taking a very cautious approach will only be to the patient's advantage. Although the exact origins of RA are still unknown, it is thought that genetically vulnerable individuals are more likely to develop it as a result of their body's immune system reacting to an infectious pathogen. *Ayurvedic* researchers have also

linked RA to *Amavata*. To avoid abnormalities with effective care, early diagnosis is essential. The diagnosis of *Amavata* was made in this case because to the characteristic severe pain in small joints, anorexia, bodily aches, and stiffness. *Pachak, Tikta,* and *Katu* Drugs called *Aahar* and *Aushadhi*, which operate as deepening and pacifying agents and have the flavours *Katu* (pungent) and *Tikta* (bitter), are advised in *Amavata*. These medications, because of the features that make them similar to *Aapachana*, may be able to relieve *Shotha* and *Shoola*.<sup>[7]</sup>

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