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

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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). [1]

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 Madhya 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. [2]

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. [3]

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)
Redness, itching and swelling in fingertips of both hands (from 4 months)
- 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**

<table>
<thead>
<tr>
<th>Nadi</th>
<th>Normal in rate and rhythm, Kapha Pradhaan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malā</td>
<td>Aam</td>
</tr>
<tr>
<td>Mutra</td>
<td>Bahu-Mutrata (6 times-Day) (1-2/night)</td>
</tr>
<tr>
<td>Jihwa</td>
<td>Coated</td>
</tr>
<tr>
<td>Shabda</td>
<td>Samanya</td>
</tr>
<tr>
<td>Sparsha</td>
<td>Sheeta</td>
</tr>
<tr>
<td>Drika</td>
<td>Shweta</td>
</tr>
<tr>
<td>Aakriti</td>
<td>Krishna</td>
</tr>
</tbody>
</table>

**Dashvidha Pariksha**

<table>
<thead>
<tr>
<th>Prakṛti</th>
<th>Vikṛti</th>
<th>Sara (purest body tissue)</th>
<th>Samhanana (body built)</th>
<th>Pramana (body proportion)</th>
<th>Satmya (homologation)</th>
<th>Satva (mental strength)</th>
<th>Aharshakti (food intake)</th>
<th>Vyāyamshakti (to carry on physical activities)</th>
<th>Vaya</th>
<th>Baal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kapha Vaataj</td>
<td>Aamvata</td>
<td>Majāsara</td>
<td>Krīṣa</td>
<td>Avara</td>
<td>Madhyam</td>
<td>Madhyam</td>
<td>Avara</td>
<td>Avara</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Investigation**

<table>
<thead>
<tr>
<th>Date</th>
<th>RA Factor</th>
<th>Normal range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before treatment</td>
<td>30/01/2023</td>
<td>190.65 IU/ml (elevated)</td>
</tr>
<tr>
<td>After treatment</td>
<td>24/04/2023</td>
<td>9.00 IU/ml (normal)</td>
</tr>
</tbody>
</table>

**Treatment Profile**

<table>
<thead>
<tr>
<th>SN</th>
<th>Medicine</th>
<th>Dose</th>
<th>Anupana</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Giloy Ghan Vati</td>
<td>2 tabs BD</td>
<td>Ushna Jala</td>
<td>First month</td>
</tr>
<tr>
<td>2</td>
<td>Giloy Churna</td>
<td>1 gm BD</td>
<td>Madhu</td>
<td>First month</td>
</tr>
<tr>
<td>3</td>
<td>Kutaki Churna</td>
<td>1 gm BD</td>
<td>Madhu</td>
<td>First month</td>
</tr>
<tr>
<td>4</td>
<td>Trikatu Churna</td>
<td>1 gm BD</td>
<td>Madhu</td>
<td>First months</td>
</tr>
<tr>
<td>5</td>
<td>Haritaki Churna</td>
<td>1 gm BD</td>
<td>Madhu</td>
<td>First months</td>
</tr>
<tr>
<td>6</td>
<td>Chop Chini Churna</td>
<td>1 gm BD</td>
<td>Madhu</td>
<td>First months</td>
</tr>
<tr>
<td>7</td>
<td>Punarnava Mandura</td>
<td>500mg BD</td>
<td>Madhu</td>
<td>1 month</td>
</tr>
</tbody>
</table>
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CASE REPORT

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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 it action was expected in micro level by cellular repairing, it may be the reason of its immunomodulator effect. Deepana, Amahara.[4]

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 Vataanulomaka, 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.[5]

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

Vaishwanara Churna - Contains Haritaki, Saindhaw, Yavani, Ajmoda, Shunthi. It is mentioned in Chakrdatta, 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, Agnitundhi 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.


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.\[7\]

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6. Antioxidants and diabetes, Antioxidants and diabetes - PubMed (nih.gov)

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