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Management of *Amavata* (rheumatoid arthritis) with *Baluka sweda* and *Vaitarana basti*: A case report

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Abstract

Amavata is a disease in which vitiated *Vata Dosha* carries *Ama* to the multiple organs and joint (s) causing swelling, pain, stiffness, loss of appetite and decreases the *Agni*. Both the *Shamana Chikitsa* (conservative management) and *Shodhana Chikitsa* (purification of the body) is advised in *Ayurveda* for the treatment of *Amavata*. On the basis of sign and symptoms *Amavata* closely resembles with rheumatoid arthritis. RA is a chronic, progressive disease which causes pain, inflammation, stiffness, swelling of the joints and sometimes also showing extra articular symptoms. Prevalence of RA is 1 % world-wide and is increasing with population growth. Modern medicines advises NSAID's, anti-inflammatory drugs, steroids and disease-modifying anti-rheumatic drugs for the management of RA which has limitation for long term uses and sometimes having severe side effects. A 45 year old male suffering from multiple joints pain associated with swelling, morning stiffness, body ache, loss of appetite, decreased sleep and restricted movements for past 2 years was diagnosed as *Amavata*/rheumatoid arthritis (having 6/10 score as per classification criteria for RA, ACR, 2010). The whole treatment includes *Deepan Pachana* for 3 days, *Baluka Sweda* and *Vaitarana Basti* along with *Brihat Saindhavhadi Taila Anuvasana Basti* in *Karma Basti* format for 30 days along with *Shaman Chikitsa*. The assessment was made on the basis of laboratory investigations and relief in sign and symptoms. Assessment done after the 3 months shows negative RA factor, CRP unchanged, ESR reduced to 02 mm/hr. with remarkable relief in pain, morning stiffness and marked reduction in swelling of the joints. Thus the above case report emphasizes that *Amavata* (rheumatoid arthritis) can be controlled with minimum medicines when treated with the same guideline of *Amavata Chikitsa* as mentioned in *Ayurveda*. Since the single case is not enough more rooted study in this is required.

Keywords: *Amavata*, rheumatoid arthritis, *Baluka sweda*, *Vaitaran basti*

Introduction

Now a day's lifestyle changes including bad food habits, physical inactivity, and wrong body posture disturbed biological clock leads to the manifestation of several diseases^[1]. That type of conduct may also give rise to disease called *Amavata*. Vitiated *Vata* and *Ama* plays major role in the manifestation of *Amavata*^[2]. Incomplete digestion of *Rasaadi Dhatu* leads to the formation of *Ama*^[3]. Vitiated *Ama* leads swelling, pain, stiffness in multiples joints along with loss of function^[4]. On the basis of sign and symptoms *Amavata* closely resembles with rheumatoid arthritis. Rheumatoid arthritis is a chronic autoimmune disease affecting not only the joints but also the other organs of the body^[5]. Prevalence of RA is 1 % worldwide and is increasing with population growth^[6]. There is no cure of RA in modern science and treatments aims on limiting joints damage, preventing loss of function and decreasing pain^[7]. *Chakradutta* mentioned *Langhana*, *Swedana*, *Basti Karma*, *Saindhavadi Anuvasana Basti* as a line of treatment for *Amavata*^[8]. Hence this study includes *Ruksha Sweda* and *Vaitarana Basti* along with *Brihatsaindhvadi taila Anuvasana* to manage the *Amavata* effectively.

Case report

A 45 year old male farmer having 62 kg weight residing at rural area complaining of multiple joints pain visited at *Panchkarma OPD*, NIA, and Jaipur for treatment. Patient was of *Vata-Pittaja Prakriti* suffering from multiple joints pain of bilateral wrist joint, second metatarsophalangeal joint and second proximal interphalangeal joint along with swelling, severe morning stiffness, restricted movements, backache, loss of appetite and disturbed sleep due to pain at night. Pain and morning stiffness was so severe that patient sometimes was unable to move without support in early morning even after having analgesics pills. Pain started from bilateral wrist joints 2 years before. Later on pain started radiating to proximal interphalangeal joints of hands and pain was shifting in nature.

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Patient was occasional user of pain killers as the symptoms were not so severe. Since 6 months pain and morning stiffness was aggravated and daily life of patient was hampered even after having pain killers. There was no any history of treatment/RTA/surgery and addictions. Patient used to have curd frequently in his diet since past few years. Patient was diagnosed on the basis of sign and symptoms as *Amavata*. Patient was admitted in IPD *Panchkarma* ward, NIA, Jaipur and diagnosis was confirmed by laboratory investigation such as ESR, CRP, RA factor and was classified as *Amavata*/ RA (6/10 classification criteria of RA, ACR, 2010) [9]. *Ruksha Sweda* and *Vaitarana Basti* along with *Brihatsaindhvadi taila Anuvasana* was planned as per mentioned in the classical texts of *Ayurveda*.

Patient treatment was started on March 2018. First of all *Panchkol Churna* 3gm twice a day is given for *Deepan-Pachana* for 3 days. After ward *Baluka Sweda* and *Vaitarana Basti* was started and continued for 30 days. *Baluka Sweda* (dry fomentation) was prepared by heating the sand and making a *Pottali* (Bolus) by the help of cloth. Intermittent application of *Baluka Sweda* is done for 15- 20 minutes in the morning. *Vaitarana Basti* was started along with *Brihatsaindhvadi Taila Anuvasana Basti* in *Karma Basti* format. *Brihatsaindhvadi Taila* was purchased from market. 60 ml *Anuvasana Basti* is administered after meal and *Vaitarana Basti* was administered in empty stomach on alternate day. Along with the procedure *Simhanad Guggulu* 2tab(500mg) thrice a day, *Rasna Saptak Kwath* 40ml twice a day and mixture of *Nagradhya Churna* 1 gm, *Shatawari Churna* 2gm, *Ashwagandha Churna* 3 gm and *Shankha Bhasma* 250 mg twice a day was given for 30 days.

Table 1: Ingredients of *Vaitarana Basti*

<i>Saindhava Lavana</i>	10gm
<i>Guda</i>	50gm
<i>Tila Taila (Sesamum indica Linn.)</i>	60ml
<i>Amleeka (Tamarindus Indica Linn.)</i>	50gm
<i>Gomutra</i>	160ml

50 gm of *Guda* (jaggery) is mixed well with lukewarm water initially. Then *Saindhava Lavana* 10 gm is added in the mixture and mixed uniformly. Thereafter *Tila Taila* 60ml is added and stirred well. After then *Amleeka* 50 gm is mixed to form a homogenous mixture and finally 160 ml of *Gomutra* is added, mixed well and a homogenous mixture is obtained. Obtained mixture is filtered and kept in plastic bag. The mixture in *Basti Putak* is made Luke warm with the help of hot water and administered to the patient by *Basti netra*. *Basti* was given by proper methods in left lateral position as mentioned in the classical *Ayurveda* texts. After the completion of *Basti Karma* and *Baluka Sweda* for 30 days patient was discharged on conservative management of *Simhanad Guggulu* [10] 2tab (500mg) thrice a day, *Rasna Saptak Kwath* [11] 40ml twice a day and mixture of *Nagradhya Churna* 1 gm, *Shatawari Churna* 2gm, *Ashwagandha Churna* 3 gm and *Shankha Bhasma* 250 mg twice a day for 3 months. After completion of *Basti Karma* patient felt 50 % relief on pain, morning stiffness and swelling. Assessment was done after 3 months of treatment. After 3 months patient felt significant relief in the sign and symptoms. Patient was back to his daily regular activities without any restraint and quality life of the patient is improved.

Assessment was done on the basis of sign and symptoms and laboratory investigation. Before *Basti Karma* RA factor was positive which was found negative after 3 months of

treatment. CRP was unchanged and ESR reduced to 02 mm/hr. Pain and morning stiffness was markedly reduced, swelling was subsided, appetite was improved and bodyache was absent. Patient not taking any analgesic after 3 months. The above case is successfully managed by the *Ayurveda* treatment based on the *Amavata Chikistsha*.

Table 2: Assessment before and after treatment

	Before	After
RA factor	Positive	Negative
CRP	Positive	Positive
ESR	42 mm/hr.	02mm/hr.
BP	110/70 mm of hg	120/70 mm of hg
Respiratory rate	22/min	18/min
Pulse	88 bpm	80bpm
Pain	Severe	Markedly reduced
Morning stiffness	up to 1hr	up to 5-10 min
Swelling	Present	Absent
Anorexia	Present	Absent
Analgesic needed	Once a daily	Not needed

Discussion

Panchakol churna acts as *Deepan - Pachana* drug as *Amapachana* is mentioned as the first line of treatment for *Ama* [12]. *Panchakol Churna* having *Laghu*, *Ruksha*, *Sukshma Guna* and being *Ushna Vriya* helps in *Pachana* and *Agnideepana* thus corrects the *Agnimandhya* and maintains the *Dhatwagni* too.

Vaitarana Basti is advised for *Amavata* in *Chakradutta Niruhadhikar* 73/72 and *Vangasen* in *Basti Karmadhikar* 186-190. *Vaitaran Basti* having *Laghu*, *Ruksha*, *Ushna*, *Tikshna Guna* which helps in overcoming the *Srotodusti* resulting due to *Sanga* (obstruction due to *Ama*) and thus help in breaking down the pathogenesis of the disease [13]. *Brihatsaindhvadi Taila* is considered as *Amahara* and *Kaphahara* in which *Eranda Mula* having immunizing, analgesic, purgative properties *Rasna* and *Triphala* having anti-inflammatory properties [14]. *Baluka Sweda* contains *Ruksha*, *Ushna Guna* which liquifies the *Dosha* and *Ama* thus increases the blood circulation and decreases the *Sandhisotha* (Inflammation) and *Sandhishoola* (Pain) [15]. In this case although CRP remains positive there was marked improvement in the symptoms of *Amavata*/RA. Patient is now free from any type of analgesic and going through his regular activities comfortably.

Conclusion

Baluka Sweda and *Vaitarana Basti* along with *Brihat Saindhvadi Taila Anuvasana Basti* shows remarkable symptomatic relief in the features of *Amavata*/RA. The case indicates that when treatment is done on the base of *Ayurveda* guidelines *Amavata*/RA can be effectively managed. The results need to be studied in more numbers of populations for the better assessment.

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Conflict of interest

There is no conflict of interest.

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