



EFFICACY OF VIRECHANA AND ERANDMOOLADI NIRUHA BASTI IN THE MANAGEMENT OF AAMVATA (RHEUMATOID ARTHRITIS): A CASE REPORT

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ABSTRACT:

Aamvata, also known as rheumatoid arthritis, is a common inflammatory condition that affects about 1% of the global population. It is more prevalent in females, with a 3:1 ratio to males. This systemic autoimmune disease primarily affects the joints, specifically the small joints in the hands and feet. However, it can be challenging to diagnose due to its differential diagnosis and patient presentations. Early treatment is often difficult due to delays in seeking medical attention, diagnosis, and specialist referral. Unfortunately, modern medicine still lacks a completely safe and effective treatment for rheumatoid arthritis without any side effects. The study aims to evaluate the effectiveness of *Virechana* and *Erandmooladi Niruha Basti* in treating *Aamvata*. In a recent clinical study, a 25-year-old female patient with *Aamvata* was treated with *Ayurveda* management. This treatment was based on the approach given by *Chakradatta in Chikitsa Siddhant*. The patient was examined before and after the treatment, and her condition improved tremendously.

Keywords: *Aamvata*, Rheumatoid arthritis, *Virechana*, *Erandmooladi Niruha Basti*

INTRODUCTION

Aamvata vis – a vis Rheumatoid Arthritis is a major systemic problem and a potential cause of disability in persons of any age group. Young age people are mostly affected by this disease and the patients are gradually crippled both physically and mentally. A significant factor in the appearance of *Amavata* is vitiated *Vata* and *Ama*. *Aamvata* is produced mainly due to the vitiation of *Vata* along with the formation of *Ama*. *Vata* is one of *Tridosha* and *Aam* is a toxic substance formed by the incomplete digestion of *Raasadi Dhatus*, this *Aam* travels via the imbalance *Vata* and enters *Kapha* dominant areas such as the *Kostha*, *Trika Pradesha*, *Sandhi Pradesh* ^[1], and causes loss of function in addition to pain, swelling, discomfort, and stiffness in several joints. *Agnimandya* an impairment of *Agni* is the primary cause of *Aamvata*, which leads to the formation of *Aam* in the body. *Aamvata* is becoming more common due to changes in lifestyle, such as unhealthy eating habits, a sedentary lifestyle, poor body posture, and a disrupted circadian rhythm. The pain of this disease is compared with a scorpion bites (*Vrischik Danshvat*)^[2]. The symptoms of *Aamvata* such as *Angamard* (Bodyache), *Aruchi*(Anorexia), *Alshya* (Fatigue), *Agnimandya* (Loss of appetite), *Apaka* (Indigestion), *Jwara* (Fever), *Gatra Stambhan*

(Morning stiffness in multiple joints), *Sotha* (Edema), *Gaurava* (Heaviness)^[3] are closely related to rheumatoid arthritis. Rheumatoid arthritis is an autoimmune disorder of unknown etiology characterized by symmetric, erosive synovitis and in some cases extraarticular involvement. In chronic stages of rheumatoid arthritis, it may cause bony deformities of joints like ulnar deviation of the finger and radial deviation of the thumb, Swan-Neck Deformity, Boutonniere deformity, and claw toe. In a present study, the patient was administered *Ruksha Baluka Sweda*, *Mrudu Abhyanga Sweda*, *Virechana*, and *Erandmooladi Niruha Basti* as given in the treatment of *Aamvata* in ayurveda text.

CASE REPORT

A 25-year-old female weighing 38 kgs residing in an urban area complaining of multiple joint pain and stiffness visited *Aamvata* OPD Pt. Khushilal Sharma Ayurveda Hospital Bhopal for treatment. The patient was of *Vata-Pitta Prakruti* suffering from pain and stiffness in the whole body, swelling in multiple joints such as B/L interphalanges joint, wrist joint, elbow joint, and ankle joint, pain and stiffness in the whole spine, mild inward deviation of the right foot and ulnar deviation was present, difficulty in walking without any support, back pain, morning stiffness more than 2 hours, recurrent fever, loss of appetite, mild

dyspnea, disturb sleep due to pain, the spine has become stiff, the pain and stiffness increases and the deformity in her bone started, her condition got worsened day by day and her daily routine was completely hampered. The patient had a history of taking analgesic medication for 6 months. The patient was diagnosed with *Aamvata* based on signs and symptoms given in classical Ayurveda texts, and the American Rheumatism Association 2010 revised criteria for the classification of RA.

Treatment

The patient was admitted to IPD, and treatment was started in February 2022. first of all, only *Ruksha Baluka Sweda* was given for 15 days. Intermittent application of *Ruksha Baluka Sweda* was done in the morning and

evening. Afterward, *Mrudu Sarvang Abhyanga* was started with the help of *Brihat Saindhavadi Tail* along with *Panchakol churna* 3 gms twice a day is given orally for *Deepana* and *Pachana* for 20 days.

Virechana : After *Deepana* and *Pachana Ghritapan (Panchatikta Ghrita)* process was planned, a 30ml testing dose was given after that 7 days *Ghritapan* was administered as mentioned in the table, after 7 days of observing the *Samyak Lakshan of Snehapan*, a rest period of 3 days was taken. After that, the *Virechana* process was performed, on the day of *Virechana*, after *Sarvang Abhyanga Sweda*, *Virechak Dravya Kwath* was administered in the *Pitta Kala*. After the completion of *Virechana*, *Samsarjan Karma* was pursued for 5 days.

TABLE 1: Snehapan Schedule

Day	Quantity of Ghrita	Time	Hunger time	Remark
1	60 ml	6:45 am	12:45pm	-
2	90 ml	7:00am	1:00pm	-
3	120 ml	7:00am	1:30pm	<i>Snigdha Twak, Vatanuloman, Udagaar Suddhi</i>
4	150 ml	7:15am	2:00pm	<i>Snigdha Twak, Vatanuloman, Udagaar Suddhi, Gauravta, Klam</i>
5	180 ml	6:50am	2:30pm	<i>Snigdha Twak, Vatanuloman, Udagaar Suddhi, Gauravta, Klam Snigdh Varch</i>
6	210 ml	7:00am	3:30pm	Same as 6 th day
7	250 ml	7:15am	4:00pm	<i>Snigdha Twak, Vatanuloman, Udagaar Suddhi, Gauravta, Klam Snigdh Varch Snehadwesh</i>

TABLE 2: Virechan Drug

	DRUG	
1	<i>Haritaki (Terminalia chebula)</i>	20 gm
2	<i>Aaragwadh (Cassia fistula)</i>	20 gm
3	<i>Kutki (Picrorhiza kurroa)</i>	20 gm
4	<i>Trivrat (Operculina turpenthum)</i>	10 gm
5	<i>Draksha (Vitis vinifera)</i>	50 pieces
6	<i>Erand (Ricinus communis)</i>	70 ml

Erandmooladi Niruha Basti

After Samsarjan Karma, Erandmooladi Niruha Basti (Karma Krama) was planned. In which 12 Niruha basti of Erandmooladi kwath (320ml) which is prepared by yavkoot of medicinal drugs such as Erand, Palash, Rashna, Ashwagandha, Ativisha, Guduchi, Punarnava, Madanphala, Devdaru, Laghu Panchmool Aargvadha etc mixed it with Brihat Saindhavadi tail (30ml) and 18 Anuvashna Basti of Brihat saindhavadi tail (60ml) was administered. Thus, a total number of 30 Basti are given in one cycle, and the same procedure of Basti was administered at an interval of 6 months for 3 times, overall, 3 cycles have been completed till now, which shows an enormous result in the patient.

TABLE 3: Assessment of Morning Stiffness

LEFT				Name of joint	RIGHT			
BT	AT 1	AT 2	AT 3		BT	AT 1	AT 2	AT 3
3	3	2	1	Interphalengial	3	3	1	0

Assessment Criteria

Criteria for assessment of pain

0 is no pain.

1 to 3 refers to mild pain.

4 to 6 refers to moderate pain.

7 to 10 refers to severe pain.

Criteria for assessment of morning stiffness

0 - no stiffness

1 - stiffness lasts for 5 minutes.

2 - stiffness lasts for 2hrs -8hrs.

3 - stiffness lasts for more than 8hrs.

Criteria for assessment of swelling

No swelling 0

Mild swelling +

Moderate swelling ++

Severe swelling +++

Observation and result

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3	3	2	1	Wrist	3	2	1	0
3	2	1	0	Knee	2	1	1	0
3	3	2	1	Ankle	3	3	1	0

TABLE 4: Assessment of Pain

LEFT				Name of joint	RIGHT			
BT	AT 1	AT 2	AT 3		BT	AT 1	AT 2	AT 3
	6	4	2	Interphalengial	7	4	2	2
9	7	5	3	Wrist	8	7	5	3
7	7	4	0	Elbow	7	5	3	0
7	5	2	0	Shoulder	6	3	0	0
8	8	5	3	Hip	8	6	3	1
7	5	3	1	Knee	6	4	3	0
9	7	5	2	Ankle	8	6	4	3

TABLE 5: Assessment of Sansdhishoth

LEFT				Name of joint	RIGHT			
BT	AT 1	AT 2	AT 3		BT	AT 1	AT 2	AT 3
++	+	+	0	Interphalengial	+	+	0	0
++	+	0	0	Wrist	+	+	0	0
++	+	+	0	Ankle	++	+	+	0

TABLE 6: Investigation

Investigation	BT	AT 2	AT 3
Hb%	10.4 gm%	11.5gm%	10.2 gm %
ESR	52 mm/hr	30 mm/hr	20 mm/hr
CRP	20 IU/ml	14.60 IU/ml	12.07 IU/hr
RA factor	204.68 IU/ml	174.92 IU/ml	70.2 IU/ml
Anti-CCP	49.10µ/ml	---	---
ANA	Positive	---	---

DISCUSSION

Madhavakara (700AD) was the first to describe the features of *Aamvata* in *Madhava Nidana* whereas Acharya Chakradatta first explained the treatment of *Aamvata* in *Aamvata Chikitsa Siddhant*. The treatment of *Aamvata* includes *langhana*, *Swedana*, *Deepana* action by *Tikta and Katu Rasa*, *Virechana*, *Snehapana*, *Anuvasana* by *Saindhavadi tail*, and *ksharbasti* [4]. *Yogratnakar* has supplemented this therapeutic approach with *Upanaha* without *Sneha* and *Langhan* as the best measure for the treatment of *Ama*. The patient was advised to follow *Langhan* in the form of *Laghu Ahar*. *Ruksha Baluka Swedana* was recommended to relieve pain and stiffness. The patient was also given some oral medication with a dominant *Tikta Katu Rasa*, *panchkola churna* which helped with enzymatic activation and digestion [5]. *Snehpana* and *Virechana* process enhances the digestive and metabolic activity and reduces the clinical manifestation of *Aamvata*. The primary ingredient in *Erandmooladi Niruha Basti* is "*Eranda*". *Eranda* has analgesic, anti-inflammatory, antioxidant, and bone-regenerating qualities, *Erandmooladi Niruha Basti* is *Deepana* and *Lekhana* in nature that helps to reduce *Kapha* and lessens symptoms like *Gaurava* (heaviness) and *Stambha*

(stiffness), it also prevents the further *ama* formation in the body.

CONCLUSION

The complete treatment lasted for 18 months. The patient's symptoms were assessed before and after the treatment, and her condition has significantly improved. Based on this case study, it can be concluded that *Ruksha Baluka Sweda*, *Virechana*, and *Erandmooladi Niruha Basti*, as recommended in *Chakradatta Chikitsa Siddhant*, can be effective in treating *Aamvata*. However, as this is a single case study, further research is required on more patients to substantiate its efficacy.

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