



## CASE REPORT :

### EFFECT OF VAMANA KARMA ON AMAVATA (RHEUMATIC FEVER)

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#### Summary:

Rheumatic fever (RF) is an inflammatory disease most commonly seen in children between ages of 6 to 15 years. This disease is believed to be caused following streptococcus pyogenes infection such as streptococcal pharyngitis. Amavata is most appropriate correlation to Rheumatic fever due to resemblance in signs and symptoms. Vamana Karma (therapeutic emesis) being one of the prime Panchakarma therapies is been tried in the case of Amavata (RF) and found to be extremely beneficial. Marked improvement was observed on symptoms like swelling and pain in multiple joints. Even biochemical parameters like ESR, CRP and ASO titer got reduced after Vamana Karma.

**Key words:** Rheumatic fever, Pancha Karma, Amavata, Vamana Karma

#### INTRODUCTION:

Rheumatic fever (RF) is a non suppurative inflammatory disease commonly observed in children of age group between 6 to 15years.<sup>1</sup> WHO has revealed that, in Southeast Asia, 0.12 per 1000 school going students suffer with heart diseases and RHD is the major cause.<sup>2</sup> Rheumatic fever is diagnosed based on Jones criteria, which is internationally acclaimed.<sup>3</sup> Raised ASO titer is considered as supportive investigation as the disease is believed to be manifested followed by streptococcal infection.<sup>4</sup> Either two major criteria or one major criterion and two minor criteria confirm the disease.<sup>5</sup> Amavata can be readily correlated with that of inflammatory arthritis like Rheumatic arthritis due to the resemblance in signs and symptoms. Contemporary science has praised the administration of penicillin on regular interval as secondary prophylaxis<sup>6</sup> still; cure is not been possible so far. Many treatments are praised in

the management of Amavata based on the stage of disease.<sup>7</sup>

#### CASE REPORT:

A 24 year old gentleman reported to the Panchakarma OPD, SDM hospital of Ayurveda and Hospital, Hassan with the complaints of swelling and pain in multiple joints since 2 years. Patient was apparently alright 2 years back, later he started getting the pain all over the body more in major joints of the body. For these complaints he consulted physician and got temporary relief by consuming pain killers. After this episode, patient used to get feverish feeling and pain all over the body five to six times per month which used to run for couple of days. Six months back patient had an episode of fever associated with throat pain which continued for 15 days. Though he was on medication he started getting swelling and severe pain in multiple joints. Pain used to shift from one joint to another. Later he started getting repeated attacks of fever associated with pain and swelling in joints at least twice in a

month and used to run for many days. Patient presented with the symptoms of agonizing pain and swelling in multiple joints and repeated attacks of fever.

Patient was a student in night-college and he was working in night shift in a private company since 5 years. Patient used to report to the job by 8 pm and work till morning 8 am regularly since 5 years. Patient used to eat breakfast by 8.30 am and then used to sleep till 2 pm. Later he used to get up and take lunch and immediately he used to sleep till 5.00 pm then, used to get up and go to the college. He used to take Chicken regularly in his food. Spicy and sour foods were his favorite. He used to take food though he was not hungry. He continued similar Apathya (faulty diet & lifestyle) since 5 years. He was also an alcoholic, used to take alcohol occasionally. Patient has also gained nearly 15 kgs in last 2 years. Patient was well built and nourished and had Kapha Vata Prakruti, Madhyama Koshta and Mandagni. On examination Swelling was more prominent in both knee joints, both ankle joints and both elbow joints associated with severe tenderness (grade IV). Moderate tenderness was elicited in rest of the joints. Patient was febrile (101 degree F) on admission. Patient was diagnosed as a case of rheumatic fever due to presence of one major criterion (poly arthritis) and three minor criteria (raised ESR, raised CRP, fever and raised ASO titer (1385 IU/ml)).

Considering the history and examination patient was planned to post for Vamana Karma (therapeutic emesis). Patient was administered with Chitrakadi Vati 2 tablets thrice daily and Ajamodadi Churna in the dosage of 10 grams thrice daily before food for 3 consecutive days as Pachana (digestive power enhancer). Mean time patient was administered with Sarvanga Udvartana (powder massage) and Bashpa Sveda (steam) for three consecutive days. Patient was advised to take Takra (butter milk) in the dosage of 250 ml thrice daily along

with Yava Rotika and Mudga Yusha as diet for three days as Rukshana modality. After three days, patient attained samyak Pachana Lakshana later posted for Arohana Shodhana Purva Sneha (internal oleation therapy) with Indukanta Ghritam for 4 consecutive days with initial dosage of 30 ml then raised to 60ml, 100ml and 160ml on second, third and fourth day respectively. Patient was administered with Sarvanga Unmardhana (upward massage with oil) with Vishgarbha Tailam and Bashpa Sveda (steam) for next two days. One day Vishrama Kala (rest day) was given during which patient was administered with Kapha Utkleshakara Ahara (diet enhancing Kapha) like Yogurt, Tila Laddu and Masha Payasa. Next day patient was posted for Vamana Karma with Madhanaphala Churna (*Randia dumatorium*) (12 Gms), Vacha Churna (*Acorus calamus*) (2 Gms) Saindhava (3 gms) and honey (100 gm). Patient had 6 Vamana Vega with Pittanta and attained maximum Laingiki Shuddhi (symptoms of properly performed emesis). Patient was observed for complications whole day. No untoward complications were observed. Later patient was advised to follow Samsarjana Karma. Day after Vamana, all the bio chemical parameters were rechecked and there were huge difference in them. Overall symptomatically patient felt 80% better. Patient was followed for two months after the treatment. The improvements found symptomatically (Table-1) and in biochemical parameters (Table-2) are as follows.

**Table 1 showing comparison of symptoms**

<i>Symptoms</i>	<i>BT</i>	<i>AT</i>	<i>After Samsarjana</i>	<i>Follow up</i>
Swelling in joints	+++	+	Nil	Nil
Tenderness	++++	+	Nil	Nil
Pain	+++	+	Nil	Nil

**Table 2 showing comparison of lab parameters**

Lab parameter	BT	AT
ESR	40 mm/hr	18 mm/hr
ASLO	1385 IU/ml	213 IU/ml
CRP	69.5 IU/ml	10.7 IU/ml

**Discussion:**

Many conditions may be correlated to Amavata, rheumatic fever is one among them. Though, Rheumatic fever may not be completely correlated to some entity explained in Ayurveda, patients with poly arthritis associated with other minor criteria may be correlated either to Amavata, Vatarakta<sup>8</sup> or Medasavruta Vata.<sup>9</sup> Many treatments are illustrated in the management of Amavata based on condition of the disease. Vamana Karma is selected due to the involvement of Kapha and medas in this particular case. Patient had predominance of Kapha symptoms like Gaurava (heaviness), Praseka (watering from mouth) and Kaphaja Shotha (swelling in joints). So Bahya Rukshana and Abhyantara Rukshana were selected as the initial treatment. Moreover, Ayurveda has advised Rukshana therapy as pre requisite in Mamsala, Medhura (obese), Vishamagni (fluctuating digestive capacity) and Bhuri Shleshma (excessive Kapha), prior posting the patients to Snehapana (internal oleation) to prevent complications of Snehana (internal oleation).<sup>10</sup> Indukanta Ghritam was selected for Snehapana (internal oleation) as it is indicated in Nimnonnata Jvara (fever of irregular pattern).<sup>11</sup>

Vamana Karma not only acts locally but has multidimensional action systemically. Vamana Dravya by virtue of its Veerya believed to move all over the body and bring all the morbid Dosha to the Koshtha and then throws it out through upper orifice.<sup>12</sup> This case being Kapha predominant disease, might have got improvement due to the correction at gut as well as cellular level by Vamana Karma

(therapeutic emesis). Vamana Karma (therapeutic emesis) is a controlled procedure where, the body is prepared to withstand the insult prior posting for actual procedure. During Vamana Karma most likely, glucocorticoids hormone might get stimulated as it is a fight or flight situation. This hormone is secreted by adrenal cortex and it has got multi systemic action.<sup>13</sup> This hormone is responsible for fight or flight mechanism and will try to cope up with any situation by doing subtle changes in the body. In stressful situation, it increases production of carbohydrate and stimulates gluconeogenesis. Cortisol promotes lypolysis and increase the force of skeletal muscle contraction. Glucocorticoids increases release of ACTH and consequently increase glucocorticoids. It has a very special role in suppressing inflammation and thus has anti inflammatory action. Suppression of immune response is also another important action of glucocorticoid hormones.<sup>14</sup> RF being inflammatory and auto immune disease, might get improved symptomatically by administering the corticosteroids from external source. But, in Vamana Karma glcocorticoid and catecholamines will invariably get released in large quantity as this procedure will create stress to the body. Catecholamine is responsible for increasing heart rate and dilating the blood vessels in skeletal muscle, will surely help to overcome the autoimmunity and inflammatory condition.<sup>15</sup> Thus if controlled positive stress is induced through Vamana Karma in RF, bodily system might correct itself. Thus this patient might have got better symptomatically. Reduced ESR and CRP tests confirm the anti inflammatory action of Vamana Karma. In this case ASO titer was also got lowered considerably which infer either antibody response to the self antigen or production of self antigen got lowered due to the procedure of Vamana (therapeutic emesis).

**Conclusion:**

This case has revealed that Vamana Karma is a better modality of treatment to provide relief in Amavata (RF), symptomatically as well as in bio chemical parameters. Auto immune response has become more alarming today and many diseases previously considered otherwise, now considered as autoimmune diseases. Marked improvement observed in ASO titer has suggested that the procedure Vamana is a definite answer to auto immune response. However study may be conducted on large sample size to ascertain the same.

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