



Combined Effect of *Kshar Basti* and *Panchasama Churna* in *Amavata* With Special Reference to Rheumatoid Arthritis: A Case Report

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Abstract

Amavata is one among the most crippling disorders, one of the most hazardous disease to patients and challenging to physician. It can be compared to Rheumatoid Arthritis (R.A.) based on similarity of signs and symptoms. *Ayurveda* literature has a wealth of resource information regarding the measures providing treatment and preventing complications of this disease. *Chakrapani* has recommended role of *kshar basti* in *amvata chikitsa- adhyaya 25*. *Panchasama churna* has been mentioned by *Sharangdhara* as *shooloharam param* in *Churnakalpana adhyaya*. In this case report, combined effect of *kshar basti* and *panchasama churna* was tried in a patient of R.A. and assessment was done on the basis of disease activity score 28 by American Association of R.A., as well as symptoms as per described in *Madhav Nidan*. Results of the treatment were encouraging.

Keywords

Amavata; Rheumatoid Arthritis; Kshar basti; Panchasma churna



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INTRODUCTION

Amavata as a disease was first described in detail in *Madhav nidan*¹. The word *amavata* is made up of combination of two words *ama* and *vata*². The disease is mainly due to derangement of *agni* like *jatharagni*, *dhatavagni*, etc. resulting in production of *ama*. This *ama* circulate in whole body by vitiated *vata* and gets accumulated in *sandhis* causing pain, stiffness, swelling over joints¹. It may be compared to Rheumatoid Arthritis on the basis of signs and symptoms³. According to modern medicine, Rheumatoid Arthritis is an autoimmune disorder of unknown etiology, characterised by bilateral symmetrical involvement of joints with some systemic clinical manifestations⁴. It is one of the leading causes of YLD (Years Lived with Disability) at global level⁵. Presently Non-steroidal anti-inflammatory drugs (NSAIDs), Disease modifying anti-rheumatic drugs (DMARDs), glucocorticoids, anti-TNF- α agents like adalimumab and golimumab, anakinra (IL-1 receptor antagonist), abatacept (T-cell co-stimulation inhibitor), rituximab (anti-CD20 monoclonal antibody), tocilizumab (anti-IL6 monoclonal antibody), etc are used^{6,7}. As

these drugs have many serious adverse effects⁴, there is indeed a need of drugs having good efficacy with low toxicity. *Kshar basti*⁸ and *panchasama churna*⁹ are among such preparations which are described in Ayurveda for this debilitating disorder.

CASE REPORT

A 35 yrs old male patient came to *Kayachikitsa* out-patient department (OPD) of Government Ayurveda College and Hospital (GAC & H) Nanded, Maharashtra with chief complaints of *sarva sandhi shoola*, *Ubhay manibandh*, *janu*, *gulfa*, *hastanguli sandhi shotha*, *Angagrah* (specially morning), *Kshudhamandya* since 3 months.

Patient had not received any treatment before attending OPD of GAC & H Nanded. Patient was thoroughly examined and detailed history was taken by the attending physician. On examination, his general conditions was fair, having pulse rate of 72/minute, blood pressure was recorded as 120/80 mm of Hg, temperature was 98.6 F and mild pallor was present clinically. Patient was conscious, oriented with time place and person. Cardiovascular system,

respiratory system and per abdomen examinations were within normal limits. Other clinical findings were as follows-

Ashtavidha parikshan :

Nadi-vatakaphaj, Mala-malavshatambh, Mutra-sama, Jivha-sama, Shabd-spashta, Sparsh-ushna, Druk-panduta, Akriti-madhyam.

Nidan panchak –

Hetu-Atishrama, vishamashana, atiupavasa, aniyamit bhojan, nidraviparyaya, atyambupana. Purvarupa-angagraha.

Lakshana-sarvasandhishoola,

sandhishotha, angagraha Upashaya-langhana, deepana, pachana. Strotas-rasa, asthi

Patient was not having any significant past history related to medical, surgical or drug treatment. The Laboratory parameters like ESR and RA factor have been carried out for the purpose of diagnosis. On admission, laboratory values showed RA factor- 176 IU/ml and ESR- 35 mm/Hr. Other laboratory investigations like Liver Function Test (SGOT- 29 IU/L, SGPT- 16 IU/L, Serum ALPO4- 51 IU/L, Serum Total Proteins- 6.4 mg%, Serum Bilirubin- Direct: 0.3 mg/dl, Total: 0.9 mg/dl), Kidney Function Test (Blood Urea Level- 35 mg/dl) and ECG came out to be within normal

range. Patient was diagnosed with Rheumatoid arthritis on the basis of American College of Rheumatology-European League Against Rheumatism (ACR-EULAR) 2010 classification criteria for Rheumatoid arthritis¹⁰. Patient was examined and parametric assessment was done before and after the treatment (Table 1).

Table 1 Parametric assessment of the patient

Day	Before treatment	After treatment
<i>Angamarda</i>	2	0
<i>Aruchi</i>	1	0
<i>Trishna</i>	1	0
<i>Alasya</i>	2	0
<i>Gauravata</i>	2	1

Table 2 Disease Activity Score in 28 Joints (DAS-28) of the patient¹¹

DAY	Before treatment	After treatment
Swollen (0-28) joints	14	6
Tender (0-28) joints	10	0
ESR (mm/Hr)	35	21
VAS(0-100)	70	30
SCORE	6.3	3.92

Patient was treated with *Langhana (Mudgayushpana)* for 3 days followed by *Kshar basti* for 8 days. *Matra* of *basti* has been modified as per *bala* of the patient. It consist of *saindhav* 10 gm, *shatavha* 10 gm, *guda* 60 gm, *amlika* 60 gm, fresh *gomutra* 200 ml. Total *basti* of 320ml was given after meal. *Panchasama churna* consisting of



haritaki, shunthi, Krishna, trivrutt Saurvchal, total 5 gm was given two times a day with *koshna jal*. DAS-28 Score for the patient was compared before and after treatment as given in the Table 2.

DISCUSSION

Rheumatoid arthritis is a complex and variable condition from point of view of severity. It is usually a painful nuisance for which treatment needs to be individualised with optimum dosage of safe, effective and affordable drugs⁴. For diagnosis of rheumatoid arthritis American College of Rheumatology- European League Against Rheumatism (ACR-EULAR) 2010 classification criteria is used. This criteria majorly includes four classification, with point scores for each viz. joint symptoms (score- 0 to 5); serology including RF and/or ACPA (score- 0 to 3); symptom duration, whether <6 weeks or >6 weeks (score- 0 to 1); and acute-phase reactants i.e., CRP and/or ESR (score- 0 to 1)¹⁰. *Kshar basti* works by virtue of action of ingredients present in it. *Saindhav*- due to its *sukshma* and *tikshna guna* it helps to pass the drug molecules in systemic circulation through mucosa¹². *Guda* should be *puranaa*. It has

*laghu pathya, anabhishyandi, agnivardhak, vatapittaghna*¹³. *Amlika* has *vata kaphashamak, ruksha* and *ushna* properties¹⁴. *Gomutra* is chief content which owing to its *katu rasa, katu vipaka, ushna virya, laghu, ruksha tikshna guna*¹² pacify *kapha*. *Lekhana* and *vishobhana* are antagonistic properties to *Ama*, these properties of *Kshara* are hence effective in treatment of *Amavata*^{14,15}. Among *Panchasama churna*, *sunthi* is *ushna* and *pachak*, while *pippali* and *trivrutta* are *rechaka*. *Sauvarchal* and *haritaki* are known for *deepana, pachana, laghu guna*. Also *haritaki* is *anulomaka*¹². Overall *amapachana* and *vataanulomana* is done with the help of *panchasama churna* in *amavata*.

CONCLUSION

The combined use of *Kshar basti* and *Panchsama churna* proved effective in symptomatic relief of this patient especially in controlling morning stiffness and also in reducing swelling and tenderness. More studies are needed to prove its efficacy in the treatment of *amavata*, which may prove useful alternative to the relatively unsafe and some costlier treatment options currently available in the modern medicine.



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