

Management of *Amavata* (Rheumatoid arthritis) through *Vaitarana Vasti* and *Dhanyamla Dhara*-A Case Study

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Abstract

Introduction: *Amavata* is one of the common entities affecting the various joints resulting in hampering of locomotion. It can be correlated with Rheumatoid arthritis in contemporary system of medicine. It is a challenging task for the medical fraternity. *Panchakarma* is an added asset to Ayurvedic physicians.

Aim: To evaluate the efficacy of *Vaitarana Vasti* and *Dhanyamladhara* in the management of *Amavata*.

Materials and Methods: A 51 year old female patient was diagnosed as *Amavata*, underwent *Kala Vasti* with *Vaitarana Vasti* (as *Kashyavasti*), *Anuvasna Vasti* with *moorchitaeranda taila* and externally *Dhanyamladhara* was done for 15 days.

Conclusion: Patient got marked improvement in the symptoms of *Amavata* like pain, stiffness and swellings over the joints have come down.

Keywords

Amavata, Rheumatoid arthritis, *Panchakarma*, *Dhanyamla Dhara*, *Vaitarana Vasti*



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INTRODUCTION

Amavata is one of the common joint disorder, not being included as separate entity in *Brihatrayees* (Greater Trio). *Madhavakara* in *Madhavanidana* elaborately explained the etiology, pathology and signs and symptoms of *Amavata*¹. *Acharya Bhavaprakasha*² and *Chakradutta*³ have described the treatment principle of *Amavata* in detail. *Amavata* is a disease where *Ama* combines with *vata* resulting in the manifestation of the disease. *Ama* associated with the *dosha* will result in difficulty to cure the disease. The common symptoms of *Amavata* as mentioned in *Madhavanidana*⁴ are *Angamarda* (Generalised body ache), *Aruchi* (Lack of taste), *Alasya* (Laziness), *Trishna* (Thirst), *Gourava* (Heaviness), *Jwara* (Fever), *Apaka* (Indigestion), *Shoonatamanga* (Swelling of the affected body parts). Eating junk foods, untimely food intake, intake of fast food and incompatible food result in the manifestation of *Amavata*. *Panchakarma*⁵ includes *Vamana* (Emesis/Emetic therapy), *Virechana* (Purgation/Laxative therapy), *Kashaya Vasti* (Decoction Enema Therapy), *Nasya* (Errhine Therapy/Nasal Medication) and *Anuvasana Vasti* (Fat enema). In this particular disease *Vaitarana vasti* explained

in *Chakradutta*⁶ as substitute for *kashaya Vasti* (Decoction enema), *Anuvasana vasti* (Oil enema/Fat enema) with *Moorchitaeranda taila* as well as *Dhanyamla dhara*⁷ explained in *Sahasra Yoga* is followed.

Rheumatoid arthritis⁸ is a chronic multisystem disease of unknown cause. Although there are a variety of systemic manifestations, the characteristic feature of Rheumatoid arthritis is persistent inflammatory synovitis, usually involving peripheral joints in a systemic distribution. The potential of the synovial inflammation to cause cartilage destruction, bone erosion and subsequent changes in bone integrity is the hallmark of the disease.

Incidence and prevalence: The prevalence of RA is approximately 0.8% of the population; women's are affected three times more than men. RA is seen throughout the world and affects all the races. The onset is most frequent during fourth and fifth decades of life, with 80% of the patients developing the disease between age 35 and 50. Incidence of RA is more than six times as great in 60 to 64 year old women.

Signs and symptoms: Pain, swelling and tenderness may initially be poorly localized to the joints. Pain in the affected joints

aggravates on movement is the most common manifestation of established RA. Morning stiffness of greater than 1 hour is almost invariable feature of inflammatory arthritis. The majority of the patients will experience constitutional symptoms such as easy fatigability, anorexia, fever, weight loss and general weakness.

CASE REPORT

A 51 year old lady patient registered in OPD & IPD Dept of Panchakarma of Sri JayendraSaraswathi Ayurveda College and Hospital, Nazarethpet, Chennai had the complaints like Pain, swelling and stiffness of the wrist, knee and ankle joints. Patient developed the above mentioned symptoms for the past six months. Patient had decreased appetite, no rise of temperature, tongue was coated, stool sticky, foul smelling and improperly formed.

Treatment Schedule/:

Treatment-Procedure of *VaitaranaVasti*:

Materials Required:

Tamrind paste-50gms, Jaggery Syrup-50ml,
SaindhavaLavana/Rock Salt-10gms,
Snehadravya-MoorchitaEranda Taila-50ml,
Gomootra/Cows Urine-150ml.

Poorvakarma (pre administration of Vasti):

Examination of the patient:

General & systemic, per rectal. Who is fit for *Vasti Karma* is selected. Eliminate the natural urges, *Abhyanga* (Oil massage) over the abdomen, buttocks and low back. *Nadisweda* (Steam) over the abdomen, buttocks and low back.

All the above mentioned materials were mixed properly with a mortar and pestle (*KhalwaYantra*) and churner (*Mantha*). It is filled in to the *VastiPutaka* (Enema Bag). Enema nozzle to be fixed to the bag. Tip of the Enema nozzle is lubricated.

Pradhana Karma: (Administration of Enema)

Patient should lie down on his left lateral posture with left leg kept straight and right leg flexed at knee and placed over left knee. Anal aperture is lubricated with oil. Enema nozzle is introduced along the direction of the vertebral column. Enema bag is squeezed with moderate pressure and little residue left to prevent the entry of air. Patient is made to lie in supine posture till the urge comes.

Paschat karma (After care):

When there was urge for defecation the patient attended the same. Rice gruel is advised to intake.

DhanyamlaDhara:

It is a kind of *Sarvangasweda* where in medicated liquids are prepared by fermenting the cereals and other medicine will be poured on the required body parts of the patient. It is an example for *Parishekasweda*. It can be done *ekanga* (one limb) or *sarvanga* (whole body).

Procedure of *Dhanyamladhara* (*Sarvanga Dhara*):

Materials:

Dhanyamla- 5 litres, *Abhyanga table*

Dhanyamlais poured in all the 7 postures prescribed for *Abhyanga* (Viz: Sitting, Supine, Left lateral, Prone, Right Lateral, Supine and sitting) Each Posture minimum of 5 minutes is advised. Each day 30 to 45 minutes procedure was carried out. At the end of the procedure she is advised to take hot water bath. Body is wiped with a clean dry towel. Procedure continued for 15 days.

DISCUSSION

Probable mode of action of *Erandataila* in *Amavata*:

Moorchita Eranda Taila is *Katu* and *Ushna* in nature; hence it acts as *Kapha Vatashamaka*, does the *amapachana*. *Erandatailais* having best *avarana hara* (Removal of occlusion) property. It is highly useful in *Amavata*.

Probable mode of action of *Vaitarana Vasti* in *Amavata*:

Guda/jiggery having *Vatanulomana* property along with *gomootra* which is *teekshna*, *ushna* does the *lekhana* of *Ama*. *Saindhava/Rock salt* and *tamrind* (*Chincha*) does the *Shamana* of *Vata*. Even addition of *Erandataila* does the *ama pachana* and *Avarana hara*. Hence it is highly useful to curb the disease *amavata*.

Probable mode of action of *Dhanyamla Dhara* in *Amavata*:

Dhanyamla has *Deepana*, *Pachana* and *srotovishodhana* properties. *Dhanyamla* also possesses properties like *laghu*, *teekshna* and *ushna* in nature. It mainly acts on *Ama* and *Kaphadosha*. Even it is useful in *Vata*, *Kapha* and *Vata kapha javikara*. It is having *deepana* and *pachana* property which will be responsible to eradicate *ama*, thus highly useful to rectify the metabolic pathologies.

CONCLUSION

Combination of *Vaitarana Vasti* and *Dhanyamladhara* are highly useful in combating the symptoms of *Amavata* especially pain, swelling and morning stiffness. The above treated patient is doing

well for the last six months with reduction in symptoms of *Amavata*.

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