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# An observational study to evaluate the efficacy *Pachana Poorvaka Shodhana* i.e. *Agnilepa Chikitsa* followed by *Virechana Karma* in the management of *Amavata* w.s.r. to Rheumatoid Arthritis

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## ABSTRACT

The change in life style, food habits have contributed to a number of new diseases which have become a challenge for the human race, one among such diseases is Rheumatoid arthritis which is the commonest joint disorder. It is a systemic inflammatory disease of undetermined aetiology involving primarily the synovial membrane and articular structures of multiple joint. The disease is often progressive and result in pain, stiffness and swelling of joint. In India the prevalence rate is 0.1-0.4%. The symptoms of Rheumatoid arthritis are parallel with *Amavata*, as the name suggests *Amavata* is comprise of two terms, *Ama* and *Vata*. The *Nidanas* such as *Viruddhaahara*, *Viruddhacheshta*, *Mandagni*, *Nischalatva* etc. due to consumption of *Viruddahara* and indulging in *Viruddhacheshta* the *Ama* will be manifested. The manifested *ama* is carried by *vata* and circulates throughout the body and takes *ashraya* in *Sandhis*. Commonly affecting the joints of *Hasta*, *Pada*, *Shira*, *Gulpha*, *Trika*, *Janu* and *Uru* and characterized by pain similar to *vrischika damshtra*. In this present clinical trial, 10 diagnosed patients of *Amavata* / Rheumatoid arthritis were selected randomly to evaluate the efficacy of *Pachana Poorvaka Shodhana* that is *Agnilepa Chikitsa* followed by *Virechana Karma* in *Amavata* w.s.r. to Rheumatoid Arthritis. Statistical analysis showed highly significant results p value (<0.0001) in almost all subjective and objective parameters of *Amavata*.

**Key words:** *Amavata*, *Rheumatoid arthritis*, *Agnilepa*, *Virechana Karma*.

## INTRODUCTION

In this modernized era, sedentary life style, stressful mental condition with poor eating habits and activities leads to many diseased condition. Ayurveda

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explains the result of such activities in the long run as the production of *Ama* due to hampering of the metabolic energy (agni). The term *Ama* in ordinary parlance means unripe, uncooked, immature and undigested. It can be said that *Mandagni* is the main factor concerned in the production of *ama* and it is directly connected with the states of *Agni*. *Amavata*, a clinical condition is a *shoolapradhanavyadhi*. The pain is described as *Vrischikadamshavat Vedana*<sup>[1]</sup> and it spreads very quickly from one joint to another which most of the times causes joint deformity and cripple the person when not treated properly. *Sleshma sthana* is said to be the *Sthana* for *Amavata*<sup>[2]</sup> and *Rasavaha srotas* is involved predominantly making it more critical as *Rasavaha srotas Srotomoolais Hrudaya*.<sup>[4]</sup> The incidences of Rheumatoid Arthritis which is closely to *Amavata* increases between 25 and

55 years of age, after which it plateaus until the age of 75 and then decrease. Rheumatoid Arthritis affects approximately 0.5-1% of the adult population worldwide. In India the prevalence rate is 0.1-0.4%.<sup>[2]</sup> Rheumatoid arthritis is an autoimmune disease that involves polyarthritis usually involving peripheral joint in a symmetric distribution. Women are affected more often than men.<sup>[5]</sup> Acharya Vagbhata has emphasized administration of *Deepana* and *Pachana* followed by *kevalavata chikitsa* in *saamadoshasthithi* with *alepachikitsa*.<sup>[6]</sup> Hence in the present observational study *Agnilepachikitsa* was chosen as a *Pachana* and *Deepana* modality followed by *virechana karma* for *Bahudoshanirharana* in 10 patients diagnosed with *Amavata* w.r.s. to Rheumatoid arthritis.

## AIMS AND OBJECTIVES

To evaluate the efficacy of *agnilepa chikitsa* followed by *virechana karma* in the management of *amavata* w.s.r. to rheumatoid arthritis.

## MATERIALS AND METHODS

**Source:** Patients who were fulfilling the inclusion criteria and diagnostic criteria of *Amavata* (Rheumatoid arthritis) were selected from the OPD and IPD of SKAMCH and RC, irrespective of sex, religion and socio economic status.

### Materials used

#### For *Agnilepa Chikitsa*

*Tulasipatra* (500gm each day), *Sarshapa*, *Maricha*, *Lashuna*, *Haridra*, *Lavanga* (each 10gm/day), *Agnimantha*, *Nirgundi*, *Bandha* and *Parpata*, as *Bandha* and *Parpata* are not available hence were not used.

#### For *Virechana karma*

*Snehapana* - *Guggulutiktaka Gritha*

*Abhayanga* - *Bruhatsaindhavadya Taila*

*Sweda* - *Bashpasweda* using *Ushnajala*

*Virechana* - *Trivrutlehyam*

## Diagnostic Criteria

- Patients with *lakshanas* of *Amavata*.
- American Rheumatism Association, 2010/ EULAR criteria

## Inclusion Criteria

- Patients aged between 30-60years.
- Patients having signs and symptom of *Amavata* and Rheumatoid arthritis.
- Patients fit for *Virechana Karma*.

## Exclusion Criteria

Patients with other systemic diseases which interfered the course of treatment.

## Study Design

A observational study with pre-test and post- test design was conducted on 10 patients with *Lakshanas* of *Amavata* w.s.r. to Rheumatoid Arthritis.

## INTERVENTION

### 10 patients who fulfil the inclusion criteria were selected and posted for;

*Agnilepa Chikitsa* was applied *sarvanga* excluding the genital place in *prathilomangati* and duration was until the *lepa* starts to dry was done till the appreciation of *Nirama Lakshana's*.

*Pathya: Laghu Ahara: Panchakola Sadita Peya* (Ganji: 1part *Shaali*, 6 parts of water, ½ tsp of *Panchakola Choorna*, for three *Annakala* during *Agnilepa*).

*Arohanakrama snehapana (shodananga)* was done with - *Guggulutiktaka gritha* at frist with 30ml *hrsvamatra* with *ushnajala anupana* based on the *kostha* and *agni* till *samyak snigdha lakshanas* were observed.

For 3 days of *Vishrama Kala*, *Sarvanga Abhyanga* with *Brihat Saindhavadi Taila* followed by *Bashpa Sweda* was done.

The next day, *Virechana karma* with *trivrutavalehya*, dosage based on *agni* and *kosta* and *ushnajala*

*anupana* was conducted based on *koshta* of the patient after *sarvanga abhyanga* and *bashpa sweda*.

Based on *Shuddhi, Samsarjana Kramawas* advised for 3 to 7 days with 2 to 3 *Annakala*

## ASSESSMENT OF PRAMETERS

### Subjective parameters

#### Angamarda

Angamarda	0
Occasional Angamarda but patient is able to do usual work	1
Continuous Angamarda but patient is able to do usual work 2	2
Continuous Angamarda which hampers routine work	3
Patient is unable to do any work	4

#### Aruchi

Normal desire for food	0
Eating timely without much desire	1
Desire for food, little late, than normal time	2
Desire for food only after long intervals	3
No desire for food at all	4

#### Gaurava

No feeling of heaviness	0
Occasional heaviness in body but does usual work	1
Continuous heaviness in body but does usual work	2
Continuous heaviness which hampers usual work	3
Unable to do any work due to heaviness	4

#### Stabdhatta

No stiffness	0
Early morning stiffness up to 30 minutes	1
Early morning stiffness more than 30 minutes and less than 45 minutes	2
Early morning stiffness more than 45 minutes	3

### Objective Parameters

#### Sandhi shotha

No Swelling	0
Mild swelling	1
Slight more in comparison to milder one	2
Moderate swelling covering prominences of joint	3
Profuse swelling	4

#### Sandhi shula

No pain	0
Pain occasional can be managed without drug	1
Pain frequent and can be managed with some pain killer	2
Pain persistent and unmanageable even with drug	3

## OBSERVATIONS AND RESULTS

**Table 1: Showing effect of treatment on Angamarda.**

Angamarda	Mean		M. D	Paired t test				
	BT	AT		SD	SE	t	P	Re
BT-AT	2.	2.	0.4	0.4	0.1	6.0	<0.00	H. S
	5	1						
BT-AT1	2.	1.	1.2	0.4	0.1	8.4	<0.00	H.

	5	3		3	3	6	1	S
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Graph 1: Showing effect of treatment on Angamarda

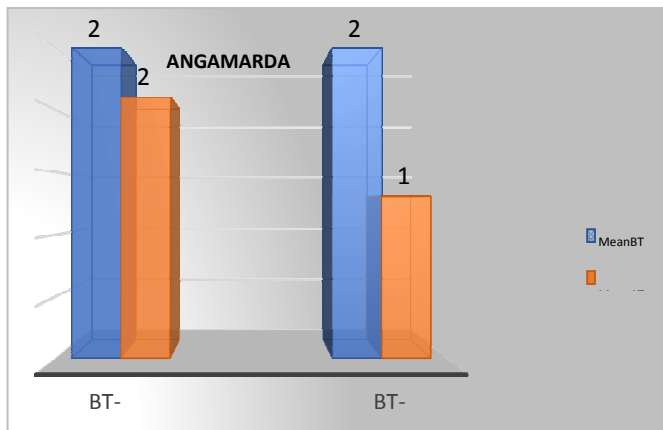


Table 2: Showing effect of treatment on Aruchi.

Aruchi	Mean		M. D	Paired t test				
	BT	AT		SD	SE	t	P	Re
BT-AT	2.7	1.6	1.1	0.314	0.099	11.1	<0.001	H.S
	2.0	0.6						
BT-AT1	2.7	0.8	1.9	0.816	0.256	6.64	<0.001	H.S

Graph 2: Showing effect of treatment on Aruchi.

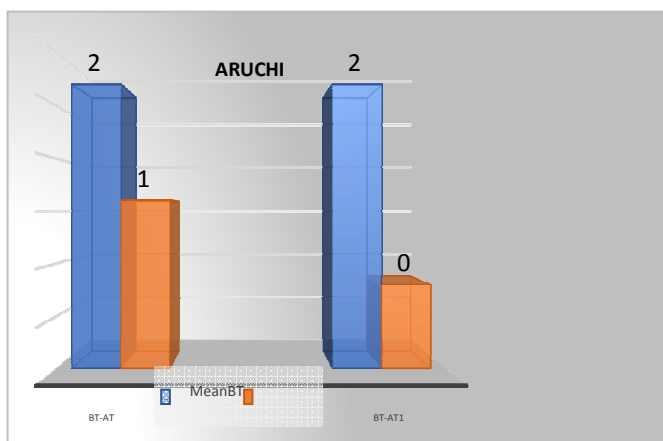


Table 3: Showing effect of treatment on Gourava

Gourava	Mean		M. D	Paired t test				
	BT	AT		SD	SE	t	P	Re
BT-AT	2.3	1.6	1.6	0.314	0.099	11.1	<0.001	H.S
	2.0	0.6						
BT-AT1	2.3	0.8	1.9	0.816	0.256	6.64	<0.001	H.S

	2.3	0.7		0.31	0.09	12.2	<0.001	H.S
BT-AT1	2.3	1.1	1.2	0.516	0.163	9.81	<0.001	H.S

Graph 3: Showing effect of treatment on Gourava

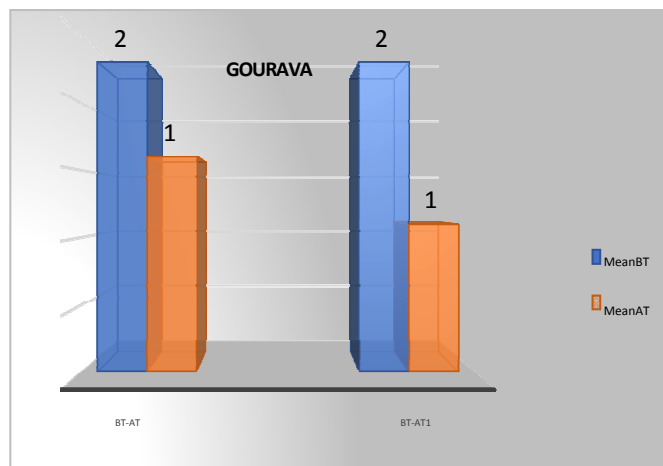
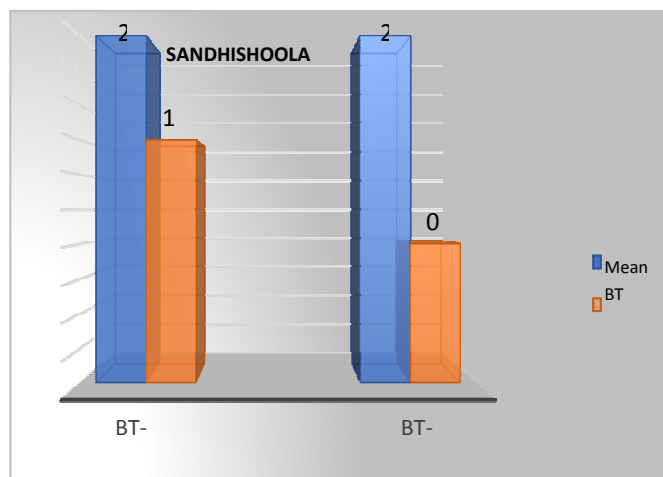


Table 4: Showing effect of treatment Sandhishoola

Sandhishoola	Mean		M. D	Paired t test				
	B T	A T		SD	SE	t	P	Re
BT-AT	2.4	1.4	0.6	0.516	0.163	9.81	<0.001	H.S
	2.0	0.8						
BT-AT1	2.8	0.8	1.2	0.476	0.143	6.75	<0.001	H.S

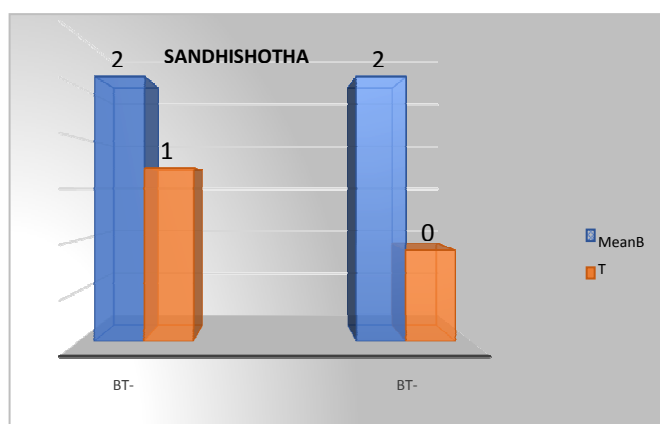
Graph 4: Showing effect of treatment Sandhishoola



**Table 5: Showing effect of treatment Sandhishotha**

Sandhishotha	Mean		M. D	Paired t test				
	BT	AT		SD	SE	t	P	Re
BT-AT	2.6	1.7	0.9	0.56	0.177	5.08	<0.001	H.S
BT-AT1	2.6	0.9	1.7	0.82	0.259	6.81	<0.001	H.S

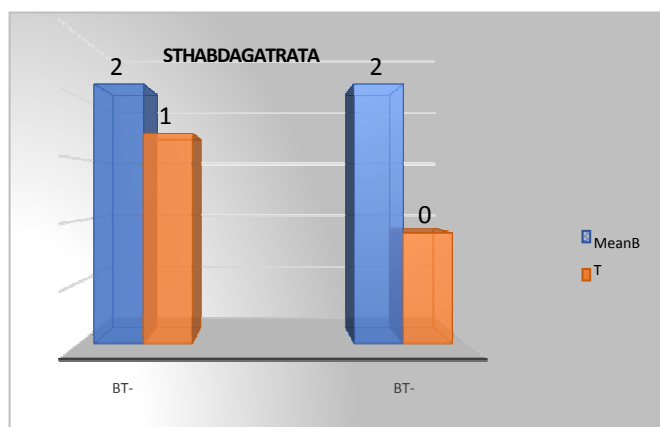
**Graph 6: Showing effect of treatment Sandhishotha**



**Table 7: Showing effect of treatment Sthadhagatrata**

Sthadhagatrata	Mean		M. D	Paired t test				
	B T	A T		SD	SE	T	P	Re
BT-AT	2.1	1.4	0.7	1.421	0.449	9.81	<0.001	H.S
BT-AT1	2.1	0.9	1.2	0.519	0.164	6.75	<0.001	H.S

**Graph 7: Showing effect of treatment sthbadagatrata**



**OBSERVATIONS**

**Age:** 7(70%) patients each belonged to the age group of 35-45y and 3 (30%) patient belonged to the age group of 45-55yrs.

**Sex:** 3(30%) patients were Males and 7 (70%) patients were Females.

**Religion:** Majority of patients were Hindu 8 (80%).

**Marital Status:** Majority of patients were married 9 (90%).

**Educational Status:** Majority of 5 (50%) patients were Graduates.

**Socio-economic Status:** Majority of the patients 9(90%) in the study were belonged to Middle class.

**Family history:** 4 (40%) patients had the family history of similar complaint.

**Occupation:** 6 (60%) patients were Home maker, 2 (20%) patient were Businessmen and 1 (10%) patients were labour.

**Area:** 8 (80%) patients were from urban, 2 (20%) patients were from rural

**Diet:** 4 (40%) patients and 6 (60%) patients were consuming Vegetarian diet and Mixed diet respectively.

**Viruddhaahara and Chestha:** Majority of the patients were under viruddhaahara and chestha

**Mandagni:** 9 (90%) patient were having Mandagni.

**Vishmaagni:** 1 (10%) patient were having Vishmaagni.

**DMARD's:** 7(70%) patient were on continues intake since 2 years, 3 (30%) patients were taking on an off.

**Atura Bala Pramana Pareeksha:**

**Prakruti:** 2(20%) patients belonged to Vata Pittaja Prakruti and 2 (45%) patients belonged to Pitta Kaphaja Prakruti and 6 (25%) patient belonged to Vata Kaphaja Prakruti.

**Vikruti:** All patients belonged to Madhyama Vikruti.

All patients presented with Atulya Hetu, Dosha, Dushya, Prakruti, Desha and Kala to moderate extent,

due to which, the *Vikruti* can be considered as *Madhyama* which is a supporting factor in result.

**Sara:** All patients belonged to *Madhyama Sara*.

**Samhanana:** Maximum of 9 patients (90%)belonged to *Madhyama Samhanana*.

**Satmya:** All patients belonged to *Vyamirasatmya*.

**Satva:** All patients belonged to *MadhyamaSatva*.

**Ahara Shakti:**

**Abhyavaharana Shakti:** Majority a patients had *Avara Abhyavarana Shakti*.

**Jarana Shakti:** All patients had *Avara Jarana Shakti*.

**Vyayama Shakti:** All patients presented with *Madhyama Vyayama Shakti*.

**Vaya:** All patients belonged to *Madhyama Vaya* in the study.

**Onset of pain:** 1 (10%) patient had acute onset, 2 (20%) patients had insidious onset, 7 (70%) patients had palindromic onset of the disease.

**Vrishachikavatvedana:** 1 (10%) patient had *vrishachikavatvedana*, 9 (90%) patient did not had *vrishachikavatvedana*.

**Chronicity:** 2 (20%) patient were having chronicity within 6 weeks and 6 (80%) patient had chronicity more than 8 weeks.

**Samanyalakshanas:** *Sandhishohta, Sandhishola, Stabdhata, Aruchi, Gouravaangamarda* were observed in all patients 10 (10%)

**2010 ACR/EULAR diagnostic criteria of RA**

3 (30%) patients scored under 6 and 7 (70%) patients scored equal to /above 6 for 2010 ACR/ EULAR diagnostic criteria of RA.

**Table 8: Showing the Assessment criteria after Agnilepa Chikitsa**

Subjective and objective parameter	Mean		M. D	Paired t test				
	B	A		SD	SE	T	P	Remark
<i>Sandhi shoola</i>	T	T	0.6					

	2	1.		0.5	0.1	9.8	<0.0	HS
		4		16	63	1	01	
<i>Angamarda</i>	2.	2.	0.4	0.4	0.1	6.0	<0.0	HS
	5	1		2	32	1	01	
<i>Aruchi</i>	2.	1.	1.1	0.3	0.0	11.	<0.0	HS
	7	6		14	99	1	01	
<i>Sthabdhag atra</i>	2.	1.	0.7	1.4	0.4	1.5	>0.0	S
	1	4		21	49	5	5	
<i>Gourva</i>	2.	0.	1.6	0.3	0.0	12.	<0.0	HS
	3	7		1	9	2	01	
<i>Sandhi shotha</i>	2.	1.	0.9	0.5	0.1	5.0	<0.0	HS
	6	7		6	77	8	01	

**Table 9: Showing the Assessment criteria after Virechana karma.**

Subjective and objective parameter	Mean		M.D	Paired t test				
	B	AT1		S	SE	T	P	Remark
<i>Sandhi shoola</i>	T		1.2	D				
	2	0.8		0.	0.	6.7	<0.00	HS
				4	1	5	01	
				7	4	8		
<i>Angamarda</i>	2	1.3	1.2	0.	0.	8.4	<0.00	HS
	.			4	1	6	1	
	5			3	2			
<i>Aruchi</i>	2	0.8	1.9	0.	0.	6.6	<0.00	HS
	.			8	2	4	01	
	7			1	5	6		
<i>Sthabdhag atra</i>	2	0.9	1.2	0.	0.	6.7	<0.00	S
	.			5	1	07	01	
	1			1	6	4		
<i>Gourva</i>	2	1.1	1.2	0.	0.	9.8	<0.00	HS
	.			5	1		01	
	3			1	6	3		
<i>Sandhi shotha</i>	2	0.9	1.7	0.	0.	6.8	<0.00	HS
	.			8	2		01	
	6			2	5	9		

## DISCUSSION

The name of the disease *Amavata* represents *Ama* and *Vata* as the two predominant pathological factors involved in the *samprapti* of the disease. Vitiating *Vata Dosh* in association with *Ama* circulating ubiquitously in the body, gets lodged in the *Sandhi*, one among the *Kaphasthana* producing the symptoms like *Sandhi Stabdata*, *Sandhi Shoola*, *Sandhi Shopha* and other local and generalized symptoms. The specific etiological factors in the form of unwholesome diet and regimen causes generation of *Ama*, as well as morbidity of the *Vata Dosh* in the *madhyama rogamarga*. During the course of the pathogenesis the morbid *Dosha* afflicts the *Sandhi*, and in turn its *Dhatu* structure viz. *Mamsa*, *Snayu*, *Asthi* and *Majja*. Symptoms related to the joints like *Sandhi Shotha*, *Stabdata* and *Shoola* are the initial manifestations. And in the later stages of the disease deformities like *Sandhi Sankocha*, *Sandhi Jadyata* and *Angavaikalya* are the hall marks of the disease. Needless to say the disease cripples the patients in the long run. Hence the treatment *Pachanapoorvaka Virechana karma* adopted in this study has shown improvements in controlling the signs and symptoms.

As *Agnimandhya* is the main cause for *Amavata*, *Agnilepa* helps to promote *Twachasta Agni Deepanam* by stimulating *Vata* and *Pitta* situated in *Twacha*, thereby *Twachasta agnimandya* in *Twak Gata Sira* is enhanced. *Pachana* of *ama* which reduces *Shotha* (swelling) and *Shoola* (pain) and due to patent *Srotas's*, *Sandhi Stabdata* was improved. In the present study 7 patients were achieved *nirama lakshanas* in 7 days and remaining patients in 3 to 5 days. *Langhana* is the first line of treatment protocol that has been advised in *Amavata chikitsa* which is best countered by *pachana*. *Tikta* and *katu rasa* have got the antagonistic properties that of *ama* and *kapha*. In addition as *pathya*, *Panchakola Sadita Peya* was given which promoted *agnimandya* and does *Ama Pachana*, *Shoola Prashamana*, *Dushita Kaphanashaka*. Thus prevents further accumulation of *Ama*. Thereby, gradually controlling symptoms of *Aruchi*, *Gourava*. Where in, *Sama Lashanas* turn in *Nirama Avastha*. *Tikta-katu* and *deepana* drugs

because of their *agnivardhaka* property, hence digests *amarasa* and reduces the excessive production of *kapha* and also removes the obstruction of channels. These all properties also help in transportation of the *doshas* from *shaka* to *kostha* and thus helps in the *samprapti vighatana* process.

*Snehapana* has been indicated in the *nirama* stage of the disease. *Arohana Krama* brings *doshas* in *Leena Avastha* into *Utklishta Avastha*. In the present study, 8 patients achieved *Samyak Snigdha Lakshanas* in 4 days and remaining 2 in 5 days. The average dose of *Sneha* per patient was 250ml starting from 30ml. *Abhayanga* with *Brihat Saindhavadi Taila* followed by *Bashpa Sweda* does the *Dravikarana* of *Utklishta Doshas's*. In *Amavata* the procedure of *Virechana* is specially adopted to expel out the *doshas* obstructed in the *rasavaha srotas*. For *Virechana Karma Trivrut Lehya* was used, it does *Sroto Shodhana* by *doshanirharana*, *Agni Deepana*. Thereby alleviating signs and symptoms. The average number of *Virechana vegas* observed in the present study were 14. The average quantity of *doshanirharana* observed in the present study was *Madhayama*. All patients ended with *Kaphanta (Antiki)*. All the patients achieved *Samyak Virechana Lakshanas's*. Hence in the present Study the *Pachanapoorvaka Virechana Karma* has shown highly significant results.

## CONCLUSION

*Amavata* is *ama* and *shoola pradhana vyadhi* resulting in *srotoavarodha*, *atyantashoola* and *sandhi stabdata*. As *ama* is the main causative factor which is propelled throughout the body resulting in *lakshana* like *gaurava*, *aruchi*, *angamarda*. For this reason *amapachana* is the primary mode of *chikitsa* to be adopted in this condition simultaneous with *Agni Deepana* hence, *Pachana* and *Deepana* are important *Poorva karma* to be adopted before *shodhana* in order to attain *niramaavastha*. *Virechana karma* can be adopted as *Shodhana* in order to relieve *srotoavarodha* and for *agnisandookshana*. Statistical analysis showed highly significant results p value (<0.0001) in almost all subjective and objective parameters of *Amavata*.



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