

**ROLE OF VIRECHANA AND KSHARBASTI IN THE MANAGEMENT OF AMAVATA  
(RHEUMATOID ARTHRITIS): A SINGLE CASE STUDY**<sup>1</sup>\*Dr. Bhagyashri R. Mali and <sup>2</sup>Dr. Deepak K. Parida<sup>1</sup>MD Scholar Panchakarma, LRP Ayurved College, Islampur, Sangli.<sup>2</sup>HOD Panchakarma Dept. LRP Ayurved College, Islampur, Sangli.

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**ABSTRACT**

Amavata is the disease caused by impairment of Agni, formation of Ama and vitiation of Vata dosha. As per Ayurvedic science Rheumatoid arthritis sign and symptoms has resemblance with Amavata. Rheumatoid arthritis is chronic inflammatory disease that affects more on joints. The worldwide prevalence of this disease is approximately 0.8% and 0.5-0.75% in India. In modern science here is no cure for this disease, but here Ayurveda got a great role for treatment. Virechana followed by Kshar basti is indicated in management of Amavata. Since it possess the qualities like Amahar, Vatahar, Kaphahara. Here a case report on Amavata has been discussed along with its effective management with Virechana and Kshar basti.

**KEYWORDS:** Amavata, Rheumatoid arthritis, Virechana, Kshar basti, Ama, Vata.**INTRODUCTION**

Nowadays out of all arthritic condition Rheumatoid arthritis is common one. It is not only disorder of locomotor system, but also systemic disease, which is caused by formation of Ama and vitiation of vata dosha. Amavata and rheumatoid arthritis are correlated with each other due to the resemblance in clinical features. It is a chronic progressive autoimmune arthropathy. Rheumatoid arthritis is commonly seen in bilateral symmetrical joint involvement in that primarily affects small diarthrodial joints of hands and feet, along with some systemic, clinical characteristics.<sup>[1]</sup> The worldwide prevalence of this disease is approximately 0.8% and 0.5-0.75% in India. Male to female ratio is 1:3<sup>[2]</sup> The typically involved joints in RA are proximal interphalangeal (PIP), distal interphalangeal (DIP) and metacarpophalangeal (MCP) joints of hands.<sup>[3]</sup> The Ama combines with vitiated Vata dosha and occupies Joints, which results in Amavata causing pain, stiffness, tenderness, swelling in joints.<sup>[4]</sup> Acharya Chakradutta mentioned Chikitsa for Amavata as Langham, Svedanam, Snehapana, Virechana, And usages of medication having Deepana, Pachana properties.<sup>[5]</sup> By using this Siddhant Amavata can be successfully treated.

**CASE REPORT**

A female patient aged 48 years came to the OPD of LRP Ayurved College, Islampur with complaints of extreme pain and swelling, tenderness, stiffness over both wrist joint pain, MIP and PIP joints of both hands, Both shoulder joint pain more at left shoulder pain, Both ankle

joint pain more at right ankle joint with Angamarda, Trishna, Aruchi.

She had previously experienced pain and morning stiffness in multiple joints for one year and swelling in a right hand and wrist joint for two months with Intermittent low grade fever. She had taken allopathic medicine NASIDS. And immune suppressant drug but got temporary relief. So she for further treatment she approached to LRP Ayurved college.

**History of Personal illness**

Not known case of DM and HTN

BP-130/80 mmHg

PR-78/min

RR-22/min

Temp - 98.3

**Personal History**Prakruti Parikshan - Kapha Weight - 74.8kg  
vataj prakrutiOccupation – Housewife Appetite - Irregular,  
descreasedDiet - Veg and non veg Stress - Stressful  
O/H- 1 MCH of 22  
M/H- regular, 28 day cycle years**Asthavidha Pariksha**

1. Nadi - 78/min, piitaj prabalya
2. Mala - malaavasthambha
3. Mutra - samyak, 3-4 times/day

4. Jivha - saam
5. Shabda - Spastha
6. Sparsha - Anushna
7. Druk – Arakta
8. Akriti - Sthula

criteria score obtained 7 out of 10.<sup>[6]</sup> Patient with score 6 or more than 6 considered to have definite Rheumatoid arthritis.

#### Dignosis - Amavata

Based on European League against Rheumatism/American college of Rheumatology 2010

#### Assessment of Subjective criteria with Gradation

##### Grading of Sandhishool (Pain)

Sr No.	Severity of pain	Grade
1	No pain	0
2	Bearable Mild pain occasionally	1
3	Unbearable pain and difficulty in moving body parts	2
4	All day pain with much difficulty in moving the body parts	3

##### Grading of Sandhishotha (Swelling)

Sr No.	Severity of Swelling	Grade
1	No Swelling	0
2	Mild Swelling	1
3	Moderate Swelling	2
4	Severe swelling	3

##### Grading of Sparshasahatva (tenderness)

Sr No.	Severity of Tenderness	Grade
1	No tenderness	0
2	Subjective experience of tenderness	1
3	Wincing of face on pressure	2
4	Wincing of face and withdrawal of the affected part	3

##### Grading of Sandhistabhdhata (stiffness)

Sr No.	Severity of stiffness (in time)	Grade
1	No Stiffness	0
2	stiffness for more than 1 min to less than 30 min.	1
3	stiffness for more than 30 min to less than 1 hr.	2
4	stiffness for more than 1 hr.	3

#### Objective criteria with measurement Foot Pressure

Patient will be subjected to keep his legs over weighing machine one at a time And the readings shall be taken 3 times and recording the mean value of the foot pressure before and after the treatment.

amplitude of walking 25 feet and the time will be recorded before and after the treatment.

#### Walking Time

Patient will be subjected to cover the distance by his

#### Gradation of Grip test

Patient is advised to squeeze the bulb of BP apparatus And note the reading of mercury level over scale for 3 times and note the mean value before and after treatment.

##### Grading of Angamarda (Bodyache)

Sr No.	Severity of Angamarda	Grade
1	No bodyache	0
2	Generalized body ache of and on during the day	1
3	Generalized body ache of and on during the day but not affecting the work.	2
4	Generalized body ache enough to affect routine work for all day	3

**Grading of Aruchi**

Sr no.	Severity of Aruchi	Grade
1	Willing toward all Bhojya padarth	0
2	Unwilling towards some specific Ahara	1
3	Unwiling towards some specific rasa I.e. Katu,Amla,Madhur	2
4	Unwiling to food	3

**Gradation of Trishna**

Sr No.	Severity of Trishna	Grade
1	Feeling of thirst (7-8 times/day) & relived	0
2	Feeling of moderate thirst(9-11times/day) & relived	1
3	Feeling of thirst (11-13 times/day) & not relived	2
4	re than 13 times/day & not relived by drinking water	3

**MATERIALS AND METHODS**

Saubhagya shunti paka 5 gm BD a day with a warm

water was given with shunti shiddha jalapan muhur muhur for 3 days as aampachan.

S.no	Day	Procdure	Medication And dose
1	Day 1 to 3	Abhyantar Snehpan	Panchatikta ghrita 30,60,90ml
Samyak Sneha siddhi lakshan appeared on 3 <sup>rd</sup> day			
2	Day 4 to 6	Sarvanga Abhyang and Bashpasweda	Mashadi tail & erandmula kwath
3	Day 7	Virechana	Trivrutadi avleha 60gm + 10ml Castor oil
Day 8 - Day 11 Sansarjan krama given as madhyam shudhhi (Vega-13)			
Day 12-Day 14 Vishranti kala (Laghu , ushna , pathya aharapalan)			
4	Day 15	Matra basti	Saindhavadi tail 60ml
5	Day 16,17	Kshar basti	Emlika 50gm Guda 50gm, Saindhav 5 gm, Gomutra-100ml, Satapushpa-5gm, 400ml Erandmula kwath
6	Day 18	Matra basti	Saindhavadi tail 60ml
7	Day 19,20	Kshar basti	Emlika 50gm Guda 50gm, Saindhav 5 gm, Gomutra-100ml, Satapushpa-5gm, 400ml Erandmula kwath
8	Day 21	Matra basti	Saindhavadi tail 60ml

During the course of treatment patient is advised to avoid the rice, cold beverages like ice cream, curd, banana, coconut, black gram, cold water for bathing and daytime sleep. And also to take bath barely in warm water.

**RESULT**

Patient got relief from Sandhishul, Sandhishotha and angmardava, trishna, aruchi. Effective result was obtained in terms of remission of symptoms and improvement in hematological parameters.

**OBSERVATION**

Jt involved		Pain		Swelling		Stiffness		Tenderness	
		BT	AT	BT	AT	BT	AT	BT	AT
Wrist Joint	Right	3	0	3	0	3	0	3	0
	Left	3	0	3	0	3	0	3	0
MCP Joint	Right	3	0	3	0	3	0	2	0
	Left	3	0	3	0	3	0	2	0
PIP Joint	Right	2	0	2	0	2	0	2	0
	Left	2	0	2	0	2	0	2	0
Sholder Joint	Right	2	0	2	0	2	0	2	0
	Left	3	0	3	0	3	0	3	0
Ankle Joint	Right	3	0	2	0	3	0	3	0
	Left	2	0	2	0	2	0	2	0

Sr no	Parameter	Before Treatment	After Treatment
1	Angamarda	3	0
2	Aruchi	1	0
3	Trishna	2	0

**Associated symptoms**

Sr no	Characteristic	Before treatment	After treatment	Difference
1	Foot Prssure	37Kg	45kg	8 kg
2	Walking time	27sec	16sec	9 sec
3	Grip test	42mmHg	54mmHg	12 mmHg

Blood parameters	Before Treatment	After Treatment
Hb	8.9gm%	9.3gm%
ESR	80 mm 1 <sup>st</sup> hour	33 mm 1 <sup>st</sup> hour
RA Factor	Positive	positive
Uric Acid	5.1 g/dl	5 g/dl

**DISCUSSION**

In Amavata Srotorodha is present which is cleared by Virechana due to the properties of Sroto vishandan of virechana and also it helps in normalizing the Pratiloma gati of Vata. And has a direct effect on Agnistan. According to Acharya Bhel virechana should be used in a Sannipatik condition of morbidity.<sup>[7]</sup> Virechana karma is described as a effective management of Amavata as Shodhan karma, it might be responsible for Agni vardhan and evacuation of Ama, which is the main cause of the disease. Panchatikta ghrita having vata, pittagna gunas where as Trivrutadi avleha and Erandel tailam has snigdha virechak gunas. Ksharbasti comparisons of Saindhav, guda, chinch, shatavaha and gomutra which is having Kshar guna. Kshar has a properties of Lekhan, Tridoshna, Ushna, Tikshna, Pachana, Vilayan and vishodhana,<sup>[8]</sup> which are antagonistic to Ama and very much required in a condition like Amavata. But it may further Vitiates Vata so Anuvasana with Saidhavadi tail is given because of it, also has properties of Ama pachana.<sup>[9]</sup> Gomutra has gunas like Kapha Vatagna, Kushtaghna guna, Ushna<sup>[10]</sup> And Chinch is to be taken in a Pakwa stage that is having Vata Kapha shamaka guna<sup>[11]</sup> Regarding to Guda it has a Lugh, Pathya, Anabhishtandi, Agni vardhaka and Vata pittagna guna.<sup>[12]</sup> Saindhava due to its Sukshma, Tikshana, Tridosh nashak, Deepana, Kaphachedana properties,<sup>[13]</sup> it helps the Basti dravya to reach up to the molecular level. It is capable of liquifying the viscous matter and breaking into the minor particles thus solves both purpose to cure the disease and purify the body.

**CONCLUSION**

Lastly, it can be concluded that Amavata looks similar to rheumatoid arthritis in clinical appearance and Virechan after that Ksharbasti karma is effective in the management of Amavata also it gives the significant result on Rheumatoid factor and highly significant result on ESR which is used as a diagnostics for rheumatoid arthritis. Amavata is a disease of Tridosha involvement, where the Vata and Kapha dosha is predominantly vitiated along with the formation of Ama due to Mandagni and other positive factor. Thus the selected treatment should be having capacity to tackle with vitiated Vata Kapha and Ama. Virechana followed by Kshar basti helps in this case very effectively so it helps in treating this Amavata.

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