



**A BRIEF REVIEW STUDY OF MANAGEMENT OF AMVATA THROUGH VIRECHANA KARMA**

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**ABSTRACT**

Amvata is the condition in which Ama and Vata are involved. When Ama and Vata gets deposited in the Koshtha (gut), Trik (sacral region) and Sandhi (joints) it produces Shotha (oedema), Shula (pain) and Stabdghata (stiffness). This manifestation is known as Amavata. Virechana is one of the Panchakarma by the virtue of which Doshas are expelled through Adhobhaga i.e. Guda. It is used in the conditions involving the disorders in which the Pitta is associated with Kapha or Vata. Virechana has an important role in Amavata. The action of Virechana is not only limited to particular site but has effects on the whole body. It has direct effect on Agnithana and hampered Agni is one of the initiating factors in Amavata. It is also to be taken into consideration that symptoms of Amavata viz. Anaha, Vibandha, Antrakujana, Kukshishula etc. are indicative of Pratiloma Gati of Vata. This can be treated by Virechana. Considering the significance of therapeutics, a number of studies have been carried-out in the various PG Departments of various colleges of universities. Here total five studies were screened, which compiled the impact of classical Virechana Karma in Amvata.

**KEYWORDS:** Amvata, Rheumatoid Arthritis, Virechana Karma.

**INTRODUCTION**

Ayurveda is Indian medicine which was conceived as a science and preached in this country some thousands of years ago. So many things are described deeply in this science but with the march of time, most of the dietary habits, social structure, life style, and environment have been changing. Rheumatoid arthritis (RA) on large scale is one of the outcomes of this modification. It is commonest among chronic inflammatory joint diseases in which joints become swollen, painful, and stiff. It is a disease in which day to day activities of the patients are also disturbed because of pain. Therefore, it has taken the foremost place among the joint disorders. It continues to pose challenge to physician due to severe morbidity and crippling nature and claiming the maximum loss of human power making it a biggest worldwide burning problem irrespective of races. It is an Autoimmune inflammatory disorder.

According to Ayurveda it can be co-related with Amavata. Ama and Vata are the predominant pathogenic factors but the disease represents Tridoshic vitiation.<sup>[1]</sup> Ama is a product of disturbed Agni, which is carried by Vayu, It obstructs the channels at different sites and causes inflammation of joints.<sup>[2]</sup> Panchakarma is a science for purification of the body, because vitiation of

Dosha beyond a particular level produces endotoxins which tend to accumulate in the Srotas (minute channels) of the body which are to be removed for maintaining disease free health which is done by Panchakarma. Virechana is one part of Panchakarma which is described as the treatment procedure for Koshtha Shuddhi in Amajanya Roga, Udara Roga, Aadhmaana and specially for Pittaja Vikara.<sup>[3,4]</sup> Virechana is best Panchakarma procedure for Amvata. Virechana has direct effect on Agnithana and hampered Agni is one of the initiating factors in Amavata.

**MATERIALS AND METHODS**

Works carried-out in the Panchakarma departments of Institute of post graduate teaching and research in Ayurveda, Jamnagar at PG levels during 2001- 2015 were compiled and screened to provide rational of Virechana Therapy.

**RESULTS AND OBSERVATIONS**

**Sahu Rita (2003)<sup>[5]</sup>**

The title of the study was "A clinical assessment of the role of Kansh-Haritaki and Virechana in the management of Amavata." Total 38 patients were registered for this study among them 29 patients completed the treatment and 9 left against medical advice. They were randomly

devided in the 3 groups. Group A was Shamana Group, The patients of this group were given Kansa Haritaki in the dose of 10 gms, twice a day with lukewarm water for 1½ month. Group B was Shodhana Group, The patients of this group were given Virechana with Eranda Taila and Trivrita churna in the dose of 25-50 ml and 50--75 grams respectively, followed by Kansa Haritaki internally in above said dose and duration. For the Virechana Abhyantara Snehapana was performed with Shuddha Ghrita and Sarwanga Abhyanga and Bashpa Swedana was done for 2--3 days. Group C was Standard Control Group, the patients of this group were given Trayodashanga Guggulu in the dose of 2 grams thrice a day for 1½ month. The results of the treatment of with Kansa Haritaki, showed that it provided statistically highly significant relief in cardinal features like Sandhishoola (46.34%) and significant relief in Sandhishotha (36%), Sandhigraha (36.61%) and Sparshasahyata (33.33%). The results of patients treated with Virechana karma followed by Kansa Haritaki also showed highly significant relief in Cardinal features like Sandhishoola (57.69%) and significant relief in Sandhishotha (42%), Sandhigraha (38.46%) and Sparshasahyata (42%). In this group, 55.55% of patients got marked improvement, 22.22% of patients got improvement, minor and no improvement each was shown by 11.11% of patients. The results of the treatment of patients of with control drug Trayodashanaga guggulu showed highly significant relief in Cardinal features like Sandhishoola (46.80%) and insignificant relief in Sandhishotha (33.03%), Sandhigraha (28.16%) and Sparshasahyata (25.68%). In this group marked improvement, improvement and minor improvement each was reported by 22.22% of patients and 33.33% of the patients remained unchanged. Hence, it is clear that Kansa Haritaki administered after Virechana karma with Trivrita kwatha and Eranda taila provided best relief. Results of only Kansa Haritaki was in the second place and that of Trayodashanga guggulu in the third place.

#### Mayanak Bhattkoti (2005)<sup>[6]</sup>

The study was carried out under the title "A comparative clinical study of Virechana and Vaitrana Basti in the management of Amavata." Total 35 patients were registered in group A, amongst them 12 patients had completed the treatment and 04 left against medical advice. In Group B, 14 patients completed the treatment and 05 patients left against medical advice. Hence, the total number of patient is 26 for the present study. The patients were randomly divided into two groups. The patients of group A were given Virechana with Haritaki Churna, Castor oil, Trivrita Yavakuta Kwatha and Goghrita by classical method followed by Amrutadi tablets for four weeks. Patients of group B were given Vaitarana Basti in the format of Kala Basti with Anuvasana of Sunthi Siddha Tila Taila for 16 days followed by Amrutadi tablets for four weeks. In Virechana group (12 patients), overall effect was assessed as complete remission in 08.33% major improvement in 16.66%,

minor improvement in 33.33% and 41.66% patients remained unchanged. While in Vaitarana Basti group (14 patients), none of the patients was cured, 50% showed major improvement, 42.85% showed minor improvement while 07.14% patients remained unchanged. Thus, in Basti group maximum number of patients i.e. 50.00% showed major improvement while in Virechana group 41.66% were unchanged on comparing the effect of therapy, it can be concluded that Vaitarana Basti provided better relief relative to Virechana. Single patient registered in Virechana group having history of acute onset showed complete remission. It can be concluded that Virechana therapy could be a better option in the cases having acute onset.

#### Priti Sharma (2006)<sup>[7]</sup>

The study was undertaken with title "A role of Virechana and Amrita-Bhallataka Avaleha in the management of Amavata." Total 23 patients were registered in group A, amongst them 14 patients had completed the treatment and 09 left against medical advice. In group B, 12 patients had completed the treatment and 01 patient left treatment in-between. Hence, the total number of patients is 35 for the present study, so observation of 35 patients and results of 25 patients are given below. Group A was Shamana Group the patients of this group were given Amrita Bhallataka Avaleha in the dose of 10 gm once a day with ghee for 1½ month. Group B was Shodhana Group The patients of this group were given Virechana with Triphala Kwatha, Trivrita churna, Katuki Churna and Eranda Taila in the dose of 200 – 250 ml, followed by Amritabhallataka Avaleha internally in above said dose. For the Virechana Abhyantara Snehapana was performed with Rason Sadhita Tila Taila. In Group A, complete remission was observed in 3 patients with 21.43% major improvement was observed in 7 patients with 50%, minor improvement was observed in 2 patients with 14.29% and unchanged were observed 2 patients with 14.29%. Administration of Amrita Bhallataka Avleha after Virechana Karma showed complete remission in 5 patients (21.43%), major improvement was observed in 6 patients (54.55%), minor improvement was observed in 1 patient (9.09%). Whereas no patient of this series remained unchanged.

#### Gohil Jalpa (2009)<sup>[8]</sup>

The study was carried out under the title "A clinical study on the role of Virechana Karma and Kalabasti in the management of Amavata." Total 43 patients were registered in this study. In the Group A, 20 patients were given Virechana with Triphala Kwatha, Trivrut Churna, Eranda Sneh and Ichchhabhedhi Rasa followed by Nirgundipatra Ghanavati as Shamana Yoga and in B group, 23 patients were given Basti with Nirgundipatra Ghanavati. In group A, only 16 patients completed the treatment and 4 patients left in between however in group B, 18 patients completed the treatment and 5 left the treatment against medical advice. Moderate improvement was noted in 50% of the patients in Virechana group and in 11.11% of the patients in Basti

group. Mild improvement was reported in 50% patients of Group A and 88.89% of the patients in Basti group. Thus, it is obvious from the above observations that Basti Karma provided better relief in Sandhishula, SandhiShotha, Angamarda, Jwara, Gaurava, Sunta Anganama, Nidralpata, Daurbalya, Bhrama, Anaha, Kandu, Vibandha, E.S.R, knuckle swelling, writing time, walking time, grip power, Vata Dosha Dushti and Purishavaha Srotodushti. Virechana provided comparatively better relief in Sandhigraha, Sparshasahisnuta, Trishna, Hrillasa, Apaka, Praseka, Antrakunjana, Kukshishula and Hridgraha, foot pressure, Kaphadusti, Pittadushti, Annavaha Srotodusti, Rasavaha Srotodusti, Asthivaha Srotodusti and Majjavaha Srotodusti.

#### Odedara Jayesh (2014)<sup>[9]</sup>

The study was done under the title “Comparative Study of Virechana Karma and Kokilakshadi Ghanvati in the Management of Amavata W.S.R. to Rheumatoid Arthritis”. The study was comparative study.” In this study total 30 patients were registered out of these 28 patients completed the treatment. They were divided in two groups. In Group A Virechana Karma was done with Triphala, Trivrut and Eranda Taila then Kokilakshadi Ghanavati was given in the dose of 2 tab (500mg each) BD after meal with warm water for 1 month, in Group B Kokilakshadi ghanavati was given without performing Virechana Karma. Local Swedana- Valuka pottali sweda was done in the patients of both the group. Overall effect of therapy revealed that, in group A moderate improvement was found in 46.66% patients, and mild improvement was observed in 33.33% patients, 20.00% of the patients remained unchanged, whereas, in group B moderate improvement was found in 30.76% patients and mild improvement was observed in 53.84% patients, 15.38% of the patients remained unchanged. statistically highly significant results were obtained in all the symptoms.

#### DISCUSSION

Acharya Chakradatta described the principles of treatment of Amavata which are Langhana, Swedana, drugs having Tikta, Katu Rasa and Deepana property, Virechana, Snehapana and Basti.<sup>[10]</sup> In the disease Amavata the main pathogenesis is because of Vimargagamana i.e. the Gati of Doshas are Kostha to Shakha. So the line of treatment for this should be to bring the Vimargagamita Doshas from Shakha to Kostha.<sup>[11]</sup> This Dosha may require elimination from the body by Shodhana. Virechana is Shodhana Procedure which eliminates all the Dosha from Body through Anus. In Amavata, the patients should be subjected to Virechana therapy.

#### Virechana In Amvata Can Be Justified with Following Reasons

1. Because of Kledaka Kapha there will be Avarana on Pitta Sthana which in turn results in Ama. This Ama formation hampers digestive activity of the Pachaka

Pitta. Virechana helps in this condition by removing the Avarana produced by Kledaka Kapha also it is the most suitable therapy for the Sthanika Pitta Dosha.

2. Mandagni is one of the initiating factors in Amavata. Virechana has direct effect on Agnisthana and It pacifies the vitiated Kapha and Vata Dosha and has the quality of srotovishodhana and increases Agni.
3. Virechana helps to normalize the pratiloma gati of Vata, which produces symptoms like Anaha, Antrakujana, Vibandha, Kukshikathinya, Kukshi shoola etc. in Amavata.
4. In Amvata Vata, Kapha and Pitta Dosha involved and also there is Ama formation. And according to Acharya Bhela, Virechana should be used in Sannipatika condition of morbidity.
5. Sandhi Pradesha (Madhyama Rogmarga) are the specific site of Dosha Avasthana and Virechana is useful measure for such type of condition i.e. morbid Doshas turn and adhere to Bahya and Madhayama Rogamarga with Tiryak Gamana.

In above mentioned study Virechana Karma was performed after Deepana, Pachana and Snehapana. For Virechana mostly Erand Taila, Triphala Kwatha and Trivrut were used.

Erand Taila: Acharya Bhava Mishra compared the Erand Taila with Lion. As the lion can govern an Elephant in the same way Erand Taila can govern the disease Amavata (B.P. 26/50).<sup>[12]</sup> All Acharyas have mentioned Erand Taila for Virechana in Amavata. It is also having specific Amavatahara action. Erandmula is used as mild laxative and for painful conditions like Sciatica, Rheumatic Arthritis, Arthritis and Backache. It is Vatakapha shamaka due to Snigdha, Tikshna, Sukshma Guna Mahdura and Katu Rasa, Kashaya Anurasa, Madhura Vipaka and Ushna Virya. Erand Taila is both Snigdha and Ushna, thus has Pachana and Snehana Karma. Erand Taila is the best choice in the treatment of Amavata as it does Shodhana, alleviates Vata and Kapha and stimulates the Agni. Yogaratnakara, in reference to treatment of Agnimaandya describes a preparation that not only vitiates Agni but also is Pachaka and Rechaka in nature.<sup>[13]</sup> According to modern study, After oral administration, Erand Taila is converted into ricinoleic acid by the pancreatic juice (Lipase), which irritates the bowel, stimulates the intestinal glands and muscular coat to cause purgation. It acts in 4 to 5 hours causing liquid stools without gripping pain.

Trivrita: Trivrita is Vatakaphashamaka, which acts on Dosha for the Amavata. Trivrita acts by its Virechaka Prabhava. It is having glycoside, Turpethene, which causes purgation. It is also said to be anti-inflammatory. One among Panchakarma procedure having less complication and stress among others, yielding higher benefits in almost all types of disorders, proves beneficial in Tridosha and having Rasayana effect also.

Triphala has Laghu, Ruksha and Kashaya also having kaphapittashamak properties. Triphala has Sara Guna, thus it helps to evacuate the Dosha. Triphala has Agnidipana Guna, it helps in Mandagni.

The Virechana drugs reach to the heart by virtue of their potency and circulate through the large and small Srotasa and pervade the entire body. Then they liquefy the morbid elements by virtue of its Agneya Guna and disjoin them by its Tikshna Guna. Then this liquefied morbid mass floating like honey in uncoted vessels through the virtue of Anu Pravanbhava of the drug and ultimately reaches Amashaya. From here it forces the morbid factors through the anal canal root due to the Bhautika predominancy of the Jala and Prithvi and Adhobhagahara Prabhava leading to Virechana.<sup>[14]</sup>

Thus, Virechana help in breaking the Samprapti of disease Amavata by clearing the morbid Doshas, which creates Khavaigunya and thereby relieving sign and symptom of the disease.

### CONCLUSION

Virechana Karma is safe and effective treatment modality for all Dosha. Virechana Karma affects in various ways in Amvata and gives effects in all the symptoms. In Amavata, Srotorodha is present which can be cleared with Srotovishyandana property of Virechana drugs. Virechana also helps in normalizing the Pratiloma Gati of Vata and has direct effect on Agnisthana. In nutshell Virechana breaks all the Samprapti of Amvata and gives result in symptoms.

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