

A CASE REPORT ON EFFECT OF CHITRAKADICHURNA IN MANAGEMENT OF AMAVATA WITH SPECIAL REFERENCE OF RHEUMATOID ARTHRITIS

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ABSTRACT

Ama and *Vata* are the primary pathogenic factors implicated in *Amavata*, which is classified within the *Madhyam Rogamarg*. The primary sites of manifestation for the cardinal symptoms include *Asthi* (Bones) and *Sandhi* (Joints), presenting as *Sandhishool* (Joint pain), *Sandhishotha* (Joint swelling), and *Sandhigraha* (Restricted movement). Clinically, this condition can be correlated with rheumatoid arthritis in contemporary medical texts. In the present case, a 36-year-old female patient reported experiencing pain and morning stiffness in multiple joints for Two year, along with swelling in both hand and wrist joints for the past two months, accompanied by malaise and body ache. A thorough history and clinical assessment led to the diagnosis of *Amavata*. In response to the patient's signs and symptoms, treatment was initiated based on Ayurvedic principles. Interventions included Oral intake of *Chitrakadi Churna* 5gm twice a day for a duration of 30 days. Prior to treatment, a grading system was employed

based on subjective criteria, and post-treatment evaluations indicated a reduction in severity. No adverse effects were noted during or after the treatment period. The therapeutic approach provided significant relief from the symptoms of *Amavata*.

KEYWORDS: *Amavata, Chitrakadi Churna, Ama, Vata, Madhyam Rogamarg, Rheumatoid arthritis.*

INTRODUCTION

In contemporary times, the prevalence of *Ama*-related disorders is on the rise, largely due to modern lifestyles, poor dietary habits, hectic schedules, and elevated stress levels. One of the most prevalent conditions is *Amavata*. This disease was first recognized as a distinct entity by Madhavkar around 700 A.D. The term "*Amavata*" is composed of two elements: *Ama* and *Vata*.^[1] These components significantly contribute to the morbidity and pathogenesis of *Amavata*. *Ama*, the primary causative factor, arises from the dysfunction of digestive and metabolic processes. When *Ama* combines with *Vata*, it localizes in the body's tissues and joints, resulting in symptoms such as pain, stiffness, swelling, and tenderness, characteristic of *Amavata*. The features of *Amavata* closely resemble those of rheumatoid arthritis, a chronic, progressive autoimmune disorder marked by bilateral symmetrical involvement of the joints and various systemic manifestations. On a global scale, over one million individuals are affected by rheumatic disorders, with approximately one-fifth experiencing severe disability. The prevalence of this condition is estimated at around 0.8% of the total population worldwide, varying between 0.3% and 2.1%, with a male-to-female ratio of 1:3. The onset of *Amavata* is most common during the fourth and fifth decades of life, with 80% of patients developing the condition between the ages of 35 and 50.^[2]

Aim

To study Effect of *Chitrakadi Churna* in The Management of *Amavata*.

Objective

To study role of *Chitrakadi Churna* to reduce sign and symptoms of *Amavata* with special reference to Rheumatoid Arthritis.

Case report

A 36-year-old Female patient having following complaints was came in OPD of Kayachikitsa Department, Ashwin Rural Ayurved College and Hospital, Manchi Hill, Sangamner.

Chief complaints

Involvement of Both *Janu Sandhi*, *Manibandha Sandhi*, *Gulf Sandhi*,
Shambha, *Shoola*, *Shotha*
 and *Angamarda*

Since 2 years

Case history

36 years Female patient came to OPD with Above complaints since last 2 Years. she was Previously diagnosed with Rheumatoid Arthritis. Patient was taking Allopathy medicines since last 2 years but only get Symptomatic relief. So she willing for Ayurvedic management, patient came to Kayachikitsa OPD for further treatment and management.

Past history: K/C/O: since Rheumatoid Arthritis last 2 years

Present medicinal history: No Any Medication

Family history: *Matruj Kula: Jivit*

Pitruj kula: Mruta. (H/O: Hypertension)

Past surgical history: No History of any major Surgery

General examination

Temperature	98.4 F
RR	18/ Min
Pulse rate	82 /Min
Blood pressure	130/80 mm of Hg

Systemic examination

RS	AEBE
CVS	S1 S2 Normal
CNS	Conscious, oriented
P/A	Soft and Non tender

Ashtavidha parikshan

<i>Nadi</i>	<i>Manduk Gati</i>
<i>Mutra</i>	4-5 times in 24 hour
<i>Mala</i>	<i>Asamyak</i>
<i>Jivha</i>	<i>Sama</i>
<i>Shabda</i>	<i>Spashta</i>
<i>Sparsha</i>	<i>Samshitoshna</i>
<i>Druk</i>	<i>Prakrit</i>
<i>Akruti</i>	<i>Madhyam</i>

Vyadhi nidana: Amavata

Management

Chitrakadi churna^[3]

Vrunda Madhav Sidhhayog in its 25th chapter mentioned that Chitrakadi Churna for Amavata Management.

Drug: *Chitrakadi churna*

- *Matra:* 5gms twice a day
- *Anupana:* Sukoshna Jala
- *Aushadhasevan Kala:* Apanakali
- *Duration:* 30 days

Table 1: Latin Name, Family and Part use in of dravya in chitrakadi churna.

No.	Drug	Latin Name	Family	Part Used
1.	<i>Pimpali</i> ^[4]	Piper Longum	Piperaceae	<i>Phala</i>
2.	<i>Pimpalimula</i> ^[4]	Piper Longum	Piperaceae	<i>Moola</i>
3.	<i>Chavya</i> ^[5]	Piper Retrofactrum	Piperaceae	<i>Moola</i>
4.	<i>Chitrak</i> ^[6]	Plumbago Zeylanica	Plumbaginaceae	<i>Moolatwak</i>
5.	<i>Shunthi</i> ^[7]	Zingiber officinal	Zingiberaceae	<i>Moola</i>

Table 2: Rasa, Virya, Vipaka, Doshaghnata and Karma of dravya in chitrakadi churna.

No.	Drug	Rasa	Virya	Vipaka	Guna	Doshghanata	Karma
1.	<i>Pimpali</i>	<i>Katu</i>	<i>Anushnas heeta</i>	<i>Madhur</i>	<i>Laghu, Snigdha Tikshan</i>	<i>Kapha-Vataghna</i>	<i>Deepan, Pachan, Shothaghna</i>
2.	<i>Pimpalimula</i>	<i>Katu</i>	<i>Anushnas heeta</i>	<i>Madhur</i>	<i>Laghu, Snigdha Tikshan</i>	<i>Kapha-Vataghna</i>	<i>Deepan, Pachan, Shothaghna</i>
3.	<i>Chavya</i>	<i>Katu</i>	<i>Ushna</i>	<i>Katu</i>	<i>Laghu, Ruksha</i>	<i>Kapha-Vataghna</i>	<i>Deepan, Pachan Shoolaghna</i>
4.	<i>Chitrak</i>	<i>Katu</i>	<i>Ushna</i>	<i>Katu</i>	<i>Laghu, Ruksha, Tikshna</i>	<i>Kapha-Vataghna</i>	<i>Deepan, Pachan, Grahi</i>
5.	<i>Shunthi</i>	<i>Katu</i>	<i>Ushna</i>	<i>Madhur</i>	<i>Laghu, Snigdha</i>	<i>Kapha-Vataghna</i>	<i>Shothahar, Vedanasthapan</i>

Table No. 3: Showing Observation and Results: Subjective parameters.

Symptoms ^[8]	Gradation	Grade	BT	AT
Joint Involved	Less than 2 joint	0	3	1
	Atleast 2 joint	1		
	Involved joints between 3-5	2		
	Involved more than 5 joints	3		

<i>Stambhata</i> (Morning Stiffness)	No Stiffness	0	3	0
	Morning stiffness only can-do routine work whole day	1		
	Stiffness lasting whole day, disturbance in daily routine	2		
	Severe stiffness, restricting joint movements, can't do work	3		
<i>Sandhishula</i> (Joint Pain)	No pain	0	3	1
	Pain at the beginning of Physical activity	1		
	Moderate pain and hampers physical activity	2		
	Pain present even at rest	3		
<i>Sandhishotha</i> (Joint Swelling)	No swelling	0	2	0
	Mild swelling covering bony prominence of the joint	1		
	Moderate swelling covering joint capsule	2		
<i>Angamarda</i> (Body Pain)	No <i>Angamarda</i>	0	3	0
	<i>Angamarda</i> but can perform daily routine	1		
	<i>Angamarda</i> Restricts daily routine	2		
	Can not do movements due to <i>Anagmarda</i>	3		

Table No. 4: Showing Observation and results: Objective parameter.

Parameter	BT	AT
RA factor	52 U/ml	18 U/ml
ESR	102 mm/h	22 mm/h

DISCUSSION

Ama and *Vata* are the principal doshas implicated in the pathogenesis of *Amavata*. *Vata*, as a vital biological force within the body, governs and regulates all physiological activities. However, when the movement (*Gati*) of *Vata* becomes obstructed due to the presence of *Ama* within the *Strotas* (channels), the normal functioning of *Vata* is disrupted. This impairment is a significant factor contributing to various *Vata*-related disorders (*Vatavyadhi*).^[9] Given that both *Ama* and *Vata* dosha are the primary culprits in the manifestation of *Amavata*, the treatment approach must focus on two key therapeutic strategies: *Vatahara* (*Vata*-pacifying) and *Amapachaka* (*Ama*-digesting) *Chikitsa* (treatment).

- 1. *Vatahara chikitsa*:** This involves utilizing herbs and therapies that specifically target and balance *Vata Dosha*. By restoring the natural flow and function of *Vata*, it helps alleviate symptoms such as pain, stiffness, and swelling in the joints.
- 2. *Amapachaka chikitsa*:** This treatment aims to digest and eliminate *Ama* from the body. Herbal formulations that possess *Deepana* (appetizing) and *Pachana* (digestive) properties are employed to enhance *Agni* (digestive fire) and transform *Ama* into a state that can be excreted.

The combined effect of these treatments is crucial in restoring balance within the body, addressing the root causes of *Amavata*, and alleviating the associated symptoms. This integrated approach reflects the holistic nature of Ayurveda, emphasizing the need to treat both the *Doshik* imbalances and the toxic accumulations to achieve optimal health and well-being.

Action of *chitrakadi churna* in *amavata*

Chitrakadi Churna is a well-regarded Ayurvedic formulation known for its multifaceted therapeutic effects in managing *Amavata*. Its action primarily revolves around the key principles of Ayurveda, targeting the underlying *Doshik* imbalances and promoting overall health.

1. **Deepana and Pachana:** The formulation possesses strong Deepana (Appetizer) and Pachana (Digestive enhancer) properties, which stimulate Agni (Digestive fire). By improving digestion and metabolism, *Chitrakadi Churna* helps in the transformation of *Ama* (Toxins) into a more manageable state, facilitating its elimination from the body.
2. **Vata shamana:** *Chitrakadi Churna* is effective in balancing *Vata Dosha*, which plays a crucial role in the pathogenesis of *Amavata*. Ingredients like *Chitraka* (*Plumbago zeylanica*) and *Pippali* (*Piper longum*) possess *Vata-Shamana* (*Vata* pacifying) properties, reducing symptoms such as joint pain, stiffness, and swelling. By alleviating *Vata*, the formulation helps restore mobility and function in affected joints.
3. **Ama vighatana:** The herbs in *Chitrakadi Churna* work synergistically to eliminate *Ama* from the body. By targeting the root cause of *Amavata*, the formulation helps to detoxify the system, reducing inflammation and alleviating symptoms associated with the disease.
4. **Anti-inflammatory action:** Several components of *Chitrakadi Churna* have inherent anti-inflammatory properties. This action is vital in reducing *Sandhishool* (joint pain) and *Sandhisotha* (joint swelling), providing symptomatic relief and enhancing the quality of life for individuals suffering from *Amavata*.
5. **Ruksha and Ushna Gunas:** The formulation possesses *Ruksha* (dry) and *Ushna* (hot) qualities, which counteract the moist and cold attributes often associated with *Vata* aggravation. This helps in alleviating tenderness and stiffness in the joints.

In summary, *Chitrakadi Churna* plays a significant role in managing *Amavata* by enhancing digestion, balancing *Vata Dosha*, eliminating *Ama*, providing anti-inflammatory effects, and

restoring joint function. Its holistic approach aligns with Ayurvedic principles, offering a comprehensive strategy for alleviating the symptoms of this chronic condition.

CONCLUSION

The results suggested that *Chitrakadi Churna* showed significant result after treatment (Table No. 3) in *Sandhi Shoola*, *Shotha*, *Stambha* and *Angamarda* variables and the efficacy of the treatment was highly significant even during follow up. In this case study patient completed the full course of treatment without any adverse reaction to drug.

REFERENCES

1. Madhava Nidana commented by vijay rakshit & shri kanthadatta, Madhukosha teeka by Madhavkara chapter *Amavata* Nidana page no, 2009; 25: 508.
2. API, Text Book of Medicine by Siddharth N. Shah, 2003; 7.
3. Prof. Premvati Tiwar, Vrunda Athva Sidhyog, Chaukhamba Vishvabharti Varanasi, 2007; 8: 25-271.
4. Sharma P., Dravyaguna Vijnana (Hindi), Chapter, Varanasi: Chaukhambha Bharati Academy, 2011; 275: II-4.
5. Sharma P., Dravyaguna Vijnana (Hindi), Chapter, Varanasi: Chaukhambha Bharati Academy, 2011; 335: II-4.
6. Sharma P., Dravyaguna Vijnana (Hindi), Chapter, Varanasi: Chaukhambha Bharati Academy, 2011; 359: II-4.
7. Sharma P., Dravyaguna Vijnana (Hindi), Varanasi: Chaukhambha Bharati Academy, 2011; 359: II-4.
8. Bhandari S International Journal of Ayurvedic Medicine <http://ijam.co.in/index.php/ijam/article/view/151/20>
9. Shastri Pt Kashinath and Chaturvedi Gorakhnath, Charaka Samhita, reprint, Varanasi, Chaukhambha Bharti Academy, Sutra Sthana chap, 2008.