

MANAGEMENT OF AMAVATA BY LANGHAN AND PACHAN WITH SPECIAL REFERENCE TO SERRO- NEGATIVE RHEUMATOID ARTHRITIS – A CASE STUDY

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ABSTRACT

Amavata is a chronic, progressive and crippling disorder caused due to generation of *Ama* and it's association with vitiated *Vata Dosha* and deposition in *Shleshma Sthana* (joints). Clinically resembling with Rheumatoid Arthritis. RA is a chronic systemic inflammatory disease characterized by erosive synovitis that involves peripheral joints and implicates an important influence in the quality and the hope of life. RA is of 2 types- Serropositive and Serronegative according to Rheumatoid factor presence and absence respectively. Serronegative RA is one of the 2 types of RA, an autoimmune condition that causes pain, swelling and stiffness of joints, in morning specially.

Serronegative RA is least common. **Aim:** To study the *Langhan* and *Pachan* in the management of *Amavata* with special reference to serronegative RA. **Objectives:** Symptomatic relief in *Amavata* with special reference to serro-negative RA by *Langhan* and local *Pachan*. **Methodology:** A 45 year old male having past complaints as pain and swelling over bilateral ankle joint, morning stiffness upto 1hr, difficulty while walking since 7 months. Patient was Rheumatoid factor negative, CRP- 0.7 (-VE), ESR-48, ANA – Weakly positive, ASO – Negative. Last 10 days was registered in our IPD. Considering the signs and symptoms patient was treated on the line of *Amavata* where the *Langhan* and local *Pachan* by *Dashang*, *Shunthi Churna Lepa* for 3 days given. After 3 days of treatment patient was able to walk properly, swelling of joints reduced, local temperature reduced, patient got symptomatic relief. **Conclusion:** Treatment of *Amavata* with *Langhan* and local *Pachan* is effective over inflammatory joints with *dravya's* like *Dashang Lepa*, *Sunthi Churna* found to be highly effective in *Samavasta*.

KEYWORDS: *Amavata*, Serro-negative RA, *Langhan*, *Pachan*.

INTRODUCTION

Amavata is one of the crippling disease claiming the maximum loss of human power. It is not only a disorder of the locomotor system but it's also a systemic disease and is named after it's chief pathogenic constituents which are *AMA* and *VATA*.

The main causative factor, *Ama* caused due to malfunctioning of the digestive and metabolic mechanisms. The disease is initiated by the consumption of *Viruddha Ahara* and simultaneous indulgences in *Viruddha Ahara* in the pre-existence of *Mandagni*.^[1] Although *Ama* and *Vata* are chiefly pathogenic factors, *Kapha* and *Pitta* are also invariably involved in *samprapti*.^[2] *Ama* and *Vata* being contradictory in their characteristics, there is difficulty in planning the line of treatment. Derangement of *Kapha dosha* especially *Shleshak kapha* in the *Amavata*, which produces joint pain and swelling with tenderness can be co-related with Rheumatoid Arthritis and derangement of the *Pitta dosha* along with *Ama* taking shelter in the *Avalambak Kapha sthana*, which can be co-related with Rheumatic fever because of the cardiac involvement, due to repeated fever, resulting in rheumatic heart disease.^[3]

Several dreadful diseases are prevalent in medical science. The scope for therapeutic measures is limited even after extreme advancement of the modern bio-medical science. The rheumatological disorder is a group of diseases that has no specific medical management in any type of therapeutics. *Amavata* is a particular type of disease that is mentioned in Ayurveda since the period of *Madhavkar*, under the category of *Vata-Kaphaja* disorder.

RA is entirely a clinical diagnosis. One can confidently make diagnosis of RA on clinical grounds even if Rheumatoid Factor is absent infact only 80-85% of the individuals are serro-positive (that is, positive for R.F.), nearly 15-20% are serro-negative. RA is commonly treated by non-steroidal anti-inflammatory drugs (NSAID'S). It is known that those drugs are gives symptomatic relief and do not modify disease progression.^[3] Such drugs may cause adverse gastro-intenstional effects that may range from mild dyspepsia and heartburn to ulceration of the stomach and duodenum and fatal consequences.^[4] Hence the use of NSAID's has been controversial issue.^[5] In a survey, 27% of the patients suffering from arthritis in the U.S. had used complementary alternative medicine therapies (CAM).^[6] In a recent survey in India, 43% had used CAM therapies.^[7] However in *ayurveda* a different

concept of RA management has been mentioned by *Acharya Yogaratanakara* according to this *langhan* and *sthanik pachan* in *samavastha* given.

AIMS

To study of *langhan* and *pachan* in the management of *amavata* with special reference to serro-negative RA.

OBJECTIVES

1. Correlation of *amavata* and it's with serro-negative RA.
2. Symptomatic relief in *amavata* by ayurvedic management.

MATERIAL AND METHODS

1) CASE REPORT

A 45yr male came in IPD with bilateral ankle joint pain with swelling, morning stiffness upto 1hr, difficulty while walking, anorexia, pain over bilateral knee joint since 7 months. His movements were restricted, bowel evacuation was not normal. Pain, swelling and tenderness were more with increasing activity. Stiffness is frequent especially after a long period of rest on early morning after rising from bed. Other constitutional symptoms like weakness, fatigue, mild fever. He was Rheumatoid factor negative and ESR 48 with CRP 0.7, ANA weakly positive and ASO negative. Basic investigation conducted in our hospital showed Hb% 9.2 gm; WBC = 9.08×10^3 ; Total protein 8.4, BSL random – 104mg/dl; serum alkaline phosphatase (ALP) 169; serum creatinine – 1.4.

2) CRITERIA

I. Subjective Criteria

- A) *Sandhi Shula* (Joint Pain)
- B) *Angamarda* (Bodyache)
- C) *Gaurava* (Heaviness In Body)
- D) *Agni Dourblya* (Impaired Digestive Capacity)

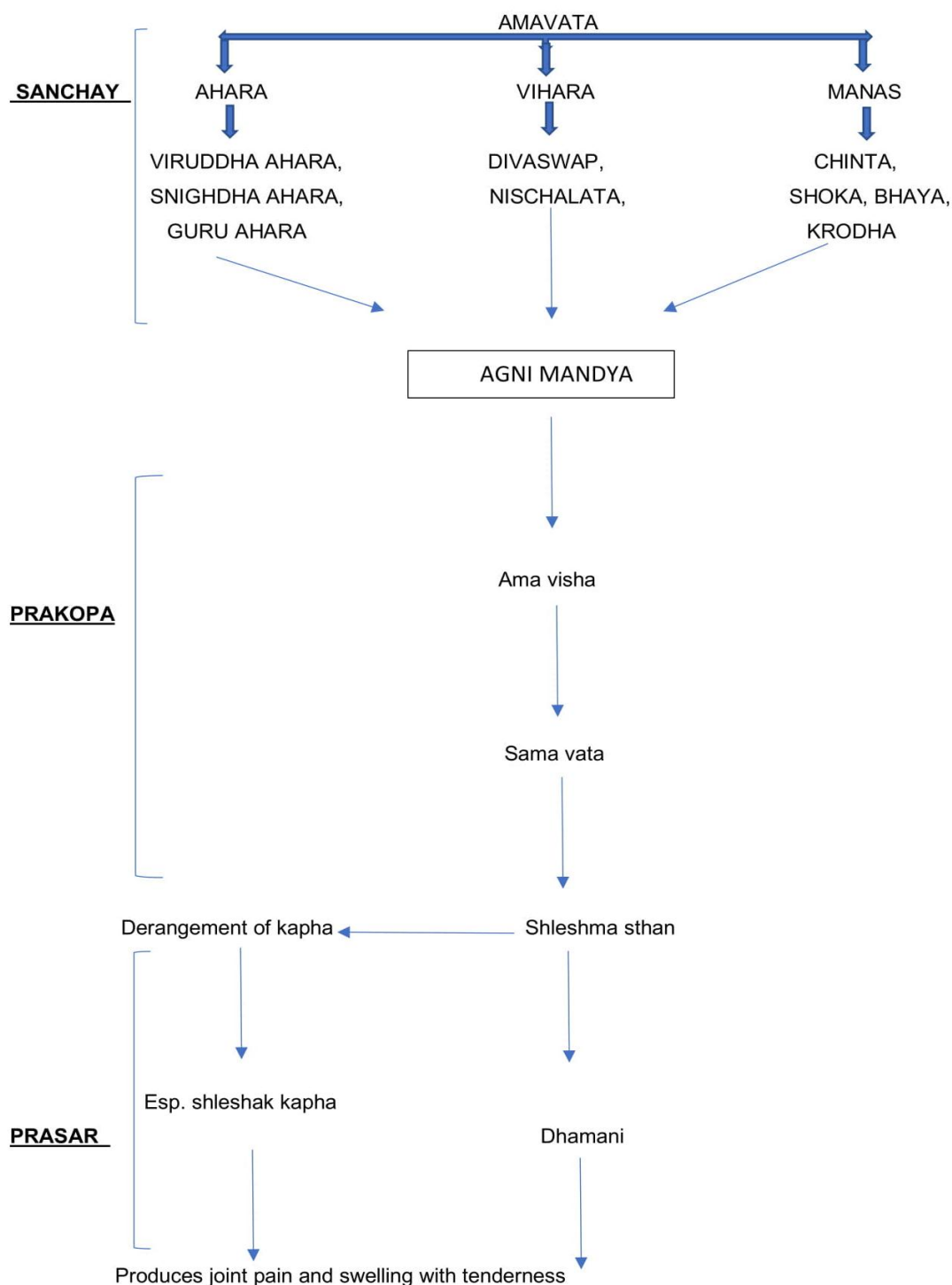
II. Objective Criteria

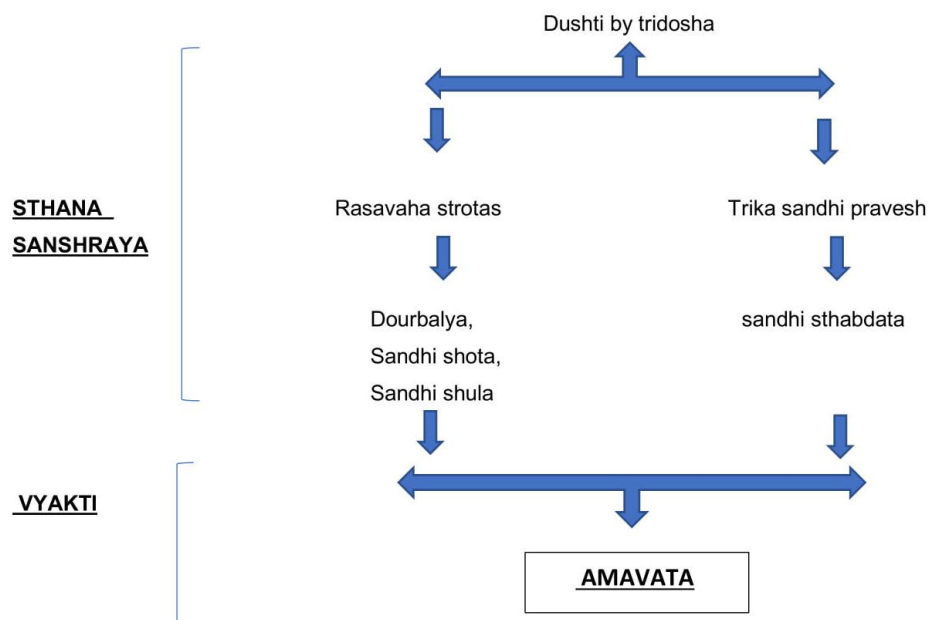
- A) *Sandhi -Shotha* (Measurement Of Swelling Over Joints)
- B) Walking Time For 6 Feet
- C) Morning Stiffness

3) DIAGNOSIS

According to Ayurveda disease is initiated by the consumption of *viruddha ahara* and simultaneous indulgences *viruddha ahara* in the pre-existence of *mandagni*. Although *Ama* and *Vata* are chiefly pathogenic factors, *Kapha* and *Pitta* are also invariably involved in *samprapti*.

4) SAMPRAPTI OF AMA- VATA





5) THEUPEUTIC INTERVENTION

Amavata is a disease in which vitiation of *Vata Dosha* and accumulation of *Ama* take place in joints and it stimulates RA at modern parlance. *Shamana* (conservative) and *Shodhana* (biological purification of the body) treatments are advised in Ayurveda. As *Samavasta* of disease was there treatment planned and executed on 2 lines as –

- 1) *Langhan* for 3 days
- 2) *Sthanik pachan* with local application of *Dashang Lepas*, *Shunthi Churna* was used.

2 parts of *Dashang Lepa* and 1 part of *Shunthi Churna* mixed with warm water applied locally over affected joints daily for 3 days.

RESPONSE TO TREATMENT

Patient respond well to treatment. Symptoms like ankle joint swelling, morning stiffness, pain over ankle joints are decreased at the end of *Langhana* and local *Pachana* of 3 days.

RESULT


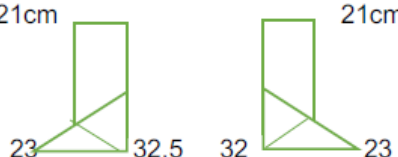
Effect of the therapy on the clinical features and functional capacity as well as overall effect of therapy given below –

Result of clinical features before and after therapy.

1) Subjective.

Sr. no.	Subjective criteria	Before treatment	After treatment
1	<i>Sandhishula</i>	++ Requires tab indomethacin daily	-
2	<i>Angamarda</i>	+	-
3	<i>Gaurava</i>	+	-
4	<i>Agni dourbalya</i>	+	-

2) Objective

Sr No.	Objective criteria	Before treatment	After treatment
1	<i>Sandhi shooth</i> (distance measure from ankle joint below-above 10cm)		
2	Morning stiffness	One hour	10 mins
3	Walking time for 6 feet	24 secs	12 secs

DISCUSSION

According to Ayurveda, poor digestive power is root cause of formation of *Ama* (metabolic toxic waste materials) which is key factor in Pathogenesis of RA. Physically resembles of *Ama* with *Kapha* tends to deposit in *Kapha* predominant locations, primarily the joints. When this vitiated *Ama* causes blockage in the normal functioning of *Vata Dosha* and manifest in the form of joint swelling, pain, tenderness and recurrent fever, then the disease is termed as *Amavata*.

Incompatible diet, poor digestion, and sedentary habits are the etiological factors in the pathogenesis of *Amavata*. Weak digestive power results in poor digestion which again leads to the formation of *Ama* in the intestine. The formed *Ama* gets absorbed and distributed to all parts of the body. *Doshas* react with *Ama* and both get vitiated which is considered all types of diseases in the body.

According to conventional medicine the factors involved in pathogenesis of RA are genetic susceptibility, primary exogenous arthritogen, autoimmune reactions in joint components and mediators of the joint damage. *Langhana* literally defined as whatever is capable to reduce the body is known as *Langhana*. As per Ayurvedic point of view, indigestion is the major cause of the disease *Amavata* and thus for normalizing digestion mechanism, proper rest to digestive system is needed which can be done systematic fasting. Therefore, *Langhana* is the foremost step in treatment of *Amavata*. Moreover, it is understood that if digestive system is not properly then it may affect absorption of medicines and thus result in low effect. It is

known that in low function of digestive system is common diseased condition. Therefore, providing a digestive medicine and stimulating digestion is expected to avoid deficiency of necessary cellular components as well as to increase strength of body.

A) LANGHANA

Any measure, which brings in *Laghuta* in the body, is known as *Langhana*. Ten types of *Langhana* have been said by *Charaka* viz. *Suddhi* of four types (*Vamana*, *Virechana*, *Asthapana* and *Shirovirechana*), *Pipasa*, *Maruta*, *Atapa*, *Pachana*, *Upavasa* and *Vyayama*. *Acharya Vagbhata* in *Ashatanga Hridya* has considered *Langhana* similar to *Apatarpana* and has described under the heading *Shodhana* and *Shamana*.

It is the first measure that has been advised for the management of *Amavata*, which considered to be an *Amasayothavyadhi* and also *Rasaja Vikara*, *Langhana* is the first line of treatment in such conditions. The pathology originates in *Amashyaya* due to poor digestion in presence of *Mandagni*, ultimately resulting in formation of *Ama*. So the starvation will further stop the production of *Ama*. In addition it helps in digestion of *Ama*. Along with *Upavasa* the use of drugs having the *Langhana* properties will also benefit in *Pachana* of *Ama* and correct the *Mandagni*. Once the *Ama* is cured, and the strength of the *Agni* is restored the measure to control the *Vata* can be instituted. While doing the *Langhana* foremost care should be taken as these measures can further vitiate the *Vata Dosha*. So *Langhana* should be stopped as soon as the *Nirama Vata* condition is achieved.

Benefits

- 1) *Dosha Kshaya*- The *Sama Dosha* are stagnant (*Stimitta* and *Abaddha*) in the body. Due to starvation, these are metabolised.
- 2) *Agnisandhukshana*- The unprocessed materials undergo digestion and no fuel from outside is provided to the hypofunctioning *Jatharagni*. So the *Agni* is excited gradually.
- 3) *Vijvaratva*- Due to cleaning of *Srotomarga Vatanulomana* occurs and *usma* is restored to its normal function.
- 4) *Laghuta*- Due to *Pachana* of *Guru* and *Pichchila Ama*.
- 5) *Kshut*- Due to *Pachana* of *Ama*.

Langhana also create hunger reflex in the patients resulting indirectly in enhanced production of internal corticosteroids which provide beneficial effect by reducing the inflammation.

Limitation

In *Nirama Avastha* this measure may increase the *Vata Dosha*. So *Langhana* should be stopped immediately after achieving the *Nirama Lakshana*.

B) LOCAL PACHANA

Local *Pachana* used which having *Shothahara* (oedema reducing) and *Vedanasthapaka* (analgesic) actions. Hence *Dashang Lepa* with *Sundhi Churna* was used locally with warm water. It helps to reduce the local pain, swelling, tenderness and stiffness of the affected joints. It's break down the *Sthanik* (locally) *Samprapti* (pathogenesis) of the disease *Amavata* (RA).

Sr.no.	Contents	Ingredients	Quantity
1.	<i>Shirish</i>	<i>Albizia Lebbeck</i>	Two part
2.	<i>Tagar</i>	<i>Tabernaemontana Divaricata</i>	Two part
3.	<i>Yastimadhu</i>	<i>Glycyrrhiza Glabra</i>	Two part
4.	<i>Chandan</i>	<i>Santalum Album</i>	Two part
5.	<i>Ela</i>	<i>Elettaria Cardamomum</i>	Two part
6.	<i>Jatamansi</i>	<i>Nardostachys Jatamansi</i>	Two part
7.	<i>Haridra</i>	<i>Curcuma Longa</i>	Two part
8.	<i>Daruharidra</i>	<i>Berberis Aristata</i>	Two part
9.	<i>Kostha</i>	<i>Saussurea Costus</i>	Two part
10.	<i>Ushir</i>	<i>Vetiveria Zizanioides</i>	Two part
11.	<i>Shunthi</i>	<i>Zingiber Officinale</i>	One part

FURTHER TREATMENT

Snehukta Nitya Virechana by *Eranda Tail* 20ml given with *Sunthi Kashaya* 20ml at night.

CONCLUSION

- 1) As *Langhana* is effective in *Samavasta* of *Amavata* with *Sthanik Pachana* by *Dashang Lepa* with *Sunthi Churna*.
- 2) Complication is observed in this clinical study and such kind of research work may be designed in future for more confirmation to provide the better ayurvedic treatment on the management of *Amavata* (RA).

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