Management of *Amavata* (Rheumatoid arthritis) through *Vaitarana Vasti* and *Dhanyamladhara* - A Case Study

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Abstract

**Introduction:** *Amavata* is one of the common entities affecting the various joints resulting in hampering of locomotion. It can be correlated with Rheumatoid arthritis in contemporary system of medicine. It is a challenging task for the medical fraternity. *Panchakarma* is an added asset to Ayurvedic physicians.

**Aim:** To evaluate the efficacy of *Vaitarana Vasti* and *Dhanyamladhara* in the management of *Amavata*.

**Materials and Methods:** A 51 year old female patient was diagnosed as *Amavata*, underwent *Kala Vasti* with *Vaitarana Vasti* (as *Kashyavasti*), *Anuvasna Vasti* with *moorchitaeranda taila* and externally *Dhanyamladhara* was done for 15 days.

**Conclusion:** Patient got marked improvement in the symptoms of *Amavata* like pain, stiffness and swellings over the joints have come down.

**Keywords**

*Amavata, Rheumatoid arthritis, Panchakarma, Dhanyamladhara, Vaitarana Vasti*
INTRODUCTION

Amavata is one of the common joint disorder, not being included as separate entity in Brihatrayees (Greater Trio). Madhavakara in Madhavanidana elaborately explained the etiology, pathology and signs and symptoms of Amavata\(^1\) Acharya Bhavaprakasha\(^2\) and Chakradutta\(^3\) have described the treatment principle of Amavata in detail. Amavata is a disease where Ama combines with Vata resulting in the manifestation of the disease. Ama associated with the dosha will result in difficulty to cure the disease. The common symptoms of Amavata as mentioned in Madhavanidana\(^4\) are Angamarda (Generalised body ache), Aruchi (Lack of taste), Alasya (Laziness), Trishna (Thirst), Gourava (Heaviness), Jwara(Fever), Apaka (Indigestion), Shoonatamanga (Swelling of the affected body parts). Eating junk foods, untimely food intake, intake of fast food and incompatible food result in the manifestation of Amavata. Panchakarma\(^5\) includes Vamana (Emesis/Emetic therapy), Virechana (Purgation/Laxative therapy), Kashaya Vasti (Decoction Enema Therapy), Nasya (Errhine Therapy/Nasal Medication) and Anuvasana Vasti (Fat enema). In this particular disease Vaitarana vasti explained in Chakradutta\(^6\) as substitute for kashaya Vasti (Decoction enema), Anuvasana vasti (Oil enema/Fat enema) with Moorchitaeranda taila as well as Dhanyamla dhara\(^7\) explained in Sahasra Yoga is followed.

Rheumatoid arthritis\(^8\) is a chronic multisystem disease of unknown cause. Although there are a variety of systemic manifestations, the characteristic feature of Rheumatoid arthritis is persistent inflammatory synovitis, usually involving peripheral joints in a systemic distribution. The potential of the synovial inflammation to cause cartilage destruction, bone erosion and subsequent changes in bone integrity is the hallmark of the disease.

Incidence and prevalence: The prevalence of RA is approximately 0.8% of the population; women’s are affected three times more than men. RA is seen throughout the world and affects all the races. The onset is most frequent during fourth and fifth decades of life, with 80% of the patients developing the disease between age 35 and 50. Incidence of RA is more than six times as great in 60 to 64 year old women.

Signs and symptoms: Pain, swelling and tenderness may initially be poorly localized to the joints. Pain in the affected joints
aggravates on movement is the most common manifestation of established RA. Morning stiffness of greater than 1 hour is almost invariable feature of inflammatory arthritis. The majority of the patients will experience constitutional symptoms such as easy fatigability, anorexia, fever, weight loss and general weakness.

CASE REPORT
A 51 year old lady patient registered in OPD & IPD Dept of Panchakarma of Sri JayendraSaraswathi Ayurveda College and Hospital, Nazarathpet, Chennai had the complaints like Pain, swelling and stiffness of the wrist, knee and ankle joints. Patient developed the above mentioned symptoms for the past six months. Patient had decreased appetite, no rise of temperature, tongue was coated, stool sticky, foul smelling and improperly formed.

Treatment Schedule:
Treatment-Procedure of VaitaranaVasti:

Materials Required:
Tamrind paste-50gms, Jaggery Syrup-50ml,
SaindhavaLavana/Rock Salt-10gms,
Snehadravya-MoorchitaEranda Taila-50ml,
Gomootra/Cows Urine-150ml.

Poorvakarma (pre administration of Vasti):
Examination of the patient:
General & systemic, per rectal. Who is fit for Vasti Karma is selected. Eliminate the natural urges, Abhyanga(Oil massage) over the abdomen, buttocks and low back. Nadisweda (Steam) over the abdomen, buttocks and low back.
All the above mentioned materials were mixed properly with a mortar and pestle (KhalwaYantra) and churner (Mantha). It is filled in to the VastiPutaka (Enema Bag). Enema nozzle to be fixed to the bag. Tip of the Enema nozzle is lubricated.

Pradhana Karma: (Administration of Enema)
Patient should lie down on his left lateral posture with left leg kept straight and right leg flexed at knee and placed over left knee. Anal aperture is lubricated with oil. Enema nozzle is introduced along the direction of the vertebral column. Enema bag is squeezed with moderate pressure and little residue left to prevent the entry of air. Patient is made to lie in supine posture till the urge comes.

Paschat karma (After care):
When there was urge for defecation the patient attended the same. Rice gruel is advised to intake.

DhanyamlaDhara:
It is a kind of Sarvangasweda where in medicated liquids are prepared by fermenting the cereals and other medicine will be poured on the required body parts of the patient. It is an example for Parishekasweda. It can be done ekanga (one limb) or sarvanga (whole body).

Procedure of Dhanyamladhara(SarvangaDhara):
Materials:
Dhanyamla- 5 litres, Abhyanga table
Dhanyamla is poured in all the 7 postures prescribed for Abhyanga (Viz: Sitting, Supine, Left lateral, Prone, Right Lateral, Supine and sitting) Each Posture minimum of 5 minutes is advised. Each day 30 to 45 minutes procedure was carried out. At the end of the procedure she is advised to take hot water bath. Body is wiped with a clean dry towel. Procedure continued for 15 days.

**DISCUSSION**

Probable mode of action of Erandataila in Amavata:

*Moorchita Eranda Taila* is Katu and Ushna in nature; hence it acts as *Kapha Vatashamaka*, does the amapachana. Eranda Tailais having best avaranahara (Removal of occlusion) property. It is highly useful in Amavata.

Probable mode of action of VaitaranaVasti in Amavata:

*Gudal/Jiggery* having Vatanulomana property along with *gomootra* which is teekshna, ushna does the lekhana of Ama. *Saindhava/Rock salt* and *tamrind (Chincha)* does the Shamana of Vata. Even addition of *ErandaTaila* does the ama pachana and Avaranahara. Hence it is highly useful to curb the disease amavata.

Probable mode of action of DhanyamlaDhara in Amavata:

*Dhanyamla* has Deepana, Pachana and srotovizhodhana properties. Dhanyamla also posesses properties like laghu, teekshna and ushna in nature. It mainly acts on Ama and Kaphadosha. Even it is useful in Vata, Kapha and Vatakaphajavikara. It is having deepana and pachana property which will be responsible to eradicate ama, thus highly useful to rectify the metabolic pathologies.

**CONCLUSION**

Combination of VaitaranaVasti and Dhanyamladhara are highly useful in combating the symptoms of Amavata especially pain, swelling and morning stiffness. The above treated patient is doing
well for the last six months with reduction in symptoms of Amavata.
REFERENCES


