



Case Study

EFFECT OF SODHANANGA ACHASNEHAPANA FOLLOWED BY VIRECHANA IN THE MANAGEMENT OF RHEUMATOID ARTHRITIS: A CASE REPORT

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ABSTRACT

Rheumatoid arthritis is a chronic, progressive autoimmune arthropathy and characterized by bilateral symmetrical involvement of joints with some systemic clinical features. Treatment in allopathic medicine involves NSAIDs and steroids, which carry their own collateral burden of side effects in long term use. According to clinical features, described in Ayurveda, *Vatarakta* closely resembles with Rheumatoid arthritis. The study is done to find the effect of *Sodhananga Achasnehapana* with *Guggutiktaka ghritha* followed by *Virechana* with *Nimbamrita eranda taila* in Rheumatoid Arthritis. **Methods:** It is a simple random single case study done at Government Ayurveda College Panchakarma Hospital, Poojappura, Thiruvananthapuram. Here a case of *Vatarakta (Vatakapahadikam)* was treated with *Sodhananga Achasnehapana* with *Guggutiktaka ghritha* followed by *Virechana* with *Nimbamrita eranda taila* after *Rukshana karma*. **Results:** The treatment was effective in reducing the ESR, RA factor and CRP levels of the patient diagnosed with Rheumatoid arthritis. **Conclusion:** The case report shows that Ayurvedic treatment is potent and effective in the management of Rheumatoid arthritis. There was no adverse effect found in the treatment. Hence it can be concluded that RA can be effectively and safely treated by using the *Chikitsa siddhanta* mentioned in Ayurveda.

INTRODUCTION

Rheumatoid arthritis is perhaps the most common form of inflammatory arthropathy seen in India. Among adult population below the age of 50 years, this is the most common form of arthritis. There are several reports on the frequency of RA in different population groups. A study from West Bengal (1997) gave the prevalence rate as 4.48 to 4.63 per 1000 population. Seropositive disease occurred in two-thirds among them. The country wide general prevalence of RA is 0.5% of the population. In the rural parts is 0.7% among connective tissue diseases, RA is by far the commonest. In Western countries, rheumatoid arthritis occurs in 1% of the population. Often it presents as symmetrical polyarthritis affecting the distal joints more commonly. The exact cause and

triggering factor are not fully known. Several evidences point an autoimmune mechanism as the basic pathological processes and viral infections as triggering factors. Genetically predisposed individuals produce IgM or IgG antibodies on microbial or other forms of challenge. These antiglobulin antibodies which are known as rheumatoid factor (RF), combine with native IgG and activate complement to release lysosomal enzymes from synovial leucocytes. These elicit a type III immune response. Presence of RF is associated with higher morbidity and amplification of the rheumatoid process. Erythrocyte sedimentation rate (ESR) is markedly raised in the active disease and may exceed 100 mm/hr in the majority. The aims of the therapy are relief of pain, control of disease activity, prevention of joint damage and disability, maintenance and recovery of function and improvement in the quality of life. The treatment modalities employed include patient education, physiotherapy and occupation therapy, drug therapy (analgesics, anti-inflammatory drugs, immunosuppressant drugs), surgical measures, improvement in nutrition and supportive measures.^[1]

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Vatarakta is one of the unique disorders among *Vatavyadhi*, which is the result of *Avarana* of morbid *Vata dosa* by vitiated *Rakta dhatu*. This causes derangement of *Rakta dhatu* resulting in *Vatasonitha*. In *Sabda Kalpa Druma*, definition of *Vatarakta* is given as “*Vata dushitam yatra roga visesha*”, i.e., it is caused due to the vitiation of *Rakta* initiated by the morbid *Vata dosa*. It is of two types - *Uttana* and *Gambhira* based on stage of the disease and of 8 types based on *Dosa* dominance (*Vatadhika*, *Pittadhika*, *Kaphadhika*, *Raktadhika*, *Vatapittadhika*, *Vatakaphadhika*, *Pittakaphadhika* and *Sannipatika*). *Acharyas* described *chikitsa siddhanta* for *Vatarakta* and it includes *Snehapana*, *Virechana*, *Vasti*, *Raktamoksha*, external therapies like *Lepana*, *Abhyanga*, *Parisheka*, *Avagaha*, etc. Here a case of *Vatarakta (Vatakaphadhika)* was treated with *Sodhananga Achasnehapana* with *Guggutiktaka ghrita* followed by *Virechana* with *Nimbamrita eranda taila* after *Rukshana karmas*.^[2]

MATERIALS AND METHODS

It is a simple random single case study done at Government Ayurveda College Panchakarma Hospital, Poojappura, Thiruvananthapuram.

Patient Information

56 year old female patient visited OPD of Panchakarma Department of Government Ayurveda

College Panchakarma Hospital, Poojappura, Thiruvananthapuram, with complaints of pain and swelling over all major and minor joints (bilateral knee, ankle, elbow, wrist and interphalangeal joints) for two years. She was a known case of CAD, diabetes mellitus and hypertension and was under allopathic medication. The patient was advised for IP admission.

According to the patient, she was apparently normal before three years. Following, she developed pain and swelling in the bilateral ankle joints. She neglected the condition in her busy life. Later, the condition got aggravated in such a magnitude so as to hinder her day to day activities with manifestation of pain and swelling in all of the major and minor joints and she became bedridden. So she consulted in the Panchakarma OPD of Government Ayurveda College Panchakarma Hospital, Poojappura, Thiruvananthapuram.

Clinical Findings

The patient appeared stout with a body weight of 72kg. On physical examination, swelling was noticed over elbow, wrist, knee, ankle and interphalangeal joints of bilateral sides. On examination of locomotor system, the following data was obtained (TABLE 1.1).^[3]

Table 1.1: Examination of Joints

Knee Joint	RIGHT	LEFT
	Inspection	Swelling present
Palpation	Tenderness present	Tenderness present
ROM	Restricted due to pain	Restricted due to pain
Ankle Joint	RIGHT	LEFT
	Inspection	Swelling present
Palpation	Tenderness present	Tenderness present
ROM	Possible but painful	Possible but painful
Elbow Joint	RIGHT	LEFT
	Inspection	Swelling present
Palpation	Tenderness present	Tenderness present
ROM	Possible but painful	Possible but painful
Wrist Joint	RIGHT	LEFT
	Inspection	Swelling present
Palpation	Tenderness present	Tenderness present
ROM	Movements restricted due to pain	Movements restricted due to pain
Interphalangeal Joints	RIGHT	LEFT
	Inspection	Swelling present
Palpation	Tenderness present	Tenderness present
ROM	Movements restricted due to pain	Movements restricted due to pain

Diagnostic Assessment

On detailed evaluation of subjective and objective parameters, the patient was diagnosed as Rheumatoid arthritis. From Ayurvedic perspective, this

condition could be considered as *Vatasonitha (Vatakapha pradhana)*.

The assessment was made by 2010 ACR-EULAR Classification Criteria for Rheumatoid Arthritis.

The subjective parameters includes *Sandhi shoola* (joint pain), *Sandhi sotha* (joint swelling), *Angagraha* (Stiffness of joints), *Kandu* (itching sensation), *Twakseetata* (coldness of skin). These are graded as 0- Absent, 1- Mild, 2- Moderate, 3- Severe, 4- Very severe. The objective parameters include examination of Hb, ESR, CRP, Anti-CCP and RA Factor.^[4]

Therapeutic Intervention

First, the patient is given *Rukshana karma* (*Takrapana* with *Panchakola churna*). After attainment

of *Samyak ruksha lakshana* and assessment of *Agni* (digestive fire), she was made to drink *Guggulutiktaka gritha* in a dose of 30ml and continued for seven days in the increasing dose up to 180ml. After assessing the *Samyak snigdha lakshanas*, she was given *Abhyanga* with *Madhuyastyadi taila* and *Ooshma sweda* for three days. On the 4th day she was given *Virechana* with *Nimbamrita eranda taila* 30ml with hot water. The patient got *Madhyama sudhi* for *Virechana* and *Peyadi krama* was observed for three days.^[5]

Table 1.2: Snehapana Assessment Chart

DAY	1	2	3	4	5	6	7
Consumption Time	6 am	6 am	6 am	6 am	6 am	6 am	6 am
Dose	30ml	60ml	100ml	120ml	140ml	160ml	180ml
Anupana	Hot water	Hot water	Hot water	Hot water	Hot water	Hot water	Hot water
Amount of water taken	1 glass	1 glass	2 glass	2 glass	3 glass	3 glass	3 glass
Time of appetite	12 pm	12:30 pm	1:20 pm	2:30 pm	3:45 pm	4:35 pm	5:15 pm
Time of food intake	12:30 pm	1 pm	2 pm	3 pm	4:30 pm	5:15 pm	6 pm
Remarks	Nothing specific	Nothing specific	Nausea, Headache	Nausea, Loose stools	Nausea, Headache, Loose stools	Nausea, Headache, Loose stools	Nausea, Headache, Loose stools

Table 1.3: Virechana Karma Assessment Chart

Number of Vegas produced	11
Time taken to produce first Vega	1 hour
Duration between the first and last Vegas	2 hours
Contents of last Vega	Water and Mucous
Type of Sudhi	Madhyama

RESULTS

Both subjective and objective parameters are assessed before and after the treatment.

Table 1.4: 2010 ACR-Eular Classification Criteria for RA

Criteria	Score (BT)	Score (AT)
• Joint Involvement	5	3
• Serology	3	3
• Acute-Phase Reactants	1	1
• Duration of Symptoms	1	1
Total	10	8

Table 1.5: Assessment of Subjective Parameters

Parameter	Before Treatment	After Treatment
• <i>Sandhi shoola</i>	4	2
• <i>Sandhi sotha</i>	3	2
• <i>Angagraha</i>	3	2
• <i>Kandu</i>	1	0
• <i>Twakseetata</i>	2	0

Table 1.6: Assessment of Objective Parameters

Parameter	Before Treatment	After Treatment
• Haemoglobin	11 g%	11.5 g%
• ESR	84mm at 1 st hour	62mm at 1 st hour
• RA FACTOR	92 IU/ml	84 IU/ml

• Anti-CCP	>500 U/ml	>500U/ml
• CRP	48 mg/L	42 mg/L

DISCUSSION

Sodhana therapy helps to expel accumulated vitiated *Dosas* out of the body. *Sneha guna* exists in *Dosas*, *Dhatus* and *Malas*, which are the basic constituents of the body. *Snehapana* followed by *Virechana* has been recognised as an important treatment modality in *Vatasonitha*, as *Sneha* is the ideal vehicle to reach target tissues to mobilise *Dosas* from their residence to *Kosta* for expulsion.

Vatarakta is a *Tridosaja vyadhi* with predominant *Vata dosa* and vitiated *Rakta dusya*. *Guggulutiktaka gritha* is mentioned in the *Vatavyadhi chikitsa* and it is indicated in *Vatasonitha* also. Out of 33 components of *Guggulutiktaka gritha*, 18 are *Kaphavatashamaka*, 5 are *Kaphapittashamaka*, 1 is *Vatapittashamaka* and 4 are *Tridoshashamaka*. All the components of *Guggulutiktaka gritha* have very specific actions on the patients suffering from *Vatarakta*. *Vasa*, *Kantakari*, *Patola*, *Guggulu*, *Devadaru*, *Chavya*, etc are having *Vedanasthapana* property; *Nimba*, *Guduchi*, *Patola*, *Patha*, *Haridra*, *Manjishta*, *Ativisha*, etc. are having *Raktasodhaka* property; *Patola*, *Swarjikakshara*, *Sunthi*, *Maricha*, *Jiraka*, *Haritaki*, etc. are having *Deepana-Pachana* property; *Kantakari*, *Guggulu*, *Mishreya*, *Kushta*, *Pippalimoola*, etc. are having *Mutrala* property; *Nimba*, *Mishreya*, *Amalaki*, etc are having *Dahashamana* property; *Gritha*, *Pippali*, *Chitraka*, *Guduchi*, *Haritaki*, *Amalaki*, etc are having *Rasayana* property. So the combined action of *Doshakarma* and *Mukhyakarma* of all the components of *Guggulutiktaka gritha* will be able to dissipate the *Samprapti* of *Vatarakta*. By analysing the chemical constituents of ingredients, it acts as anti-inflammatory, analgesic, antipyretic, diuretic and antioxidant, the combined effect will show very good results in Rheumatoid arthritis.

Lipids processed with medicine having these active ingredients act by crossing the cell membrane and the lipid along with these impurities change its density with the help of *Swedana*. These impurities are expelled along with the lipids from the cell membrane to the gut through circulatory system.

After the oral intake of lipids, the cells of body become saturated with fats. Then the fat material transported comes out of the cell to extra-cellular fluid by the process of osmosis. When purgatives are administered, these increased amounts of body fluids are evacuated, by which the vitiated *Dosas* and metabolic wastes are also expelled out resulting in the radical cure of the disease. Thus, *Snehapana* is actually creating a fat metabolic challenge preceded by glucose metabolic challenge (eustress), thereby re-establishing the homeostasis of the body.

CONCLUSION

Modern era is an era of sedentary life style. Due to this altered life style and food habits, human beings are becoming more vulnerable to many disorders. *Vararakta* is a common presentation. The continuous usage of modern drugs for a long duration causes toxicity in the body. The case report shows that Ayurvedic treatment is potent and effective in the management of rheumatoid arthritis. There was no adverse effect found in the treatment. Hence it can be concluded that RA can be effectively and safely treated by using the *Chikitsa siddhanta* mentioned in Ayurveda.

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