



A CASE STUDY ON ROLE OF BALUKA SWEDA AND AJMODADI CHURNA IN THE MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)

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ABSTRACT Amavata (Rheumatoid Arthritis) is a most common inflammatory joint disorder throughout the world. The modern treatments available for Rheumatoid Arthritis are not very satisfactory and have many adverse effects. Present day modern medical doctors prescribe different types of anti-inflammatory medicines and steroids for its management. So now it became a necessity to find out a safe, economic and effective treatment for Rheumatoid Arthritis. So here an attempt has been made clinically to evaluate the role of Baluka Sweda and Vaishvanar Churna in the management of Amavata. A clinically diagnosed 45 years female patient of Rheumatoid Arthritis was selected from O.P.D. of Desh Bhagat Ayurvedic Hospital, Mandi Gobindgarh, Punjab. Baluka Sweda was done twice daily on affected knee and elbow joint along with oral intake of Vaishvanar Churna 3g twice daily with Luke warm water for 60 days. Total duration of the treatment was 60 days and follow up was done on every 15th day. Result of Baluka Sweda along with oral intake of Vaishvanar Churna was found significant in the patient. Ruksha Sweda removes Ama from the local site. It was found that after treatment patient had no severe symptoms. Improvement was statistically significant in symptoms like Jwara, koshth baddhata, Gaurava, Agnimandya, jadya Karmatva (stiffness), joint pain, shoth (swelling in joint) etc. The overall effect of Baluka Sweda along with oral intake of Vaishvanar Churna was found to be better in management of Rheumatoid Arthritis.

KEYWORDS : Baluka Sweda, Ajmodadi Churna, Amavata

INTRODUCTION

Amavata (Rheumatoid Arthritis) is a most common inflammatory joint disorder throughout the world. Amavata was recognized as a separate disease only in late 9th century A.D. when Madhavakara described the distinct etio pathogenesis and sympatomatology for it and coined the term. Amavata. It has been described with a distinct etiopathogenesis, having Ama, the result of faulty digestion as sole culprit for its genesis. Viruddha Ahara is identified as the first and foremost etiological factor for Ama formation and thus Amavata genesis in this connection. The term Amavata has been in Ayurvedic text in two references

- 1) To indicate vitiation of Vayu with Ama dosha
- 2) To indicate a disease, termed as Amavata Roga, a constitutional disorder, with clinical manifestation of joint inflammation.

Ama is produced in the body due to impairment of various agents at various level viz. the level of jathraagnipaka, Bhutagnipaka, or Dhatvaagnipaka. Ama is vitiated by various doshas resulting in many disorders in body. When vata gets vitiated with Ama, then it is known as Amavata or Samavata. Ama manifests itself in the form of obstruction of passages, weakness, feeling of heaviness, distension of abdomen with flatus, indigestion, lassitude, salivation, anorexia and feeling of exhaustion.²

Madhava emphasis that it is a systemic disorder where digestive and metabolic mechanism are involved. Ama in its abnormal forms circulates throughout the body and produces joint symptoms, leading to considerable impairment of body movements.³ Madhava clarifies that Amavata is not simply a joint disorder but involves whole of the body. Arthritis is one of its main features.

SAMPRAPTI OF AMAVATA :

Viruddhahar, nischalatva, Viruddha chesta, Snigdha bhojanottar vyayam

Vitiation of Saman Vayu, Pachak pitta, Kledak Kapha

Pre existing mandagni

Mandagni

Amotpatti evum vatprakopa|

Dhatvaagnimandya

Dushti of Ama by malasanchayarupa kapha etc. dosha and dushti

Srotoabhishayanda

Sthanasanshraya and dosha dushya sammurchana

Manifestation of Amavata

Dosha – a) Ama Dosha b) vata + kapha.

Dushya – Rasa.

Adhistan – Sandi , Sleshmdhara kala.

Srotas - Rasvaha srotas.

Dushti – Sanga.

According to modern RA is chronic multisystem disease of unknown etiology. Although there is variety of systematic, manifestation, the characteristics feature of RA are persistent inflammatory synovitis usually involving peripheral joints in systematic distribution. The potential of synovial inflammation to cause cartilage destruction is the hallmark of disease⁴. The modern treatments available for Rheumatoid Arthritis are not very satisfactory and have many adverse effects. Present day modern medical doctors prescribe different types of anti-inflammatory medicines and steroids for its management. So now it became a necessity to find out a safe, economic and effective treatment for Rheumatoid Arthritis. So here an attempt has been made clinically to evaluate the role of Baluka Sweda and Ajmodadi Churna in the management of Amavata.

CASE STUDY :

A clinically diagnosed 45 years female patient of Rheumatoid Arthritis was selected from O.P.D. of Punjab ayurvedic medical college, rajasthan. When patient came to the hospital she was suffering from severe pain and swelling over the elbow and knee joints. She had fever more than 101^oF. Then proper history of patient was taken and found that maximum hetu for Ama utpatti and for Amavata. Then patient was advised for blood investigations which reveal RA factor reactive and ESR 90mm fall after 1st hour. Firstly advised her Nidan Parivarjana chikitsa and then gave her Ajmodadi Churna⁵ 3g twice daily with Luke warm water for 60 days. Baluka Sweda⁶ was done twice daily on affected knee and elbow joint. Total duration of the treatment was 60 days and follow up was done on every 15th day and got the following effect.

OBSERVATION AND RESULTS

Symptoms	Before treatment	During treatment			After treatment	
		15 days	1 month	45 days	2ndmonth	
Angamarda	Severe	Moderate	Moderate	Mild	Mild	
Trishna	Moderate	Mild	Mild	Mild	Mild	

Gaurav	Severe	Moderate	Moderate	Mild	Absent
Jwara	Moderate	Mild	Mild	Absent	Absent
Agnidaurbalya	Severe	Moderate	Mild	Mild	Absent
Koshta bhadhata	Moderate	Moderate	Mild	Absent	Absent
Shoth	Moderate	Mild	Mild	Absent	Absent
RA factor	Present	Present	Present	Present	Present
ESR	70 mm	60 mm	40 mm	30 mm	20 mm

Result of Baluka Sweda along with oral intake of Ajmodadi Churna was found highly significant in the patient. It was found that after treatment patient had no severe symptoms. Improvement was statistically highly significant in symptoms like Jwara, kosht bhadhata, Shoth etc. ESR was decreased but RA factor persist.

DISCUSSION AND CONCLUSION

The overall effect of Baluka Sweda along with oral intake of Ajmodadi Churna was found to be better in management of Rheumatoid Arthritis. It can be concluded that mandagni is responsible for the formation of Ama, which is main pathogenic factor for RA. The trial therapy helps in decreasing the symptoms of Amavata. Ajmodadi Churna contains Ajmoda, vidanga, Saindav lavan, devdaru, Chitark, Pippalimula, Sathpushpa, Maricha, Haritki, etc. in the ratio of was given to the patient in the dose of 3g twice a day for 60days. In this Ajmoda is Kaphavata shamaka, Deepan and vatanuloman. Saindhava lavan is Tridoshashamaka, Rochan and deepan. Haritaki is tridoshahara mainly vatashamaka, deepan-pachan, Mridurechan, shothhara, jwaraghana. Shunthi is shothhara, vednasthapan, jwaraghana, vatashamka, dipan pachan, Ama pachan. So overall effect of Ajmodadi Churna is to digest the Ama. Along with this Baluka Sweda was done twice a day, Baluka Sweda is ruksh Sweda. It is the procedure which relieves the stiffness, heaviness and coldness of the body and produces sweating.⁷ Swedna increases the dhatwagni at the level of joint thereby improving joint function and its mobility.⁸ Baluka Sweda is mostly used in Kaphaja disorders and disease originated out of Ama, especially in Amavata. Being dry in nature it does digestion of Ama and clean the micro channels. It removes stiffness of the joint and alleviates the pain. So it helps in treatment of Amavata. So Ajmodadi Churna along with Baluka Sweda can be used in chronic as well as acute patient of Amavata.

REFERENCES

1. Sri Sudrashan shashtri, Madhava nidana, Chaukhmbha Sanskrit Sansthana, Varanasi, 1996, ch-25/1
2. Dr. Brahmanand Tripathi, Ashtang Hridayam, Chaukhmbha Sanskrit, Delhi, 2011, Ch-13/23
3. Sri Sudrashan shashtri, Madhava nidana, Chaukhmbha Sanskrit Sansthana, Varanasi, 1996, Ch-25/1-5
4. Fauci, Braunwald et al, Harrison's - Principles of internal medicine, McGraw-Hill publications, New York, 14th edition, 1998, Vol-2 p-1880
5. Sharnghara samhita deepika commentary by adhmall and gudharth deepika by kashiram vaidya, pro Chandra bhushan ja editor, chaukhma surbharti prakashan, Varanasi edition 2013 sh.samhita khand p.no.191.
6. Dr. G. Shrinivasa Aacharya, Panchkarma illustrated, Chaukhambha Sanskrit Prasthithana, Delhi, 2009, valuka sweda, p-215-19
7. Agnivesh, Sweda Adhyaya Shastri RD, Mishra brahmashankra, Charak samhita Sutra sthana, Varanasi, Choukhmbha bharti publication, 424.
8. Sushrut, Swedaachranaiyaadhyaya, shastri Ambika dutt, Sushtut Samhita, Varanasi Chaukhambha Sanskrit sansthana, 2007, 141.