

EFFECT OF VIRECHANA AND BASTI KARMA IN THE MANAGEMENT OF AMAVATA AND SHOTHA (RHEUMATOID ARTHRITIS WITH NEPHROTIC SYNDROME) - A CASE STUDY

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Abstract

A male patient aged 28 yr. was admitted in IPD NO-1479 of dept. of *panchakarma* having complaint of multiple joint pains with swelling difficulty in movement, morning stiffness since 10 yr. Patient was also having bilateral pitting oedema, proteinurea, increased cholesterol level and reduced urine output since 4-5 month. It was a diagnosed case of Rheumatoid Arthritis with Nephrotic syndrome.

According to Ayurveda it is a case of *Amvata* with *Shotha* hence patient was treated on the line of management of *Amvata* with *Shotha* by employing classical *Virechana* and *Basti karma* followed by *shamana aushadhi*. This treatment has shown excellent result as swelling, stiffness, pain was markedly reduced. Serum createnine was also reduced. Serum albuminbecome normal and urine output was increased.

Keywords: Amvata, Shotha, Virechana, Basti karma, Rheumatoid arthritis, Nephrotic syndrome.

Introduction

A male patient aged 28 years came to the opd of Department of Panchakarma at Institute of National Ayurveda with complaint of swelling all over his body and pain in elbow joint, knee joint, ankle joint along with fever and malaise. As per patient, he was asymptomatic before 8 years then he developed pain in knee joint associate with swelling which was shifting in nature. Later on pain and swelling was noticed in other knee joint, ankle joint, elbow joint and interphalangeal joints.

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Department Of Panchakama, National Institute Of Ayurveda Jaipur Mobile no- 9887507329 Email: ujwala.hivale27@gmail.com Frequency of urine was reduced and it was frothy and turbid. In due course of time patient developed puffiness of face and bipedal pitting oedema which was gradually increasing upward. Patient was addicted to alcohol and smoking. He was taking regularly NSAID, corticosteroid and disease modifying antirheumatic drugs like methotrexate frequently.

On the basis of his presentation, the Ayurvedic assessment was also done which is as follows.

Sroto Pariksha-

- 1] Rasvaha srotas- jwara, sada, panduta, aruchi, gaorava, Angamarda.
- 2] Annavaha srotas- kshudhalpata.
- 3] Purishavaha Vibandha.
- 4] Mutravaha Alpamutrata

Nidan panchaka

Dosha- Vata, Kapha

Dushya- Rasa, Rakta, Mutra.

Agni- Jatharagni, Rasagnimandya.

Srotas- Rasavaha, Raktavaha, Annavaha,

Purishavaha, Mutravaha.

Udhabhava sthana –Amashaya.

Adhisthana - Sandhi.

Vyakta sthana – Sandhi and Twaka

Sadhyasadhyata- Yapya

Vyadhi vinischaya- Amavata with Kapha

Vataj shotha.

Treatment -

Patient was admitted having I.P.D. NO. 1479 and treated with *Panchakarma* and certain *Ayurvedic* drugs on the line of management of *Amvata* and *shotha*. This intervention included-

Deepana Pachana done with *Chitrakadi*Vati^[1]. Shodhananga snehapana with

Indukanta ghrita.

Virechana yoga 60gm Trivritta Leha^[2] was given.

Kala Basti

Niruha Basti of Rasnasaptaka kwatha and Punarnawashtaka kwatha with Dashamoola taila Anuvasana Basti schedule for 16 days was completed.

Shaman aushadhi

- 1] Rasnasaptak kwatha-20gm BD.
- 2] Varunadi kashaya^[3]-10gmBD.
- 3] Sinhanad gugula -2tabs TDS.
- 4] Ajmodadi churna-3gm TDS.
- 5] Punarnavashtaka kwath-20gm BD.
- 6] Gokshuradi guggula-2 tabs TDS.
- 7] Punarnava mandoora-2 tabs TDS.
- 8] Guduchi churna 2gm+Amalaki churna 2 gm+Gokshuradi churna2gm=BD
- 9] Chandrakala Rasa-1BD

OBSERVATION

Investigation	Before Treatement	After Treatement
Heamoglobin	12.7gm%	11.6gm%
ESR	92mm/hr	55mm/hr
Sr. createnine	1mg/dl	o.5mg/dl
Total protein	5.2gm/dl	6.3gm/dl
Sr. albumin	2.8gm/dl	4.1gm/dl
Urine	Hyaline cast cell present	Cast cell nill
Urine protein	2++ present	2++ present
USG	Early changes of renal	Rt.kidney And Lt. kidney are
	disease.	normal

DISCUSSION

It was a case of nephrotic syndrome clinically presented with oedema, proteinurea, hypoalbuminemia, increased cholesterol level, triglyceride puffiness of face^[4]. According to Ayurveda it is a case of Shotha and Amavata^[5] which was managed through shothhara, amapachana, srotoshodhana. vatanulomana and rasayana chikitsa.

Virechana was given as Virechana is indicated in both shotha^[6] and Amawata. As virechana is malahara, agnideepan, srotoshodhana and vatanuloman^[7]. So swelling, pain and stiffness is reduced.

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RESULT

- 1] Swelling all over the body was reduced.
- 2] All joint pain, swelling, stiffness was reduced.
- 3] ESR. Serum creatinine was reduced.
- 4] Urine output was increased 2-3litre/day.
- 5] Percentage of total protein and albumin in the blood became normal

CONCLUSION

It can be concluded from the present single case study that Panchakarma treatement like *Virechana* and *Basti karma* had been effective in management *Amavata* with *Shotha*.

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