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Effect of Dhanyamladhara in the management of Amavata (Rheumatoid arthritis): A case study

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Abstract

Background: Rheumatoid arthritis causes impairment of all aspects of quality of life (Limitation of physical function, physical disability), mental health disorders (anxiety and depression), and social, environmental and also sexual dysfunction. Amavata is a clinical condition caused due to excessive vitiation of doshas especially Vata and Pitta dosha in the body with Kapha anubandha. Various Panchakarma procedures and Ayurvedic drugs have been proved useful for Amavata.

Methods: A case of RA was treated with Dhanyamla dhara for 21 days along with a combination of internal Ayurvedic drugs. Dhanyamla dhara, a therapy of Purva karmas explained in Sahasrayoga and Dharakalpa.

Result and Conclusion: Patient's symptoms reduced gradually. Thus, Dhanyamla dhara proved to be very effective in the management of Amavata and it is very simple procedure that does not involve any risk.

Keywords: Amavata, rheumatoid arthritis, Dhanyamladhara

1. Introduction

Rheumatoid arthritis (RA) is a chronic, inflammatory, systemic autoimmune disease, affecting the joints with varying severity among patients. Many complications can follow, such as permanent joint damage requiring arthroplasty, rheumatoid vasculitis, and Felty syndrome requiring splenectomy if it remains unaddressed. As there is no cure for RA, the treatment goals are to reduce the pain and stop/slow further damage^[1]. The worldwide prevalence of RA has been estimated as 0.24 percent based upon the Global Burden of Disease 2010 Study. RA has a predilection to affect women, in whom incidence and prevalence rates are twice as high in men^[2]. Even though Amavata is one of the commonest joint disorders, the description of the same is not available in great texts of Brihatrayee. Madhavakara in late 7th/early 8th century has explained about the etiology, patho-physiology, signs and symptoms in details^[3]. Later period Acharya Bhavaprakasha^[4] and Chakradutta^[5] have supplemented to its treatment principle in detail.

1.1 Nidana (Cause): Indulgence of Ahitaahara and Vihara (the diets and regimens which is not suitable for the particular individuals) on regular basis such as junk foods, intake of food before digestion of the previously ingested food. Intake of food without masticating properly and regularly taking of incompatible food (Virya Virudha).

1.2 Samprapti (Pathogenesis): This is the clinical condition where the vitiated conditions of vatagets associated with Ama i.e., the metabolic toxins, formed due to the suppressed Agni (power of digestion) which is reactive in nature, resulting in difficulty to cure. This disease is of Madhyamarogamarga in nature and site of origin of this disease is Amashaya (stomach).

1.3 Chikitsa (Treatment): Here we present a case which was treated with Dhanyamladhara^[6]^[7], a therapy of Purva karma explained in Sahasrayoga and Dharakalpa.

2. Patient information (De-identified)

A 40-year-old woman with complaints of gradually progressive pain and swelling in bilateral knee joints and bilateral ankle joints for the past 4 years was registered in OPD followed by IPD under the Department of Panchakarma, Sri Jayendra Saraswathi Ayurveda College & Hospital, Nazarathpet, Chennai in 2019 March.

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3. Clinical findings

The patient had several episodes of pain and swelling of both knee joints and both ankle joints. Resting pain was reported. She had Mandagni, Durgandhasaama mala, Mrudukoshta and normal urine flow. Patient had Vata kapha prakriti with Madhyama Sara, Madhyama Samhanana, Sama Pramana, Madhyama Satmya, Madhyama Satva Avara Vyayamashakti, Avara Ahaarashakti and Jaranshakti Asthivaha Srotodusti and Majjavaha Srotodusti. On examination, she had slight rise of temperature and tenderness in all the affected joints. Deformities were not found. No systemic illness like Diabetes or Hypertension or Hypothyroid. No family history.

4. Diagnosis and Assessment

Symptoms like Angamarda (malaise), Aruchi (lack of desire towards food), Alasya (loss of interest doing daily work), Gourava (feeling of heaviness in joints) in general and all over the body, Jwara (increase of temperature in joints), Apaktata (improper disintegration of ingested food particles, Sopha (swelling of the weakened parts of the body), as mentioned in Amavata Adhyaya of Madhava nidana were noted [8].

Diagnosis assessment through Simple Disease Activity Index (SDAI)

	Before treatment
Tender joint score	8
Swollen joint score	23
Patient global score	9
Provider global score	9
C-reactive protein (mg/dl)	35
Total SDAI score	84

	Before treatment
HB	9 gm/dl
ESR	40 mm/hr
CRP	35 mg/dl
RA factor	Negative
ASO titre	Negative

5. Therapeutic intervention

5.1 Materials

Five to six litres of Dhanyamla were used.

5.1.1 Preparation of medicine

Seven litres of Dhanyamla were prepared in the pharmacy of Sri Jayendra Saraswathi Ayurveda College as described below.

Table 1: Details of ingredients for Dhanyamla preparation.

S. No.	Ingredients	Quantity in grams
1.	Tandula (<i>Oriza sativa</i> L.)	50
2.	Pruthuka (Pressed form of <i>Oriza sativa</i>)	250
3.	Kulattha (<i>Macrotyloma uniflorum</i>)	70
4.	Laja (Puffed form of <i>Oriza sativa</i>)	70
5.	Kangubeeja (<i>Panicum sumatrense</i>)	100
6.	Kodrava (<i>Paspalum scrobiculatum</i>)	120
7.	Nagara (<i>Zingiber officinalis</i>)	50
8.	Nimbuka (<i>Citrus aurantifolia</i>)	300
9.	Deepyaka (<i>Trachyspermum involucreatum</i>)	70
10.	Water	8 litres

The above-mentioned ingredients are made into coarse powder and tied into a Pottali. This bundle is immersed in 8 litres of water and boiled continuously in moderate flame for one hour for four consecutive days. On fifth day the Dhanyamla is utilized for the procedure.

5.2 Treatment schedule

5.2.1 Purva karma

5.2.1.1 Preparation of patient: Patient was thoroughly examined and advised to void all the natural urges. Prakrithi and vikrithi of the patient were assessed in detail. She was asked to lie down on the Dharadroni.

Table 2: Showing details of Pradhana karma.

Treatment	Duration	No. of days
Dhanyamladhara	45-60 minutes. 5-7 minutes in seven postures of Abhyangam	21 days

5.2.1.2 Paschath karma: The patient was advised to take rest for a period 45 minutes to 60 minutes every day after completion of the procedure followed by hot water bath. The same procedure was repeated for a period of 21 days.

5.3 Internal medications

During the entire course of treatment, the below medication was prescribed.

Table 3: Details of Internal medications.

S. No.	Medicine	Dosage	Time
1.	Kokilaksham Kashayam	15 ml with 60 ml of warm water	4 times a day half an hour before food on empty stomach
2.	Kaishoraguggulu	1-0-1	After food
3.	Saribadhyasavam	20 ml with 20 ml of warm water	Morning and night after food

Outcome Assessment through Simple Disease Activity Index (SDAI)

	Before treatment	After treatment
Tender joint score	8	0
Swollen joint score	23	0
Patient global score	9	1
Provider global score	9	1
C-reactive protein (mg/dl)	35	2
Total SDAI score	84	4

	Before treatment	After treatment
HB	9 gm/dl	12 gm/dl
ESR	40 mm/hr	10 mm/hr
CRP	35 mg/dl	4 mg/dl
RA factor	Negative	Negative
ASO titre	Negative	Negative

Symptoms like Angamarda (malaise), Aruchi (lack of desire towards food), Alasya (loss of interest doing daily work), Gourava (feeling of heaviness in joints) in general and all over the body, Jwara (increase of temperature in joints), Apaktata (improper disintegration of ingested food particles, Sopha (swelling of the weakened parts of the body) gradually reduced after the treatment.

Table 4: Timeline of the case.

Timeline	Clinical events
2015 April	Pain in both knee joint and swelling. Analgesics and topical ointments and sprays were used. Patient was asymptomatic for six months.
2016 January	Severe exacerbations of pain and swelling. Onset of pain and swelling in both ankles joint. ESR and CRP was raised. RA Factor and ASO titre was negative. Continued with analgesics. Pain reduced.
2017 May	Relapse of symptoms with pain and swelling. Corticosteroids were started along with analgesics. Physiotherapy was started.
2017 September	Symptoms persisted. Cryotherapy was done for 7 days. Symptoms reduced.
2018 April	Acute exacerbations of pain and swelling. DMARD was started. Patient showed intolerance like gastritis, nausea, giddiness.
2018 December	Patient came to OPD of Sri Jayendra Saraswathi Ayurveda college and hospital. Amruttotharamkashayam, Shaddaranam tablet, Mahayogarajaguggulu was administered.
2019 March	Pain and swelling were reduced to 50 percent. Patient got admitted in IPD of Sri Jayendra Saraswathi Ayurveda college and hospital. Dhanyamladhara was done for 21 consecutive days along with the internal medications. Patient showed good improvement after treatment. She is leading a good quality of life with minimal symptoms till date.

6. Discussion

Dhanyamla is a medicated liquid made out of cereals and few medicinal herbs. It is naturally fermented by Sandhanakalpana and Hasa long shelf life. It has the properties of Preenana, Sramahara, Klamahara, Deepana, Dahanasana, Vibandhaghna, Srotovishodhana, Jwarahara, Pachana etc. This medicated liquid kindles Agni in dhatu level and helps in controlling of Ama (endotoxins formed due to faulty tissue metabolism) and also acts as Pachana to endotoxins present in different Srotas of the body. As it is predominant of Laghu, Ushna and Tikshnaguna, it helps in mitigating the vitiated Kapha and Vata dosha and removes Srota rodham. This helps in proper transportations of nutrients to each part of the body and result in increase in immunity. From a chemical perspective, Dhanyamladharais rich in phytochemicals such as flavonoids, tannins and hesperidin. Flavonoids are good antioxidant, tannins help in accelerating the healing process and hesperidin has capacity to prevent capillary bleeding and reduce inflammation. Thus, Dhanyamla is highly effective in Kaphaja, Amaja disorders, Vata-Kaphaja disorders especially in Amavata.

7. Conclusion

Administration of Dhanyamladhara is highly useful and beneficial in combating the symptoms of Amavata (Rheumatoid Arthritis) especially pain, swelling, stiffness, and loss of appetite. The above treated patient is leading a quality life, for the past 2 year with minimal symptoms of Amavata (Rheumatoid Arthritis).

8. Patient perspective

The patient is satisfied with the improvement. She is able to walk without any difficulties.

9. Patient consent

Written permission for publication of this case study had been obtained from the patient

10. Financial support and sponsorship

Nil.

11. Conflicts of interest

There are no conflicts of interest.

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