

## International Journal of Research in Indian Medicine

### ***Role of rukshan chikitsa in the management of aamvata - a case study.***

**Mukund Magare<sup>\*1</sup>, Anagha Hanwantrao Bhujade<sup>2</sup>**

1. Associate Professor E Mail id –Ph. No. 9221221169, 8275047898
2. P.G. Scholar E mail id: anaghabhujade28@gmail.com Ph. No.: 9890210845,

Kayachikitsa Department, R.A. Podar Medical (Ayu) College,  
Worli, Mumbai, Maharashtra, India

<b>*Corresponding author:</b> mukundmagare@gmail.com	<b>Abstract:</b> Rheumatoid Arthritis is a chronic inflammatory disease of joint characterised by symmetrical peripheral poly arthritis. The clinical incidence of RA increases between 25 to 55 years of age, after which it plateaus until the age of 75 and then decreases. RA affects approximately 0.5-1 % of the adult population worldwide. RA affects the synovial tissue underline cartilage and bone. Genetic, environmental and immunological factors play role in pathogenesis of the disease. It is comparable to the disease <i>Aamvata</i> in Ayurveda. The symptoms of <i>Aamvata</i> are produced due to vitiation of Vata along with formation of <i>Aama</i> . The <i>Aama</i> gets deposited into the <i>Shleshmasthana</i> and the joints with <i>Sthanavaigunya</i> . It produces features like joint pain ( <i>Sandhishool</i> ) and joint swelling ( <i>Sandhishotha</i> ).  <i>Aamvata</i> is first explained by <i>Aacharya Madhavkara</i> and treatment is explained in <i>Yogratnakara</i> . The treatment modalities like <i>Langhan</i> (fasting therapy), <i>Rukshan</i> , swedan(fomentation therapy), <i>Deepan</i> , <i>Virechan</i> , <i>Basti</i> are advised in <i>samhitas</i> . In present study a male patient having features of <i>Aamvata</i> treated with <i>Langhan</i> ( <i>Rukshan</i> ), Swedan for Shaman purpose. <i>Rukshan</i> therapy given for 7 days in IPD level. The assessment was done on the basis of reduction in swelling, improvement in range of movement and improvement in walking. Patient showed remarkable changes after treatment.
<b>Ethical approval:</b> Approved by the Institutional ethics committee	
<b>Conflict of Interest:</b> None declared	
<b>Sources of Funding:</b> None	
<b>Date of Submission:</b> 24/02/2019.	
Date of Peer Review: 28/02/2019.	
<b>Date of Acceptance:</b> 10/03/2019.	
Date of Publishing: 01/04/2019.	
<b>Keywords:</b> <i>Aamvata, Shleshmasthan, Sthanavaigunya, Rukshan</i>	
<b>Name of Publication</b> <i>Dudhamal Publications (OCP) Pvt. Ltd., Chembur, Mumbai, Maharashtra, India</i>	

## INTRODUCTION

Rheumatoid Arthritis is a chronic inflammatory disease of joint. RA affects the synovial tissue underline cartilage and bone. Unlike the wear and tear damage of osteoarthritis, rheumatoid arthritis affects the lining of your joints, causing painful swelling that eventually result in bone erosion and joint deformity. Genetic, environmental and immunological factors play role in pathogenesis of the disease.

RA is systemic disease so, it may result in variety of extra *articular* manifestation including fatigue, subcutaneous nodules, lung involvement, *pericarditis*, peripheral neuropathy, *vasculitis* and haematological abnormalities.

The incidence of RA increases between 25 – 55 years of age. The presenting symptoms of RA typically result from inflammation of the joints, tendons and bursa. The earliest involved joints are typically the small joints of the hands and legs. Morning stiffness lasting more than 1 hour and easing with physical activity.

The disease explained in *Ayurveda* resembles to RA in many aspects. Ama means nothing but the mal-digested (*Apakva*) *Aaharras*. *Langhan* is the basic

treatment of *Aamdosha* and here we are using the same *Rukshan* (when *langhan* is given with light diet instead of fasting completely) to treat it.

## CASE REPORT

The present study deals with a diagnosed case of Rheumatoid Arthritis (*Aamvata*).

A 52 years male patient native from Bihar and now residential of Mumbai since last 25-30 years. He is an owner of a snacks stall since 20 years and before this current job he was a salesman by profession. He has history of sitting for 10-12 hours and standing intermittently. Patient arrived at OPD with following complaints.

### Chief Complaints:

- Pain at bilateral ankle joints
- Progression of joint swelling Morning stiffness for 5-10 minutes
- Difficulty in walking
- Pain in small and inter *phalangeal* joint of hand intermittently
- Pain decrease on hand movements and walking since 8 months
- Patient is a k/c/o *Paan* addiction 9 to 10 times a day, Tobacco once a day

- No H/o Alcohol, smoking and any other addiction
- H/o Chicken pox and fever before 8 months (patient didn't took rest at that time)
- H/o Malaria fever before 5 years
- H/o fall before 10 years and sprain at right ankle joint
- No H/o any other major medical and surgical illness

### Dietary History

He has specific history of *Dadhi sevan* (curd) daily since childhood , chicken and eggs occasionally , n/h/o stale and fermented food consumption

### Daily Routine



Wake up at 1 or 2 pm , consumption of glass of water , tea or *Samosa*

Lunch at 5 pm consisting of *Dal* , Rice, chapatti and *Dahi* ( 100-150) grams daily

Dinner at late night (12.30 -1.30 am) similar as lunch and consumption of milk instead of *Dahi*.

Used to sleep just after meal or around 2.30 am in morning

Patient used to walk before 8 months but stopped exercise before 8 months.

### General examination:

O/E GC fair , BP 130/80 , P 76/min

CVS S1 S2 normal , CNS conscious and oriented , RS bilateral air entry clear

### Local examination:

#### 1 Bilateral ankle joints

Oedema at bilateral ankle joints , non pitting in nature , tenderness present , range of movement decreased no *crepitus* and sign of effusion seen

#### 2 *Inter phalangeal Joints*

Tenderness seen, mild swelling present, no redness and stiffness seen

### Haematological reports:

Haematological reports were within normal limit

ANA test was weakly positive and RA test was positive

Serum uric acid: 3.6 mg% ; ESR: 48 mm of 1<sup>st</sup> hr., serum calcium: 9 mg%

### Diagnosis:

Diagnosis was done on the basis of RA and ANA reports and also on signs and symptoms of the patient.

### Treatment plan:

TREATMENT		DURATION
1 Rukshan Chikitsa	Puffed jwar sevan (laja)	7 days
2 Sthanic Chikitsa	Waluka Pottali Swedana for 20 minutes twice a day	10 days
	Dashang ,Sunthi,Hingu and Karpur lepa	10 days
3 Anulomana	Sunthi sidhha errand Sneha	10 days

### Result

Sign/ Symptoms	Before	After
Pedal oedema	Ankle 32.5 cm Feet 24 cm	Ankle 30.5 cm Feet 23 cm
Sitting	Could not sit in <i>Sukhasana</i>	Could sit in <i>sukhasana</i>
Walking	Pain while walking	Pain decreased
Tenderness	grade 4 (where patient does not allow the joint to be touched)	Grade 1 ( patient says joint is mild tender)
Range of movement	Decreased (patient unable to perform flexion and extension of joint )	Improved (Can perform flexion and extension of joint)
Need of analgesic	Used to consume analgesic daily since 8 months	Stopped using analgesic drug consumption

### Discussion

*Rukshan Chikitsa* was given for 7 days. Here patient was advised to consume only Puffed Jwar (laja) for 7 days. No other food item was allowed to consume during this course of time. Langhan means the kind of food or exercise which helps in *Deh Laghavata*. *Rukshan Dravya* have properties like *Ruksha* , *Laghu* , *Tikshna* , *Ushna* and *Kathin* which leads to *Gatralaghavata* (lightness

of body). *Ushna* and *Tikshna Guna* of *Rukshan* works as a *Aampachan*. *Vayu* which is vitiated by the *dushti* of *Sleshma* and *Meda* get its *prakrut Avastha* by *Rukshan Chikitsa*. It is also responsible for the normalisation of *Dhatwagni* and *Pachan* of *Aamdosha*. Patient get relief in pain from fourth day of *Rukshan*

For normal metabolism in body there is need of supplements like food items.

After *Langhan* there is unavailability of substances so that body metabolism starts to metabolise unwanted substances that is *Kleda* which is accumulated in body. So *Rukshan Chikitsa* leads to the *Snehabhava* and *Kledabhava* in Sharir which is key factor for *Aamodushti*. Along with *Rukshan Chikitsa* he was advised to consume warm water (*Ushnodaka*) whenever needed. *Ushnodaka* act as a *Vatanulomaka*, *Agnideepak* and *Shleshmashoshak*.

*Waluka Pottali Swedan* was given as a local treatment which is *Ruksha* in nature as no oil used in this kind of Sweda. *Valuka Pottali* (sand pottali) Swedan act as *sthanik kledaharan* measure. It reduces pain by *Vatashamana* and anti-inflammatory agent. It also helps in reducing stiffness of joints and thus proves useful in improving range of movement of joints.

Externally *Lepa* was applied to reduce pain and inflammation of joint.

*Anuloman Chikitsa* was given with 20ml *Sunthi sidhha Erand sneha* (castor oil) early in the morning for 10 days. *Erand*

*sneha* is a good *deepan* as well as *Vatanulomak* drug thus helps in removing *kleda* which is accumulated in gastro intestinal tract. *Anulomana* also helps in *Sukshmastroshodhan* *Sunthi* along with errand *sneha* helps in *Aampachan*.

## Conclusion

From the above study it can be concluded that *Aam* which is the basic cause of *Aamvata* can be tackled with simpler measures like *Rukshan* and *sthanik chikitsa*. By performing *Aampachana and Deepan Chikitsa* signs and symptoms of the disease can be reduced.

## Reference:

1. Chakradatta of Shri Chakrapanidatta, Hindi commentary of Ravidatta Shastri , 2<sup>nd</sup> edition 1992
2. Madhav Nidanam with Madhu Kosha vyakhya by Mahamahopadhyaya shri Vijay Rakashita and shri kantadatta edited by Sudarshana Shastri
3. Harrison's Principles of Internal Medicine by kasper fauci Hauser Longo Jameson Loscalzo , Mc graw Hill Education ,19<sup>th</sup> Edition.

### How to Cite this article:

*Role of rukshan chikitsa in the management of aamvata - a case study.*

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*Ayurline: International Journal of Research In Indian Medicine* 2019; 3(2): pages - 1 to 5