

Role of Langhan with Ruksha Waluka Sweda in Aamvata – A Case Study

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ABSTARCT:

Aamvata (RA) is a major musculoskeletal joint disease described in Ayurveda. Swelling, pain, and stiffness in the ankle, knee, hip joints, wrist, elbow, and shoulder are the clinical manifestations of *Aamvata*. The peak incidence of onset of RA is in persons 30 to 60 years old, but no age is immune. In

the present era *Aamvata* is the most common disease affecting a large aged population. *Aamvata* term derived from words as “*Aam*” & “*Vata*”. The word *Aam* is the condition in which various ailments in system creates toxic effect.

The *Aam* when combines with *Vatadosha* & occupies *shleshmasthan* (*Asthisandhi*) results in painful disease “*Aamvata*”. According to *Yogaratanakara*, treatment of *Aamvata* should be started with *Langhana* (fasting) followed by *Dipana* (improving appetite), *Pachana* (improving digestion), *Swedana* (fomentation therapy), *Virechana* (Purgation) and *Basti* (medicated enema) sequentially.

Aamvata is one of the challenging disease for the clinicians due to its chronicity, incurability, complications and morbidity. The allopathic treatment provides the symptomatic relief but the underlined pathology remain untreated due to absence of effective therapy and also giving rise to many side effects, toxic symptoms and adverse reactions also more serious complications like organic lesions. Here we done a study on a patient of *Aamavata* in the management with the *Langhan* and *Ruksha waluka sweda*.

Keywords: *Aamvata*, *Langhan*, *Ruksha waluka sweda*, *Ayurved*.

Introduction:

In *Ayurveda*, musculoskeletal joint diseases are included under the heading

Aamvata Sandhivata and *Vatarakta* that are characterized by pain and swelling of the joints. Based on similarity in symptoms these diseases can be correlated to rheumatoid arthritis (RA), osteoarthritis (OA), and gouty arthritis, respectively.

Ayurveda has described *Aamvata* (RA) as a chronic disorder with clinical manifestations of joint swelling, pain, and stiffness in the ankle, knee, hip joints, wrist, elbow, and shoulder. The worldwide incidence of RA ranges from 0.3 to 1.5% which is two to three times higher in females compared to males. Most commonly the peak incidence of onset of RA is found in persons of 30 to 60 years old group, however it is also evident that no age is immune for this disease. The severity of RA may range from mild oligoarticular illness of a brief duration and very little or no joint damage to polyarthritis with marked functional impairment.

RA is commonly treated by Non-steroidal anti-inflammatory drugs (NSAIDs). It is known that these drugs give symptomatic relief and do not modify disease progression. Such drugs may cause adverse gastrointestinal effects that may range from mild dyspepsia and heartburn to ulceration of the stomach and duodenum, and fatal consequences. However in *Ayurveda* a different concept of RA management has been mentioned by *Acharya Yogaratnakara*. According to this concept treatment of RA should be started with *Langhana* (fasting) followed by *Dipana* (improving appetite), *Pachana* (improving digestion), *Swedana* (fomentation therapy), *Virechan* (Purgation) and *Basti* (medicated enema) sequentially. These sequential five steps are narrated as *Aamvata Chikitsa Sutra* (principle of treatment of RA).

Ayurveda include few such principles which need to be scientifically evaluated, therefore present work was planned to study *Aamvata Chikitsa Sutra* on clinical ground.

AIMS AND OBJECTIVES:

- 1) To study the effect of *langhan* in *Aamvata*.
- 2) To study the effect of *Ruksha waluka sweda* in *Aamvata*.
- 3) To study *Aamvata* in detail.

Case Report:

The present case study is a successful Ayurvedic management of *Aamvata* (Rheumatoid arthritis).

A 57yrs old female patient came with

C/O-

- B/L Shoulder joint pain
- B/L knee joint pain
- B/L Wrist joint pain
- B/L Ankle joint pain and swelling

.....since 13 years

- B/L *Hastanguli sandhi shoola*, *shootha* and *kriyakashtata*
- *Manyashoola*
- *Malavashtambha*

.....since 2-3 days

H/O-

- K/C/O- Rheumatoid Arthritis (RA factor – positive)
- N/H/O- any other major illness
- Sx H/O- T.L. 26yrs ago
- M/H- Menopause- 8-9yrs ago
- O/H- G₄P₄L₄A₀D₀

O/E-

- *Nadi* (Pulse) – 96/min
- *Mala* (Stool) – *Avashtambha*
- *Mutra* (Urine) – *Samyakpravrutti*
- *Jivha* (Tongue) – *Sama*
- *Kshudha* – *Prakrut*
- *Nidra* – *Khandita*
- *Ura* – *B/L Clear*
- *Udara* – *Soft, Not tenderness*
- *Bala* – *Alpa*
- *Akruti* – *Madhyam*
- *Twak* - *Ruksha*
- *B.P.* - *110/70 mm of Hg*
- *Weight*- *59 kg*

Material and Methods:

In the present study, a single patient of symptoms of *Aamvata* was selected from *Aarogyashala Rugnalaya, Ganeshwadi, Panchvati, Nashik*.

लंघनं स्वेदनं तिक्तदीपनानि कटुनि च।

विरेचनं स्नेहपानं बस्त्यश्चाममारुते॥

रुक्षः स्वेदो विधातव्यो वालुकापोटलैस्तथा।

उपनाहाश्च कर्तव्यास्तेऽपि स्नेहविवर्जिता॥
(योगरत्नाकर)

Firstly *Langhan chikitsa* for 7 days.

Complete abstinence from food along with lukewarm *shunthi siddha jala*. And along with this *Langhan*, *Ruksha waluka pottali sweda* also indicated.

OBSERVATION and DISCUSSION:

Observation:

After *Langhan* with *Ruksha waluka pottali sweda*- patient noticed marked decrease in above all the joint

pain and swelling. There was 70-80 % relief in the pain, swelling and stiffness of all the joints, improvement in *bala*, thus aiding the patient in performing day to day activities on her own, without anyone's help as described by patient herself.

It is observed that, the *Langhan* with *Ruksha waluka Sweda* is effective in the *Aamvata*.

Discussion:

According to Ayurveda, poor digestive power is root cause of formation of *Aam* (metabolic toxic waste materials) which is key factor in Pathogenesis of RA. Physically resembles of *Aam* with *Kapha* tends to deposit in *Kapha* predominant locations, primarily the joints. When this vitiated *Aam* causes blockage in the normal functioning of Vata Dosha and manifest in the form of joint swelling, pain, tenderness and recurrent fever, then the disease is termed as *Aamvata*.

1) *Langhana*:-

It is the first measure that has been advised for the management of *Aamvata*, which is considered to be an *Amasayotha vyadhi* and also *Rasaja vikara*, *langhana* is the first line of treatment in such conditions. In *yogaratanakara langhana* has been mentioned to be the best measure for the treatment of *Ama*. It has been described that *sama dosa* cannot be eliminated from the body until and unless *ama* attains the *pakva* from and for this purpose *Langhana* is the best therapy. *Langhana* is contraindicated in *Vatavidhi*, but is indicated in *Aamvata*. Hence care should be taken to stop the

Langhana as soon as *nirama vata* condition is achieved. *Langhana* in addition, creates hunger reflex in the patients resulting in enhanced production of internal corticosteroid which provide relief through the reduction of inflammation.

2) *Swedana*:-

The role of *swedana* therapy in *Aamvata* and in other rheumatic diseases is well recognized. In the management of *Aamvata*, *Rukshasweda* has been advocated in the form of *walukapottali*, owing to the presence of *Aam*. In Chronic stage of the disease when *Rukshata* is increased, *snigdha Sweda* can be employed.

Swedana have been specially indicated in the presence of *stambha*, *gaurava* and *shula*, this constitutes the predominant features of *Aamvata*. In this disease *ushna jalapana*, a kind of internal *swedana* is also indicated which is *Deepana*, *pachana*, *jwaraghna*, *srotoshodhaka* etc. *Swedana* also helps in liquefying *Doshas* and aids in their transportation from *shakha* to *kostha* so that they can be eliminated by *shodhana* therapy.

Swedana helps in cleansing the *srotas* and thus aids in the transportation of *Dosa* from the *shakha* to *kostha*.

Conclusion:

Thus, *Langhan* with *Ruksha waluka pottali sweda* is effective in the management of *Aamvata* with above all the properties of *Langhan* and *Swedana*.

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