

Efficacy of Erandmooladi Basti with Palliative Herbal Formulations in the Management of Aamvata (Rheumatoid Arthritis): A Case Report

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Abstract


*Amavata is one of the most common disorders caused by the impairment of Agni, formation of Ama and vitiation of Vata Dosha. Amavata is produced mainly due to the vitiation of Vata along with the formation of Ama. The Ama combines with Vata Dosha and occupies Shleshmasthan (Asthisandhi) which results in "Amavata". Amavata can be correlated with Rheumatoid Arthritis due to similarities of clinical features. Acharya Chakradatta mentioned Chikitsa Siddhanta for management of Amavata, which consists of Langhana, Swedana, use of drugs having Tikta, Katu Rasa and Deepana property, Virechana, Snehapana and Basti. These modalities help in Amapachana, Vatashamana, Strotoshodhana. The prevalence of RA is ~0.8% of the population (range 0.3–2.1%); women are affected approximately three times more often than men. **Aim & Objectives** - Effect of Erandmooladi vasti along with other Ayurvedic formulations (Panchguna Tailam, Panchkola Phant, Simhnada Guggulu) in the management of Amavata. **Material & Methods** – The present case study is upon a 21 years old diagnosed case of Aamvata with complaints of pain in ankle joint & knee joint, mild fever and morning stiffness, at the Kayachikitsa OPD of Pt. K.L.S. Govt. Ayurvedic Hospital Bhopal. The patient was treated with Erandmooladi Basti along with Ayurvedic regimen (Panchguna Tail, Panchkola Phant & Simhnada Guggulu). Duration of study is 30 Days. Assessment was done on the basis of symptomatic relief and biochemical and serological changes in laboratory test. **Observation**- Symptomatic relief and reduces the level of ESR and CRP after treatment. **Conclusion** - By using this Chikitsa Siddhanta a case of Amavata was successfully treated. Marked improvement was observed in signs and symptoms after treatment. No any complication was found during*

the treatment.

Keywords

Amavata, Erandmooladi niruha basti, Panchguna tailam, Panchkola Phant, Simhnaad guggulu.

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1. Introduction

Amavata is a disease of Asthivaha and Rasavaha Strotas. It is mainly produced due to Ama and vitiation of Vata Dosha. The Ama is carried by the aggravated Vata and deposited in Sleshmasthanas (Seats of Kapha like joints etc.) producing features like Angamarda (body ache), Aruchi (loss of appetite), Alasya (weakness), Sandhiruk (jointpain), Sandhishotha(jointswelling)1. Madhavakara (700AD) was the first who described the features of Amavata in Madhava Nidana whereas the treatment of Amavata was first explained by Acharya Chakradatta. Amavata is a disease of Madhyama Rogamarga hence it is said to be Krichhrasadhya or Yapya. According to the clinical features Amavata very closely resembles with the Rheumatoid arthritis. Rheumatoid arthritis is a chronic, progressive autoimmune arthropathy and characterized by bilateral symmetrical involvement of joints with some systemic clinical features2. This disease affects mainly young population and the patients are gradually crippled physically as well as mentally due to bad prognosis of the disease. The prevalence of RA is ~0.8% of the population (range 0.3–2.1%); women are affected approximately three times more often than men. The prevalence increases with age and sex differences diminish in the older age group. The onset is most frequent during the fourth and fifth decades of life, with 80% of all patients developing the disease between the ages of 35 and 50.3 The prevalence of RA is approximately 0.8 to 1% in Europe and Indian subcontinent, with a female to male ratio 3:14. Ayurveda treats root cause of Amavata (RA) which leads to break the Samprapti of the disease. Acharya Chakradatta described the Chikitsa Siddhant for Amavata. It includes Langhana, Swedana and use of drugs having Tikta, Katu Rasa with Deepana property, Virechana, Snehapana and Basti Here a case of Amavata was treated by using Shaman Chikitsa given in this Chikitsa Sutra5. RA affect the quality of life of individuals, availability of many advances the modern management (NSAIDS, DMARDS etc.) is not satisfactory. In this case study

a holistic approach is to evaluate the mode of action of Simhanada Guggulu, Panchgunga Tail, Panchkola Phant in the management of Amavata (Rheumatoid Arthritis) to aware about medicinal properties and encourage the use of this drug. Effect of Shaman medicines will be observed with respect to its clinical effect on symptomatic relief and biochemical changes (ESR, RA factor and CRP) in investigation.

2. Samprapti of Amavata

- The prakupita Vata dosha which will try to bring up Ama dosha from Koshta to the Shakha pradesh (Shleshmasthan). Shleshaka kapha which is situated inside the joints.
- Excess vitiated of Vata dosha as well as Ama which will move all over the body with the help of Dhamani's which is going to circulate all over the body.
- Dushti of Vata dosha it involved Pitta dosha as well as the kapha dosha.
- Annava srotas which are involved those all srotas are get Abhishyand due to Ama as well as Kapha dosha guna which has having the Snigdha and Abhishyanda Gunas.
- Weakness in the body which is caused by the Amavata.
- Heaviness of the body, chest region and heart region.
- When the vyadhi will take the Ashraya inside the sandhishtana dosha condition it leads into the one of the most crippling form of the disease at present day we observing that disease we are calling that Amavata disease.

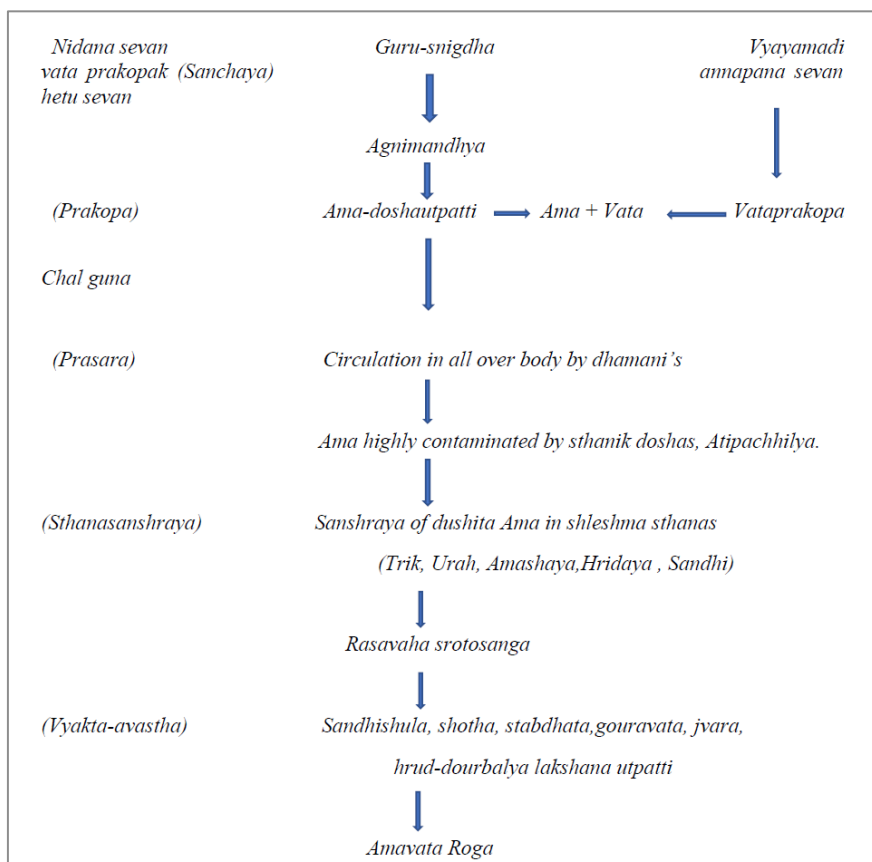


Figure 1. Samprapti Chakra

2.1. Aim & Objectives

- To determine the effectiveness of Erandmooladi Niruha Basti in the management of Aamvata.
- To evaluate the efficacy of an Ayurvedic formulations (Panchguna Tailam, Panchkola Phant, Sinhnada Guggulu) in the management of Amavata.

2.2. Duration of Study 30 DAYS

- To determine the effectiveness of Erandmooladi Niruha Basti in the management of Aamvata.
- To evaluate the efficacy of an Ayurvedic formulations (Panchguna Tailam, Panchkola Phant, Sinhnada Guggulu) in the management of Amavata.

2.3. Material & Methods

For this study Ayurvedic texts like Sidhha Yog Sangraha, Ashtang Hridayam, Ashtang Sangraha, Madhava Nidana, Charaka Samhita, Sharangadhara Samhita etc, medicine, internet, authentic medical research journals and manuscripts have been reviewed. In this study patients diagnosed by fulfilling the criteria of Amavata was selected for the study from IPD of Pt. K.L.S. Govt. Ayu. Hospital Bhopal (M.P.)

3. Case Report

This is a single case study of a 21year old female patient who came to OPD of Kayachikitsa Department Pt. K.L.S. Ayu. Hospital Bhopal (OPD No. – 37559, IPD No.- 20211162, Admission Date – 08/11/2021) with the complains pain and swelling in ankle joint, knee joint and multiple joints involved, loss of appetite and morning stiffness for the past 3 years (not continuous). Her condition gradually worsened and she started feeling difficulty in walking. She has taken an analgesic for pain relief but did not get satisfactory results and for further management she came to Pt. K.L.S. Ayu. Hospital.

3.1. Past History

There was no history of diabetes, blood pressure, family history or any other major illness in the past.

3.2. Personal History

- Diet – Mixed diet, prefers – Spicy
- Appetite – Irregular
- Bowel – Constipated often
- Bladder – Normal
- Sleep – Disturbed due to pain
- Allergy and addiction – NIL

3.3. Examination

- Vitals of patient were within normal unit systemic examination showed no any abnormal findings.

3.4. Ashtavidha Pariksha

- Nadi (Pulse) - Vata-kapha, 80/ min.



- Mootram (Urine)- Normal
- Malam (Stool) – Constipated
- Jivha (Tongue) – Upalipta (Saam-Coated)
- Shabdham (Voice)- Normal
- Sparsham (Touch) – Normal but warmth all over body.
- Drika (Eyes) – Normal
- Aakriti (Built) – Moderately, no deformities, BMI- 17.31
- Range of movements – Restricted & painful movement of joints

3.5. Local Examination

- Swelling and Tenderness presents on both wrist and knee joints.
- Temperature-Raised
- Range of movement-Restricted and painful movement of both knee and wrist joints

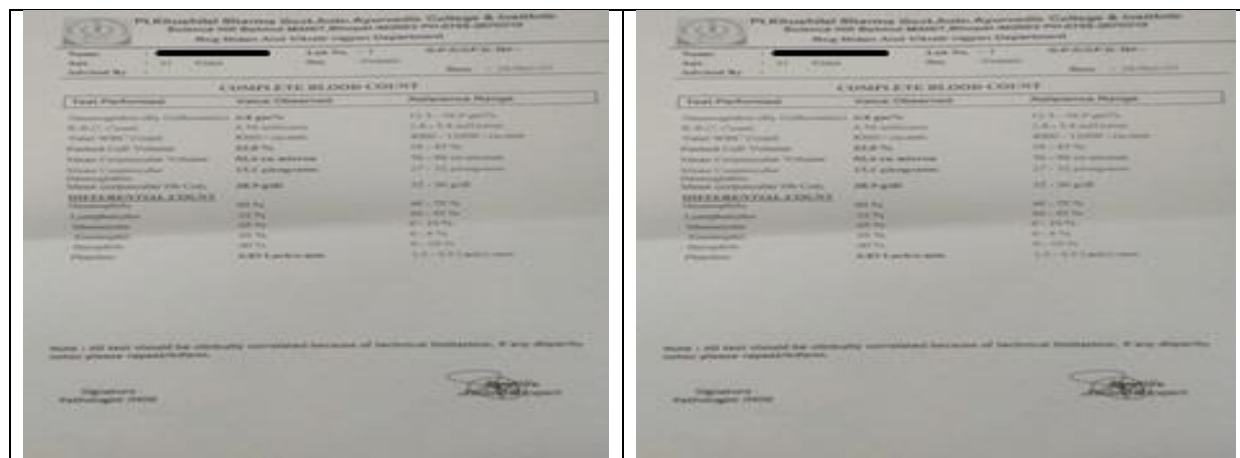
3.6. Differential Diagnosis

Amavata (Rheumatoid arthritis), Sandhivata (Osteoarthritis), Vatarakta (Gout).

3.7. Investigations

- CBC (Anaemia-Hb%)
- Raised ESR
- Positive CRP
- Positive test for Rheumatoid factor (R.A. factor)
- Anti CCP (Anti-Cyclic Citrullinated Peptide)
- S. Uric Acid

Before Treatment	After Treatment															
 <p>MAHTTA PATHOLOGY LAB</p> <p>Name: [Redacted] Age: 20 Years Sex: Female Address: [Redacted] Lab No.: [Redacted] Date: 01/08/20</p> <p>SERIOLOGY REPORT</p> <table border="1"> <thead> <tr> <th>Test Performed</th> <th>Value Observed</th> <th>Reference Range</th> </tr> </thead> <tbody> <tr> <td>RHEUMATOID FACTOR (RA FACTOR)</td> <td>23.07</td> <td>up to 20 IU/L</td> </tr> <tr> <td>C-REACTIVE PROTEIN</td> <td>27.53</td> <td>up to 5 mg/L</td> </tr> </tbody> </table>	Test Performed	Value Observed	Reference Range	RHEUMATOID FACTOR (RA FACTOR)	23.07	up to 20 IU/L	C-REACTIVE PROTEIN	27.53	up to 5 mg/L	 <p>Prkhushti Sharma Gout Auto Ayurvedic College & Institute Science 1st Rank Mahat Jyoti Shree-2003 (M.D.S) 2013-14</p> <p>Name: [Redacted] Lab No.: 40 G.P.S.A.P.S. No.: 01000 Age: 21 Years Sex: Female Date: 10/08/20 Address: [Redacted]</p> <p>SERIOLOGY REPORT</p> <table border="1"> <thead> <tr> <th>Test Performed</th> <th>Value Observed</th> <th>Reference Range</th> </tr> </thead> <tbody> <tr> <td>CRP-Quantitative</td> <td>0.00</td> <td>0-0.50</td> </tr> </tbody> </table> <p>Note: All test should be clinically correlated because of technical limitation, if any discrepancy occur please reconfirmatory.</p>	Test Performed	Value Observed	Reference Range	CRP-Quantitative	0.00	0-0.50
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3.8. Diagnosis

- Subjective data – Pain, swelling and tenderness of the joints, early morning stiffness of joints present, joint pain associated with intermittent fever.
- Objective data – Rheumatoid factor, C-Reactive protein, ESR and Anti CCP, S. Uric Acid.
- Assessment – Based on subjective data & objective data the patients assessed to be suffering from Amavata.
- Differential diagnosis – Amavata (Rheumatoid arthritis), Sandhivata(Osteoarthritis), Vatarakta(Gout) .
- Final diagnosis – Amavata (Rheumatoid Arthritis).

3.9. Treatment Regimen

Table 1. The diagnosed case of Amavata admitted in female general ward of Pt. K.LS Govt. Ayu. Hospital, Bhopal & undergo following procedures

S.N.	Treatment	Drug Used	Dose	Duration	Anupana
1.	Shodhan	Erandmooladi Niruha Basti given in kala basti format.	As Enema	For 16 Days empty stomach	-
2.	Sarvanga abhyanga & Nadi-Sweda	Panchguna Tail & Dashmoola Kwath	Q.S.	16 Days	-
3.	Shaman Medicines	• <i>Sinhnada Guggulu</i>	2BD	30 Days	Lukewarm water
		• <i>Panchkola Phant</i>	40mIBD	30 Days	-
		• <i>Erand Oil</i>	10-15ml HS	07 Days	Milk
4.	Baluka Sweda	Baluka, Saindhav Lavan, Yavani.	Once in evening time (For 10-20 min.)	30 Days	-

Kala Basti¹⁷ comprising of

- Erandmooladi Niruha Basti¹⁸ – 760ml



- Anuvasan Basti with Sandhavadi Tail23 – 60ml

Purvakarma

- Sthanik Abhyang with Panchguna Tail²⁰
- Nadi Swedana with Dashmoola Kwath.

Table 2. Erandmooladi Niruha Basti (Kala Bsati) Schedule.

Day	Basti	Dose	Aadaankaal	Pratyagaman Kaal	Retention time	Complication if any
1.	A	60ml	9:30am	4:20pm	8 hrs.	-
2.	A	60ml	10:05am	5:50pm	7 hrs.	-
3.	N	760ml	9:40am	10:26am	46min.	-
4.	A	60ml	9:50am	6:40pm	8hrs.	-
5.	N	760ml	11:20am	12:05pm	45min.	-
6.	A	60ml	10:30am	7:05pm	9hrs.30min.	-
7.	N	760ml	12:05am	1:39pm	44min.	-
8.	A	60ml	9:45am	8:00pm	9hrs.45min.	-
9.	N	760ml	10:15am	10:40am	25min.	-
10.	A	60ml	9:20am	8:20pm	11 hrs.	-
11.	N	760ml	11:25am	12:00pm	35min.	-
12.	A	60ml	10:30am	9:00pm	10hrs.30min	-
13.	N	760ml	9:40am	9:50am	10min.	-
14.	A	60ml	10:40am	6:30pm	8hrs.20min.	-
15.	A	60ml	12:20pm	8:30pm	8hrs.50min.	-
16.	A	60ml	11:40am	10:20pm	12hrs.	-

A- Anuvasana Basti

N- Niruha Basti

Contents of Niruha Basti

- Makshika – 120ml
- Saindhava lavana- 12gm
- Sneha (Saindhavadi Tail)- 180ml
- Kalka (Shatapishpa, priyangu, hribera, pippali, Yashtimadhu, Bala, Rasanjana, Indrayava, Musta)- 60gm
- Kashaya (Eranda, Palasha, Rasna, Ashwagandha, Atibala, Guduchi, Punarnava, AAragwadha, Devadaru, Madanphala, Laghu Panchmoola) -280ml
- Aavapa- Gomutra-120ml

Total 760 ml¹⁹

3.10. Clinical Assessment Criteria^{6, 25}

3.10.1. Gradation Pattern

Assessment will be done on the changes in the subjective and objective parameters before and after treatment. Each sign and symptom is graded and a numerical value is given for assessment of results.

Table 3. The changes and relief in symptoms were observed on completion of treatment.

S.N.	Symptoms	Score	BT	AT	
1.	Joint Pain (CCRAS Protocol)	➤ No Pain	0	3	0
		➤ Pain Occasional, can be managed without drug.	1		
		➤ Pain frequent and can be managed with some pain killer.	2		
		➤ Pain persistent and unmanageable even with drugs.	3		
2.	Morning Stiffness	➤ No stiffness	0	3	1
		➤ Early morning stiffness upto 30 minutes	1		
		➤ Early morning stiffness more than 30 minutes and less than 45 minutes	2		
		➤ Morning stiffness more than 45 minutes.	3		
3.	Tenderness (CCRAS Protocol)	➤ No Tenderness	0	2	0
		➤ Tenderness but bearable	1		
		➤ Tenderness and winced	2		
		➤ Tenderness winced and withdraw	3		
4.	Swelling	➤ No Swelling	0	2	0
		➤ Just covering the bony prominences	1		
		➤ Considerably above the land mark may be with positive fluctuation.	2		
5.	Gait	➤ Normal Gait	0	2	0
		➤ Pain Occasionally	1		
		➤ Walk with support or mild pain	2		
		➤ Walk with support with severe pain	3		
		➤ Unable to walk	4		

3.10.2. Assessment of Biochemical Changes

Table 4. ESR (mm/hr)

S.N.	ESR (mm/hr) (CCRAS Protocol)	Score	BT	AT
1.	< 20	0	2	1
	21 to 40	1		
	41 to 60	2		
	61 to 80	3		
	< 80	4		

3.10.3. Assessment of Serological Changes

Table 5. RA Factor

S.N.	Test		Score	BT	AT
1.	RA Factor (As CCRAS Protocol)	➤ Negative	0	1	0
		➤ Positive	1		
		➤ Strongly Positive	2		
2.	CRP	➤ 0-10	0	5	2
		➤ 10-20	1		
		➤ 20-30	2		
		➤ 30-40	3		
		➤ 40-50	4		
		➤ >50	5		

3.10.3. Result

After completion of treatment there was marked relief in pain, stiffness, tenderness and swelling of the joints (Table 8). Marked improvement was observed in biochemical and serological changes in laboratory test (Table 7) after treatment. The patient felt ease on long standing, walking and during her daily activities.

Table 6. Based on Objective data

Investigations	BT	AT
Hb	6.8gm%	7.1gm%
Total platelet count	6.83%	5.85 lack/c.mm
ESR	52 in 1 st hour	29 in 1 st hour
RA Test	23.07 IU/L	8.4 IU/L
CRP	27.32 IU/L	15.06 IU/L
Uric Acid	5.22 mg/dl	4.9mg/dl
Anti CCP	339.07 IU/ml	-

Table 7. Based on subjective data – Table Showing Effect on Symptom Score of Amavata of This Case.

S.N.	SYMPTOMS	BT	AT
1.	Sandhishoola (Joint Pain)	03	0
2.	Jaadya (Morning stiffness)	03	01
3.	Sparshasahyata (Tenderness)	02	0
4.	Sandhishotha (Swelling)	02	0
5.	Gait	02	0

3.10.4. Discussion

Amavata is mainly caused due to vitiation of *Vata Dosha* and formation of *Ama*. *Mandagni* is the main cause of *Ama* production. *Amavata* is considered to be an *Amashayottha vyadhi* and *Rasaja Vikara*. *Amavata* is a condition explained in *laghutrayees* (*Madhav-nidana, Yogaratnakar, Bhaishajyaratnavali*), but not in *Brihatrayees* (*Charaka, Sushruta, Vagbhatta*). *Panchgun tail* is an Ayurvedic medicine. It is an herbal oil, used in the treatment of rheumatoid arthritis, osteoarthritis, ear-ache, nonhealing wounds etc. *Panchguna* oil ingredients- *haritaki*(chebulic myrobalan), *Vibhitaki*(belliric myrobalan), *Ama-laki*(Indian gooseberry), *Nimb*(*Azadirachta indica*), *Sambhalu*(*Nirgundi-Vitex nirgundo*), *Til tail*(*Sesame Oil*), *Madhuschishta*, *Gandphiroja*(*Sarala*), *Shilarasa*, *Rala*(*Shorea robusta*), *Guggulu*(*Indian bedelium*), *Karpur*(*cinnamomum camphora*), *Tarpina*

*tail(Turpentine oil), Tailaparna(Eucalyptus oil), Kejoputi oil. Panchguna tail effect on tridosha balances vata and pitta and provides relief from disease. It has only external use. Massaging with this oil provides relief from pain and swelling, improving the movements in joints. It is effective to get rid of pain in sprain and reduces joint pain, helps in easy movements. Reliving pain, swelling and redness¹⁵. Sinhanaad guggul – It contains drugs having tikta, katu, kashaya rasa, ushna virya and madhu vipaka. The drug possesses the potential to vata & kaphahara properties. Guggul mainly contains as kaphahara, vednahara, shophahara property. It promotes strength of bones & Anti-inflammatory agent. According to Dandpaani - It increases jathragagni of men. Erand oil¹⁴- “Aamvatgajendrasya sharir vancharinah, nihantyasavek eva erandsneha kesari”. Amavata disorder is like an elephant, which causes damage to our forest like body. Only a lion can check this menace. We can find that lion in the oil of erand. To be precise, erand oil eradicates Amavata very effectively. Eranda Taila (castor oil) poses properties which act as Agnivardhaka (increase in digestive fire), Bhedhaka (penetrate into micro channel), Srotoshodhaka (remove obstruction from the micro channels), balances Vata-Kapha Doshas and eliminate them by purgation. Panchakola phanta²² indications– Mandagni, shula, gulma roga, ama vikar, kapha vikar & arochakahar. Svedana: Charaka described that Swedana is indicated in Stambha, Gaurava and Shulaghna¹² and these symptoms are the predominant features of Amavata. Hence Baluka Pottaly Svedana¹³. was advised. Drugs having Tikta-Katu Rasa and Deepana, Laghu and Tikshna Guna, these drugs increase the digestive system of body, digest Ama, reduces the excessive production of Kapha and prevent further production of Ama. Langhana is the first line of treatment in such conditions⁷. Swedana have been specially indicated in the presence of Stambha, Gaurava and Shula⁸. Simhanada Guggul^{10,25} has Laghu, Ruksha, Ushna, Tikshna properties⁹. This drug have Vedanasthapana, Shothahar, Swedajanana, Deepana and Pachana properties which help to relive the pain by Vatashaman and causes Amapachana¹¹. Bitter and pungent tastes present in Guggulu possess the antagonistic properties to that of Ama and Kapha Dosha which are the chief causative factors in this disease. Hot potency of Guggulu alleviates vitiated Vata and does not allow the Ama Dosha to linger at the site of pathogenesis and to create Srotorodha (obstruction). It has also the antagonistic action of cold and dryness properties of Vata (vitiated air). The scraping nature and bitter taste of Guggulu remove the adhered Dosha from the micro channels of body. Thus it controls Ama and Vata together and minimizes the process of pathogenesis¹³. Erandmooladi Niruha Basti is Deepana and Lekhana in nature which helps in pacifying Kapha and reduces symptoms like Gourava (heaviness) and Stambha (Stiffness)¹⁵. Erandmoola is said to be a Shreshtha Vatahara dravya²¹. Eranda (*Ricinus Communis Linn*) which is the main content of Erandmooladi Niruha Basti possess anti-inflammatory, anti-oxydent, analgesic and bone regeneration properties¹⁶.*

Table 8. Erandamooladi Niruha Basti Dravya's properties.

DRAVYA	BOTANICAL NAME	RASA	GUNA	VIRYA	VIPAKA	DOSHAGHNTA
Eranda	<i>Ricinus Communis</i>	Madhur Kasaya	Snigdha Tikshna, Sukshma	Ushna	Madhur	Vatakapha shamak
Palasha	<i>Butea Monosperma</i>	Katu, Tikta, Kasaya	Laghu, Ruksha	Ushna	Katu	Kaphapitta shamak
Rasna	<i>Pluchea Lanceolata</i>	Tikta	Guru	Ushna	Katu	Kaphavata shamak
Bala	<i>Sida Cordifolia</i>	Madhur	Laghu Snigdha, Picchil	Sheeta	Madhur	Vatapitta shamak
Guduchi	<i>Tinospora Cordifolia</i>	Tikta, Kasaya	Guru, Snigdha	Ushna	Madhur	Tridosha shamak

Aswagandha	<i>Withania Somnifera</i>	Tikta, Katu, Madhur	Laghu, Snigdha	Ushna	Madhur	Kaphavata shamak
Punarnava	<i>Boerhavia Diffusa</i>	Madhur, Tikata, Kasaya	Laghu, Rukshan	Ushna	Madhur	Tridosh shamak
Amaltash	<i>Cassia Fiatula</i>	Madhur	Guru, Mradu, Snigdha	Sheeta	Madhur	Vatapitta shamak
Devdaru	<i>Cedrus Deodara</i>	Tikta	Laghu, Snigdha	Ushna	Katu	Kaphavata shamak
Madanphala	<i>Randia Spinosa</i>	Madhur, Kasaya, Tikta, Katu	Laghu, Rukshan	Ushna	Katu	Kaphavata shamak
Laghu panchmoola	<i>Desmodium gangeticum, Uraria picta, Solanum indicum, Solanum Xanthocarpum & Tribulus terrestris</i>	Madhur		Samsh eet oshna	Madhur	Vatapitta shamak
Vacha	<i>Acorus Calamus</i>	Katu, Tikta	Laghu, Tikshan	Ushna	Katu	Kaphavata shamak
Satavaha	<i>Anethum Sowa</i>	Katu, Tikta	Laghu, Tikshan	Ushna	Katu	Kaphavata shamak
Hapusha	<i>Juniperus Comminis</i>	Katu, Tikta	Laghu, Ruksha, Tikshan	Ushna	Katu	Kaphavata shamak
Priyangu	<i>Callicarpa Macrophylla</i>	Tikta, Kasaya, Madhur	Guru, Ruksha	Sheeta	Katu	Tridosh shamak
Mulethi	<i>Glycyrrhiza Glabra</i>	Madhur	Guru, Snigdha	Sheeta	Madhur	Vatapitta shamak
Pippali	<i>Piper Longum</i>	Katu	Laghu, Snigdha, Tikshan	Anushnasheeta	Madhur	Vatapitta shamak
Indrajo	<i>Halorrhena Antidysenterica</i>	Tikta, Kasaya	Laghu, Ruksha	Sheeta	Katu	Kaphapitta shamak
Nagarmotha	<i>Cyperus Rotundus</i>	Tikta, Katu, Kasaya	Laghu, Ruksha	Sheeta	Katu	Kaphapitta shamak
Rasanjana	<i>Berberis Arisata</i>	Tikta, Kasaya	Laghu, Ruksha	Ushna	Katu	Kaphapitta shamak

Sandhavadi Tail has deepan-pachan dravyas such as Shunthi, Shatpushpa, Saindhav, Maricha, Ajmoda, Pippali, Pippli moola. Thus it causes Amapachan. Most of its contents are Vata-Kaphahara such as Shatpushpa, Meda, Kataphala, Kachoor, Chavya, Vidang, Renuka beeja, Nili vriksha, Danti, Kushtha, Sharshap, Vata and Kapha are two main pathological factors in

Aamvata which get subsided by these contents. It also contains *Vedanasthapan* and *Shothahara dravyas* such as *Rasna*, *Erandmoola*, *Mulethi*.

All these above powerful ingredients in combination can give excellent result to control symptoms of *Amavata* (Rheumatoid Arthritis).

4. Conclusion

Aamvata is a kapha-vata pradhana tridoshaja vyadhi which has clinical features similar to RA. RA is an inflammatory disease of the joints, which is associated with activation and proliferation of immunomediated cells, such as T-cells, macrophages, neutrophils and plasma cells²⁴. The assessment of the patient before and after treatment was taken which showed improvements in the subjective and objective criteria. Result was found in other biochemical parameters such as Hb, ESR, RA factor and CRP concentration were reduced from before treatment 6.8gm%, 52 in 1st hr, 23.07 IU/L and 27.32IU/L to after treatment 7.1gm%, 29 in 1st hr, 8.4IU/L and 15.06 IU/L. On the basis of this case study, it can be concluded that *Erandmooladi Niruha Basti* along with Shaman therapy is effective in the management of *Aamvata*.

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