“EFFECTIVE MANAGEMENT OF PAIN IN AMAVATA WITH THE USE OF UPAVISHA BHALLATAKA- A CASE REPORT”

Dr. Krutika A. Chaudhari¹, Dr. R. D. Lambat², Dr. A. Bombarde³, Dr. Preeti K. Jadhav⁴

1. PG Scholar, Department of Agadtantra, Government Ayurved College, Nagpur
2. HOD & Associate Prof., Dept. of Agadtantra, Government Ayurved College, Nagpur
3. HOD, Department of Prasutitantra & Streerog, Government Ayurved College, Nagpur
4. Associate Prof. Dept. of Streerog- Prasutitantra, Government Ayurved College, Nagpur

ABSTRACT:

Rheumatoid arthritis, an autoimmune disease that causes chronic symmetrical polyarthritis with systemic involvement, correlates with Amavata. According to Ayurveda, the regular formation of Ama, impairment of Agni, and vitiation of Vata Dosha cause tender, swollen joints and joint stiffness, which typically worsen in the morning, along with fatigue, fever, and loss of appetite. In medical science, long-term use of steroids for disease management leads to many side effects. Acharya Charak asserted that a potent toxin can serve as the most effective remedy, provided it receives a suitable dosage and formulation. This case report features a 31-year-old female patient with Amavata, who has been using steroids and painkillers for two years without any relief. However, upon receiving a prescription for Upavisha Bhallataka, she experienced immediate and reassuring results. This case report highlights the effective management of amavata with Upavisha Bhallataka.

KEY WORDS: Amavata, Rheumatoid Arthritis, Upavisha, Bhallataka, Steroids.

Corresponding Details:

Dr. Krutika Aravind Chaudhari
Department of Agadtantra, Government Ayurved College,
Nagpur, Maharashtra
Mobile No. 9545636314
E-Mail: krutikaachaudhari@gmail.com

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Dr. Krutika Aravind Chaudhari, Dr. R. D. Lambat, Dr. A. Bombarde
INTRODUCTION

Amavata as a disease can be found in Madhav Nidana. This study provides a systematic evaluation of Amavata w.r.t. rheumatoid arthritis in all classics of Ayurveda [11]. According to Ayurveda, ‘Shoolam nasti vina vatat’ means vitiated Vata Dosha causes pain, and pacification of such Doshas reduces the pain. Amavata is a disease in which vitiation of Vata Dosha and accumulation of Ama take place in joints, and it simulates rheumatoid arthritis. And Bhallataka, by its mode of action, pacifies the Vata and Kapha Dosha, thereby leading to relief in painful joints. Amavata can be correlated with rheumatoid arthritis, which is an autoimmune disease causing chronic symmetrical polyarthritis with systemic involvement. In Ayurveda, it is due to the regular formation of Ama, impairment of Agni, and vitiation of Vata Dosha that causes tender, swollen joints and joint stiffness that usually worsens in the morning, along with fatigue, fever, and loss of appetite. which correlates with the Amavata lakshana such as Angamarda (bodyache), Aruchi (loss of taste), Trishna, Alasya (fatigue), Gaurava (heaviness in body), Jwara (fever), Apaktata (indigestion), and Soonangata (swelling) [4]. In medical science, the management of disease includes the use of NSAIDs, glucocorticoids, and DMARDs, which lead to many side effects on long-term use.

The prevalence of rheumatoid arthritis is 0.8% of the population. Women are affected approximately three times more often than men. Hence, effective management of pain is needed in the case of Amavata. Acharya Charaka said that even a strong poison could be the best medicine if it is used after proper shodhan in a proper therapeutic dose and formulation [3].

As per Ayurveda, Bhallataka is categorised under Sthavar Vanaspatis Visha (vegetable poison). Bhallataka has been mentioned in various Samhitas as Bhavprakash Nighantu, Raj Nighantu, Kavyadeva Nighantu, Shaligram Nighantu, and also in Bruhatrayi [2]. It is one of the 11 Upavisha Dravyas explained in Rasaratnasamucchaya, which has Ushna Tikshna gunas along with Vatkaphaghana properties that help normalise function and thereby reduce pain [1]. There are different formulations of Shuddha Bhallataka explained by Acharya’s for effective management of pain in various diseases [2]. In the Sutrasthan of Charaka Samhita, Aacharya Charaka has explained 50 Mahakashaya. Bhallataka is mentioned in Deepaniya, Mutrasangrahaniya, and Kusthaghna Guna [2]. In Rasayana Adhyaya, ten different types of Bhallataka preparation have been described. And the present case report highlights the mode of action of Bhallataka as an analgesic in the case of Amavata.

CASE REPORT

A 31 year’s old female patient visited to streerog-prasutitantra OPD on date 24/11/2023 with the complaints of multiple joint pain, swelling and stiffness along with loss of appetite, recurrent fever, heaviness in body and bodyache.
**Chief Complaints**

<table>
<thead>
<tr>
<th>Nature of complaints</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right knee joint pain &amp; stiffness</td>
<td>2 years</td>
</tr>
<tr>
<td>Left wrist joint pain &amp; stiffness</td>
<td>2 years</td>
</tr>
<tr>
<td>Right metacarpal joint pain</td>
<td>2 years</td>
</tr>
<tr>
<td>B/L mandibular joint stiffness</td>
<td>2 years</td>
</tr>
<tr>
<td>Right elbow joint pain &amp; stiffness</td>
<td>2 years</td>
</tr>
<tr>
<td>Aruchi, Gauravata, Soonangta, Alasya</td>
<td>2.5 years</td>
</tr>
<tr>
<td>Intermittent fever</td>
<td>1 years</td>
</tr>
</tbody>
</table>

**History of present illness**

A 31 year’s old female patient visited to the Streerog-Prasutitantra OPD of GACH hospital for the above complaints. She had been suffering from above complaints since 2 years for which she was taking steroids and pain killers but still not getting any relief in pain so she visited the OPD of GACH Nagpur for the alternative Ayurvedic treatment.

**Personal history**

Marital status - Married Since 11 years

No H/o- DM, HTN, Thyroid, PCOD

Menstrual history - periods irregular, painful and average for 4-5 days with the gap of 1-2 months.

H/O – Blood transfusion in 2012

**Medication history**

Patient taking treatment for secondary infertility and recently on Steroids and pain killers for Rheumatoid arthritis.

**Past history**

H/o - endometriosis

S/H/o – oophorectomy (left sided) by laparoscopy in 2012

Operated for left endometrial cyst in 2012.and USG reveals Left salpingo oophorectomy done. Married for 11 years and had 3 biochemical pregnancies UPT positive. Semen analysis normal. Laparoscopy features only fundus of uterus visible with bilateral endometriotic cyst adherent to fundus and POD with rectum.

H/o - spontaneous abortion

O/H - G3 P0 A3 L0 D0 - G1 – 1.5 month, G2 – 2.5 month, G3 – 4 Month
Ashtavidha Parikshan-
Nadi - 120/min
Mala – Prakrut once in a day
Mutra – Prakrut 5-6 times a day
Jivha - Saama
Shabda - Spashta
Sparsha - Shitoshna
Drika - Prakrut
Akruti – Madhyam

General examination-
GC – moderate, afebrile
BP- 140/90 mm of Hg
p- 120/min
S/E- CVS- S1S2 normal
  CNS – oriented, conscious
  RS- AEBE clear
P/A - soft and not tender

Weight- 64 kg
Spo2- 96%

Local examination-

<table>
<thead>
<tr>
<th>Joints</th>
<th>Pain</th>
<th>swelling</th>
<th>tenderness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right knee joint</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Left wrist joint</td>
<td>+</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Right metacarpal joint</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>B/L mandibular joint</td>
<td>+</td>
<td>_</td>
<td>_</td>
</tr>
<tr>
<td>Right elbow joint</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>
Blood investigation-

Dated- 25/11/2023 (before treatment)

RBS-135 mg/dl

Sickling-negative

Hb – 13.1 %, TLC- 10400/ cumm, DLCP- 69 %, L- 26%, E + M- 5%

Platelet count – 4.54 lacs / cumm

HIV – Non reactive

CRP- 44.33 mg %

RA- positive

Uric acid- 8.05 mg/dl

Pathogenesis of disease (Samprapti)-

Samprapti Ghataka[12] -

- Dosha: Kapha Vata Pradhan Tridosha
- Dooshya: Rasa, Mamsa. Asthi, Majja
- Upa dhatu: Snayu, Kandara
- Strotasa: Annavaha, Rasavaha, Asthivaha, Majjavaha
- Udbhava Sthana: Amashaya
- Adhishthana: Sarvashareera
- Vyakti sthana: Sarvashareera particularly in Sandhi
- Rog marga: Madhyam Rogmarga
- Vyadhi svabhava: Chirkari

Diagnosis- Amavata (Rheumatoid Arthritis)

Therapeutic intervention-

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panchakolasav</td>
<td>20 ml twice a day</td>
</tr>
<tr>
<td>Cap serrenkottai nei (Bhallataka)</td>
<td>1 cap twice a day</td>
</tr>
<tr>
<td>Gandharva haritaki churn</td>
<td>5 mg at night with lukewarm water</td>
</tr>
</tbody>
</table>
Result-

Dated -31/12/2023 (After treatment)

CRP -12.76 mg/dl

Uric acid -6.05 mg/dl

RA factor – 14.3 IU/ml which is nearly normal

**Grading of Sandhishoola (Pain)-**

<table>
<thead>
<tr>
<th>Severity of pain</th>
<th>Grade</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pain</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild pain</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate but no difficulty in moving</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Much difficulty in moving the body parts</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Grading of Sandhishoth (Swelling)**

<table>
<thead>
<tr>
<th>Grade</th>
<th>No swelling</th>
<th>Slight swelling</th>
<th>Moderate swelling</th>
<th>Severe swelling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before treatment</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After treatment</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Grading of Sparshasahatwa (Tenderness)**

<table>
<thead>
<tr>
<th>Grade</th>
<th>No tenderness</th>
<th>Subjective experience of tenderness</th>
<th>Wincing of face on pressure</th>
<th>Wincing of face and withdrawal of the affected part on pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before treatment</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>After treatment</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>
From the results based on gradation of symptoms it shows that after one month of treatment patient got relief from pain, swelling and tenderness. and blood investigation shows gradual reduce in the levels of CRP, RA and uric acid.

**Mode of action**

Bhallataka (Semecarpus Anacardium) contains biflavanoid like THA which is **Tetrahydroamentoflavone** which causes inhibition of cyclooxygenase COX 1 and COX 2. Both are the lipid mediators which plays an Important roles in the inflammation and in pain and also in normal physiological functions. Both catalyze the conversion of arachidonic acid to prostaglandins H₂ the precursor of prostaglandins and thromboxane and other lipid mediators\(^3\). Hence inhibition of cyclooxygenase COX 1 & COX 2 inhibit pro-inflammatory cytokine production and thereby reduces pain and acts as analgesic.

**DISCUSSION**

Yogratnakar has mentioned the use of Bhallatakadi Churnam for the management of pain in Amavata and Katiishool, which also helps in reducing the time duration of morning stiffness, shotha, sparshasahatva, and levels of RA, CRP, and ESR\(^2\). In Bhaishajyaratnavali, it is mentioned that Mahabhallahata gud is effective in the pain management of Vatarakta and Arsha. Bhallataka Kshirapaka seems to effectively reduce the pain in Amavata by lowering the levels of ESR and RA factors, thereby increasing the range of movement of affected joints, average foot pressure, and hand pressure, and decreasing the walking time [1]. Similarly, the Amrutbhallahata and the Naimittik Rasayan have tremendous results in reducing the severity of pain, swelling, tenderness, and stiffness of joints. In Charak Samhita, ten different types of Bhallataka preparation have been described in Rasayan Adhyay, which can be used for various disease conditions. Bhallatakadi Kwath is effective in Urusthambha in reducing stiffness in the thigh muscles. Acharya Sushrut has also explained the use of Bhallataka as Dhupan Dravya for external haemorrhoids for local analgesic effects [2]. Hence, it shows that different formulations of Bhallataka have tremendous results in reducing the pain in vatakaphajvyadhi. So in this patient market preparation of Bhallataka, which is serrenkottai nei in capsule form with extract of Bhallataka, which also contains cow ghee and cow milk, which will counteract any side effects of Bhallataka in pittajprakriti patient if any.

Panchakolasav mainly contains Pippali (piper longum), Pippalimool (root of piper nigrum), Chavya (piper chaba), Chitraka (plumbago zeylanica), and Nagar (zingiber officinale). The drugs mentioned in Panchakol have anti-inflammatory properties; hence, they help to reduce pain and swelling in joints. Dipan and Amapachan are also done by Panchakolasav, so it helps to rectify mandagni. As panchakol has strotoshodhan properties, it reduces symptoms like aruchi (loss of appetite), klama (weakness), and gauravata ( heaviness of the body). Malasanga was also relieved by the dipan pachan properties of Chitraka and Nagar \[8\].

Gandharva haritaki churna contains the haritaki churna process in its bharjan with Arand taila. It is a polyherbal, classical Ayurvedic medicine. The ailment resides in Kati Pradesh, which is the seat of Vata Dosha, whereas Mridu Virechan is the line of treatment for
Vatavyadhi, Sandhivata, Gridhrasi, and Ardita. This formulation is used for anulomana, ajeerna, and aruchi-induced diseases. It induces vatashamana, strotoshodhana, and shothahara effects; hence, it can be used as an excellent analgesic, anti-inflammatory, and nutritive therapy for such degenerative entities [7].

CONCLUSION

Based on the results and discussion, it is concluded that the synergistic effect of medicine along with Bhallataka acts as analgesic in the patient of Amavata, which results in relieving pain.

Informed consent- consent was taken by the patient.

Conflict of interest- No conflict of interest.

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