THE COMBINED EFFECTIVENESS OF SATAVARICHINNARUHADI KASHAYA AND SIGRUVARUNASYA LEPAM IN THE MANAGEMENT OF RHEUMATOID ARTHRITIS: A CASE STUDY

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ABSTRACT

Introduction– Rheumatoid arthritis (RA) is an autoimmune disorder which affects the joints and manifest primarily as pain and later by limiting the joint functions along with swelling, redness and stiffness. Aim– To study the combined effectiveness of Satavarichinunnarhide Kashaya and Sigruvanarsya Lepa in managing RA. Methods– A 62 yr. old female patient already diagnosed as RA for 2 years reported in the study setting with complaints of pain in all joints for 15 days. The patient was advised to take 48 ml of Satavarichinunnarhi Kashaya and Sigruvanarsya Lepa twice daily for 30 days. Periodic evaluation with DAS28 formula and joint measurements was done on 0th and 30th day. Results– DAS28 Score, before treatment = 8.08, after treatment = 3.67 (P < 0.001) Discussion– Satavarichinunnarhi Kashaya and Sigruvanarsya Lepa found to be very effective in RA. In Ayurveda RA can be related and understood as Vatasamita, which occurs due to Sookshma Sara and Drava Sara properties of Vata and Rakta respectively. Most of the drugs in Satavarichinunnarhi Kashaya are Vata-Pitta Samana, Kapha, and Madhura Vipaka which in turn helps in managing the deranged Vata and Rakta, whereas in Sigruvanarsya Lepa both drugs are Kapha-Vata Samana, Ushna Veerya and Kati Vipaka, which in combination with Dhanyamula is Vata-Kapha Samana. Spara Saeta in turn reduces the pain due to Vata. At the end of the study there was significant reduction in ESR along with symptoms. Conclusion– Hence the combination of Satavarichinunnarhi Kashaya and Sigruvanarsya Lepa is having significant role in the management of RA.

Keywords: Rheumatoid Arthritis, Satavarichinunnarhi Kashaya, Sigruvanarsya Lepa

INTRODUCTION

Rheumatoid arthritis (RA) is an autoimmune disorder which affects the joints first and manifest primarily as pain and later by limiting the joint functions along with swelling, redness and stiffness. The causes for the disease are still completely unknown1 RA adds risk of cardiac and pulmonary disorders, risk of lymphomas, peripheral neuropathy, carpel tunnel syndrome, baker’s cyst, subcutaneous nodules, systemic vasculitis etc. Gender prediction ratio of RA is 3 women: 1 man.2 People with RA has 3-fold increased mortality rate that is median life expectancy shortens by 3-7 years. The prevalence of Rheumatoid Arthritis increases with age, highest among people of age 65 years and older, women and those who are obese.3 In India, the prevalence of RA is 0.75%.3 Projected to the whole population, this would give a total of about 7 million patients in India. The incidence also increases with age, peaking between 4th and 6th decades. 80% of all patients develop the disease between the ages of 35 and 501. Even genetic factor has an important role in the susceptibility to Rheumatoid Arthritis.2

Even though science advanced to such a great extent, there is no much effective medical management for RA apart from giving symptomatic relief of pain by administering NSAIDs and modification of disease pathology by administering DMARDs etc. Ayurveda the ancient medical wisdom mentions a disease called Vatasonita (RA) and this concept can be applied to understand and relate RA. Sookshma (subtle) Vata (morbid humour) and Drava (fluidity) Sara (mobility) Rakta (blood) moves through the Siras (vessels) and settles in Sandhis (joints) due to Vakrata (tortuous nature of joints) present there, gets associated with Sthanika Doshas which present there like Kapha and Pitta produces Sopha (swelling), Ruja (pain) etc in Sandhiprada (joint)3 Such similar symptoms can be observed in RA also. Satavarichinunnarhi Kashaya (medicated decoction)4 which mentioned in Sahasrayogam and Satavarichinunnarhi Kashaya (poultice)5 mentioned in Vangusena which are specifically indicated in Vata-rakta. Satavarichinunnarhi Kashaya consists of Satavari (Asparagus racemosus, Willd.), Chinnaruhya (Tinospora cordifolia, Miers), Amalatwak (Emblica officinalis) Linn, Bala (Sidr cordifolia Linn), Ikshu (Saccharum officinarum Linn.), Kokilaksha (Asteracantha longifolia Nees), Yashidhamiku (Glycyrrhiza glabra, Linn) and most of the drugs are Vata-Pitta Samana (reduce Vata and Pitta), Seeta Veerya (cold potency) and Madhura Vipaka (state of food/drug after digestion) which in turn helps in managing the deranged Vata and Rakta. Sigruvanarsya Lepa consists of Signi (Moringa oleifera, Lam.),Varana (Crateva religiosa). Both these drugs are Kapha Vata Samana (reduce Kapha and Vata), Ushna Veerya (hot potency) and Kati Vipaka (state of food/drug after digestion),
which in combination with Dhanyamla is Vata Kapha Samana, Sparsa Seeta (cold in touch) used externally in turn reduces the pain in joints.

MATERIALS AND METHOD

Place of study
Pankajakasthuri Ayurveda Medical College and Post Graduate Centre Hospital, Killy, Kattakkada, Thiruvananthapuram, India

Ethical clearance
The study has been cleared by IEC vide approval reference number (PKAMC/ADM/01/2017). The study is carried out as per International Conference of Harmonization – Good Clinical Practices Guidelines. (ICH – GCP).

Case presentation
A 62-year-old Hindu female patient, Homemaker, reported to Kayachikitsa OPD, Pankajakasthuri Ayurveda Medical College and PG Centre Kattakkada on 31/12/2018 with OP No71696 with complaints of pain in all RA since 2 years, came with blood reports which show positive RA factor and CRP. Who on further investigation showed raised ESR.

History of presenting complaint
The patient was asymptomatic before 2 years. Later she developed pain in the right big toe, then on bilateral knee, shoulder, neck and smaller joints of both hands. She took allopathic medication for the same and got symptomatic relief, thereafter the symptoms re-occurred once she stopped the medication. She noticed occasional appearance of reddish discoloration on both feet which disappears by itself. 15 days before she got pain in the neck, bilateral shoulder, elbow, wrist, metacarpal, distal and proximal interphalangeal joints, knee and ankle joints. She had severe morning stiffness which lasts for more than 30 minutes and gets subside by itself; once she starts the day today activities. Thus she came to Pankajakasthuri Ayurveda Medical College Hospital for better management through Ayurveda.

History of past illness
Not a known case of diabetes, hypertension and dyslipidaemia.

Treatment history
Nothing Significant

Personal history

Table 1: Personal History

| Appetite: Good | Bladder: Normal |
|----------------|-----------------|
| Allergy: Not Detected | Diet: Taking mixed diet. Katu -Rooksha -Amla- Lavana-Teekshna – Ushna –Vidahi Ahara Priyatva and took fish fry daily. |
| Addiction: Nil | Sleep: Disturbed |
| Bowel: Regular | Exercise: Moderate Labour |

Investigations
RA: Positive
CRP: Positive
Total WBC: 7500 cells/cumm
Neutrophils: 62%
Lymphocytes: 33%
Eosinophils: 04%
Monocytes: 01%
Basophils: 0%
ESR: 88mm/hr
X-Ray: Mild arthritic changes in IP joints. No serious erosions noted.

Assessment criteria and grading
Assessment was done before and after treatment, with the parameter DAS28\(^8\) formula and Swelling of bilateral shoulder, Elbow, wrist, proximal and distal interphalangeal joints and knee joint is measured with a tape.

DAS28 Form\(^8\)

\[
\text{DAS28} = 0.56^* (t28) + 0.28^* (sw28) + 0.70^* \ln (\text{ESR}) + 0.01^* \text{VAS}
\]

Score >5.10 --- High disease activity
Score 5.1 to 3.2 --- Moderate disease activity
Score <3.2 --- Low disease activity
Score <2.6 --- Being in remission

Response to Rx._ of = 1.2 --- Good and <0.6 --- Poor

European League Against Rheumatism (EULAR)

Course of treatment
The patient was advised to take 48ml\(^3\) Kashaya with Yashtimadhu Churna (1gm)\(^11\) as Prakshlepa Dravya (adjuvant) twice daily before food for a period of 30 days. Sigruvanasya Lepa Churna (powder) with Dhanyamla twice daily for application as thin Lepa (poultice) against the direction of Romakoopas (hair follicle)\(^1\) in all painful joints for 30 days. She was advised to report once in 15 days for uninterrupted feedback.

RESULT

Table 2: Observations

| Parameter | Before treatment | After treatment |
|-----------|------------------|----------------|
| DAS 28 FORMULA Score | 8.08 (High activity) | 3.67 (Moderate activity) |
The concept of Vataararika can be applied to understand and relate RA. Sookshma (subtle) Sara (pervasive) Vata (mobid humour) and Drava (fluidity) Sara (mobility) Raka (blood) moves through the Siras (vessels) settles in Sandhi (joints) due to its Vakrakta (tortuous nature of joints), and gets associates with Sthanika Doshas (localized morbod humour) which present there in Sandhi (joint)like Pitta and Kapha, produces Sopha (swelling), Ruja (pain), etc in Sandhipradesa (joints). There for in general, the disease gives rise to pain in all the joints. The pain becomes excessively unbearable for the affected persons. Such similar symptoms can be observed in RA also; in Ayurveda, Samprapti Vighatanameva Chikitsa (breaking of pathogenesis). For breaking the samprapti Vata-Pitta Samana, Seeta Virya (cold potency), Guru (heavy)-Snigdha (unctuous) Guna, Madhura Vipaka (state of food/drug after digestion), Sheeta Sparsha (cold in touch), and Vata-Kapha Samana for Shanika Dosha are necessary. Satavariararikaruhadi Kashaya consists of seven drugs in which most of the drugs are Vata-Pitta Samana, Seeta Virya (cold potency), Guru-Snigdha Guna and all the drugs are having Madhura Vipaka (state of food/drug after digestion). In Sigruvarunasya Lepa both drugs are Kaptha- Vata Samana, Ushna Virya (hot potency) and Katu Vipaka (state of food/drug after digestion). Kaptha-Vata Samana property helps to manage the Kapha which is present in the joints. Both these Katu Vipaka (state of food/drug after digestion), Ushna Virya (hot potency) in turn can aggravate the disease condition but here it is used along with Dhanyamala which is Seeta Sparsa (cold in touch) in nature, will help to pacify the Ushnata (hotness) of drugs as its used externally and in turn reduces the pain in the joints.

CONCLUSION
Hence the combination of Satavariararikaruhadi Kashaya and Sigruvarunasya Lepa is having significant role in the management of Rheumatoid Arthritis.

Recommendations
The primary outcome of this case study was reduction of pain and swelling assessed with DAS28 score and joint measurements. Also in case of chronic RA patients the intervention can be extended for a period of at least 6 months for better results without Lepa (poultice) as it may cause Vata Vriddhi.

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REFERENCES
1. Longo DL, Fauci, Kasper, Hauser, Jameson, Lozcalzo, et al Rheumatic arthritis. In: Harrisons Principles of internal Medicine. 19th ed. New York, NY: The Mc Graw-HillCompanies; 2012. accessed oct.13,2015 pg 2738.https://www.ncbi.nlm.nih.gov/nmclatalog
2. Wolf AM, Kellgren JH, Masi AT. The epidemiology of rheumatoid arthritis: a review.[J].Incidence and diagnostic criteria. Bull Rheum Dis. 1968; 19: 524-529[Pubmed]https://www.ncbi.nlm.nih.gov/pubmed/488438
3. Centers for Disease Control and Prevention. Prevalence of doctor-diagnosed arthritis attributable effects among Hispanic adults, by Hispanic subgroup-United states, 2007-2009. MMWR. 2011; 60(06): 167-167. https://www.ncbi.nlm.nih.gov/pubmed/21330965
4. Article in Rheumatology International 13(4):131-4,February 1993 [Pubmed]
5. https://www.ncbi.nlm.nih.gov/pubmed/8310203
6. Agnivesa. Revised by charaka and dridabala.charaka samhita with ayurveda deepika commentary of chakrapanditutra, chikitsasthana 5th vol. 29th chap 12-15 sloka, Reprint 2012: choukambha orientalia Varanasi 2007.
7. M. Narayanana vaidyvar, edaikkadu.sahasrayogam. vatarakaprakaranam Malayalam. 1st ed. Kannur; 2001. p. 57-58,
8. Vangasena. vangasena samhitha 1st vol. chapter no. 29 168, 1st ed. translated by Dr. Nirmal saxena. choukambha orientalia, Varanasi 2004.
9. DAS-SCORE NL. Home of the DAS: Disease activity score in rheumatoid arthritis (accessed 15 February 2007) https://www.das-score.nl/das28/DAScalculators/dasculators.html
10. Sarangadhara. sarangadhara samhita mahyama khandakwathakalpana2/1-3 and Uttarakhanda Lepa mrdhatalakarnapooranavidhi 11/1-3.5th ed. translated by prof. K.R. Srikantamurthy. choukambha orientalia, Varanasi 2003; 10-14
11. The ayurvedic pharmacopeia of India. Part 1. volume 1 1st ed. New Delhi; 2001; 127-128.
12. Susrutha, Susrutha samhitha with dalhana commentary suthrasthana chaukambha 18th chapter 3rd sloka 2nd ed. chaukambha orientalia, Varanasi.

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