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A clinical study to evaluate the effect of Nithya Virechana on range of movements of joints in Amavata w.s.r. to Rheumatoid Arthritis

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Background: Amavata (Rheumatoid Arthritis) is a chronic, progressive inflammatory condition that primarily affects the joints, leading to pain, stiffness, swelling, and restricted mobility. It is characterized by the presence of Ama (undigested toxins) and vitiated Vata Dosha, which together contribute to pathological changes similar to Rheumatoid Arthritis (RA) in modern medicine.

Objective: This study aims to evaluate the effect of Nitya Virechana, assess inflammatory markers (ESR, CRP, ASO, RA factor), and measure the range of joint movements in individuals diagnosed with Amavata/Rheumatoid Arthritis.

Methodology: Nitya Virechana, a subtype of Virechana Karma, is described in classical Ayurvedic texts as a therapeutic intervention that facilitates the elimination of morbid Doshas via the Adhomarga. This procedure is not only beneficial in Pitta Nirharana but also effectively eliminates accumulated Ama, a key pathological factor in Amavata. Classical references suggest Nitya Virechana as an integral component in Amavata management. The present clinical study evaluates the efficacy of Nitya Virechana using Gandharvahastadi Eranda Taila in managing Amavata.

Results: Statistically significant improvement was observed across all parameters, with a p-value < 0.001, indicating positive therapeutic outcomes.

Conclusion: Gandharvahastadi Eranda Taila demonstrated significant efficacy in reducing CRP, RA factor, ASO, along with symptomatic relief and improved joint mobility in Rheumatoid Arthritis. The effectiveness of the treatment has been validated through statistical analysis of key clinical parameters.

Keywords: Amavata, Rheumatoid Arthritis, Nitya Virechana, Gandharvahastadi Eranda Taila

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Introduction

Amavata is considered as a both *Santharpana* and *Amaja Vyadhi* mentioned by *Madhava Nidana* which involves *Ama* along with *Tridoshas.*[1] The *Nidana* being mainly *Viruddha Ahara* and *Vihara*, which leads to *Utpatti* of *Ama* along with *Vata Prakopa* gets *SthanaSamshreya* in *Kaphasthana* resulting in *Amavata.* The *Lakshana's* of *Amavata* are *Angamardha, Aruchi, Trushna, Gourava, Sandhishotha, Sandhishoola, Shoonatanga* can be correlated with signs and symptoms of Rheumatoid arthritis.

Rheumatoid Arthritis affects approximately 0.024-1% of the adult population worldwide. Global prevalence rate of Rheumatoid Arthritis with genetic associations in India is 0.7%. It occurs more commonly in females than males, with a 2-3:1 ratio. Annual incidence of Rheumatoid Arthritis is approximately 40 cases per 10,000 and the prevalence rate is of 0.5-1% peaking in age group of 35-60 years. Effective curative management of Rheumatoid Arthritis helps to increase the productivity of individual mostly of the middle age.

Virechana is considered as the best *Shodhana* to balance the vitiated *Dosha*. *Eranda Taila* is mentioned as one of the *Snigdha Virechaka Dravya* in all *Brihatrayees.*[3,4] By considering it as best in conditions like *Amavata*. It has properties like *Snigdha*, *Tikshna, Sukshma Guna, Madhura Vipaka* and *Ushna Virya*. It does both *Snigdha* and *Pachana Karma, Sroto Shodhana* that helps to tackle *Amavata. Amavata* is one among the *Shoola Pradhana Vyadhi*, mentioned as an independent disease by *Acharya Madhavakara*. In *Madhava Nidana, Acharya* has explained regarding the *Nidana, Lakshanas.*

Acharya Chakradatta,[5] *Vangasena,*[6] *Bhaishajya Ratnakara,*[7] mentioned about *Langhana, Deepana*, *Virechana, Katu Tikta Dravya Prayoga* in management of *Amavata*. *Acharya Charaka* mentioned *Eranda* as best *Agrya* for *Virechana*[2] in *Vata Shleshmahara*. *Acharya Bhavaprakasha* and *Bhaisheyja Ratnakara*[7] mentions *Prayoga* of *Eranda Taila* in *Amavata.* Rheumatoid Arthritis is a chronic inflammatory disorder of autoimmune origin that may affect many tissues and organs but principally attacks the joints producing non suppurative, proliferative and inflammatory synovitis.

First recognized description of Rheumatoid arthritis in modern medicine was in 1800 by the French physician Dr. Augustine Jacob Landre Beauvais.[8]

Objective of the study

To evaluate the effect of *Nitya Virechana, to* assess the inflammatory markers - ESR, CRP, ASO and RA and assess the range of movements in *Amavata*/ Rheumatoid Arthritis.

Materials and Methods

Ethical Committee Approval No. SDMCAU/ACA-49/ECH 33/2022-23

Design of the study:

An open label single group clinical study

Table 1: Showing the intervention of the study.

Intervention	
Drug name	Gandharvahastadi Erandam
Dose	25 ml /day
Route of administration	Oral
Time of Administration	Morning around 9: 30 am
Anupana	Ushna Jala
Duration of the study	7 days

Source of Data

Patient source

Patients diagnosed with Amavata were selected from the OPD and IPD of Sri Dharmasthala Manjunatheshwara Ayurveda Hospital, Kuthpady, Udupi.

Method of collection of data

It was a non-randomized open-label clinical study with a pre- and post-test design to assess the efficacy of Virechana Karma and the range of movements in joints with *Gandharvahastadi Eranda Taila* in the management of *Amavata*. A detailed case proforma has been prepared on the disease Amavata or RA.

Diagnostic Criteria

ACR Revised criteria

- Morning stiffness in and around joints for at least 1hour.
- Soft tissue joint swelling observed by physician at least 3 joint groups (R or L: MCP, PIP, wrist, elbow, knee, ankle, MTP).

- Arthritis of hand joints (MCP, PIP or wrist).
- Symmetrical swelling of one joint area in (2) above.
- Rheumatoid nodule.
- Positive Serum Rheumatoid factor.
- Radiograph changes on wrist/hands: erosions or juxta-articular osteoporosis.

For classification purposes, a patient was said to have rheumatoid arthritis if he/she satisfied at least four of these seven criteria. Criteria 1 through 4 must have been present for at least 6 weeks.

Inclusion criteria

1. Patients fulfilling diagnostic criteria of *Amavata*/RheumatoidArthritis.
2. Patients aged between 35-60 years
3. Patients who are fit for *Nithya Virechana Karma.*

Exclusion criteria

1. Patients with systemic illness like Diabetes Mellitus, Hypertension which will hamper treatment
2. Pregnancy and Lactating women.
3. All autoimmune disorders other than Rheumatoid Arthritis.

Assessment Criteria

The signs and symptoms of *Amavata*/ Rheumatoid Arthritis and Inflammatory markers ESR, CRP, ASO and RA will be assessed before and after treatment.

Subjective Parameters

1. Number of *Virechana Vegas*

2. Amavata Lakshanas like *Angamardha, Gourava, Alasya, Apaka, Shoonatanga, Aruchi.*

Objective Parameters

The signs and symptoms and range of movements in wrist, elbow, knee, ankle, MTP, MCP, PIP of Rheumatoid Arthritis will be assessed before treatment and after treatment .

On zeroth day before treatment and on 7th day, after treatment the range of movements will be assessed.

Rheumatoid Arthritis patients - 2010 ACR revised criteria. To assess the inflammatory markers - ESR, CRP, ASO and RA.

Intervention

1. The patients who fit for above said criteria is selected for *Nitya Virechana* for 7 days.
2. The patient will be administered *Gandharvahastadi Earanda Taila* in empty stomach, in a dose of 25ml with *Ushna Jala* as *Anupana* around 9 am.
3. After the administration, the patient will be observed for number of *Vegas*, assessment of *Jeerna* and *Ajeerna Lakshanas* of *Virechana Dravya*, Once the *Samyak Viriktha Lakshana* is achieved, then the patient is asked to take *Laghu Aahara.*

Duration of study

- Total duration of the study: 7 days
- Investigations included in the study is as follows, the inflammatory markers - ESR, CRP, ASO and RA

Results

1. Visual Analog Scale

Table 1: Statistical analysis of VAS

VAS	Mean			Wilcoxon signed rank test						
	BT	AT	BT-AT	% of improvement		SD	SEM	Median	Z value	P value
	4.400	2.700	1.7	38.6%	BT	1.102	0.201	4.000	4.695	<0.001
					AT	0.877	0.160	2.000		

The results for the parameter of VAS showed a highly significant interpretation ($p < 0.001$) with the Wilcoxon signed-rank test - Z value (4.695). *Nithya Virechana* with *Gandharvahastadi Taila* showed a significant reduction in pain in multiple joints of the body.

2. Chronic Pain Grade Scale

The results for the parameter of the Chronic Pain Grade Scale showed a highly significant interpretation ($p < 0.001$) with the Wilcoxon signed-rank test - Z value (4.899).

Nithya Virechana with *Gandharvahastadi Taila* showed a significant reduction in pain in multiple joints of the body.

Table 2: Statistical analysis of Chronic Pain Grade Scale

Chronic Pain Grade Scale	Mean			Wilcoxon signed rank test						
	BT	AT	BT-AT	% of improvement		SD	SEM	Median	Z value	P value
	2.467	1.667	0.8	32.4%	BT	0.629	0.115	2.000	4.899	<0.001
					AT	0.884	0.161	1.000		

3. Rheumatoid Arthritis

Table 3: Statistical analysis of RA

RA	Mean			Wilcoxon signed rank test					
	BT	AT	BT-AT	% of improvement	SD		SEM	Median	T value	P value
	33.920	32.460	1.46	4.30%	BT	31.663	5.781	23.300	4.683	<0.001
					AT	31.505	5.752	23.500		

The results for the hematological parameter of the RA factor showed a highly significant interpretation ($p < 0.001$) with the Paired t-test – t value (4.683). *Nithya Virechana* with *Gandharvahastadi Taila* showed a significant reduction in the RA factor.

4. Anti streptolysin-o titre

Table 4: Statistical analysis of ASO

ASO	Mean			Wilcoxon signed rank test					
	BT	AT	BT-AT	% of improvement	SD		SEM	Median	't' value	P value
	193.653	186.197	7.456	3.8%	BT	211.315	38.581	94.600	2.206	0.035
					AT	211.444	38.604	90.000		

The results for the hematological parameter of Anti-Streptolysin-O titre showed significant interpretation ($p = 0.035$) with the Paired t-test - t value (2.206). *Nithya Virechana* with *Gandharvahastadi Taila* showed a significant reduction in Anti-Streptolysin-O titre.

5. C reactive proteins

Table 5: Statistical analysis of C reactive proteins

CRP	Mean			Wilcoxon signed rank test					
	BT	AT	BT-AT	% of improvement	SD		SEM	Median	't' value	P value
	14.697	13.353	1.344	9.1%	BT	20.692	3.778	5.750	5.348	<0.001
					AT	19.859	3.626	4.750		

The results for the hematological parameter of C-reactive proteins showed a highly significant interpretation ($p < 0.001$) with the Paired t-test - t value (5.348). *Nithya Virechana* with *Gandharvahastadi Taila* showed a significant reduction in C-reactive proteins.

6. Erythrocyte Sedimentation rate

Table 6: Statistical analysis of ESR

ESR	Mean			Wilcoxon signed rank test					
	BT	AT	BT-AT	% of improvement	SD		SEM	Median	't' value	P value
	51.833	47.367	4.466	8.6 %	BT	35.306	6.446	48.000	435.000	<0.001
					AT	33.793	6.170	43.500		

The results for the hematological parameter of Erythrocyte sedimentation rate showed a highly significant interpretation ($p < 0.001$) with the Paired t-test – t value (435.000). *Nithya Virechana* with *Gandharvahastadi Taila* showed a significant reduction in the Erythrocyte sedimentation rate.

7. ACR criteria

An RA score of 6 or above is considered a definite Rheumatoid Arthritis subject. The mean showed a significant reduction from definite RA to non-definite RA by the end of the course of treatment and follow-up.

Table 7: Statistical analysis of ACR Criteria

ACR Criteria	Mean			Wilcoxon signed rank test						
	BT	AT	BT-AT	% of improvement		SD	SEM	Median	Z value	P value
	7.100	5.100	2	28.1%	BT	1.605	0.293	7.500	4.853	< 0.001
					AT	1.517	0.277	5.000		

8. Range of movement

Table 8: Statistical analysis of range of movement

ROM of	Mean			Wilcoxon signed rank test						
	BT	AT	BT-AT	% of improvement		SD	SEM	Median	Z value	P value
Lumbar Spine	1.300	0.467	0.833	64%	BT	0.466	0.0851	1.000	5.000	<0.001
					AT	0.490	0.0895	0.000		
Cervical spine	1.200	0.367	0.833	69.4%	BT	0.407	0.0743	1.000	5.000	<0.001
					AT	0.490	0.0895	0.000		
Shoulder joint	1.200	0.300	0.9	75%	BT	0.0743	0.152	1.000	5.196	< 0.001
					AT	0.466	0.0851	0.000		
Hip joint	1.233	0.400	0.833	67.5%	BT	0.430	0.0785	1.000	5.000	<0.001
					AT	0.498	0.0910	0.000		
Knee joint	1.400	0.600	0.8	57.1%	BT	0.498	0.0910	1.000	4.899	<0.001
					AT	0.621	0.113	1.000		
Elbow joint	1.200	0.267	0.933	77.7%	BT	0.407	0.0743	1.000	5.292	<0.001
					AT	0.450	0.0821	0.000		
Ankle joint	1.233	0.467	0.766	62.1%	BT	0.430	0.0785	1.000	4.796	<0.001
					AT	0.571	0.104	0.000		
Wrist joint	1.167	0.167	1	85.6%	BT	0.379	0.0692	1.000	5.477	<0.001
					AT	0.379	0.0692	0.000		
MCP Joints	1.200	0.300	0.9	75%	BT	0.407	0.0743	1.000	5.196	<0.001
					AT	0.466	0.0851	0.000		
MTP joints	1.200	0.300	0.9	75%	BT	0.407	0.0743	1.000	5.196	<0.001
					AT	0.466	0.0851	0.000		

The results for the parameter of the range of movement of the lumbar spine (low back) showed a highly significant interpretation ($p < 0.001$) with the Wilcoxon signed-rank test – Z value (5.000). Nithya Virechana with Gandharvahastadi Taila showed a significant improvement in the range of movement of the lumbar spine. The results for the parameter of the range of movement of the cervical spine (neck) showed a highly significant interpretation ($p < 0.001$) with the Wilcoxon signed-rank test – Z value (5.000). Nithya Virechana with Gandharvahastadi Taila showed a significant improvement in the range of movement of the cervical spine.

The results for parameter of range of movement of the shoulder joint showed a highly significant interpretation ($p < 0.001$) with Wilcoxon signed-rank test – Z value (5.196). Nithya Virechana with Gandharvahastadi Taila showed a significant improvement in the range of movement of shoulder joint. The results for parameter of range of movement of hip joint showed a highly significant interpretation ($p < 0.001$) with Wilcoxon signed-rank test – Z value (5.000).

Nithya Virechana with Gandharvahastadi Taila showed a significant improvement in the range of movement of the hip joint. The results for the parameter of the range of movement of the knee joint showed a highly significant interpretation ($p < 0.001$) with the Wilcoxon signed-rank test – Z value (4.899). Nithya Virechana with Gandharvahastadi Taila showed a significant improvement in the range of movement of the knee joint.

The results for the parameter of the range of movement of the elbow joint showed a highly significant interpretation ($p < 0.001$) with the Wilcoxon signed-rank test – Z value (5.292). Nithya Virechana with Gandharvahastadi Taila showed a significant improvement in the range of movement of the elbow joint.

The results for the parameter of the range of movement of the ankle joint showed a highly significant interpretation ($p < 0.001$) with the Wilcoxon signed-rank test – Z value (4.796). Nithya Virechana with Gandharvahastadi Taila showed a highly significant improvement in the range of movement of the ankle joint.

The results for the parameter of the range of movement of the wrist joint showed a highly significant interpretation ($p < 0.001$) with the Wilcoxon signed-rank test – Z value (5.477). Nithya Virechana with Gandharvahastadi Taila showed a significant improvement in the range of movement of the wrist joint.

The results for the parameter of the range of movement of the metacarpophalangeal joints (first digit) showed a highly significant interpretation ($p < 0.001$) with the Wilcoxon signed-rank test – Z value (5.196). Nithya Virechana with Gandharvahastadi Taila showed a significant improvement in the range of movement of the metacarpophalangeal joints.

The results for the parameter of the range of movement of the metatarsophalangeal joints showed a highly significant interpretation ($p < 0.001$) with the Wilcoxon signed-rank test – Z value (5.196). Nithya Virechana with Gandharvahastadi Taila showed a significant improvement in the range of movement of the metatarsophalangeal joints.

9. Angamardha

Table 9: Statistical analysis of *Angamardha*

Angamardha	Mean			Wilcoxon signed rank test						
	BT	AT	BT-AT	% of improvement	SD		SEM	Median	Z value	P Value
	1.000	0.367	0.633	63.3%	BT	0.000	0.000	1.000	4.359	<0.001
					AT	0.490	0.0895	0.000		

The mean score of Angamarda before the treatment was 1.000, which reduced to 0.367 after the treatment, with a difference in means of 0.633. This difference was found to be statistically significant with a P value of < 0.001.

10. Gaurava

Table 10: Statistical analysis of *Gaurava*

Gaurava	Mean			Wilcoxon signed rank test						
	BT	AT	BT-AT	% of improvement	SD		SEM	Median	Z value	P Value
	1.000	0.367	0.633	63.3%	BT	0.000	0.000	1.000	4.359	<0.001
					AT	0.490	0.0895	0.000		

The mean score of Gaurava before the treatment was 1.000, which reduced to 0.367 after the treatment, with a difference in means of 0.633. This difference was found to be statistically significant with a P value of < 0.001.

11. Alasya

Table 11: Statistical analysis of *Alasya*

Alasya	Mean			Wilcoxon signed rank test						
	BT	AT	BT-AT	% of improvement	SD		SEM	Median	Z value	P Value
	1.000	0.367	0.633	63.3%	BT	0.000	0.000	1.000	4.359	<0.001
					AT	0.490	0.0895	0.000		

The mean score of *Alasya* before the treatment was 1.000, which reduced to 0.367 after the treatment, with a difference in means of 0.633. This difference was found to be statistically significant with a P value of < 0.001.

12. Shoonatanga

Table 12: Statistical analysis of *Shoonatanga*

Shoonatanga	Mean			Wilcoxon signed rank test						
	BT	AT	BT-AT	% of improvement	SD		EM	Median	Z value	P Value
	1.000	0.100	0.9	90 %	BT	0.000	0.000	1.000	3.000	0.004
					AT	0.316	0.1000	0.000		

The mean score of *Shoonatanga* before the treatment was 1.000, which reduced to 0.100 after the treatment, with a difference in means of 0.9. This difference was found to be statistically significant with a P value of 0.004.

13. Apaka

Table 13: Statistical analysis of *Apaka*

Apaka	Mean			Wilcoxon signed rank test						
	BT	AT	BT-AT	% of improvement		SD	SEM	Median	Z value	P Value
	1.000	0.000	1	100%	BT	0.00	0.000	1.000	3.742	<0.001
					AT	0.000	0.000	0.000		

The mean score of *Apaka* before the treatment was 1.00, which reduced to 0.00 after the treatment, with a difference in means of 1. This difference was found to be statistically significant with a P value of < 0.001.

14. Aruchi

Table 14: Statistical analysis of *Aruchi*

Aruchi	Mean			Wilcoxon signed rank test						
	BT	AT	BT-AT	% of improvement		SD	SEM	Median	Z value	P Value
	1.000	0.000	1	100%	BT	0.00	0.000	1.000	3.742	<0.001
					AT	0.000	0.000	0.000		

The mean score of *Aruchi* before the treatment was 1.00, which reduced to 0.00 after the treatment, with a difference in means of 1. This difference was found to be statistically significant with a P value of < 0.001.

Discussion

Virechana is considered an essential therapeutic procedure in Ayurveda that promotes the elimination of toxins (*Ama*) and balances the *Doshas*. In this study, the use of *Nithya Virechana*, a daily form of *Virechana*, showed promising results in the management of *Amavata. Eranda Taila,* the key ingredient in this procedure, is known for its effectiveness in treating diseases associated with joint inflammation, especially those related to vitiated *Vata Dosha.* The therapeutic benefits of this treatment were observed in the reduction of joint pain, stiffness, and swelling, which are common symptoms of *Amavata.*

Amavata, as described in Ayurveda, is a condition characterized by the accumulation of *Ama* (toxins) in the joints, which causes pain, swelling, and stiffness. These symptoms resemble those of rheumatoid arthritis, a chronic inflammatory disorder. The pathogenesis of *Amavata* involves interplay of aggravated *Vata Dosha* and the formation of *Ama*, which settles in the joints, leading to inflammation and joint dysfunction. This understanding aligns with modern clinical findings of RA, where the body's immune system attacks its joints, causing systemic inflammation and discomfort. The study's findings, including reduction in inflammatory markers such as C-Reactive Protein (CRP) and Erythrocyte Sedimentation Rate (ESR), further support the Ayurvedic concept of *Amavata* as an inflammatory disease.

Eranda Taila, with its potent properties of being *Snigdha* (unctuous), *Tikshna* (sharp), and *Ushna* (hot), is particularly effective in addressing *Vata*-related disorders. The use of *Gandharvahastadi Eranda Taila* in *Nithya Virechana* therapy was observed to reduce the inflammatory markers and alleviate the symptoms associated with *Amavata*. The anti-inflammatory properties of the oil, in combination with its detoxifying effects, helped in reducing joint swelling, tenderness, and stiffness. This aligns with the Ayurvedic view that such therapies can pacify aggravated *Doshas* and provide relief from inflammatory conditions.

The study methodology, which included a combination of subjective and objective markers such as Range of Movement (ROM), RA score, and inflammatory markers, proved to be an effective approach for assessing the clinical outcomes of *Nithya Virechana*. Significant improvements were noted in joint mobility across various joints, including the lumbar spine, cervical spine, wrist joint, and knee joint, confirming the treatment's efficacy in improving flexibility and reducing pain. Additionally, the decrease in the RA score and inflammatory markers (CRP, ESR) demonstrated a reduction in systemic inflammation, highlighting the systemic benefits of the treatment.

The study shows that *Nithya Virechana* with *Gandharvahastadi Eranda Taila* is an effective therapeutic approach for managing *Amavata*. It significantly improved joint mobility, reduced pain, and decreased inflammatory markers,

Aligning with both Ayurvedic principles and modern clinical findings. The reduction in subjective symptoms like *Angamarda, Gaurava,* and *Alasya* further underscores the treatment's effectiveness in managing both the local and systemic manifestations of *Amavata*. Further studies with larger sample sizes and longer follow-up periods are needed to confirm the long-term benefits and to establish *Nithya Virechana* as a reliable treatment option for chronic inflammatory diseases like *Amavata*.

Conclusion

Nitya Virechana Karma with *Gandharvahastadi Eranda Taila* effectively alleviated the symptoms of *Amavata* by balancing *Vata* and *Kapha Doshas.* The therapy demonstrated significant reduction in pain, stiffness, swelling, and redness, while promoting *Samshodhana* and restoring *Dosha* equilibrium, thus enhancing overall health and systemic inflammation.

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