

Role of Langhana in Management of Amvata

Vd. Pratiksha Shinde¹, Vd. Nilesh Dere², Vd. Swati Soman³

PG Scholar, Dept of Kayachikitsa, SST's Ayurved College Sangamner, Maharashtra

Associate Professor, Dept of Kayachikitsa, SST's Ayurved College Sangamner, Maharashtra

HOD & Professor, Dept of Kayachikitsa, SST's Ayurved College Sangamner, Maharashtra

Submitted: 20-07-2023

Accepted: 31-07-2023

ABSTRACT: Rheumatoid Arthritis (Amavata) is an autoimmune inflammatory disease that causes pain, swelling, stiffness, destruction and functional disability in the affected joints. It is defined as a chronic multisystem disease characterized by persistent inflammatory synovitis, usually involving peripheral joints in a symmetric distribution with a potential to cause cartilage destruction and bone erosions. According to Ayurveda, the main cause of the disease is formation of Ama due to Agnimandya. The general principles of treatment of this disease in Ayurveda lay emphasis on stimulating and normalizing the impaired Agni by the use of Langhana, Deepana, Pachana, and Katu, Tikta Rasa predominant drugs (for the correction of digestion and metabolism). The 38-year-old female diagnosed with amvata in this case was treated with langhana. The end of the treatment contributed to a decrease in overall symptoms.

Keywords: Amavata, Ama, Rheumatoid arthritis, case report, langhana

I. INTRODUCTION:

Rheumatoid arthritis is an unknown aetiology.[1] It is thought to be multifactorial, with genetic factors (human leucocyte antigen [HLA] genes) and environmental factors (smoking, silica) playing important roles. In Amavata, Ama is the primary cause of the disease caused due to Agnimandya. Langhana is the first and best line of treatment to get rid of Ama. Any factor which causes Laghutwa in the body is called Langhana. The Gunas of Langhanadravyas are Laghu, Teekshna, Vishada, Ruksha and Sukshma. These Gunas are antagonistic to the qualities of Ama. Though Charaka speaks of Dashavidha Langhan including Vamana, Virechana, Asthapanana and Shirovirechana along with Pipasa, Maruta Sevana, Atapasevandi, Pachana, Upavasa, Vyayama, Langhana in the form of Upavasa or Laghu Bhojana (food prepared with Deepana, Pachana drugs) should be implemented in Amavata.[2] The

Samyak Langhana Lakshanas are: Samyakh Visarjana of Vata, Mutra and Purisha, Laghutwa of the body, Hridaya Shuddhi or Prasannata, Mukha and Kantha Shuddhi, Tandra and Klama Nivrutti, Sweda Pravrutti, Ruchi Pravrutti, appearance of Kshudha and Pipasa and absence of any discomfort in the patient.[3] Langhana helps Jatharagni to recover its original strength. It does Agni Sandookshana, checks the production of Ama, gives rest to Avayavas related to the process of digestion, allows Agni to digest what is left without properly being digested. If food intake is not restricted Agnimandya will continue and the disease gets further aggravated.

II. CASE REPORT

A Female patient of age 38 years visited the Kayachikitsa O.P.D. of our hospital on 08/02/2022 with O.P.D. no.567 with complaints of Pain in multiple joints associated with swelling and stiffness over the body. Gradually, she developed the same pain and stiffness in both the knee and wrist joints. She later suffered from Shotha (swelling) over affected joints on and off. Eventually, the elbow and ankle joints also began to get affected. She was temporarily relieved by the allopathic anti-inflammatory medicines and sooner began to develop the symptoms again. Thus, the patient then approached our hospital for further treatment.

History of Past Illness: No h/o of hypertension, diabetes and any other illness.

Personal history

1. Ahara- Samishra (mixed diet)
2. Vihara-Diwaswapna (morning sleep habit)
3. Nidra- Samyaka (Satisfactory)
4. Mala pravritti: Samyaka (Satisfactory)
5. Mutra pravritti: Samyaka (Satisfactory)
6. Vyasana: Tea (2-3 times a day)

General Examination

1. Vitals: Pulse rate: 79/min
2. Blood pressure: 120/90 mm/hg

3. Respiratory rate: 16/min

Systemic examination: On examination, the patient is conscious, RS = NAD, CVS= S1, S2 Normal
Local examination: On examination of the musculoskeletal system, marked pitting oedema was found on bilateral wrist joints, knee joints and face. Tenderness was found on palpation in the

wrist and metacarpophalangeal joints. There was no evidence of joint deformity.

Consent of patient: The patient has given his permission for her clinical data to be published in a journal. The patient is aware that his name and initials will not be published, and that all reasonable efforts will be done to keep his identity hidden

Symptoms	0	1	2	3	4
Stambhan(Stiffness)	Absent	Occasional	Intermittent	Often	Always
Sandhishola (Pain In multiple joints)	No pain	Mild pain, bearable	Moderate pain	Severe pain with slight difficulty in movements	Severe pain with more difficulty in movements
Sandhishotha (Swelling)	Absent	Mild, >10% increased circumference of affected joint	Moderate, >10% increased circumference of affected joint	Severe, >20%	Severe, >20% Increased Circumference of affected Joint

Observation:

Symptoms	BT	AT
Stambhan (Stiffness)	4	1
Sandhishola (Pain in multiple joints)	3	0
Sandhishotha (Swelling)	2	0

III. DISCUSSION:

Langhana[4] Any measure, which brings in laghuta in the body, is known as langhana Ten types of langhana have been said in charaka viz. suddhi of four types (vamana, virechana, asthapanand shirovirechana), pipasa, maruta, atapa, pachana, upavasaand vyayama. Acharya Vagbhatain ashtangahridya has considered langhana similar to apatarpana and has described under the heading shodhana and shamana. According to acharya rakathose who are suffering from excessive vitiation of kapha, pitta, blood and waste products, are afflicted with obstructed vata and who have bulky and strong bodies should be treated using shodhana

(purificatory) procedures of Langhana. Those who are suffering from diseases caused by moderate increase of kapha and pitta such as vama, atisara, hridayaroga, visuchika, alasaka, jwara, vibandha, gaurav, udgara, hrillasa, arochaka and similar conditions should first be treated with application of pachana.[5] Above mentioned diseases, with mild intensity, should be mitigated by the upvasa and pipasanigraha (fasting and control of thirst). In a strong person with diseases of mild and moderate intensity, any treatment measure should include vyayama and atapamaruta (physical exercise and exposure to sunlight and the wind). Those who are suffering from skin disorders, urinary disorders, those

consuming excess of unctuous food, with excess discharges in the body and undergone excess nourishing therapy should be treated with Langhana therapy. In a season of shishira (winter), Langhana is suitable for patients with vata-dominant disorders. The use of substances, which possess the properties like laghu, ushna, tikshana, ruksha, vishada, sukshama, khara, sara and kathina, causes langhana. Main type of langhana useful in case of amavata is upavasa (no consumption of food materials). It is the first measure that has been advised for the management of amavata, which is considered to be an amasayothavyadhi and also rasajavikara, langhana is the first line of treatment in such conditions. The pathology originates in amashaya due to poor digestion in presence of mandagni, ultimately resulting in formation of ama. So the starvation will further stop the production of ama. In addition it helps in digestion of ama. Along with upavasa the use of drugs having the langhana properties will also benefit in pachana of ama and correct the mandagni. Once the ama is cured, and the strength of the agni is restored the measure to control the vata can be instituted. While doing the langhana foremost care should be taken as these measures can further vitiate the vata dosha. So langhana should be stopped as soon as the niramavata condition is achieved. **Conclusion:** The case report shows that langhana treatment is potent and effective in the management of amavata. The langhana has no negative side effects. As a result, Amavata can be efficiently and safely treated with Ayurveda's Chikitsa Siddhant.

REFERENCE:

- [1]. Harrison's Principles of internal medicine- Volume 2-Dennis L Kasper, Stephen L Hauser, J. Larry Jameson, Anthony S.Fauci, Dan L. Longo, Joseph Loscalzo, 19th edition, Mc Graw hill education.2015
- [2]. Gupta, S. K., Management of Amavata (rheumatoid arthritis) with diet and Virechanakarma. Ayu, 36(4), (2015). 413–415. <https://doi.org/10.4103/0974-8520.190688>
- [3]. Virmani M, Rheumatoid arthritis diagnosis according to Ayurveda texts W.S.R. Amavata. Int Phys Med Rehab J. 2019;12(3):97–103. DOI: 10.15406/ijcam.2019.12.00456
- [4]. Shah Ankur, EHarrison's Principles of Internal Medicine Volume 2, 18th edition, Chapter 321, Rheumatoid Arthritis, (Pg. 2739).
- [5]. Tripathi I, Sri Chakrapanidatta's Chakradutta with Vaidaya- prabha, Hindi Commentary Chapter 73, Niruhadhikar 73/32 Varanasi, Chaukambha Sanskrit Bhawan, reprint edition, 2018, pp.455