

**Comparative Clinical Evaluation of Dhānyāmla Vasti and
Dhānyāmla Kāyaseka in the Management of Āmavāta with
special reference to Rheumatoid Arthritis**

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ABSTRACT

The disease Āmavāta is mainly due to derangement of Agni. Rheumatoid arthritis, a chronic systemic disorder has close resemblance with the clinical entity of Āmavāta. The prevalence is becoming high in all ethnic groups as well as in urban areas.

Ayurvedic treatments manage the disease so that a patient can carry out his/ her routine daily activities and ambulation. The present study was undertaken to evaluate and compare the effect of Dhānyāmla Kāyaseka and Dhānyāmla Vasti in the management of Āmavāta.

This study has been carried out with 30 patients, selected from OPD and IPD of Ayurveda Teaching Hospital Borella, Sri Lanka. Criteria for selecting the patient were based on the classical signs and symptoms of Āmavāta and the criteria lay down by the American Rheumatism Association (ARA, 1998). Patients whose rheumatoid factor (Rh factor) test indicated positive or negative were all included. Patients who were having severe chronicity with duration of the illness more than 10 years and those who are undergoing treatment for diabetes mellitus, tuberculosis, heart diseases and hypertension were excluded from the study.

Selected patients were randomly assigned into two groups each consisted of 15 patients, viz, Group A and B respectively using a shuffled deck of cards. The patients of both groups were initially administered 10 ml of Dhānyāmla before meal twice a day internally, for three consecutive days to achieve Āmapācana.

After the oral administration of Dhānyāmla, Group A patients were treated with Dhānyāmla Vasti and Group B patients were treated with Dhānyāmla Kāyaseka, once a day for 14 consecutive days. The patients were examined and the clinical features, functional parameters as well as laboratory investigations were recorded using a standard proforma before and after the treatment and after the follow up. The therapeutic effects were assessed considering improvements in clinical features, functional parameters and changes in laboratory investigations. Response to the

treatment was statistically analysed by using Wilcoxon signed ranks test and Mann-Whitney U Test.

The experimental study was carried out to assess the quality of Dhānyāmla. Specific gravity and the pH of Dhānyāmla was 1.0068 and 4.13 respectively at 30°C. Pathogenic micro-organisms such as *Coliforms*, *Escherichia coli* and *Salmonella* were not found in Dhānyāmla. Phytochemical screening studies revealed the presence of tannins, flavonoids and saponins in the sample. TLC-densitogram fingerprint of Dhānyāmla was comparable to the TLC-densitogram fingerprint of its standard mixture of raw materials.

In this study, only female patients participated and the majority was housewives. The researchers did not get male patients during the time of the study. Patients who were suffering from Jvara (fever) were completely relieved with the oral administration of Dhānyāmla prior to administration of Dhānyāmla Vasti (Group A) or Dhānyāmla Kāyaseka (Group B).

According to the present study, both treated groups; that is group treated with Dhānyāmla Vasti (Group A) and group treated with Dhānyāmla Kāyaseka (Group B), showed statistical significant reduction in the cardinal features such as Bahusandhi Śōtha (joint swelling), Bahusandhi Śūla (joint pain), Sparsāsahiṣṇutā (tenderness), Sandhi Stabdhatā (joint stiffness), Aṅgamarda (body aches), Aruci (anorexia) and Tṛṣṇā (thirst) in the patients suffering from Āmavāta (rheumatoid arthritis).

When both groups are compared, it is indicated that Dhānyāmla Vasti, is statistically more effective than Dhānyāmla Kāyaseka in the treatment of Āmavāta (rheumatoid arthritis). In the view of the observations and results obtained in this study, it is concluded that while oral administration of Dhānyāmla followed by Dhānyāmla Vasti or Dhānyāmla Kāyaseka is effective therapies in the management of Āmavāta (rheumatoid arthritis), Dhānyāmla Vasti is the most effective therapy.