

COMPARATIVE CLINICAL STUDY OF PATHYADI CHURNA AND ALAMBUSHADI  
CHURNA IN THE MANAGEMENT OF AMAVATA

Vd. Nilesh Yadav\* and Prof. Dr. H.B. Singh

PG Scholar,

\*Corresponding Author: Vd. Nilesh Yadav

PG Scholar, india.

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## ABSTRACT

Due to the high prevalence of amavata disease in society and the lack of effective medication, the disease is chosen for the study. The current management of "Amavata" consists of all type of single herbal medicine, Poly-herbal compound, mineral compound which mainly targets in pain relief, reducing signs of inflammation, helping in adjusting day to day life with ease. With time it is seen that these medicines show certain limitation in course of treatment thus giving rise to the need of more potent and cost friendly formulation with almost no side effect. Pathyadi churna is a polyherbal drug and Alambushadi churna is a herbomineral drug. Pathyadi churna contains haritaki, shunthi and ajwain, whereas Alambushadi churna contains haritaki, alambusha, gokshura, amalaka, bibhitaki, shunthi, guduchi, trivrutta. The most important feature of this *churna kalpana* is with limited resources i.e., Haritaki, Shunthi, Ajwain, it helps treat *Aamvata*, Shotha, Mandagni And Arochak. Since, it contains Haritaki and Shunthi (*Vishwabhaishajam*), it also acts as Rasayana therapy, *Dipana – Pachan Karya* ultimately helps in decreasing *vrudha Vata dosha*, *Dushti Ahar- rasa* thus prevents formation of Aam dosha and also acts as purgative. After observation of above literature source we can say that it will definitely help in *sampraptibhagna* (breaking of patho-physiology) of *Aamvata*.

**KEYWORDS:** Amavata, Churna, Pathyadi churna, Alambushadi churna.

## INTRODUCTION

Ayurveda, the ancient system of medicine has always helped mankind in maintaining the healthy life and staying disease free. Ayurveda derived from 2 words – ayusho (life) + vedah (knowledge) = knowledge of life.

The basic motive of ayurveda is to maintain health and prevent disease leading to better quality of life.

In the modern era, we see change in life style such as sleeping late at night, getting up late from bed, sedentary work, no exercise and also change in food habit such as excessive consumption of beverages (cold drinks and junk food), unhygienic food, packed food leading to inadequate intake of nutrients (carbohydrate, protein, fats and micronutrients) and decrease body's defence mechanism leading to various disease.

In ayurvedic text, many acharayas had discussed about dincharya (daily regimen), ritucharya (seasonal regimen), ashta ahara vidhi visheshaytan and sadvritta for better and disease free life. Unhealthy habits and activities such as ratrijagran, divaswap, vegavidharana etc are the main course in initiating the disease. Today the individual lives a stressful life, eats incoherent food (*virudha ahara*) and live in society full of competition, jealousy, anxiety,

fear giving rise to many disease including amavata.

Amavata disease was first described in madhav nidhan by acharaya madhav considering ama (undigested food) as the main cause of disease. In Brihatrayee (i.e. Charak Samhita, Sushruta Samhita, Aastanghridayam) the word ama had been described in detail resulting in hypofunctioning of Agni (mandagni). The Ama is converted to amavisha and propagates through the body with various dosha, dhatus and malas. Ama with dushit vayu affect the kapha sthana that is joints. Due to direct affliction of majjavaha srotasa and similarity in guna of Ama and kapha, sandhi become main site of pathogenesis, similar condition are seen in patient with rheumatoid arthritis which can be co-related with Amavata.

## PREVALANCE RATE

As Amavata signs and symptoms are correlated with Rheumatoid arthritis. The prevalence of rheumatoid arthritis (R.A) is relatively constant in many population at 0.5% -1%. However a high prevalence of RA has been reported in pima indian (5.3%) and in the Chippewa india (6.8%).

The prevalence of R.A. in India in adults has been

reported to vary from 0.5 to 3.8% in women and from 0.15 to 1.37% in men. Females are affected three times more often than males.

### AIM

To compare the efficacy of PATHYADI CHURNA and ALAMBUSHADI CHURNA in the management of Amavata.

### OBJECTIVE

To study the efficacy of PATHYADI CHURNA and ALAMBUSHADI CHURNA in the management of Amavata.

### MATERIAL AND METHODS

Resources of literature review was done from Samhitas, Commentaries, Scientific journals, Research papers and websites[pubmed and google scholar]

### AMAVATA

**The Samprapti of Amavata can be described as-** Mainly ama (indigestion or improperly digested chyle) produced from various factors in the digestive system such as improper eating and food habits, mental state during eating. Virudhahara, Achesta, Snigdghara etc., which have an adverse effect on agni.

Dushti of Agni also occurs at the level of the dhatu, due to which ama is generated. This ama thus generated turns sour and decomposes and is named Amavisha. This

amavisha reaches all parts of the body through the systemic circulation.

Simultaneously, Vata is aggravated by its etiological factors and spreads Amavisha to various Shleshma sthana of the body.

During systemic circulation, Amavisha enters the shakha, kostha and Marma-asthi- sandhi depending on the place of its accumulation and the blockage of further supply causes various disease, eg. In Kostha this Amavisha produces Amajima, Visuchika etc. In shakha it produces medoroga, prameha etc whereas in marmasthisandhi it produces hridaroga, pakshavadha, Amavata etc During systemic circulation this Amavisha mixes with Tridosha (Vata, Pitta and Kapha) present in dhamanisthis producing kledatwa in different regions in the body. This Amavisha enters into Kosthha, trika and sandhipradesha, which are Vyakta Sthana of Amavata produces stiffness and inflammation of joints.

Blocked channels get inflamed and further transformation of the nutrient materials do not take place resulting in diffusion of this material into surrounding tissue, causing permanent and chronic damage of Shleshma Sthana.

### CHIKITSA SIDDHANT

The treatment proposed in grantha's are langhana, swedana, tikta deepana katu drugs, virechana, snehapana and basti.

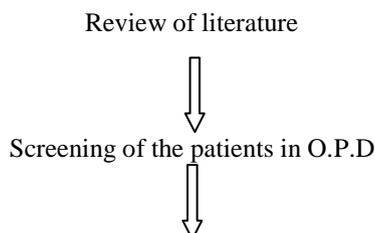
### PATHYADI CHURNA

No	Drug Name	Ras	Virya	Vipak	Prayojyang
1.	Haritaki	Pancharas (lavanrahit)	Ushna	Madhur	Phal
2.	Shunthi	Katu	Ushna	Madhur	kand
3.	Ajvain	Katu, Tikta	Ushna	Katu	Phal

### ALAMBUSHADI CHURNA

No	Drug Name	Ras	Virya	Vipak	Prayojyang
1.	Haritaki	Pancharas (lavanrahit)	Ushna	Madhur	Phal
2.	Shunthi	Katu	Ushna	Madhur	kand
3.	Alambusha	Tikta, Katu	Ushna	Katu	Panchang
4.	Gokshura	Madhur	Sheet	Madhur	Phal
5.	Amalaki	Pancharas (lavanrahit)	Sheet	Madhur	Phal
6.	Bibhitaki	Kashaya	Ushna	Madhur	Phal
7.	Guduchi	Tikta, Kashaya	Ushna	Madhur	Kand
8.	Trivrutta	Tikta, Katu	Ushna	Katu	Mula twak

### STUDY DESIGN



After initial assessment and randomization groups allocated Pathyadi churna and Alambushadi churna given to each Group A and B respectively 3 grams twice a day after meal for 8 weeks

Subjective and Objective assessment at intervals on 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup>, 28<sup>th</sup>, 35<sup>th</sup>, 42<sup>nd</sup>, 49<sup>th</sup> and 56<sup>th</sup> day

Final assessment at the end of treatment Collection and entry of data in CRF

Data analysis Statistical interpretation

Discussion

Conclusion

**CRITERIA OF ASSESSMENT**

The criteria of assessment to evaluate efficacy of Pathyadi churna and Alambushadi churna in the management of Amavata are divided into two parameters:

- A. Subjective Parameter
- B. Objective Parameter

- 1) Sandhishoola
- 2) Sandhishotha
- 3) Sparshasahatva
- 4) Sandhigraha
- 5) Jwara
- 6) Trishna
- 7) Arochak
- 8) Walking time

Before starting the therapy, all the patients were explained and investigated as per the criteria of diagnosis. All these values will be termed as Before Treatment (BT) values. After completion of a course of Pathyadi churna and Alambushadi churna respectively, the systemic effect of therapy was evaluated on following signs and symptoms with investigations and these values were termed as After Treatment (AT) value.

Following gradation and scoring are taken as subjective parameters to study the effect of drug:

**Sandhishotha (Swelling in joints)<sup>[72]</sup>**

Sr. No.	Symptoms	Score
1.	No swelling	0
2.	Slight swelling	1
3.	Moderate swelling	2
4.	Severe swelling	3

**A) Subjective Parameter**

Symptoms and signs of Amavata were taken into consideration.

**Sparshasahyata (Tenderness)<sup>[72]</sup>**

Sr. No.	Symptoms	Score
1.	No tenderness	0
2.	Subjective experience of tenderness	1
3.	Wincing of face on pressure	2
4.	Wincing of face and withdrawal of the affected part on pressure	3
5.	Resist to touch	4

**Sandhigraha (Stiffness in joints)<sup>[72]</sup>**

Sr No.	Frequency	Score
1.	No stiffness or stiffness lasting for 5 minutes	0
2.	5 min to 2 hours	1
3.	2 to 8 hours	2
4.	More than 8 hours	3

**Sandhishool (Joint Pain)<sup>[82]</sup>**

Sr.no.	Severity of pain	Score
1.	No pain	0
2.	Mild pain	1
3.	Moderate pain, but no difficulty in moving	2
4.	Slight difficulty in moving due to pain	3
5.	Much difficulty in moving in moving the bodily parts	4

**Arochak (Anorexia)<sup>[72]</sup>**

Sr.No.	Symptoms	Score
1.	Willing towards all <i>Bhojya Padarth</i>	0
2.	Unwilling towards some specific <i>Rasa i.e Katu/Amla/Madhur</i> food	1
3.	Unwilling towards unliking foods but not to the other	2
4.	Totally unwilling for meal	3

**Trishna (Thirst)<sup>[72]</sup>**

Sr.No.	Symptoms	Score
1.	Normal 1.5-2 liters	0
2.	Increased but can be controlled 2-2.5 liters	1
3.	Increased with increased frequency of drinking water 2.5-3 liter	2
4.	Very much increased >3 liters	3

**Jwara<sup>[72]</sup>**

Sr. No.	Symptoms	Score
1.	No	0
2.	Occasional	1
3.	Daily once	2
4.	Constant	3

**Objective Parameter**

- CBC
- ESR
- RA FACTOR
- ANTI CCP
- VISUAL ANALOGUE SCALE

**Investigational Parameter:** CBC, ESR, RA, ANTI CCP.

**Walking time (for 25 feet)<sup>[72]</sup>**

Sr.no.	Walking time	Grade
1.	15-20 sec	0
2.	21-30 sec	1
3.	31-40 sec	2
4.	>40 sec	3

**OBSERVATION AND RESULTS****AVERAGE % RELIEF IN GROUP A AND GROUP B –**

Sr No	Patient Wise % Effect GroupA			
	BT	AT	Diff	% Relief
1	20	2	18	90.00
2	26	8	18	69.23
3	23	11	12	52.17
4	29	13	16	55.17
5	25	10	15	60.00
6	27	13	14	51.85
7	23	7	16	69.57
8	17	7	10	58.82
9	29	10	19	65.52
10	26	7	19	73.08
11	24	11	13	54.17
12	22	6	16	72.73
13	25	8	17	68.00

14	25	13	12	48.00
15	17	5	12	70.59
16	20	8	12	60.00
17	22	8	14	63.64
18	19	6	13	68.42
19	20	10	10	50.00
20	28	12	16	57.14
21	25	7	18	72.00
22	27	8	19	70.37
23	21	8	13	61.90
24	26	11	15	57.69
25	24	10	14	58.33
26	22	6	16	72.73
27	13	5	8	61.54
28	25	9	16	64.00
29	28	10	18	64.29
30	25	10	15	60.00
Average %Effect				63.36

Sr No	Patient Wise % Effect GroupB			
	BT	AT	Diff	% Relief
1	26	5	21	80.77
2	23	5	18	78.26
3	21	1	20	95.24
4	25	7	18	72.00
5	25	6	19	76.00
6	26	4	22	84.62
7	18	5	13	72.22
8	28	6	22	78.57
9	21	0	21	100.00
10	25	4	21	84.00
11	21	4	17	80.95
12	18	4	14	77.78
13	22	6	16	72.73
14	29	12	17	58.62
15	29	12	17	58.62
16	24	1	23	95.83
17	27	8	19	70.37
18	29	9	20	68.97
19	26	7	19	73.08
20	26	6	20	76.92
21	23	1	22	95.65
22	27	10	17	62.96
23	30	10	20	66.67
24	22	5	17	77.27
25	24	5	19	79.17
26	27	8	19	70.37
27	28	11	17	60.71
28	26	10	16	61.54
29	26	3	23	88.46
30	29	6	23	79.31
Average %Effect				76.59

Average % Effect	
Group A	64.41
Group B	77.18

## DISCUSSION

Discussion is the link that connects conclusions to result and observation. The purpose of research work can be fulfilled only by a proper discussion.

We have studied the data and obtained the results in a detailed manner, the applied part was analyzed statistically, and their significance was finally tested with proper reasoning to draw conclusions.

The study was conducted on 60 patients with Amavata, randomly selected regardless of gender, religion and socioeconomic status registered at our institution with their written consent from.

One group, called Group A (test group), consisted of 30 patients who were given Pathyadi churna 3 grams twice a day after meals for 8 weeks.

Another group B (comparative group) also consisted of 30 patients who were given Alambushadi churna 3 g twice a day after meals for 8 weeks.

## TOTAL EFFECT OF THERAPY

### % Relief in Patients

The total effect of the treatment has been assessed as - complete remission, marked improvement, moderate improvement, mild improvement and no change.

In Group A, 27 patients showed moderate improvement, 2 patients showed mild improvement and 1 patient showed marked improvement.

In Group B, 16 patients showed marked improvement, 13 patients showed moderate improvement and 1 patients showed complete remission.

### Average % Relief

1. Group A – 64.41%
2. Group B- 77.18%

So alambushadi churna is more effective than pathyadi churna in the management of Amavata as per the % relief.

Thus the study titled “OPEN RANDOMISED COMPARATIVE CLINICAL STUDY OF PATHYADI CHURNA AND ALAMBUSHADI CHURNA IN THE MANAGEMENT OF AMAVATA” suggests that Alambushadi churna with lukewarm water is effective in the management of Amavata to reduce sandhishool, sandhishotha, sandhigraha, sparshasahatva and Trishna.

Alambushadi churna act as vatakaphashamaka, agnivardhaka, srotoshodhana, anulomana and subside shoth (swelling), shoola (pain), sheeta by their katu-tikta rasa and ushna virya. Agnimandya relieved by their laghu-tikshna guna, jatharagnideepan by tikta-katu rasa, ruksha, laghu guna.

This suggests that alambushadi churna is Significantly effective in relieving the signs and symptoms of Amavata within 8 weeks. It is not the right master treatment to cure Amavata in 8 weeks. This requires a long-term evaluation. But these effects certainly give us hope for the treatment of Amavata in the long term.

## CONCLUSION

Here is the most important part of the study as it concludes whether the study is statistically significant or insignificant.

The present study was conducted on Amavata, emphasizing the literary, clinical as well as therapeutic aspects of amavata in the light of both modern and Ayurveda

The study, "OPEN RANDOMISED COMPARATIVE CLINICAL STUDY OF PATHYADI CHURNA AND ALAMBUSHADI CHURNA IN THE MANAGEMENT OF

AMAVATA" is done in the previous chapters; Now in this chapter conclusions are drawn which are based on tables and graphs, statistical analysis and discussion discussed in previous chapters.

### The conclusions are as follows

- 1) Most of the patients were in the age group of 41 to 60 years.
- 2) There were more female patients than males.
- 3) The maximum number of patients were Hindu. It is very difficult to draw any conclusions from this data as the study site was a Hindu majority area. We can therefore conclude that this data is insignificant for any conclusion about the religion-wise incidence of this disease.
- 4) Although most of the patients were from the middle class. It is very difficult to draw any general conclusions from this data as the study site was middle class dominated area. Therefore we can conclude that this data is insignificant to draw any conclusion about the class wise incidence of this disease.
- 5) The present study has shown that the prevalence of the disease is common among people doing housewife and service type work.
- 6) Most of the patients have Mandagni and Madhyam koshta; from this data we can conclude that possibility of getting Amavata is maximum in persons having Mandagni and Madhyam koshta.
- 7) In the present study the largest number of patients were eating mixed (Veg+non-vegetarian) food. From this we can conclude that there is a relationship between dietary factors and amavata which is also mentioned in Ayurvedic classics.
- 8) It was observed that the % relief of symptoms like sandhishool, sandhishotha, sandhigraha, sparshasahatva, aruchi, jwara, trishna by Haritaki guggul is 61.32, 70.83, 65.31, 60, 68.63, 68.75,

65.52 respectively. The % relief of symptoms like sandhishool, sandhishotha, sandhigraha, sparshasahatva, aruchi, jwara, trishna by sinhanad guggul is 73.87, 78.95, 75.76, 72.83, 79.49, 81.13, 79.49 respectively.

In this trial, patients had shown better results in both the groups i.e., Trial group (Pathyadi churna) and Control group (Alambushadi churna).

It was observed that the overall percentage of relief in symptoms sandhishool, sandhishotha, sandhigraha, sparshasahatva and trishna is more in the Comparative group as (77.18%) showed Marked to moderate improvement than in Trial group which was (64.41%).

9) Pathyadi churna and Alambushadi churna both are almost equally effective in reducing ESR, RA Factor, Anti CCP in Amavata.

It was observed that the overall percentage of relief was more in the Comparative group (77.18%) than in the Trial group (64.41%). The symptoms such as sandhishool, sandhishotha, sandhigraha, sparshasahatva and trishna were studied in this comparative group and were significantly improved. The percentage of relief for all the symptoms is significant in the comparative group. **Hence, the null hypothesis put forth in this thesis is accepted i.e. PATHYADI CHURNA is less effective than ALAMBUSHADI CHURNA in the management of Amavata.**

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