ROLE OF HERBAL PREPARATIONS IN GENERAL SYMPTOMS OF AMAVATA, W.S.R TO ASHWAGANDHA AND SHUNTHI

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ABSTRACT

Rheumatoid Arthritis (RA), an auto-immune musculo skeletal disorder, explained in modern medicine has a close resemblance with the clinical entity of Amavata. Amavata vis-a-vis Rheumatoid Arthritis is one of the dreaded diseases that the mankind faces today. Even though, Amavata is not proved to be fatal, it cripples the affected patients. This dreadful disease producing stiffness of body becomes a cause of many other diseases also. Despite the awareness of the disease, reasonable explanations for the cause and source of RA are still obscure in modern science. Hence no rational curative measures are known. Ayurveda, the age old Indian System of Medicine, advocates a reliable management of diseases with due consideration to protect the normal health while treating the disease with highly efficacious and easily available drugs based on humoral theory. Ayurvedic approach to the disease Amavata is to re establish the body structure and to balance the vitiated Doshas. Alleviation of Vata Dosha disease with highly efficacious and easily available drugs based on humoral theory. Ayurvedic approach to the disease Amavata is to re establish the body structure and to balance the vitiated Doshas. Alleviation of Vata Dosha has special importance in the management. The present study deals with the Amavatahara karma of Ashwagandha and Shunthi.

KEYWORDS: Amavata, Rheumatoid Arthritis, Ashwagandha, Shunthi.

INTRODUCTION

The disease Amavata came into existence in 7th cent. AD, when Madhvakara described the aetio-pathogenesis and symptomatology of Amavata in detail for the first time in his book Raguviniscaya. This is a unique contribution of Madhavakara because before him no ancient scholars mentioned Amavata as a disease this away. Though the word Ama has been described in many places in Brihatrayi and other ancient Ayurvedic literatures. In Charaka-Samhita word Amaya is used as a synonym of disease. Aetiology of Amadosa has been given in detail by Charaka. He further said that Amadosa is also known as Amavisa which is of two types Alasaka and Visscika. In Charaka-Samhita word Amaya is used for disease while describing of Medhyarasayana. Apart from this reference word Amaya is used for disease state since Vedic period, so it reflects that Ama is an important factor of producing diseases. When Ama gets mixed with Dosh, Dushya and mala then it is named as Sama condition.

Madhavakara recognized Amavata as a separate disease entity. However ancient scholars had idea about this disease. This has been included under Vatsavyadh.

Nidana of Amavata

The specific aetiological factors mentioned by Acharya Madhava are as follows: Acharya Madhava has divided the Nidanas into two broad catagories viz. Aharaja and Viharaja. These Nidanas act in four basic ways to produce a disease. These are by dosa Prakopa, by Agnidusti, by producing Khavaigunya and by producing Daurbalya in Dusyas. Here also the nidanas act in the same way. We can enumerate nidan of Amavata in this way

(1) Virudhahara - Many aharaja nidanas are mentioned in classics which can be summed under one heading viruddhahara. So this makes viruddhahara a very important nidana for many diseases. Acarya Charaka has described eighteen types of viruddhahara. Indulgence in any of these viruddhahara leads to provocation of tridosha, causing vitiation of agni which leads to production of ama.

(2) Viruddhacea - This group of nidanas refers to the Viharaja causes responsible in the samprapti of amavata. Viruddhacea indicates all those activities of the body which have an adverse effect on the normal physiology of body.
(3) Mandagni⁷. Some persons have inherent mandagni because of their specific prakriti. Such type of persons, if without considering their agni, take other nidanas, then they are more prone to get affected from diseases of ama, as ama production takes place very quickly in them.

(4) Nischalasaya - This word denotes persons who are lazy and less active by their nature. In such persons continuous consumption of nutritious or even normal diet produces accumulation of kapha dominant dhatu. Also due to sedentary habits, agni gets vitiated which in turn leads to vitiation of doshas and production of ama.

(5) Snigdhabhuiktavato Vyayama - Snigdha ahara, which is also guru, causes vitiation of agni in the body and production of ama. Whereas vyayama just after snigdhabhojana causes vitiation of vayu and also khavaigunya in sandhis. During vyayama there is excessive mobilisation of sandhis. This over use of sandhis causes khavaigunya within them. Thus vyayama acts as khavaigunya producing nidana and combination of it with snigdhabhojana makes a specific nidana for amavata.

PURVARUPA⁸,⁹

Purvarupa of Amavata is not mentioned clearly in various classics but it is supposed that the various symptoms like Daurbalya, Hrid- Graha, Gatrasabdhtta shows the presence of Ama in the body.

RUPA¹⁰

At the time of vyaktavstha of a disease, the manifestation of the fully developed disease occurs showing the Rupa of the disease.It is the result of Dosha-dushya sammarchhana. All the Sign and Symptoms of Amavata described in various texts are given below:

(A) Pratyatm Laksana¹¹
(1) Sandhisula
(2) Sandisotha
(3) Gatrasabdhtta
(4) Sparsa asahyta
(5) Sasabda Sandhi

(B) Samanya Laksna¹²
(1) Angamarda
(2) Aruchi
(3) Trisha
(4) Alasya
(5) Gaurav
(6) Jwara
(7) Apaka
(8) Angasunta

MATERIALS AND METHODS

Selection of Patient

The patients attending the OPD and IPD of the G.A.C.H., Patna, were selected randomly on the basis of classical signs and symptoms described in various Ayurvedic texts.

Criteria for Diagnosis of Rheumatoid Arthritis

The 1987 Revised Criteria for the classification of RA.

(1) Guidelines for classification

(a) Four of seven criteria are required to classify a patient as having rheumatoid arthritis.

(b) Patients with two or more clinical diagnosis are not excluded.

(2) Criteria

(a) Morning stiffness: Stiffness in and around the joints lasting 1 hour before maximal improvement.

(b) Arthritis of three or more joint areas: At least three joint areas, observed by a physician simultaneously, have soft tissue swelling or joint effusions, not just bony overgrowth. The 14 possible joint areas involved are right or left proximal interphalangeal, metacarpophalangeal, wrist, elbow, knee, ankle and metatarsophalangeal joints.

(c) Arthritis of hand joints: Arthritis of wrist, metacarpophalangeal joint, or proximal interphalangeal joint.

(d) Symmetric Arthritis: Simultaneous involvement of the same joint areas on both sides of the body.

(e) Rheumatoid nodules: Subcutaneous nodules over bony prominences, extensor surfaces, or juxtaarticular regions observed by a physician.

(f) Serum rheumatoid factor: Demonstration of abnormal amounts of serum rheumatoid factor by any method for which the result has been positive in less than 5 percent of normal control subjects.

(g) Radiographic changes: Typical changes of RA on poster anterior hand and wrist radiographs which must include erosions or unequivocal bony decalcification localized in or most marked adjacent to the involved joints. Criteria a-d must be present for at least 6 weeks. Criteria e must be deserved by a physician.

Criteria of Inclusion

1) Patient who are willing for trial.

2) Patients in the age group of 10-70 years.

3) Patients suffering from Amavata(Rheumatoid Arthritis).

4) Only uncomplicated cases diagnosed on the basis of signs and symptoms were considered.

Criteria of Exclusion

1) Patients who are not willing for trial.

2) Patients below the age of 10 and above 70.

3) Patients who are not fulfilling criteria of inclusion.

4) Chronicity below six weeks or more than 10 years.

5) Gout, Osteoarthritis etc.

Preparation of Trial drug

Method of Preparation – Roots of Withania somnifera and rhizomes of Zinziber officinale were collected from P.G. Deptt. Of Govt. Ayurvedic College and Hospital, Patna. Which were identified and pharmacogonostical and phytochemical studies have been carried out in

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R.R.I. (C.C.R.A.S.) unit of Lucknow. Drugs were bought by P.G. Deptt. Of Govt. Ayurvedic college and Hospital, Patna. Firstly macro impurities were picked from the sample and then the sample was washed and dried at a shaded place. The dosage forms, root powder of Ashwagandha and rhizome powder of Shunthi were prepared in the pharmacy of G.A.C. and stored for dispensing.

All drugs mentioned above were prepared in the laboratory of P.G.Deptt. Of Govt. Ayurvedic College and Hospital, Patna.

Method of Drug Administration
Part & Formulation: Root and Rhizome powder
Route of administration: Oral
Dose: Ashwagandha – 5 gm. twice daily. Shunthi – 2 gm. twice daily
Anupana: Ashwagandha – Luke warm milk
Shunthi – Luke warm water
Duration of Treatment: 60 days
Follow-up: 15 days
Level of study: O.P.D/ I.P.D
Centre for study: Govt. Ayurvedic College & Hospital, Patna

GROUPS
The patients thus selected were randomly grouped in three groups:
Gr. 1) Ashwagandha and Shunthi powder orally.
Gr. 2) Ashwagandha powder orally.
Gr. 3) Shunthi powder orally.

<table>
<thead>
<tr>
<th>S.N</th>
<th>Symptom</th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% Relief</td>
<td>‘P’ value</td>
<td>% Relief</td>
<td>‘P’ value</td>
</tr>
<tr>
<td>1.</td>
<td>Angamarda</td>
<td>75.76</td>
<td>&lt;0.001</td>
<td>58.8</td>
</tr>
<tr>
<td>2.</td>
<td>Aruchi</td>
<td>34.78</td>
<td>&lt;0.01</td>
<td>50.0</td>
</tr>
<tr>
<td>3.</td>
<td>Gaurav</td>
<td>50.0</td>
<td>&lt;0.01</td>
<td>33.3</td>
</tr>
<tr>
<td>4.</td>
<td>Jwar</td>
<td>50.0</td>
<td>&gt;0.02</td>
<td>20.0</td>
</tr>
<tr>
<td>5.</td>
<td>Shunta</td>
<td>25.0</td>
<td>&gt;0.02</td>
<td>50.0</td>
</tr>
<tr>
<td>6.</td>
<td>Sarujam sotha</td>
<td>39.28</td>
<td>&lt;0.001</td>
<td>30.0</td>
</tr>
<tr>
<td>7.</td>
<td>Agni dourbalya</td>
<td>47.6</td>
<td>&lt;0.01</td>
<td>37.5</td>
</tr>
<tr>
<td>8.</td>
<td>Bahu mutrata</td>
<td>33.33</td>
<td>&gt;0.02</td>
<td>25.0</td>
</tr>
<tr>
<td>9.</td>
<td>Nidra viparyaya</td>
<td>33.33</td>
<td>&gt;0.02</td>
<td>75.0</td>
</tr>
<tr>
<td>10.</td>
<td>Kosta baddhta</td>
<td>37.5</td>
<td>&gt;0.02</td>
<td>14.28</td>
</tr>
</tbody>
</table>

Angamarda - The response in angamarda by Group-I (Ashwagandha & Shunthi) was 75.76% and was highly significant, response of Group-II (Ashwagandha) was 58.8% and was highly significant, while response of Group-III (Shunthi) was 42.8% and was also highly significant.

Aruchi - The response in aruchi by Group-I was 34.78% and was significant, response of Group-II was 50% and was insignificant, while response of Group-III was 42.8% and was also insignificant.

Gaurav - The response in Gaurav by Group-I was 50% and was significant, response of Group-II was 33.3% and was insignificant, while response of Group-III was 42.8% and was also insignificant.

Pathyapathya
The patients of both the groups were advised do’s and don’ts.

Do’s – Take the hot meals.
- Drink Luke warm water
- Stay in warm and heated places in winters.
- Take bath with warm water.

Don’ts – Don’t take heavy food.
- Avoid exposure to cold.
- Don’t expose yourself directly to cold wind.
- Don’t consume restricted eatables.
- Don’t over exert.

Criteria of Assessment
All the patients were assessed for relief in signs and symptoms and objective parameters after the completion of trial. To give objectivity to subjective symptoms grading/scoring system was adopted and then Statistical analysis was done.

DISCUSSION OF THE RESULTS
(A.) Percentage relief on General sign and symptoms after treatment with all 3 groups of medicines:

Diet
I.P.D. patients were prescribed light hospital diet and OPD patients were also advised to take their routine light diet and milk.

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Sarujam sotha - The response in Sarujam sotha by Group-I was 39.28% and was highly significant, response of Group-II was 30% and was insignificant, while response of Group-III was 20% and was also insignificant.

Agni Dourbalya - The response in Agni dourbalya by Group-I was 47.6% and was significant, response of Group-II was 37.5% and was insignificant, while response of Group-III was 75% and was also insignificant.

Bahu Mutrata - The response in Bahu mutrata by Group-I was 33.33% and was insignificant, response of Group-II was 25% and was insignificant, while response of Group-III was 33.33% and was also insignificant.

Nidra Viparyaya - The response in Nidra viparyaya by Group-I was 33.33% and was insignificant, response of Group-II was 75% and was insignificant, while response of Group-III was 33.3% and was also insignificant.

Kosta Baddhta - The response in Kosta badhhta by Group-I was 37.5% and was insignificant, response of Group-II was 14.28% and was insignificant, while response of Group-III was 16.7% and was also insignificant.

SUMMARY AND CONCLUSION

Observation of the results
In General symptoms drugs of group I provided statistically highly significant (P<0.001) relief in general symptoms like Angamarda, Sarujam sotha and Agni dourbalya, provided significant (P<0.01) relief in Aruchi and Ushn guna. It follows the chikitsa sutra of Aamavata so both the groups given good improvement in the present study.

Both the drugs which used in this study were Kata Rasa pradhana, Madhura vipaka, and having a Laghu snigdha properties and Ushn guna. It follows the chikitsa sutra of Aamavata so both the groups given good improvement in the present study.

Regarding the Nidana sevana it is found that guru, shita, abhishyandi, ahara, vishamashana, diva swapna, nischestata, bhoganjattara vyayama, chinta, shoka are the most aetiological aggravative factors of the disease Amavata.

Anupana helps the drug to act in its proper way. It adds synergetic results to the aushadha guna. So in the trial drug, Godugdha as Anupana found very effective for ashwagandha and Luke warm water for Shunthi.

The present study was conducted with limited time, limited facilities and limited number of patients. A study of larger group of patients may help to understand the mode of action of the trial drug. If the patients have less chronicity and longer duration of treatment then perhaps better results could be achieved. In the future further studies might be carried out to reveal some more hidden facts and to find out a better remedy for Aamavata.

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