

A COMPARATIVE STUDY ON THE ROLE OF YOGAVASTI (KSHAR VASTI AND SAINDHAVADI TAILA) AND AMRITADI CHURNA IN THE MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)

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ABSTRACT

At the present day *Amavata* is one of the challenging disease not only in India but also all over the world. *Ama* and *vata* are two factors responsible for the disease. Changing life style and dietetic pattern are responsible for the manifestation of the disease. *Amavata* is characterized by *angamardya*, *aruchi*, *trishna*, *alasya*, *gaurav*, *jwara*, *apaka* and *saunyatanganam*. *Amavata* can be presented as very similar to rheumatoid arthritis. In this comparative study 40 patients were included and they were divided into two groups. Group A (20 patients) treated with *amritadi churna*. Group B (20 patients) treated with *kshar vasti* as *niruha* and *saindhavadi taila* as *anuvastana vasti* and *amritadi churna*. Result of the study has been assessed on the basis of clinical improvement. After administration of therapy it was found that group B showed better result in comparison to group A without any adverse effect.

Keyword: *Amavata*, *kshar vasti*, *Saindhavadi Taila*, Rheumatoid arthritis.

INTRODUCTION

Ayurveda deals with physical, mental and spiritual wellbeing of human. At the present day *amavata*^[1] is a crying problem in India as well as all over the world. It is frustrating and distressing ailment both for the patient as well

as physicians due to its character. *Ama* and *Vata* are two factors responsible for the disease *amavata*. Changing life style and dietetic pattern are responsible for the manifestation of this disease. In *Vrihatrayee* no description of

amavata as a disease entity is found. The details description of *amavata* was found in *Madhav Nidan*^[9]. According to *Madhav Nidan* *amavata* is characterized by *angamarda*^[4] (bodyache), *aruchi*^[4] (anorexia), *trishna*^[4] (thirst), *alasya*^[4] (malaise), *gauravam*^[4] (feeling of heaviness), *Jwara*^[4] (fever), *apaka*^[4] (indigestion), *sunyatanganam*^[4] (inflammation of the body parts). *Amavata* can be presented as very similar to rheumatoid arthritis. Rheumatoid arthritis is an auto-immune disorder of unknown aetiology characterized by chronic symmetrical poly arthritis, joint erosion and destruction. It is commonest inflammatory joint disease seen in clinical practice and in its worldwide distribution it affects 0.5 – 3% of population. *Amavata* is one of the greatest enemies of human being which cripples patients to make the life distressed. Management of this disease is not satisfactory up till now. The role of *yoga vasti* as well as *amritadi churna*^[6] in the management of *amavata* is the major concern of my work.

AIMS AND OBJECTIVES

1. A thorough review of the literature concerned with *amavata*.
2. To study the etiopathogenesis of *amavata* vis-a-vis rheumatoid arthritis^[5].
3. To develop more knowledge about *amavata* and its management.
4. To assess the efficacy of *vasti* and *saman chikitsa*, in the management of *amavata*.
5. To compare the effect of both therapy clinically.

MATERIALS AND METHODS

INCLUSION CRITERIA

1. Patients within the age group 15 to 55 years.
2. History of pain and swelling over joints with or without deformity.
3. Patients having middle and small joint (multiple joint) involvement.
4. Patients having the classical features of *amavata* like – *angamarda*^[4] (bodyache), *aruchi*^[4] (anorexia) *trishna*^[4] (thirst) *alasya*^[4] (malaise), *gauravam*^[4] (feeling of heaviness) *jwara*^[4] (fever) *apaka*^[4] (indigestion) *sunyatanganam*^[4] (inflammation of the body parts),
5. Arthritis with having positive R.A factor.
6. Patient of any sex, religion, occupation, income status and educational status.
7. Patients who want to come under trial with written consent.

EXCLUSION CRITERIA

1. Patients age below 15 years & above 55 years.
2. Patients having known history of higher uric acid level (gout), osteoarthritic changes in the joints, septic arthritis, psoriatic arthritis etc.
3. Patients having known gross pathology like Pulmonary tuberculosis, Diabetes mellitus, HIV and chronic kidney disease etc.
4. Patients having severe deformity.
5. Bed ridden patient.
6. Steroid dependent rheumatoid arthritis patient.
7. Pregnancy.
8. Patients who were not willing to come under trial.

GROUPING OF PATIENTS:

Group A: Twenty Patients have been treated with *amritadi Churna*^[6] 3 gms BDPC with warm water for 2 months.

Group B: Twenty patients have been treated with *Yoga Vasti* (3ksharvasti and 5 *anuvasan vasti* with *saindhavadi taila* 60 ml) along with *amritadi churna* for 2 months.

TRIAL DRUG & DOSES:

Amritadi Churna^[6]: Dose: 3gms BDPC, Duration: 2 months **Anupan:** Luke warm water.

Vasti: *Yoga vasti:* 3 *kshar vasti* and 5 *anuvasan vasti* with *saindhavadi taila* 60ml.

KSHARVASTI^[7]

Ingredients:

1. *Saindhav lavan* (Rock salt) 10gms
2. *Mouri* (*Foeniculum vulgare*) 10gms
3. *Gomutra* (Cow's urine) 400ml,
4. *Gura* (Jaggery) 100gms
5. *Imli pulp* (*Tamarandus indica*) 100gms.

Method of preparation: All ingredients mixed together according to general *vasti* making rule and strained through a piece of cloth and administered luke warm as *vasti*.

TRIAL PERIOD: Two month for each patient.

DIAGNOSTIC CRITERIA

SUBJECTIVE CRITERIA:

Sandhi Sula, Sandhi Sotha, Angamarda, Gaurav, Sparshasahatya, Jwara,

OBJECTIVE CRITERIA:

Blood Hb% TLC, DLC, ESR, Fasting and Postprandial blood glucose, Serum R.A factor and X- Ray of the affected joints.

To exclude the gross pathology these investigation have been done before treatment in all cases but after establishment of the cases as R.A factor positive or *amavata* those investigations have not been done again.

ASSESSMENT CRITERIA

Table 1: The details of scoring pattern adopted for assessment

<i>Sandhi Sula</i> (joint pain)		<i>Sandhi Sotha</i> (swelling of joint)		<i>Angamarda</i> (bodyache)	
No pain	0	No swelling	0	No Bodyache	0
Mild pain	1	Mild swelling	1	Mild Bodyache	1
Moderate pain	2	Moderate swelling	2	Moderate Bodyache	2
Severe pain	3	Severe swelling	3	Severe Bodyache	3
<i>Gaurav</i> (feeling of heaviness)		<i>Sparshasahatya</i> (tenderness of joint)		<i>Jwara</i> (fever)	
No Heaviness	0	No Tenderness	0	No Fever	0
Mild Heaviness	1	Subjective experience of tenderness	1	Mild Fever	1
Moderate Heaviness	2	Wincing of face on pressure	2	Moderate Fever	2
Severe Heaviness	3	Wincing of face withdrawal of effective part of pressure	3	Severe Fever	3

STUDY DESIGN:

Step-1 Selection of patients.

Step-2 Inform consent has been taken from all the patients of the study.

Step-3 Confirmation of diagnosis.

Step-4 Patients has divided into 2 groups (Group A and Group B)

Step-5 Dropout: All dropout patients have been recorded.

Step-6 Group A: Weekly follow up for 2 months.

Group B: Admission in IPD for *vasti karma* then weekly follow up.

Step-7 Observation of results and statistical analysis has been done.

THERAPEUTIC TRIAL

Therapeutic trial has been conducted in all the patients of this study. They were divided into two groups (20 patients in each group). Group – A patients were treated with *amritadi churna*^[6] for 2 months in a dose of 3 gm after meal and Group – B was treated with *yoga vasti* (3 *ksharvasti* + 5 *anuvasan vasti* with

saindhavadi taila 60 ml) and *amritadi churna* for 2 months. The effect of the treatment on symptom's profile in terms of percentage of relief, SD, SE, 't' value and 'p' value was evaluated.

RESULTS

The clinical findings before and after treatment have been compared and assessment of data have been finally done by student's 't' test. The value has expressed as mean ± SEM (Standard Error of Mean). The patient was admitted IPD for *vasti* therapy and clinically they have been monitored every week during *saman chikitsa*.

Table 2: Effect of *Amritadi Churna* on Group – A patients of *Amavata* (Rheumatoid Arthritis)

Sl. no	Symptoms profile	Mean score		% of Relief	SD ±	SE ±	't' Value	'p' Value
		BT	AT					
1	<i>Sandhi Sula</i> (joint pain)	2.00	1.2	40%	0.47	0.105	2.0	<0.05
2	<i>Sandhi sotha</i> (joint swelling)	1.75	1.12	36%	0.51	0.114	2.08	<0.05
3	<i>Angamarda</i> (Bodyache)	1.8	1.1	38.8%	0.53	0.118	1.74	<0.10
4	<i>Gourav</i> (Heaviness)	1.7	1.2	29.41%	0.52	0.11	2.26	<0.05
5	<i>Sparshashatya</i> (Tenderness)	2.1	1.3	38.09%	0.46	0.10	1.98	<0.05
6	<i>Jwara</i> (fever)	1.6	1.1	31.25%	0.43	0.09	2.05	<0.05

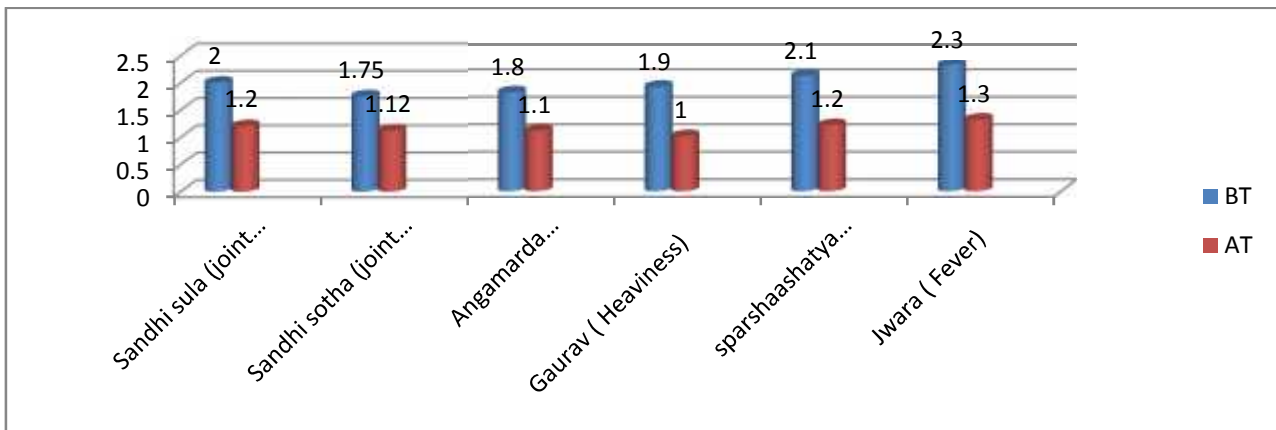
Table 3: Effect of *Yoga vasti* (3 *kshar vasti*+ 5 *Anuvasan vasti* with *saindhavadi taila* along with *Amritadi Churna* on Group – B patients of *Amavata* (Rheumatoid Arthritis)

Sl. No	Symptoms profile	Mean score		% of Relief	SD ±	SE ±	't' Value	'p' Value
		BT	AT					
1	<i>Sandhi Sula</i> (joint pain)	2.4	1.1	54.17	0.54	0.12	5.2	<0.001
2	<i>Sandhi sotha</i> (joint swelling)	1.2	1.2	45.45	0.50	0.11	4.6	<0.001
3	<i>Angamarda</i> (Bodyache)	2.0	1.0	50.00	0.52	0.116	4.3	<0.001
4	<i>Gourav</i> (heaviness)	1.9	1.0	47.36	0.49	0.109	3.98	<0.001
5	<i>Sparshashatya</i> (Tenderness)	2.1	1.2	42.85	0.53	0.118	4.1	<0.001
6	<i>Jwara</i> (fever)	2.3	1.3	43.47	0.50	0.50	4.0	<0.001

'P' value = Level of significance, SE = Standard Error, SD = Standard deviation,

BT = Before treatment AT= After treatment, 't' value = paired 't' test,

Fig.1: Statistically showing the effect of *Yoga vasti* with *amritadi churna* on Group –B patients of *Amavata*.



DISCUSSION

Amavata is one of the chronic and most common challenging disorders of human being. Various Modern drug induced hazards of the patients, have made us influence to find out safe, effective as well as cheap remedies through Ayurvedic medicines to the suffering peoples. *Madhav Nidan*^[9] was the first to give a separate chapter of *amavata* in details. Details review of the disease *amavata* shows that *agnimandya* is the main factor responsible for the formation of “*ama*” which is the main pathological entity of the disease. The *Samprapti of amavata*^[10] originates from the *annavaha srota* with special inclination for *kaphasthana* specially *sandhi* (joints). *rasa*, *asthi* and *majja dhatu* are involved *dushyas* though the *mamsa dhatu*, *snayu*, *sandhi* and *kandara* also affected. Main features of the disease are *sandhi sula*, *sandhi sotha*, *angamarda*, *gaurav*, *sparsaasahatya* and *jwara*. The *Samprapti ghatak*^[11] of the disease *amavata* are *Dosa-Vata*, *Kapha* predominating *Tridosha*, *Dusya- Rasa*, *Rakta*, *Mamsa*, *Snayu*, *Asthi*, *Sandhi*, *Srotas-Rasavaha srotas*, *Srotodusti-Sanga*, *Adhistan-Sarva Sandhi*,

Udbhvabsthana- Amasaya-Pakvasaya, *Rogamarga- Madhyama*, *Svabhava-Kastasadhya*, *Agni - Jatharagni*, *Dhatvagni*, *Agnidusti-Mandagni*.

In modern literature review the disease rheumatoid arthritis may be parallel to *amavata* due to its similar clinical features. Effect of the therapy on symptoms like *Sandhi Sula* (joint pain), *Sandhi Sotha* (joint swelling), *Angamarda*^[4] (bodyache), *Gaurava*^[4] (feeling of heaviness), *Sparsaasahatya*^[4] (tenderness around the joint) and *Jwara*^[4] (fever). In Group – A patients *Sandhi Sula* (Joint pain), *Sandhi Sotha* (Joint swelling), *Gaurava*^[4] (feeling heaviness), *Sparsaasahatya*^[4] (Tenderness around the joint) and *Jwara*^[4] (Fever) were statistically significant i.e. P is <0.05 and *angamarda* was statistically insignificant, i.e. P is < 0.10. In Group – B patients the symptoms like *Sandhi Sotha*, *Sandhi Sula*, *Angamarda*, *Gaurava*, *Sparsasahatya* and *Jwara* were statistically highly significant i.e. P is < 0.001.

Amritadi Churna contains *Amrita*^[12] (*Tinospora cordifolia*), *Sunthi*^[13] (*Zingiber officinale*), *Gokshura* (*Tribulus terrestris*), *Mundi*

(*Sphaeranthus indicus*) and *Varuna* (*Crataeva nurvala*) and was administered in a dose of 3 gm. twice daily for 2 months. All the components of *Amritadi Churna*^[6], *Amrita are tikta kasaya rasa, guru-snigdha guna, u na virya* and *Madhur vipaka*. *Sunthi* is *katu rasa, tikshna rukshma guna, u na virya* and *madhur vipak*. *Mundi* as well as *Varuna* are *katu tikta kasaya rasa, laghu ruksha guna, and u na virya* and *katu vipaka*. On the basis of it the selected drug is responsible for counteracting in the level of *Dosa, Dusya, Srota* and *Agni* of *Amavata*. Therapy Review, *ksharvasti* contains *saindhav lavan* (Rock salt) 10gms, *Mouri* (*Foeniculum vulgare*) 10gms, *Gomutra* (Cow's urine) 400ml, *Gura* (Jaggery) 100gms and *Imli pulp* (*Tamarandus indica*) 100gms. All ingredients mixed together according to general *vasti* making rule and strained through a piece of cloth and administered luke warm as enema very carefully. This was also administered as *Yoga vasti*^[14] (3 *ksharvasti* as *Niruha* and 5 *saindhavadi taila*^[8] as *Anuvasan*). *Saindhav lavan* is *madhur rasa, laghu snigdha guna* and *sheeta virya*. *Mouri* is *katu, tikta madhur rasa, laghu snigdha guna, and sheeta virya* and *madhur vipak*. *Gomutra* is *katu tikta rasa, laghu guna, u na virya*. *Gura* is *madhura rasa* and *guru guna*. *Imli* is *madhur- amla rasa, guru- ruksha guna, u na virya* and *amla vipaka*. On the basis of these qualities of drugs, the pharmacodynamic action is considered. Hence the *rasa, guna, virya* and *vipaka* of these drugs as responsible for the management of *Amavata* (Rheumatoid Arthritis^[5]). In the present study 40 patients have been selected on the basis of sign and symptoms described in the Ayurveda and Modern text. To ex-

clude the gross pathology blood Hb% TLC, DLC, ESR, Fasting and Postprandial blood glucose, Serum R.A factor and X- Ray of the affected joints, these investigations have been done before treatment in all cases but after establishment of the cases as R.A factor positive or *amavata* these patients have been included in the trial so after treatment those investigations have not been done again as it is a completely clinical study so relief from the signs and symptoms were the important events.

The selected patients were randomly divided into 2 groups. Group-A (20 patients) patients were treated with *Amritadi Churna* 3 gms twice daily after meal with warm water for 2 months along with *valuka* (sand) *swedan* twice daily. Group-B (20 patients) were treated with *Vasti* therapy (3 *ksharvasti*^[7] as *Niruha* and 5 *saindhavadi taila*^[8] as *anuvasan* along with *saman chikitsa* by *amritadi Churna*^[6] 3 gms twice daily after meal with warm water followed by *valuka swedan* twice daily. Scoring system of Pargotra et. Al 2011 have been followed and calculated the same over signs and symptoms before treatment and after treatment. Data furnished in the table no 2 and table no 3. The results analysed by using paired 't' test significant of the therapy has been judged statistically.

CONCLUSIONS

It can be concluded from the study that *amavata* is a chronic & crippling disease similar to rheumatoid arthritis. Middle aged *vata kapha prakriti* patients are more prone to develop *amavata*. *Yoga Vasti* has definite role in *amavata*. *Yoga Vasti* (3 *ksharvasti* and 5 *Anuvasan vasti* with *saindhavadi taila*) along with *amritadi churna* acts significantly and shows

better result in comparison to oral administration of *amritadi churna*. The present clinical study has not shown any adverse effects. Extensive clinical study with large number of sample is recommended.

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