TO EVALUATE THE EFFICACY OF PATHYADI CHURNA IN AMAVATA

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ABSTRACT

Etiological factors of Amavata are unwholesome diets, erroneous habit, diminished Agni, sedentary habit and exercise after intake of heavy food. Ama and Vata are the main causative factors in Amavata. Change in life style, change in dietary habits, and faulty dietary habits leads to formation of Ama and vitiation of Vata, leading to Amavata. The vitiated dosha and Ama take shelter in Sandhi sthana and deranges the shlehaka kapha especially in joints; the patient’s gets symptoms like sandhi shula, sandhi shotha, sandhi graha, sparshashatwa, etc. 30 patients were treated with Pathyadi Churna. Churna given in dose 10 gm, in two divided doses before meal for 6 weeks and follow up after every 2 weeks. Koshna jala was used as Anupana for it. On the basis of observations and result of therapy, it was concluded that Pathyadi Churna provided relief in the chief complaints and associated sign & symptoms.

Keywords: Amavata, Shlehaka Kapha Sparshashatwa, Koshna jala, Pathyadi Churna

INTRODUCTION

Amavata (Rheumatoid Arthritis) possess a challenge to the physician owing to its apparent chronicity, incurability, complications and morbidity. Despite of the administration of best available modern drugs, the disease has a tendency to persisting progress and cripple the patients. The Ayurvedic line of treatment defends a good deal on the stage of disease.

Sandhi is the seat of Shleshaka Kapha. It lubricates and resists the wear and tear of Sandhi. Snigdha and Picchila Guna are predominantly present in this type of Kapha. Due to direct affliction of Majjavaha srotasa and similarity in Guna of Ama and Kapha, Sandhi become the main site of pathogenesis. The Sthana Samsraya of virulent Ama in the Sandhi and vitated Vata, affect the function of Sandhi and hence Stabdhatra and Vedana are felt in the joints.

AIMS AND OBJECTIVES

To assess the efficacy of Pathyadi Churna in Amavata.

METHODOLOGY

MATERIAL: Pathyadi Churna²
Pathya (Haritaki) (1 Part)
Vishwa (Shunthi) (1 Part)
Yawani (Ajwayan)(1 Part)
Anupana:- Takra
Kala: - Before meal
Dose :- 1 karsha (approximately 10 gm)
Duration :- 42 days (6 weeks)
Follow up: D14, D28, and D42 (after every 2 weeks)

INCLUSION CRITERIA

Patients having classical features of Amavata according to Ayurvedic texts will be taken for the present work.

Age between 18 to 55 years.
Irrespective of Sex, Socio economic condition, Religion etc.

EXCLUSION CRITERIA

Chronocity for more than 5 years.
Having severe crippling deformity.
Having Cardiac disease, Pulmonary TB, DM, HIV, Hepatitis B etc.
Age less than 18 yrs and more than 55 years.

INVESTIGATIONS
CBC with ESR
RA test
CRP

CRITERIA FOR ASSESSMENT

General Symptoms of Amavata:

0: Complete relief after treatment
1: Some relief after treatment
2: Symptoms observed before treatment / No improvement after treatment.

Joint Pain:
0: No pain.
1: Mild pain of bearable nature, comes occasionally.
2: Moderate pain, but no difficulty in joint movement, appears frequently and requires some Upashaya measures for relief
3: Slight difficulty in joint movements due to pain or severe pain, requires medication and may remain throughout the day.
4: More difficulty in moving the joints and pain is severe, disturbing sleep and requires strong analgesics

Swelling of Joints:
0: No swelling.
1: Slight swelling.
2: Moderate swelling.
3: Severe swelling.

Stiffness of Joints:
0: No stiffness or stiffness lasting for 15 minutes.
1: Stiffness lasting for 15 min to 2 hours.
2: Stiffness lasting for 2 to 8 hours.
3: Stiffness lasting for more than 8 hours.

Tenderness of Joints:
0: No tenderness.
1: Subjective experience of tenderness.
2: Wincing of face on pressure.
3: Wincing of face with withdrawal of affected parts on pressure.
4: Resists touch.

Warmth of Joints:
The temperature of the joint surface was measured using the dorsum of palm of the physician. The temperature was compared with the normal body surface.
2: Raised temperature when compared to the normal body surface / Unchanged after treatment.
1: Fall in local warmth.
0: Normal temperature.

General Functional Capacity:
0: Complete ability to carry on all routine duties.
1: Adequate normal activity despite slight difficulty in joint movement.
2: Few activities are persisting but patient can take care of himself.
3: Few activities are persisting and patient requires an attendant to take care of himself.
4: Patients are totally bed ridden.

Degree of Diseased activity:
Grade 0 1 2 3
Patients estimate Fine
Almost well
Pretty good
Pretty bad
Physicians estimate
Inactive
Minimally active
Moderately active
Severely active
Fatigue Not there
Work full time despite fatigue
Pt. Must interrupts work to rest
Fatigued at rest
Grip strength ≥ 200 mm of Hg
120 to 199 mm of Hg
70 to 120 mm of Hg
< 70 mm of Hg
Foot pressure
21-25 kg
16-20 kg
10-15 kg
< 10 kg
Walking time (for 25 feet)
15–20 sec.
21-30 sec.
31-40 sec.
> 40 sec.
Hb gm%
≥ 12.5
11 to 12.4
9.5 to 10.9
< 9.5
Wintrobe E.S.R. (in 1st hour)
0 to 20
21 to 35
36 to 50 > 50
(For better assessment of result, Grip strength and Foot pressure were taken differently for the Right and Left side of the body as patients may had symptoms in only one side or less symptoms in one side compared to other).

**CRITERIA FOR ASSESSMENT OF RESULT**
The total effect of the therapy will be assessed considering the following criteria.
Complete Remission: ≥ 80% relief
Marked Improvement: 60% TO 80% relief
Moderate Improvement: 40% to 60% relief
Mild Improvement: 20% to 40% relief
Unchanged: < 20% or No relief

**OBSERVATIONS**

**Effect of PATHYADI CHURNA:**
In this group, 30 patients of Amavata completed the full course of treatment and so the effect of therapy quoted from here onwards.

**Effect of PATHYADI CHURNA (Group A) on sign and symptoms**

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>n</th>
<th>Mean Score</th>
<th>Diff of Mean (X)</th>
<th>S.D (±)</th>
<th>S.E. (±)</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>General symptoms of Amavata</td>
<td>30</td>
<td>2</td>
<td>0.63</td>
<td>1.37</td>
<td>0.61</td>
<td>12.17</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Pain in joints</td>
<td>30</td>
<td>3.03</td>
<td>1.73</td>
<td>0.73</td>
<td>0.73</td>
<td>12.83</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Swelling</td>
<td>30</td>
<td>1.67</td>
<td>0.86</td>
<td>0.8</td>
<td>0.61</td>
<td>7.18</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Morning stiffness</td>
<td>30</td>
<td>2.16</td>
<td>0.83</td>
<td>1.33</td>
<td>0.54</td>
<td>13.35</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Tenderness</td>
<td>30</td>
<td>2.56</td>
<td>1.1</td>
<td>1.46</td>
<td>0.73</td>
<td>11.03</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Warmth</td>
<td>30</td>
<td>1.46</td>
<td>1</td>
<td>0.46</td>
<td>0.73</td>
<td>3.5</td>
<td>P&lt;0.01</td>
</tr>
</tbody>
</table>
Ajay S Thote & Shrikant G Deshmukh: To Evaluate The Efficacy Of Pathyadi Churna In Amavata

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Functional Capacity</strong></td>
<td>30</td>
<td>1.83</td>
<td>0.67</td>
<td>1.17</td>
<td>0.74</td>
<td>0.13</td>
</tr>
<tr>
<td><strong>Fatigue</strong></td>
<td>30</td>
<td>0.63</td>
<td>0.2</td>
<td>0.43</td>
<td>0.62</td>
<td>0.11</td>
</tr>
<tr>
<td><strong>Patient’s Estimate</strong></td>
<td>30</td>
<td>2.3</td>
<td>0.97</td>
<td>1.33</td>
<td>0.66</td>
<td>0.12</td>
</tr>
<tr>
<td><strong>Physicians Estimate</strong></td>
<td>30</td>
<td>1.87</td>
<td>0.6</td>
<td>1.27</td>
<td>0.63</td>
<td>0.116</td>
</tr>
<tr>
<td><strong>Grip Strength (Right)</strong></td>
<td>30</td>
<td>1.33</td>
<td>0.53</td>
<td>0.8</td>
<td>0.71</td>
<td>0.13</td>
</tr>
<tr>
<td><strong>Grip Strength (Left)</strong></td>
<td>30</td>
<td>1.33</td>
<td>0.63</td>
<td>0.7</td>
<td>0.74</td>
<td>0.13</td>
</tr>
<tr>
<td><strong>Foot Pressure (Right)</strong></td>
<td>30</td>
<td>2.1</td>
<td>0.8</td>
<td>1.3</td>
<td>0.83</td>
<td>0.15</td>
</tr>
<tr>
<td><strong>Foot Pressure (Left)</strong></td>
<td>30</td>
<td>1.77</td>
<td>0.67</td>
<td>1.1</td>
<td>0.84</td>
<td>0.15</td>
</tr>
<tr>
<td><strong>Walking Time</strong></td>
<td>30</td>
<td>1.96</td>
<td>0.56</td>
<td>1.4</td>
<td>0.93</td>
<td>0.17</td>
</tr>
<tr>
<td><strong>Hb</strong></td>
<td>30</td>
<td>1.73</td>
<td>1.5</td>
<td>0.23</td>
<td>0.43</td>
<td>0.07</td>
</tr>
<tr>
<td><strong>ESR</strong></td>
<td>30</td>
<td>1.36</td>
<td>0.7</td>
<td>0.66</td>
<td>0.606</td>
<td>0.11</td>
</tr>
</tbody>
</table>

All the t values in table are calculated by using Paired t-test. Tabulated t-value at df=29 where p<0.001 is 3.66 and where p<0.01 is 2.76. The above table reveals that, Calculated t is more than 3.66 for the degrees of freedom 29 i.e. p<0.001, which is significant, showing Pathyadi Churna is effective for relieving the general symptoms of Amavata, Pain in joints, Swelling, Morning stiffness, Tenderness, General Functional Capacity, Fatigue, Patients Estimate, Physicians Estimate, Grip Strength (Right), Grip Strength (Left), Foot Pressure (Right), Foot Pressure (Left), Walking Time, and ESR. For Warmth of joints, the mean score before treatment was 1.46 which reduced to 1 after treatment. Calculated t=3.5, p<0.01, which is significant, showing Pathyadi Churna is effective for relieving symptom. For Hb, the mean score before treatment was 1.73 which reduced to 1.5 after treatment. Calculated t=2.97, p<0.05, which is significant, show-
ing Pathyadi Churna is effective for relieving symptom.

In this **Group of Pathydi Churna**, out of 30 patients, complete remission (≥80% relief) was found in 4 patients i.e. 13.33 %, while marked improvement (60 to 80 % relief) was noted in 10 patients i.e. 33.33 %, moderate improvement (40 % to 60 % relief) noted also in 10 patients i.e. 33.33 %, 5 patients i.e. 16.67 % showed mild improvement (20 % to 40 % relief) and whereas 1 patient remain unchanged (<20 % or No relief).

**RESULT**

It can be observed from the above mentioned data that **Pathyadi Churna** has provided significant relief in the sign and symptom of the Amavata.

**DISCUSSION**

Discussion is the main step in any research. This is the part where scholar and guide kept his views & what they found from whole data.

Amavata is one of the most challenging joint disorders to the human being. Change in lifestyle like sedentary & stressful situation and fast food dietetic pattern, no exact time for the lunch and dinner are responsible for the manifestation of disease. The etiological factors like Guru aahara, Viruddha-aahara, Viruddha-chesta, Mandagni, Snigdha-bhukatatva Vyayama etc. are responsible for Amavata.

Derangement of Agni that is Agnimandya (hypo-functioning of Agni) is a chief factor responsible for the formation of Ama, which is main pathological entity of the disease. Mandagni, Amotpatti, and Vataprakopa are important factors in the Samprapti of Amavata.

Acharya Chakrdatta was the pioneer in describing the Chikitsa sutra (principles of treatment) of Amavata which are Langhana, Svedana, drugs having Tikta-Katu Rasa and Deepana property, Virechana, Snehampana and Basti.

A Pathyadi Churna is selected as Shamana Yoga for the study, as it is indicated in Amavata chikitsa in Chakradatta (2) and Bhava prakasha.

**Discussion on probable action of Pathyadi Churna**-

<table>
<thead>
<tr>
<th>Dravya</th>
<th>Rasa</th>
<th>Vipaka</th>
<th>Veerya</th>
<th>Guna</th>
<th>Dosh-ghnata</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.Haritaki</td>
<td>Kashaya pradhan, Alavana</td>
<td>Madhura</td>
<td>Ushna</td>
<td>Laghu, Ruksha</td>
<td>Tridosh-ghna</td>
</tr>
<tr>
<td>2.Shunthi</td>
<td>Katu</td>
<td>Madhura</td>
<td>Ushna</td>
<td>Laghu, Snigdha</td>
<td>Vataghna</td>
</tr>
<tr>
<td>3.Yavani</td>
<td>Katu, Tikta</td>
<td>Katu</td>
<td>Ushna</td>
<td>Laghu, Tikshna, Snigdha</td>
<td>Kaphaghna Vataghna</td>
</tr>
</tbody>
</table>

Main rasa of Haritaki is Kashaya. Though Kashaya rasa is sheeta and stambbak in action but haritaki is an exception to it, because its veerya is ushna and it acts as a saraka (mild Purgative) and does the Vatamuloma.

Rasa of Shunthi is Katu, action of katu rasa is Vatakopana but Shunthi is an exception to it, as an action of Shunthi is Vatashamana.
Shunthi acts as a shothahara and vedanash-tapanas as its Veerya is Ushna.
Vipaka of Haritaki and Shunthi is Madhura so it also helps to do shamana of vata.
Katu and Tikta rasa of Yavani helps to do Ama pachana. Yavani acts as a Vataghna because of its Ushna and snigdha guna.
Veerya of all of the above 3 drugs is Ushna and ushna is helps to do Ama pachana.
Anupana of Pathyadi Churna is Koshna Jala and it also does pachana of Ama.

CONCLUSION
Conclusions drawn from the present study are as follows:
1) On the basis of results of therapy, it can be concluded that Pathyadi Churna provided relief in the chief complaints and associated sign & symptoms of the disease Amavata.
2) Amavata mostly affects the individuals after the age of forty years.
3) Change in life style, change in dietary habits, faulty dietary habits leads to formation of ama and vitiation of vata, leading to Amavata.
4) Urbanization may also plays role in the pathogenesis of Amavata.
5) The present study provides the Pathyadi Churna as shamana yoga in the treatment of Amavata.

REFERENCES

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Source of support: Nil
Conflict of interest: None Declared