CONCEPTUAL STUDY ON SHUNTHI IN THE MANAGEMENT OF AMAVATA

Monica Salaria¹, Aditya²

¹P.G. Scholar, Dept. of Kriya Sharir, JIAR, Jammu, India
²MD Kayachikitsa, Medical Officer, Govt. Ayurvedic Dispensary, Baspur, Jammu, India

Email: monicasalaria@gmail.com

ABSTRACT
Amavata has got its origin from two words i.e. Ama and Vata. The Ama is by product of indigestion, may be in the form of improperly digested rasa, stagnant mala or doshas. This results because of Indigestion due to mandagni. Meanwhile the Vata is vitiated due to nidana sevana that travels along with Ama in the body and produces local and generalized features. Modern day being does not care for digestive power and uptakes junk foods at improper times which lead to the said ailments. The treatment advised here is Ruksha swedana, Saindhavaadi anuvasana vasti, Kshar vasti, Pachana karma. The common Pachana drugs are Shunthi etc. The Thus, this drug should be evaluated pharmacologically to know possible mode of action.

Keywords: Amavata, Mandagni, Shunthi, Ginger rhizome, Pachana

INTRODUCTION
The modern world is following the busy lifestyle without giving any importance to the ancient day regimens, seasonal regimens, pathya-apathyā, satmya-asatmya concepts. As a result of following junk lifestyle, the people are easily caught by several ailments. One of the very basic factors for disease manifestation is Ama which results when digestive fire suffers from improper foods and lifestyle along with few mental factors associated. It is mentioned that the Agni is a responsible factor for longevity of age, proper complexion, strength of body, health, normal integrity of body tissues, skin glow etc. If there is damage to the Agni, there is damage to the life and the proper Agni leads to long lifespan¹. This Ama further gives rise to several ailments amongst which, one important is Amavata- A clinical condition characterized by generalized and local features. The disease has not been explained by the Bruhat-trayi while the later authors have thrown good light over the concept.

AIMS: To study literary aspect of Amavata and possible action of the drug Shunthi in management of Amavata.

DISEASE DESCRIPTION:
Almost all diseases result from mandagni, amongst them Udara rogas are mainly caused due to mandagni². When Ama and Vata dosha get vitiated and spread in koshta, trika and joints resulting in Shotha, Shoola and Stabhdata, it is termed as Amavata³. When the digestive fire is weak, there is no proper digestion and the improperly digested rasa lies in Amashaya which is called as Ama. Even the mixture of vitiated doshas is also termed as Ama⁴. This
Amadosha is sometimes dragged by the Vata to the Sleshma sthana, along with involvement of Dhamani and thus generating the ailment. 

NIDANA OF AMAVATA:

Viruddha Ahara (unwholesome diet), Viruddha Chesta (erroneous habits) Mandagni (diminished Agni) Nishchalata (sedentary habits), any type of exertion immediately after taking Snigdha Ahara are the main aetiological factors responsible for production of Amavata.

SAMPRAPTI OF AMAVATA:

All the three Doshas are involved in the pathogenesis of Amavata but it is the Vata Dosha which plays important role. Agnimandya is the result of vitiated Samana Vayu, Pachaka Pitta and Kledaka Kapha. It is the Vyana Vayu which propels the Ama into body particularly Shleshma Sthanas producing symptoms like Gatrastabdha, Sandhiruja, Sandhi Shotha etc. Bhrama, Murcha, Praseka, Nidraviparya indicates the involvement of vitiated Prana Vayu. Due to Apana Vayu Dusti symptoms like Vid-Vibandha, Kukshisoolha, Kukshikathinya, Antrakunjana etc. are produced. So far as the Kapha Dosha is concerned Kledaka, Bodhaka and Sleshaka Kapha are involved. Kledaka Kapha, as discussed causes Agnimandya. Due to Bodhaka Kaphadusti, symptoms like Asyavairasya, Aruchi, Praseka etc. are produced. Involvement of joints indicates vitiation of Sleshaka Kapha. Sandhidaha, Sandhiraga are the symptoms produced due to Vitiation of Pitta.

RUPA OF AMAVATA (SIGNS & SYMPTOMS):

A. Pratayatama Rupa:
Sihabdata in body {Due to vitiation of koshta, trika, sandhi by Ama associated with Vata}

B. Samanya Rupa:
Acharya Madhavakara has mentioned Angamarda, Aruchi, Trishana, Alasya, Gaurava, Jvara, Apaka, Angasunnata as Samanya Rupa of Amavata.

c. Doshanubandha Rupa: If Vata is dominant dosha, then Shool is observed. In case of pitta dominance, daha and raga are felt. While in kapha condition, staimitya, guruta and kandu are predominant.

D. Pravriddha Rupa of Amavata:
Saruya Sandhi Shotha in hasta, pada, shir, gulpha, trika, janu, uru. There is Vrishik dansh vat vedana. Others are Agnimandya, Prasek, Aruchi, Gourava, Uthsahahani, Vairasya, Daha, Bahumutrata, Kuksho kathintha, Shoolam, Nidra-viparyaya, Trishna, Chardi, Bhrama, Murcha, Hritgraaha, Vidh-vibaddhata, Jadya, Antrakujana, Anaha.

AMAVATA CHIKITSA:

Chakrapani was the pioneer to lay down the principle and line of treatment of Amavata. He has described Langhana, Swedana, Tikta-Katu and Deepana Dravyas, Virechan Karma, Snehapana, Saindhavaadi anuvasana and Ksharvasi etc. measures in his text Chakradatta. Later, Yogaratnakar has added Ruksha-sveda and Upnaha to the above said measures. Ama and Vata are the two chief pathognomic factors in production of Amavata. Ama is Guru, Snigdha, Shira, Stula and Pichhila while the Vata has the properties like Laghu Ruksha, Chala, Sukshama and Vishada. The guna of Ama and Vata are different except the Sheeta Guna which is common to both. These are the things which we come across while treating the Amavata, because any measure adopted will principally oppose one another. So, a very careful approach can benefit the patient. The line of treatment laid down by Chakrapani denotes firstly the pachana of Ama.

DRUG DESCRIPTION:

SHUNTHI:
Gana:
Charaka- Triptighna, Arshoghna, Deepaniya, Shoolprashmana, Trishnanigrahana.
Sushruta- Pippallyadi, Trikatu.

Samprapti Vighatan: As the doshik involvement here is Vata with Kapha and Ama. The drug Sunthi will act on the Vata by its Madhur vipaka, Ushna virya and Snigdhaguna. The Amapachana will also be carried out by Katu rasas, Ushna vevrya and Laghu guna. The Ama pachaka qualities will also do the Kapha shamana.

ACTIVE CONSTITUENTS –
It contains essential oil, pungent constituents (gingerol and shogaol), resinous matter and starch.
PHARMACOLOGICAL AND BIOLOGICAL ACTIVITIES:
6-Shogaol is one of the major compounds in the ginger rhizome that may contribute to its anti-inflammatory properties. Confirmation of this contribution was sought in this study in Sprague-Dawley rats (200–250 g) treated with a single injection (0.5 ml of 1 mg/ml) of a commercial preparation of complete Freund's Adjuvant (CFA) to induce monoarthritis in the right knee over a period of 28 days. During this development of arthritis, each rat received a daily oral dose of either peanut oil (0.2 ml-control) or 6-shogaol (6.2 mg/Kg in 0.2 ml peanut oil). From the results, it was concluded that 6-shogaol reduced the inflammatory response and protected the femoral cartilage from damage produced in a CFA monoarthritic model of the knee joint of rats. In the separate study, we investigated the effects of 6-shogaol on the production of inflammatory mediators from lipopolysaccharide (LPS) activated RAW 264.7 macrophages. These mediators (TNF-α, IL-1-and NO) and their output from macrophages are involved in various pathophysiological events of chronic inflammation and arthritis. Effects of 6-shogaol were investigated on the production of the mediators TNF-α, IL-1-and NO (measured as nitrate) from macrophages. Lipopolysaccharide activated RAW 264.7 macrophages were cultured in the presence and absence of 6-shogaol (2 M, 10 M and 20 µM) and ELISA was used to quantify the output of the mediators. The results showed that 6-shogaol (2 M, 10 M and 20 M) significantly inhibited the production of nitric oxide (NO), IL-1 and TNF-α from the LPS activated RAW264.7macrophages. Therefore, the ability of a well-characterized crude ginger extract to inhibit joint swelling in an animal model of rheumatoid arthritis, streptococcal cell wall-induced arthritis, was compared to that of a fraction containing only gingerols and their derivatives. Both extracts were efficacious in preventing joint inflammation. In conclusion, these data document a very significant joint-protective effect of these ginger samples.

CONTRAINDICATION:
Kushta, Pandu, Mutrakricchra, Raktapitta, Vrana and Jwara, also not indicated in Grishma and Sharad ritu.

CONCLUSION
The Shunthi also called as Mahoushadh bears the necessary ingredients for efficacious action. The various international level studies have shown the potent active principles present in it to serve its function. The treatment of Amavata in other system of medicines is not very effective so an attempt was made to do the pharmacological study on effect of Shunti on Amavata which showed a good result principally. Further, clinical studies are required for complete evaluation.

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