

**TO EVALUATE THE EFFICACY OF REGIME (DEVADARVADI
CHURNA AND SHUNTHAYADI KWATHA WITH SAINDHAVADI TAILA
MATRA VASTI) IN THE MANAGEMENT OF AMAVATA W.S.R.
RHEUMATOID ARTHRITIS**

¹*Dr. Nisha, ²Dr. Jaya Saklani Kala and ³Dr. Shweta Shukla

¹MD Scholar, Kayachikitsa Deptt. 2nd year.

²Associate Professor P.G. Deptt. of Kayachikitsa, Rishikul Campus Haridwar.

³Assistant Professor P.G. Deptt. of Kayachikitsa, Rishikul Campus Haridwar.

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***Corresponding Author**

Dr. Nisha

MD Scholar, Kayachikitsa
Deptt. 2nd year.

ABSTRACT

The word *Amavata* is made up of a combination of two words, *Ama* and *Vata*. The disease is mainly due to derangement of *Agni*, like *Jatharagni*, *Dhatvagni* and *Bhutagni*, etc. resulting in the production of *Ama* and this *Ama* circulates in the whole body by the vitiated *Vata* and gets located in the *Shleshmasthanas* (*Amashaya*, *Asthisandhi* etc) causing pain, stiffness and swelling over the small and big joints making a person lame. The clinical presentation of *Amavata* closely mimics with the special variety of Rheumatological disorders called Rheumatoid Arthritis in accordance with their similarities on clinical

features. Rheumatoid Arthritis (RA) is a chronic inflammatory, destructive and deforming symmetrical polyarthritis associated with systemic involvement. In allopathy treatment are advised NSAIDS, steroids and DMARD, which provides the symptomatic relief, but those have more side effect. The *Ayurvedic* treatment not only devoid such type of ill effect, but also provides a better way by treating *Agni* and *Ama* at its roots. The procedure and drugs are selected keeping in mind the *Chikitsasutra* of *Amavata* given by *Chakradatta* and their ability to pacify the *Ama* and *Vata* dosha, rectifying the *Agni* and their ability to provide relief in symptoms. Role of *Devadarvadi churna*, *Shunthyadi Kwatha* as *deepan pachana* and *Saindhavadi Tail Matra Vasti* in *Amavata* has been mentioned by the *Chakradatta* and *Bhaishjya Ratnawali*. So this paper will give a view on probable pharmacology of the formulation through ayurvedic and contemporary approach.

KEYWORDS: Amavata, rheumatoid arthritis, *Devadarvadi churna*, *Shunthyadi Kwatha*, *Saindhavadi Tail Matra Vasti*.

INTRODUCTION

In the today's hectic lifestyle the diet as well as the regimes of human beings has changed a lot. This leads to the sluggish function of *Agni*. According to **रोगाःसर्वेऽपिमन्देग्नौ** means maximum diseases occur because of *Mandagni*. *Amavata* is one of them.

The first detailed description of *Amavata* as a disease is found in *Madhav Nidan*. In this a separate chapter is devoted on *Amavata* describing its etiology, pathogenesis, symptoms, types etc.

REVIEW OF LITERATURE

(I) *Samhita Kaal*

-In *Charaka Samhita*: only the word *Amavata* has been mentioned in many contexts, for instances, while therapeutic indications of the *Kansa Haritaki* (Ch.Chi.12/52) and *Vishaladi Phanta* (Ch.Chi.16/61-63) and in case of explanation of *Avarana* of *Vata* by *Ama*. (Ch.Chi.28/195).

-In *Sushruta Samhita*: no reference is available about *Amavata* as disease entity.

(II) *Sangraha Kaal*

-In *Astanga Sangraha* and *Astanga Hridaya*: there is no detail explanation about *Amavata* in both the texts but while explaining the therapeutic uses of *Vasakadi Yoga* (A.H.Chi.21:47) and *Vyoshadi Yoga* (A.H.Ni.21/50) the word *Amavata* has been mentioned. -*Madhavakara* : (900AD), recognized *Amavata* as a separate specific disease entity for the first time and described its aetiology, pathogenesis, signs, symptoms, classification and prognosis. Later many other writers too recognized *Amavata* as a separate disease such as *Chakradatta* (11 Cent.), *Sharangadhara* (13 Cent.), *Rasa Ratna samucchaya* (13th Cent.), *Bhava Prakasha* (16th Cent.), *Yogaratanakar* (17th Cent.), *Yogatarangini*, *Bhaishajya Ratnavali* (18thCent.) etc.

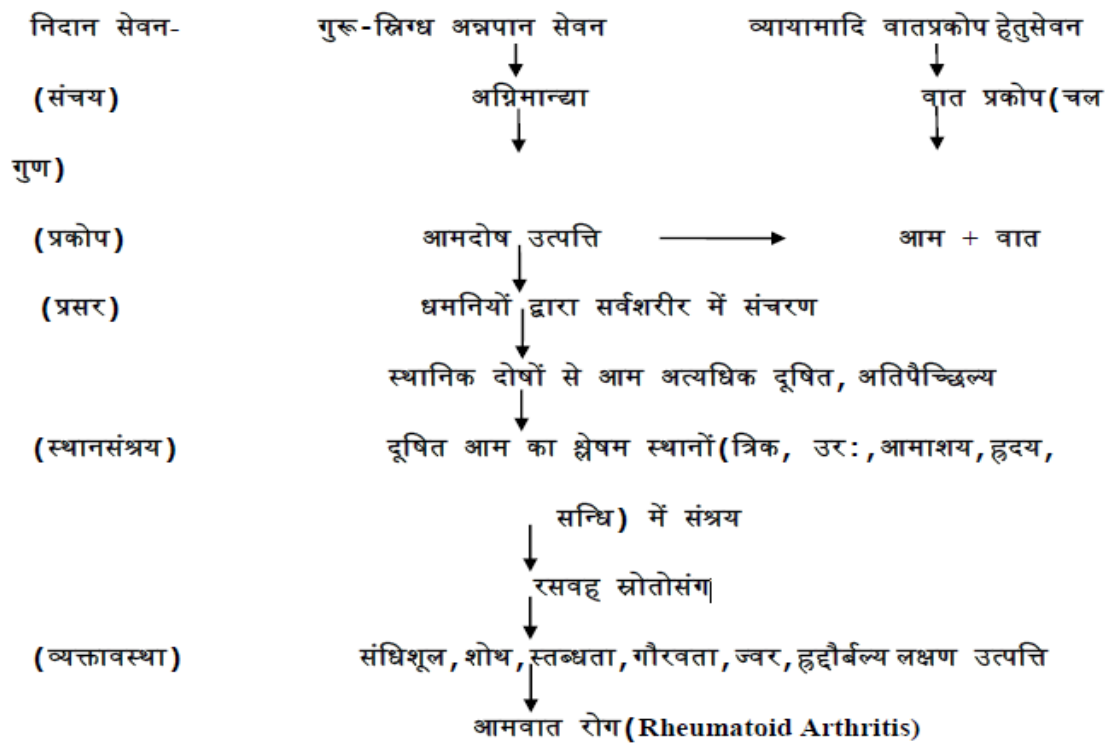
(III) *Adhunika Kala*

Shri Gananath Sen: Classified the joint seases into five types. He coined the term '*Rasavata*' for *Amavata*.

Disease Review

- *Viruddhahara* (Antagonistic diet)
- *Viruddha cheshta* (Erroneous habit)
- *Mandagni* (Diminished Agni)
- *Nischalata* (Sedentary habit)
- Exertion immediately after taking *snigdha ahara* are the main etiological factor *Amavat*.
These factors cause the vitiation of *Vata* and formation of *Ama*, which together leads to *Amavata*.

Samprapti



SYMPTOMS OF AMAVATA - *Roopa* of *Amavata* which can be classified under following category: -

1. *Pratyatma lakshana*
2. *Samanya lakshana*
3. *Pravridha lakshana*

1. *Pratyatma lakshana*- These are as follows:

- i. *Sandhi shoola*
- ii. *Sandhi sotha*
- iii. *Gatra Stabdhatta*

iv. *Sparsha asahyata*

2. *Samanya lakshana* - Acharya Madhavakara describes *samanya lakshana* of *Amavata* as follows:

i. **Angamarda**

ii. **Aruchi**

iii. **Trishna**

iv. **Alasya**

v. **Gaurava**

vi. **Jwara**

vii. **Apaka**

viii. **Angasunta**

3. *Pravridha lakshana*- It is advanced and troublesome stage of disease at which dosh dushya sammurchhana become stronger along with progression of disease, articular and extra-articular symptoms appear which are elucidated by Madhavakara and other Acharya as under given:

i. **Vrishchikdanshvat vedana**

ii. **Utsaha hani**

iii. **Vairasyata**

iv. **Praseka**

v. **Daaha**

vi. **Bahumutrata**

vii. **Kukshi kathinya and shoola**

viii. **Nidraviparyay**

ix. **Bharma**

x. **Chhardi**

xi. **Moorchha**

xii. **Hidroga**

xiii. **Vida vibandhata**

These symptoms resemble the cardinal features of Rheumatoid Arthritis that is pain, swelling, stiffness, fever, general debility etc. It is the third most common type of arthritis behind osteoarthritis and gout. The annual incidence of RA has been reported to be around 40 per 100,000 people. Onset is most frequent during middle age and women are affected 3 times as

frequently as men. Rheumatoid Arthritis (RA) is the most common autoimmune disease which causes chronic inflammation, destruction and deforming symmetrical polyarthritis associated with systemic involvement. The cause of RA is not clear, it is believed to involve a combination of genetics and environmental factors. The underlying mechanism involves the body's immune system attacking the joints. In allopathy treatment are advised NSAIDS, nonbiologic and biologic diseases-modifying antirheumatic drugs (DMARDs), immunosuppressants and corticosteroid which provides the symptomatic relief, but those have more side effect.

CHIKITSA SUTRA- Acharya Chakradatta has mentioned the chikitsasutra of amavata as;

AIMS AND OBJECTIVES

1. To study the aetiopathogenesis of *Amavata*.
2. To assess the efficacy of Regime (*Devadarvadi churna* and *Shunthyadi kwatha with Saindhavadi Taila Matra Vasti*) in the management of *Amavata*.
3. To provide a reliable, safe and cost effective Ayurvedic treatment for *Amavata*.

1. *Devadarvadi Churna*

Constituents of 'Ayurvedic formulation' are-

Name of drug	Botanical name	Part	Part used
1. <i>Devadaru</i>	<i>Cedrus deodara</i>	1	<i>Kaandsara</i>
2. <i>Vacha</i>	<i>Acoras calamus</i>	1	<i>Mula</i>
3. <i>Nagarmotha</i>	<i>Cyperus rotundus</i>	1	<i>Kanda</i>
4. <i>Shunthi</i>	<i>Zingiber officinale</i>	1	<i>Kanda</i>
5. <i>Ativisha</i>	<i>Aconitum heterophyllum</i>	1	<i>Mula</i>
6. <i>Haritaki</i>	<i>Terminalia chebula</i>	1	<i>Phala</i>

Drug	Botanical name	Doshkarma	Rasa	Guna	Virya	Vipaka	Chemical constituents
<i>Devadaru</i>	<i>Cedrus deodara</i>	<i>Kaphavata shamaka</i>	<i>Tikta</i>	<i>Laghu Snigda</i>	<i>Ushna</i>	<i>Katu</i>	Sesquiterpene
<i>Vacha</i>	<i>Acoras calamus</i>	<i>Kaphavata shamaka</i>	<i>Katu, Tikta</i>	<i>Laghu, Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	Asaryl aldehyde, A-Asarone, B-Asarone, Acorin
<i>Nagarmotha</i>	<i>Cyperus rotundus</i>	<i>Kaphapitta shamaka</i>	<i>Tikta, Katu, Kashaya</i>	<i>Laghu, Ruksha</i>	<i>Shita</i>	<i>Katu</i>	
<i>Shunthi</i>	<i>Zingiber officinale</i>	<i>Kaphavata shamaka</i>	<i>Katu</i>	<i>Laghu, Snigda</i>	<i>Ushna</i>	<i>Madhura</i>	Zingiberene, Zingiberol
<i>Ativisha</i>	<i>Aconitum Heterophyllum</i>	<i>Tridoshahara</i>	<i>Tikta, Katu</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	Atisine, Hetisine, Heteratisine
<i>Haritaki</i>	<i>Terminalia chebula</i>	<i>Tridoshhara</i>	<i>Panchras (Lavanavarjit), kashaya pardhana</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Madhura</i>	Chebulagic acid, Chebulinic acid, Corilagin

2. Shunthayadi Kwatha -

Constituents of 'Ayurvedic formulation' are:

Name of drug	Botanical name	Part	Part used
1. <i>Shundhi</i>	<i>Zingiber officinale</i>	1	<i>Kanda</i>
2. <i>Gokshura</i>	<i>Tribulus terresteris</i>	1	<i>Mula</i>

Table Containing Following Drugs.

Drug	Botanical name	Doshkarma	Rasa	Guna	Virya	Vipaka	Chemical constituents
<i>Shunthi</i>	<i>Zingiber officinale</i>	<i>Kaphavata shamaka</i>	<i>Katu</i>	<i>Laghu, Snigda</i>	<i>Ushna</i>	<i>Madhura</i>	Zingiberene, Zingiberol
<i>Gokshura</i>	<i>Tribulusterresteris</i>	<i>Vatapitta shamaka</i>	<i>Madhura</i>	<i>Guru, Snigda</i>	<i>Shita</i>	<i>Madhura</i>	Harman, Harmine

In Devadarvadi churna and Shunthyadi kwatha most of the drugs are of Ushna Virya so has Deepana Pachana action which helps in Agni Deepan and Ama Pachana. These formulations contain Kaphavatshamka herbs like shunthi, devadaru and vacha. Most of herbs has Shothahara, Vednasthapna properties which helps in relieving pain and swelling.

Devadaru is an excellent anti-inflammatory that relieves cold spasm and contraction in the muscles. The anti-inflammatory activity was attributed to its membrane stabilizing action. An aqueous extract of the air-dried stem bark showed anti-inflammatory and antiarthritic activity against acute and chronic inflammation. Herbs like *Shunthi*, *Nagrmotha*, *Ativisha*, *Haritaki* shows anti-inflammatory action. *Nagrmotha* also shows antipyretic action. *Shunthi* and *Haritaki* also has antioxidant property.

3. Saindhavadi Taila Matra Vasti

It contains:

1. <i>Saindhav lavan</i>	9. <i>Medaa</i>	17. <i>Kachoor</i>	25. <i>Danti mula</i>
2. <i>Devadaru</i>	10. <i>Mahamedaa</i>	18. <i>Vayavidanga</i>	26. <i>Maricha</i>
3. <i>Vacha</i>	11. <i>Jayapalabeeja</i>	19. <i>Mulethi</i>	27. <i>Ajmoda</i>
4. <i>Shunthi</i>	12. <i>Nishotha</i>	20. <i>Renuka beeja</i>	28. <i>Pippali</i>
5. <i>Kataphala</i>	13. <i>Hijjal twaka</i>	21. <i>Ateesa</i>	29. <i>Kushtha</i>
6. <i>Shatpushpa</i>	14. <i>Sugandhabala</i>	22. <i>Erandamula twaka</i>	30. <i>Rasna</i>
7. <i>Nagarmotha</i>	15. <i>Chitrakamula</i>	23. <i>Patha</i>	31. <i>Pippali mula</i>
8. <i>Chavya</i>	16. <i>Bharangi</i>	24. <i>Nilivriksha mula</i>	

Pharmacological mode of action: *Matra Vasti* is a type of *Sneha Vasti*. It causes nourishment and cures diseases caused by aggravated *Vata*. *Saindhavadi Taila Matra Vasti* contains basically *Deepan-Pachan Dravyas* like *Shunthi*, *Shatpushpa*, *Saindhav*, *Maricha*, *Ajmoda*, *Pippali*, *Pippali mula* etc. thus, it causes *Ama-pachan*. It also contains *Shothahar dravyas* like *Rasna*, and *Vata-kapha Shamak dravyas* like *Devadaru*, *Medaa*, *Kataphal*, *Chavya* etc. *Ama* and *Vata* are the two main pathological factors in *Amavata* which gets subsided by this.

Acharya Chakradatta has also mentioned its use in *Amavata* while describing its *Chikitsasutra*.

PLAN OF STUDY

(A) Selection of Patients

Total 30 Patients of *Amavata* will be selected from the O.P.D. / I.P.D. of P.G. deptt. of Kayachikitsa, Uttarakhand Ayurved University, Rishikul Campus Haridwar. The patients will be selected on the basis of inclusion and exclusion criteria depending on the detailed clinical history, physical examination and other necessary / desired investigations.

(B) Selection of Drug Regime

1. Devadarvadi Churna
2. Shunthyadi kwatha.
3. Saindhavadi Taila Matra Vasti.

(C) Dose of Drug

1. **Devadarvadi Churna** - 5 gm morning and evening with lukewarm water before meal.
2. **Shunthyadi kwatha** - 40 ml morning and evening after meal.
3. **Saindhavadi Taila Matra Vasti**- 60 ml once daily after breakfast for 10days.

(D) **Duration of study:** 45days

(E) **Type of Study:** Single blind

(F) Drug Trial Schedule

The 30 patients will be selected for the trial on the basis of inclusion and exclusion criteria depending on the detailed clinical history, physical examination and other necessary / desired investigations.

(G) **Assessment of patients**- The assessment of the patients will be done for three times at the interval of 15 days.

(H) **Follow up**-The follow up of the patients will be done 30 days after completion of the trial.

(I) Inclusion Criteria

- Patients having classical features of *Amavata*.

- Age group of 18-60 years.
- Patients fulfilling American College of Rheumatology (ACR) criteria, 1987.

(J) Exclusion Criteria

- Chronicity for more than 15 years.
- Having severe crippling deformity.
- Patients with other systemic diseases like Cardiac disease, Tuberculosis, Diabetes mellitus, Hypertension.
- Any other serious medically and surgically ill patients.

(K) Criteria for Withdrawal

- (1) Personal matters
- (3) Aggravation of complaints
- (2) Intercurrent illness
- (4) Any other difficulties
- (5) Leave against medical advice

(L) Criteria for Assessment

The assessment of the trial will be done on the basis of following parameters:

1. Subjective
2. Objective

Subjective: The subjective assessment will be done on the basis of:

I. Improvement in following signs and symptoms of *Amavata* as described in classics:

1.	<i>Sandhishoola</i> (Joint pain)	6.	Jaadya (Morning stiffness)
2.	<i>Sandhishotha</i> (Joint swelling)	7.	Sparshasahyata (Tenderness)
3.	<i>Gaurav</i> (Heaviness in the body)	8.	<i>Apaaka</i> (Indigestion)
4.	<i>Jwara</i> (Fever)	9.	<i>Bahumutrata</i> (Frequency of micturition)
5.	<i>Aruchi</i> (Loss of appetite)	10.	<i>Utsahahani</i> (Loss of vigour)

II. American College of Rheumatology (ACR) criteria, 1987

Objective: The objective assessment will be done on the basis of changes in clinical findings, relevant laboratory parameters and Functional assessments.

- 1). Haemogram
- 2). ESR
- 3). RA Factor
- 4). CRP
- 5). Functional assessment-
 - a). Goniometry (Range of motion)

- b). Grip strength
- c). Foot pressure
- d). Walking time.

Investigations

1. Haemogram, ESR.
2. RA Factor, CRP.
3. Serum uric acid, lipid profile, blood sugar level.
4. Serum creatinine, blood urea.
5. Urine Routine and microscopic
6. SGOT, SGPT
7. X-Ray (if needed).

OBSERVATION

- The observations of patients will be done before, during and after completion of treatment.
- Little addition or exclusion may be done as per necessity of the study.

CONCLUSION

Conclusion will be made on the basis of the observation which will be done on subjective and objective parameters. The result will be analyzed statistically.

REFERENCES

1. Ashtanga Hridaya : Vagbhatta with the Sarvanga Sundara commentary by Arundatta, edited by H.P. Vaidya, ed. 7, Chaukhambha Orientalia, Varanasi, 1982.
2. Ashtanga Sangraha: Vriddha Vagbhatta with Indu commentary, edited by Panduranga Shankar Pandit, Nirnaya Sagar Press, Bombay.
3. Ayurvedic Panchkarma Vigyana: Haridas Shridhar Kasture, ed. 4.
4. Bhaishajya Ratnavali – Govind Das Sen with Vidhyotini Hindi commentary by Ambika Datta Shastri. Choukhambha Prakashan, ed.19, 2008.
5. Bhava Mishra: Bhava Prakasha, Vidhyotini Teeka, ed. 11, by Bhramshanker Mishra, 2009.
6. Charaka Samhita Vidhyotini Hindi vyakhya, Sri Satya Narayan Shastri, edition, 2002, Choukhambha Bharti Academy.
7. Chakradatta: Indradev Tripathi. Choukhambha Sanskrit samsthan Varanasi reprint edition, 2005.

8. Researches in Ayurveda: M.S. Baghel. Edi.2nd.
9. Sharma P.V. Dravya Guna Vigyana: Chaukhambha Sanskrit Series, Varanasi, 1982.
10. Vijayarakshita and Srikanthadatta: Madhukosha commentary on Madhava Nidana, Reprint, Chowkhamba, Orientalia, Varanasi.
11. Advances in Ayurvedic medicine by Dr. R. H.Singh published by Chaukhambha Prakashan, Varanasi, First Edition, 2005.

(B) MODERN TEXTS

- API Medicine editor in Chief, G.S. Sainani, 8th edition, 2014.
- Davidson's principle and practice of medicine. Edition 20th.
- Essential of medical pharmacology, K. D. Tripathi.
- Harsh Mohan text book of pathology, edition 5th, Jaypee broth