



ISSN 2456-3110

Vol 7 · Issue 11

December 2022

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

**JAIMS**

An International Journal for Researches in Ayurveda and Allied Sciences



**Maharshi Charaka**  
Ayurveda

**Indexed**

## A clinical evaluation of *Churna Pinda Sweda*, *Churna Vasti* and *Shamana Aushadhi* in the management of *Amavata* (Rheumatoid Arthritis) - Two Case Reports

Rajeswary Majhi<sup>1</sup>, Babita Dash<sup>2</sup>

<sup>1</sup>Post Graduate Scholar, PG Department of Panchakarma, Pt. Khushilal Sharma Government (Autonomous) Ayurveda College and Institute, Bhopal, Madhya Pradesh, India.

<sup>2</sup>Lecturer, PG Department of Panchakarma, Pt. Khushilal Sharma Government (Autonomous) Ayurveda College and Institute, Bhopal, Madhya Pradesh, India.

### ABSTRACT

*Amavata* is a disease in which vitiation of *Vayu Dosha* and accumulation of *Ama* (undigested food) takes place in multiple joints (*Sandhi*). Vitiated *Vayu Dosha* circulates the *Ama* all over the body through *Dhamanias*, take accumulated in the *Shleshma Sthana* (*Amashaya*, *Trika*, *Sandhi* etc), producing many symptoms like body ache, indigestion, stiffness, swelling and tenderness in small and big joints with deformities making a person horrible life style. The symptoms of *Amavata* are more or less mimics with Rheumatoid Arthritis which is an inflammatory autoimmune disorder, guarded prognosis due to reduced life span with increase mortality rate mainly due to cardiovascular and other systemic complications. Various treatment modalities are advised in *Ayurveda* which are said to be root eliminating therapies or sometime *Rasayana* therapy. Whereas anti-inflammatory, analgesics, steroids and disease modifying antirheumatic drugs are required for its management as per modern medicine which are not free from side effects. *Churna Pinda Sweda*, *Churna Vasti* and *Shamana Aushadhi* are a complete treatment package which may correct the underlying pathology of the disease. Hence, in the present clinical study 2 patients were selected and kept on the advice treatment regimen *Churna Pinda Sweda*, *Churna Vasti* along with *Shamana Aushadhi* (*Agnitundi Vati*, *Ajamodadi Churna* and *Ashtavarga Kashayam*).

**Key words:** *Ama*, *Amavata*, *Agnitundi Vati*, *Ajamodadi Churna*, *Ashtavarga Kashayam*, *Vaishwanara Churna Vasti*, *Churna Pinda Sweda*

### INTRODUCTION

*Amavata* is a disease in which vitiation of *Vata Dosha* and accumulation of *Ama* takes place in *Sandhi* (joints) and cause various symptoms like pain, stiffness, swelling, tenderness of small or big joints which is identical with Rheumatoid arthritis in modern parlance.<sup>[1]</sup> *Ama* is the undigested food, formed by

improper digestion of first *Dhatu* (i.e., *Rasa*) due to diminished power of *Agni* (digestive fire).<sup>[2]</sup> Obstruction of channel (*Srotorodha*) occurs due to accumulation of *Ama*, whenever that *Ama* gets localized in the body tissues or joints, it can lead to pain, stiffness, swelling, tenderness etc. in the related joints. RA is a chronic systemic inflammatory disease, clinically presents as polyarthritis involving small and large diarthrodial joints of extremities usually in a symmetrical pattern.<sup>[3]</sup> In *Ayurveda*, the *Chikitsasutra* of *Amavata* includes *Sodhana* as well as *Shamana* like *Langhana*, *Deepana*, *Swedana*, *Virechana*, *Snehapana* and *Vasti*.<sup>[4]</sup> *Churna Pinda Sweda* is one type of *Ruksha Sankara Sweda* in which various medicated herbal powders having *Ruksha*, *Ushna* and *Tikshna* properties are used. Due to these properties, *Churna Pinda Sweda* kindled *Agni* and helps in digestion of *Ama Dosha* in tissue level. *Churna Vasti* explained by *Acharya Chakrapani* comprises of drugs possessing *Ushna*, *Tikshna* *Gunas*, *Deepana*, *Pachana*,

#### Address for correspondence:

Dr. Rajeswary Majhi

Post Graduate Scholar, PG Department of Panchakarma, Pt. Khushilal Sharma Government (Autonomous) Ayurveda College and Institute, Bhopal, Madhya Pradesh, India.

E-mail: rajeswarymajhi700@gmail.com

Submission Date: 15/10/2022 Accepted Date: 27/11/2022

#### Access this article online

Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

Published by Maharshi Charaka  
Ayurveda Organization, Vijayapur,  
Karnataka (Regd) under the license  
CC-by-NC-SA

*Vatakaphahara* and *Sulasothahara* effect which may help in attaining *Agnideepti*, *Sareera Laghuta* and *Niramata*. After *Vasti Karma Shamana Aushadhi* helps in kindling the *Agni* and digestion of *Ama*.<sup>[5]</sup> Hence, the present study *Churna Vasti*, *Churna Pinda Sweda*, and *Shamana Aushadhi (Agnitundi Vati, Ajamodadi Churna, Ashtavarga Kashayam)* has been selected for 16days as a complete treatment procedure. The Allopathic treatment provides symptomatic relief but the underlying pathology remains untreated due to absence of effective therapy. Long term use of medicines also given rise to many side effects, toxic symptoms, and adverse reactions and more serious complains, so all are looking towards *Ayurveda* with a great hope for a better treatment.

## CASE REPORT

Two patients namely A and B, 58 years and 48 years respectively came in the OPD of Panchakarma dept of Pt KSLGAC and institute Bhopal, MP with the complainants as follows

Patient "A"	Patient "B"
<ul style="list-style-type: none"> <li>▪ Multiple joints pain since 20years</li> <li>▪ Morning stiffness &gt;45minutes</li> <li>▪ Tenderness</li> <li>▪ Swelling in MCP joints, elbow, Shoulder, knee and ankle joints</li> <li>▪ Re Restricted movements</li> <li>▪ K/C/O- HTN</li> </ul>	<ul style="list-style-type: none"> <li>▪ Multiple joints pain since 6months</li> <li>▪ No morning stiffness</li> <li>▪ Tenderness</li> <li>▪ Swelling in MCP joints, wrist, knees and ankle joints</li> </ul>

None of the patients were having any type of addiction such as alcohol, tobacco etc. Both patients were found with RA factor positive and ESR value raised. Systemic and General Examination were done; both patients were treated on the line of management of *Amavata*. The treatment regimen which are given in the *Ayurveda* texts are aimed at restoring the equilibrium through correction of the underlying functional included accumulation of *Ama* and vitiated *Vata*.

**Table 1: General Examination**

	Patient 'A'	Patient 'B'
BP	130/90 mmHg	120/80mmHg
Pulse	82/min	78/min
Respiration Rate	18/min	17/min
Temperature	98.4F	98.6F
Sleep	Disturbed	Normal
Appetite	Good	Good
Bowel	Clear	Clear

**Table 2: Drug Intervention with duration**

SN	Procedure	Drugs	Dose	Duration
1.	<i>Churna Pinda Sweda</i>	<i>Rasna, Devadaru, Kulatha, Yava, Satavha, Kushtha, Haridra, Methika</i>	Each <i>Pottali</i> contains 200gm	16days
2.	<i>Churna Vasti</i>	<i>Vaishwanara Churna</i>	Total 570ml <i>Ushna Jala-300ml, Kanji-150ml, Churna-50gm, Saindhavadi Taila-60ml, Saindhava-10gm</i>	12days
3.	<i>Anuvasana Vasti</i>	<i>Saindhavadi Taila</i>	100ml	4days
4.	<i>Shamana Drugs (Orally)</i>	<i>Agnitundi Vati</i> <i>Ajamodadi Churna</i> <i>Ashtavarga Kashayam</i>	-125mg twice a day -5gm twice a day -10ml twice a day	16days

**Criteria of Assessment**

The assessment was done based on subjective and objective parameters as per CCRAS.

**Table 3: Clinical assessment****Joint pain**

SL	Severity of pain	Grade	Score	Patient 'A'		Patient 'B'	
				BT	AT	BT	AT
1.	No pain	Zero	Zero	-	-	-	0
2.	Pain occasional, can be managed without drug	I	2	-	2	2	-
3.	Pain frequent and can be managed with some pain killer	II	4	4	-	-	-
4.	Pain persistent and unmanageable even with drugs	III	6	-	-	-	-

**Morning stiffness**

SN	Morning stiffness	Grade	Score	Patient 'A'		Patient 'B'	
				BT	AT	BT	AT
1.	No stiffness	Zero	0	-	-	0	0
2.	Early morning stiffness up to 30minutes	I	2	-	-	-	-
3.	Early morning stiffness more than 30minutes and less than 45minutes	II	4	-	4	-	-
4.	Early morning stiffness more than 45minutes	III	6	6	-	-	-

**Tenderness**

SN	Tenderness	Grade	Score	Patient 'A'		Patient 'B'	
				BT	AT	BT	AT
1.	No tenderness	Zero	0	-	-	-	-
2.	Tender but bearable	I	2	-	-	-	2
3.	Tender and winced	II	4	-	4	4	-
4.	Tender winced and withdraw	III	6	6	-	-	-

**Swelling**

SL	Severity of swelling	Grade	Score	Patient 'A'		Patient 'B'	
				BT	AT	BT	AT
1.	No swelling/not making the bony land marks of joints	Zero	0	-	-	-	0
2.	Just covering the bony prominences	I	2	-	2	2	-
3.	Considerably above the land marks may be with positive fluctuation	II	4	4	-	-	-
4.		III	6	-	-	-	-

SL	Name of the involved joint	Before treatment (1 <sup>st</sup> day)		After treatment(16 <sup>th</sup> day)	
		Measurement in mm		Measurement in mm	
		Patient 'A'	Patient 'B'	Patient 'A'	Patient 'B'
1.	Rt MCP joints	250mm	260mm	240mm	240mm
2.	Lt MCP joints	240mm	270mm	230mm	240mm
3.	Rt Wrist	-	190mm	-	180mm
4.	Lt Wrist	-	180mm	-	170mm
5.	Rt Elbow	260mm	-	240mm	-
6.	Lt Elbow	250mm	-	240mm	-
7.	Rt Shoulder	-	-	-	-
8.	Lt Shoulder	-	-	-	-
9.	Rt Knee	390mm	400mm	390mm	370mm
10.	Lt Knee	380mm	410mm	380mm	370mm
11.	Rt Ankle	270mm	280mm	260mm	260mm
12.	Lt Ankle	240mm	270mm	240mm	260mm

### Functional assessments

#### Walking time

Walking time in seconds(150ft)			
Before treatment (1 <sup>st</sup> day)		After treatment (16 <sup>th</sup> day)	
Patient 'A'	Patient 'B'	Patient 'A'	Patient 'B'
1min 7sec	31sec	1min	19sec

#### Grip power

SN	Grip power	Grade	Score	Patient 'A'		Patient 'B'	
				BT	AT	BT	AT
				1.	Between 50-55mmHg	Zero	0
2.	Between 56-65mmHg	I	2	-	2	-	-
3.	Between 66-75mmHg	II	4	-	-	-	-

4.	Between 76-85mmHg	III	6	-	-	-	-
5.	86mmHg and above	IV	8	-	-	8	8

### Assessment of objective criteria

SN	ESR (mm/1 <sup>st</sup> hr)	Grade	Score	Patient 'A'		Patient 'B'	
				BT	AT	BT	AT
				1.	<20	Zero	0
2.	21-40	I	2	-	2	-	-
3.	41-60	II	4	-	-	4	-
4.	61-80	III	6	6	-	-	-
5.	>80	IV	8	-	-	-	-

SN	RA Factor	Grade	Score	Patient 'A'		Patient 'B'	
				BT	AT	BT	AT
				1.	Negative	Zero	0
2.	Positive	I	2	-		2	
3.	Strongly positive	II	4	2		-	

### DISCUSSION

In this case studies both patients were suffering from this disease having different kind of manifestation in the symptoms, disease chronicity, *Doshik* predominancy etc. The patient B was having acute symptoms with main involvement of *Ama* especially. So, the relief was observed better as the direct action of CPS and *Churna Vasti* was *Ama* only. As soon as the *Ama* get eliminated by *Churna Vasti* pathological breakdown was observed in the disease chain. Later the remaining *Vata Dosh* get pacified by *Shamana* medicine (*Agnitundi Vati*, *Ashtavarga Kashayam*) and *Churna Pinda Sweda*. The result was observed in relieving joints pain, swelling and restricted

movement. Decreased value of RA factor and ESR also observed after 16 days of the total treatment duration. In the patient A the relief was observed in a different manner which was mild in comparison to patient B, here the manifestation of the symptoms and the *Doshik* predominancy was different. In this case the chronicity of the disease was 20 years and the main symptom was joint pain due to involvement of *Vata Dosha* especially. The symptoms of *Ama* was very less in comparison to patient B. The patient was suffering from insomnia, abdominal pain, acidity and HTN etc. The *Pravruddha Lakshana* of *Amavata* was dominant in this case. In *Jirna Amavata* the main dominancy is *Vata Dosha* along with *Ama (Dhatwagnimandyajanya Ama)*. *Vasti chikitsa* along with *Rasayana* therapy has proven its best efficacy in *Jirnavastha* of the disease.

#### Probable Mode of Action of *Churna Pinda Sweda*, *Churna Vasti* and *Shamana Aushdhi*

***Churna Pinda Sweda*** - *Churna Pinda* is one type of *Ruksha Shankara Sweda* comprising of *Ruksha*, *Ushna* and *Tikshna* properties. The *Swedana Karma* is a type of thermotherapy in which heat is applied for the purpose of increasing vasodilation, decreasing viscosity, changing in nerve conduction, increasing metabolic rate and *Swedana* used for rehabilitation purpose for increasing the extensibility of collagen tissues, decreasing joint stiffness, reducing pain, relieving muscle spasm, reducing inflammation and heaviness in the body. *Ushna Guna* of *Swedana* causes stimulation of sympathetic nervous system and as vasodilation. It also increases the circulation of *Rasa* and *Rakta* in the body. An additional 1 degree increasing body temperature causes enough sweating to remove 10 times of the basal rate of heat production. Due to the effect of *Sara* and *Ushna Guna* of *Swedana Dravya* the *Lina Dosha* are liquified in the body and come out through micropores present over the skin of sweat gland. Temperature receptors are present in the skin and some specific deep tissue of the body. *Churna Pinda Sweda* by virtue of its properties of *Swedana* drugs employs 2 important mechanism that is vasodilatation and sweating induction.

***Churna Vasti*** - *Churna Vasti* comprises drugs possessing *Ushna* and *Tikshna Gunas*, *Deepana*,

*Pachana*, *Vatakaphahara* and *Shulahara* effect which help in attaining *Agnidipti*, *Sareera Laghuta* and *Niramata*. *Vasti Dravya* after administration reach up to the level of *Nabhi*, *Kati*, *Parshwa* and *Udara* and produces cleansing effect.<sup>[6]</sup> *Vasti* influence all over the body through it administer through rectum and removes the vitiated *Doshas* especially *Vata Dosha* and also *Pitta* and *Kapha* to some extent. It helps in pacifying vitiated *Vata Dosha* due to its *Vatanulomana* effect. Most of the drug in *Vaishwanara Churna Vasti* are having *Laghu*, *Ruksha Guna*, *Katu Vipaka* and *Ushna Virya* which causes *Deepana*, *Pachana* and *Amahara* effect later which helps in pacifying *Amadosha* produced in tissue level (*Dhatwagnimandhyajanya Ama*).<sup>[7]</sup> The *Dushya* involved in *Amavata* is especially *Rasa Dhatu* due to hypofunctioning of *Agni*, the *Ama* produced in *Jatharagni* level as well as in *Dhatwagni* level gets eliminated out by potency of the *Vasti dravyas*. Due to *Deepanapachana* action there will be proper formation of *Ama*. Due to *Deepana* action the further *Ama* formation is prevented. *Dhatugat Ama* is mainly counteracted by the prevention of production of *Ama* in *Dhatu* level. *Vasti Dravya* may act by stimulating peristalsis due to their large volume or they cause osmotic retention of water in the bowel. Rectal veins drain the lower part of the rectum and enter into the inferior vena cava and bypass the liver before entering the general circulation. Rapid degradation of a drug by the liver during the first pass or by the gut wall also affects the bioavailability. Thus, a drug though absorbed well when given orally may not be effective because of its extensive first pass metabolism. If first pass metabolism decreases, the bioavailability of drug increases. Increased vascularity can increase absorption.

***Shamana Aushadhi*** - All the *Shamana* drugs having *Amapachaka*, *Jwarahara*, *Sothahara*, *Kaphavatahara* effects and Kindle the *Agni*.

#### CONCLUSION

*Churna Vasti*, *Churna Pinda Sweda* along with *Shamana Aushdhi* showed remarkable symptomatic and observable relief in the features of *Amavata*. This



observation needs to be studied in more number of patients for better assessment in the management of Amavata (RA).

## REFERENCES

1. Upadhyaya Prof. Yadunandana. Madhav Nidan, ed-2003, Chaukhamba Sanskrit Bhawan, Varanasi, Ch.25 Vol.1.p.509
2. Tripathi Brahmananda. Astanga hridayam. Vanarasi. Chaukhamba Sanskrit pratishthan publication: Edition 2017. Sutra sthan Ch.16 Vol.1.p.188
3. API text book of Medicine.10<sup>th</sup> ed. New Delhi: Jaypee Brothers Medical Publishers(P) Ltd.:2015.6<sup>th</sup> chapter (Vol-2). p.2492.
4. Tripathi dr. Indradev, Chakradatta,3<sup>rd</sup> ed.1997, Chaukhamba Sanskrit Sansthan, Varanasi, Chapter-25, verse-1.
5. Gaur Prof. Banwari Lal. Charaka Samhita, Shree Chakrapanidattavirachita Ayurveda Deepika 1<sup>st</sup> ed-2014

Rashtriya Ayurveda Vidyapeeth, Delhi, Siddhi sthan Ch.10 Vol-IV.verse-13-14.p.999

6. Gaur Prof. Banwari Lal. Charaka Samhita,Shree Chakrapanidattavirachita Ayurveda Deepika 1<sup>st</sup> ed-2014 Rashtriya Ayurveda Vidyapeeth, Delhi, Siddhi sthan Ch.1.Vol-IV.verse-40.p.773
7. Mishra Prof. Sidhinanda, Bhaishajya Ratnavali,Kabiraj Shreegovind das sen virachita, Chaukhamba Surabharati Prakashan,Varanasi, Chapter-29,Verse-46-49.p.599

**How to cite this article:** Rajeswary Majhi, Babita Dash. A clinical evaluation of Churna Pinda Sweda, Churna Vasti and Shamana Aushadhi in the management of Amavata (Rheumatoid Arthritis) - Two Case Reports. J Ayurveda Integ Med Sci 2022;11:215-220.

**Source of Support:** Nil, **Conflict of Interest:** None declared.

\*\*\*\*\*