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A comparative clinical study of *Erandbeejadi Gutika* and *Pippalyadi Gana Kashaya* with external application of modified *Ruksha Pottali Sweda* in the management of *Amavata*

Byomesh Upadhyay¹, Aruna Ojha², Rashmi Diwan³, Jeevan Lal Sahu⁴

¹Post Graduate Scholar, Department of Kayachikitsa, Shri NPA Govt. Ayurveda College, Raipur, Chhattisgarh, India.

²Professor & HOD, Department of Kayachikitsa, Shri NPA Govt. Ayurveda College, Raipur, Chhattisgarh, India.

^{3,4}Lecturer, Department of Kayachikitsa, Shri NPA Govt. Ayurveda College, Raipur, Chhattisgarh, India.

ABSTRACT

Background: *Amavata* is a very challenging and burning problem in society. The clinical presentation of *Amavata* is closely related to the special variety of musculoskeletal disorder rheumatoid arthritis (RA). There is no medical system that is successful in providing a complete cure for the disease, so the *Ayurvedic* approach toward the treatment of *Amavata* is needed in the present era. The prevalence of RA is approximately 1% of the total population. For the management of RA in allopathic science, DMARDs & steroids are used frequently. Due to the lack of effective drugs and major problem in society, this disease for the study has been selected.

Aim and Objectives: To study the efficacy of *Erandbeejadi Gutika* and *Pippalyadi Gana Kashaya* with modified *Ruksha Sweda* in the management of *Amavata* (RA). **Methodology:** It will be a single-center, randomized, open-clinical study. In this study, 60 clinically diagnosed patients of *Amavata* were selected and randomly divided into two groups by coin method. *Erandbeejadi Gutika* will be given in the dose of two tablets (each 500 mg) four times in a day with lukewarm water before meal for 90 days along with the modified *Ruksha Pottali Sweda*, while *Pippalyadi Gana Kashaya* will be given 50 ml two times in a day before the meal along with the modified *Ruksha Pottali Sweda*. Statistical analysis will be done using the Wilcoxon matched-pairs signed ranks test for the analysis of nonparametric data, while paired t-test will be used for parametric data analysis, and mann-whitney test and unpaired t-test will be used for intergroup comparison.

Key words: *Amavata*, *Erandbeejadi Gutika*, *Pippalyadi Gana Kashaya*, *Ruksha Pottali Sweda*

INTRODUCTION

In the 7th century, *Acharya Madhava* emphasizes that systemic disorder occurs when the digestive and metabolic mechanism is involved. In text 25th chapter the main symptoms of *Amavata* are clearly described. *Amavata* is a *Krichchhsadhya* disease (Chronic), which

if not treated on time becomes *Yapya* and *Pratyakhyeya* (Incurable) in the future. In which the daily routine of the patient gets affected and the patient becomes unable to work.^[1] The main problem with this disease is that *Shool*, *Shotha* & *Stabdhta* (pain, swelling & stiffness) patients face severe pain & swelling in the disease and daily take painkillers, etc. for it which affects the daily routine of patients. There are currently about 23 million people affected by RA worldwide male-female ratio is 1:3. The life expectancy of patients is reduced by 25% in this disease. Because of DMARDs and Steroids drugs, the risk of infection increases & they are immunosuppressive in nature as well, according to their texts.^[2] In the *Ayurvedic* management of *Amavata*, the *Ayurvedic* drugs work multidimensional actions like they work at the *Jathragni* level which corrects the pathogenesis of *Aam* and works as an immunomodulator. Also, they have properties of analgesic, anti-inflammatory, antistress,

Address for correspondence:

Dr. Byomesh Upadhyay

Post Graduate Scholar, Department of Kayachikitsa, Shri NPA Govt. Ayurveda College, Raipur, Chhattisgarh, India.

E-mail: upadhyaybyomesh@gmail.com

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and antioxidant. There is no risk of infection and the least side effects if they use proper *Matra* (dose), *Anupana & Kala* (time).

Hence, in the article, *Erandbeejadi Gutika*^[3] & *Pippalyadi Gana Kashaya*^[4] were selected as *Shaman Yoga*. The drug chosen for research were *Erandbeejadi Gutika* from *Yogratnakar Amavata Chikitsa Ghrithkalkavlepan Yog 2* and *Pippalyadi Gana Kashaya* from *Sushruta Sutra 38/22*, modified *Ruksha Sweda* reference by *Yogratnakar Purvardh Amavata Chikitsa 2*.

Pathophysiology

In the *Ayurvedic* concept *Amavata* is defined as the state in which there is simultaneous vitiation of *Vata Dosha* and accumulation of *Ama*. *Ama* is an undigested product of what we take as diet; *Ama* is not homogeneous for the body. Whenever *Ama* gets localized in the body tissue or joints (*Trik Sandhi*), with aggravated *Vata* it can lead to the production of *Shotha, Shoola & Stabdhatta* (pain, stiffness and swelling). In modern science, it is correlated to rheumatoid arthritis (RA). It is a chronic autoimmune inflammatory systemic disease. In this; the body's immune system attacks its tissue, which affects synovial joints with earlier manifestations. In this, bilateral peripheral joints are involved symmetrically. Main symptoms extraarticular of RA joint inflammation, pain, loss of function, and eventual joint destruction and deformity.

One prevalent theory is that a combination of factors trigger RA including-

1. Abnormal auto-immune response
2. Genetic susceptibility
3. Environmental of biologic trigger-
 - a) infectious agents - Bacteria, Virus.
 - b) Hormones
 - c) Allergy
4. Others - Previous history of Rheumatic fever
5. Overwork and psychological stress (psychological factors)

Predisposing factors - (check cause) Heredity, Climate, Trauma, Age, Sex, Body humor.

AIM AND OBJECTIVES

Role of *Erandbeejadi Gutika, Pippalyadi Gana Kashaya* and *Ruksha Pottali Sweda* in the management of *Shotha, Shoola, Stabdhatta* (pain, swelling & stiffness) in *Amavata*.

1. To study the efficacy of *Erandbeejadi Gutika* in *Shotha, Shoola & Stabdhatta* (pain, swelling & stiffness) in *Amavata*.
2. To study the efficacy of *Pippalyadi Gana Kashaya* in *Shotha, Shoola & Stabdhatta* (pain, swelling & stiffness) in *Amavata*.
3. To study the efficacy of *Ruksha Pottali Sweda* in *Shotha, Shoola & Stabdhatta* (pain, swelling & stiffness) in *Amavata*.
4. To study any adverse effect of *Erandbeejadi Gutika, Pippalyadi Gana Kashaya & Ruksha Pottali Sweda*.

MATERIALS AND METHODS

Selection of patient

Patients of *Amavata* will be selected from *Kayachikitsa* OPD and IPD of Shri NPA government Ayurved College and Hospital, Raipur C.G. The case selection will be done considering age, sex, occupation and socio-economic conditions. Both acute and chronic phases of *Amavata* patients will be taken for the study, following the ACR criteria of the diagnosis of RA in modern medicine and the clinical features of *Amavata* described in *Madhava Nidana*.

Inclusion criteria

1. The patients between the age group of 18-60 years of either sex showing the clinical features of *Amavata* like pain, stiffness, and swelling in multiple joints.
2. Patient diagnosed for RA based on ACR criteria.

Exclusion criteria

1. Patients of age below 18 years and above 60 years of either sex.

2. Patients having severe crippling deformities.
3. Patients suffering from paralysis.
4. Patients having neoplasm of the spine, gout, ankylosing spondylitis, traumatic arthritis, and pyogenic osteomyelitis
5. Patients having associated cardiac disease, pulmonary tuberculosis, uncontrolled diabetes mellitus, malignant hypertension, renal function impairment, etc.
6. Pregnant women and lactating mother.

Drugs and method of its preparation

Erandbeejadi Gutika

This has been selected for this study and has been taken from *Yog Ratnakar Amavatachikitsa* which contains *Erandbeej Majja* (*Ricinus communis* Linn), *Shunthi* (*Zingiber officinale* Rosx.) and *Sharkara* (*Saccharum officinarum* Linn.). The *Gutika* are of 500 mg each.

These drugs like *Erand* and *Shunthi* are *Ushana Virya* and *Madhur Vipak Dravya*. They have properties of *Vatkaphahar*, *Aampachan*, *Shoolaprashaman* and also in the modern view of these work as an anti-inflammatory, analgesic effect. *Sharkara* is *Balya* medicine and works in equilibrium with these drugs.

Pippalyadi Gana Kashaya

Pippali, *Pippalimula*, *Chavya*, *Chitrak*, *Shunthi*, *Marich*, *Hastipiplali*, *Nirgundi*, *Ela*, *Ajmoda*, *Kutaj*, *Patha*, *Jeerak*, *Sharshap*, *Mahanimb*, *Hingu*, *Bharangi*, *Moorva*, *Ativisha*, *Vacha*, *Vidang*, *Katurohini*, the *Kashaya* will be used.

Most of these drugs have *Katu*, *Tikta Ras*, *Ushna Virya*, and *Katu Vipaka*. They have properties of *Vatakaphahar*, *Shoola Prashman*, *Aampachan*, *Balya*, *Deepan*, and *Shothahar*. In a modern way, they are anti-inflammatory, analgesic, antiarthritic, antispasmodic action in the body.

Both medicines will be made with same ratio of each drug and the materials will be procured and prepared in GMP certified pharmacy of the institute.

Modified *Ruksha Pottali Sweda*^[5]

Ingredient: *Baluka* (50%) + *Shunthi* + *Yava* + *Saindhav Lavan* + *Methi* + *Shatpushpa* (50%)

The application of heat & there by inducing perspiration by using a heated pack of sand is known as *Baluka Sweda*. Here in *Baluka Sweda*, the body part is subjected to a sudation procedure with the proper application of *Yava*, *Shunthi*, *Shatpushpa*, *Methi* & *Saindhav Lavan*. They all have the unique feature of reducing pain, stiffness and swelling in *Amavata* treatment. For the same reason in diseased conditions like *Amavata* where *Sneha* is contraindicated *Swedana* is done by this procedure. This *Ruksha Sweda* helps in the rectification of the imbalance of *Kapha Dosha* as well as the alleviation of *Ama Dosha*. The unique therapeutic effect of this procedure is *Kaphahara* (beneficial in the treatment of *Kapha Dosha*) and *Shotha Shoolahara* (alleviates the pain & swelling).

It has *Amanashak* effects in disorders caused due to *Ama Dosha*.

Management of *Amavata* in *Ayurveda* the concept of *Samprapti*, and the use of *Deepan* and *Pachan* medicines will be beneficial; mainly to reduce the formation of *Aam Dosha* and the use of *Vatahar* medicines will be beneficial.

OBSERVATIONS AND RESULTS

A total of 60 patients will be registered for the study of either gender, between the age group of 18-60. Two groups will be made in the present study for managing the disease *Amavata*. In this study effect of the drugs in each group will be observed by the clinical signs and symptoms mentioned in *Ayurvedic* classics, Both acute and chronic phases of *Amavata* patients will be taken for the study, following the ACR criteria of the diagnosis of RA in modern medicine and the clinical features of *Amavata* described in *Madhava Nidana.*, Health Assessment Questionnaire for RA, Visual Analog Scale (VAS), WOMAC Index criteria. The improvement in the patient will be observed based on *Roga Bala*, *Agni Bala*, *Deha Bala*, and *Chetasa Bala*. Effect of the *Erandbeejadi Gutika*, *Pippalyadi Gana Kashya* and *Ruksha Pottali Sweda* will be assessed in *Pratyatma*

Lakshan and Samanya Lakshman and Upadrava of Amavata and RA Factor, C-Reactive Protein, CBC, ESR, EULAR Criteria, DAS Criteria (DAS 28). The side effect of the drugs also will be observed.

The result will be discussed parameter-wise with the help of Statistical Analysis. Statistical analysis will be done using the Wilcoxon matched-pairs signed ranks test for the analysis of nonparametric data, while paired t-test will be used for parametric data analysis, and the Mann-Whitney test and unpaired t-test will be used for intergroup comparison.

DISCUSSION

Based upon the Ayurvedic concepts of pathophysiology the strategy consists of the -

Treatment Pattern	Drugs
Aamvishahar (Immunomodulation)	Katuki, Chitrak, Shunthi
Asatymahar drug (Antiallergic)	Marich, Patha, Vacha, Shunthi
Rasayan (Antioxidant)	Nirgundi, Bharangi, Pippali
Shothahar / Shoolahar (Antiinflammatory / Analgesic)	Haridra, Pippali, Ela, Ajmoda, Jirak
Drugs especially for Amavata	Erand
Antiarthritic	Nirgundi, Patha
Antispasmodic	Ajmoda, Hingu

As we know Erand is among those who kill the great Gaja (Elephant) like Amavata, who roams in the forest of the body Erand affection is enough like a lion alone. Also, Pippalyadi Gana Kashaya has Pippali and more drugs which are very useful for Deepan, Pachan, Shothahar and Shoolahar drugs. According to the nature of the disease, it is essential to plan such therapy which has Ama and Vatahara properties. The line of treatment described for the disease includes Langhana and Swedana use of Tikta and Katu drugs. This study has been undertaken to evaluate the role of the Shamana drug along with Ruksha Pottali Sweda.

CONCLUSION

There is no well-recognized defense strategy in modern medicine. Hence the management of this disease is merely insufficient in other systems of medicine and patients are continuously looking with hope towards Ayurveda to overcome this challenge. However, Ayurveda primarily uses a defense strategy in the management of the disease. According to the Ayurveda understanding of the pathophysiology of a disease, disequilibrium of doshas occurs at the Strotas level of physiology and of the gastrointestinal tract to cause immune response and inflammation. For the present review, on Amavata as Shaman therapy, the medicine is a suitable natural product that will make it possible for patients to live a high quality of life along with reducing the specific symptoms of pain, swelling & stiffness. These medicines have properties of Deepan, Pachan, Shoolahar & Shothahar without any side effects. Considering the magnitude of Amavata, Erandbeejadi Gutika, Pippalyadi Gana Kashaya & modified Ruksha Pottali Sweda surely a positive effect will be seen in the management of Amavata.

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