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A comparative clinical study of *Amavatavidhwansa Rasa* and *Simhanaada Guggulu* in the management of *Amavata* w.s.r. to Rheumatoid Arthritis

Vaibhav A. Jagadale¹, M. Shrinivasarao², G. Vinay Mohan³, Girish Dharmannavar⁴, M. B. Rudrapuri⁵

¹Final Year Post Graduate Scholar, ²Professor & Guide, ³Professor & HOD, ⁴Lecturer, Dept. of Kayachikitsa, ⁵Professor, Dept. of Rasashastra & Bhasajya Kalpana, Shri Shivyogeeswar Rural Ayurvedic Medical College, Inchal, Tq- Saundatti, Dist- Belagavi, Karnataka, INDIA.

ABSTRACT

Amavata is the most challenging disease for the medical science, as it causes severe intolerable pain and severe deformities making the patient disable and bedridden. As it is the disease of *Rasavaha Srotas* and having several features similar to Rheumatoid Arthritis, *Amavata* can be correlated with Rheumatoid Arthritis (RA). *Amavata* is the outcome of *Agnidushti*, *Amotpatti* and *Sandhivikrutti*, with the passage of the time most of the dietary habits, changing lifestyle and environment have been contributing to the disease, the risk factor include age, gender, genetics and environmental exposures. Hence *Amavata* have become a challenge to the human race. Management of the disease is merely insufficient in other system of medicine, in such condition disease which continues to pose challenge to the physician as well as for patients due to severe morbidity and crippling nature. So patients are continuously looking for the treatment from Ayurved to overcome this challenge. It also shows extra articular features like bodyache, stiffness etc. many research have been carried out to solve this clinical enigma. The therapy which normalizes *Agni* metabolizes *Ama* and regulates *Vata* and maintain healthy *Sandhi* and *Sandhista Sheshma* will be the supreme one for this disease. The formulations of *Amavatavidhwansa Rasa* and *Simhanaada Guggula* is indicated, especially in treating the *Amavata*.

Key words: *Amavata*, *Rheumatoid Arthritis*, *Amavatavidhwansa Rasa*, *Simhanaada Guggula*.

INTRODUCTION

Ayurveda the terminology itself explains that it is a vast literature on living a healthy life and how to prevent one form of disease prevailing in society due to modernization of lifestyle. In this world, one cannot

find even a single substance which is devoid of pharmacological action and can be used for benefit of living organism on the basis of their properties. Through its miraculous remedies, it has offered shelter to the ailing mankind, under its huge wings in the past as well as present. So, now the whole world is looking at Ayurveda with expectation eyes and adverse effects of modern are becoming more evident than the relief offered.

Amavata is such a disease not deals with important in ancient classics. It is well described in 7th century by Madhav Nidana.^[1] Madhavkara being 1st described *Amavata* as independent disease along with its etiology pathogenesis, sign, symptoms, prognosis and chakradatta was 1st described line of treatment with Ayurveda herbs.

Amavata is disease of *Madhyam Rogamarga* there is predominance of *Ama* and *Vata* which vitiates

Address for correspondence:

Dr. Vaibhav A. Jagadale

Final Year Post Graduate Scholar, Dept. of Kayachikitsa, Shri Shivyogeeswar Rural Ayurvedic Medical College, Inchal, Tq- Saundatti, Dist- Belagavi, Karnataka, INDIA.

E-mail: vaibrek7751@gmail.com

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Tridosha. The disease affects *Sandhimarma* which leads to morbidities and which inturn many cause death.

The clinical features of *Amavata* have been recognized in Ayurveda before centuries itself. The two oldest texts on Ayurvedic medicine, the Charaka Samhita^[2] and Sushruta Samhita^[3] often refer to symptoms such as joint pain and swelling as diagnostic features of other syndromes, such as *Jwara* (Fever), *Rajyakshma* (tuberculosis) and *Arsha* (piles).

Amavata is a disease of chronic joint and body pain, accompanied by a swelling of some or all of the synovial joints. These symptoms are typically accompanied by immobility, a loss of taste, thirst, indigestion, a lack of enthusiasm, a feeling of heaviness and fever. If the condition is allowed to progress the pains may begin to migrate from place to place, with an intence stinging and burning sensation. There may be scanty, frequent urination and sleep may become distributed. The digestion will continue to worsen, with bowel irritability and spasm, constipation, nausea and vomiting. There may be dizziness with profuse perspiration and extreme stiffness.

After birth human being goes through various stages of life. These stages are concerned with *Bala* of *Sharira* (e.g. *Madhyam Vayavastha*^[4]- *Pravara Bala*) and prone to particular disease.

The disease rheumatoid arthritis can be presented as very similar to *Amavata*. The disease rheumatoid arthritis can be presented as very similar to *Amavata*. The disease rheumatoid arthritis is chronic in nature and affect mostly the middle age group. The prevalence is highest in Indians. The clinical course is prolonged, with intermitent exacerbations and remissions. Rheumatoid arthritis^[5] occurs in 0.5-1.0% of the population; women affected three times more than men; prevalence increases with age, onset most frequent in fourth and fifth decade.^[6]

As *Amavata* is compared to rheumatoid arthritis we have underestimated the morbidity and mortality of rheumatoid arthritis our goal must be to intervene and focus on less toxic drug as early as possible in

disease process. *Amavatavidhvasa Rasa* is effective in *Amavata* to treat vitiated *Doshas* as it is a *Vatahara*.

The present study is aimed at finding out an effective remedy for *Amavata*, which is a well known affecting masses. For this, *Amavatavidhwansa Rasa* as *Ama Pachak* and *Doshashamaka* was selected for treatment.

MATERIALS AND METHODS

Selection of Patients

Patients diagnosed as *Amavata* based on classical signs and symptoms were randomly selected in OPD/IPD of Shri Shivayogeeswar Rural Ayurvedic Hospital, Inchal.

Criteria of selection of patients

Inclusive Criteria

- Patients between 30 to 65 years
- *Amavata* of any *Dosha Anubandha*
- Patients with less than 1 year of chronicity

Exclusive Criteria

- Patient below 30 and above 65 years of the age
- Patients with complications like deformity, loss of functions and *Granthi*.
- Pregnant women and lactating mother.
- Any other systemic disorders other than *Amavata* such as DM/ HTN/ Asthama.

CRITERIA FOR ASSESSMENT

Clinical features of *Amavata* mentioned in Ayurvedic classics were considered for diagnosis and assessment.

Subjective criteria

1. *Sandhi Shoola* (*Vruschik Dandhvat Vedana*/joint pain)
2. *Sandhishotha* (joint swelling)
3. *Sandhistabdhata* (joint stiffness)
4. *Sandhisparshaasahatvam* (joint tenderness)

Objective criteria

1. Walking time.
2. Foot pressure.
3. Grip strength.

Investigative criteria

1. RA Factor.
2. ESR.

Selection of drug

Amavatavidhwansa Rasa was prepared in the Rasashastra and Bhaishajya Kalpana Department of Shri Shivayogeeswar Rural Ayurvedic Medical College and Hospital, Inchal according to classical reference.

Drug Administration

Total number of 40 patients were divided in 2 groups,

Group A - 20 Patients were treated with *Amavatavidhwansa Rasa* 250mg BD.

Group B - 20 Patients were treated with *Simhanaada Guggulu* 250mg BD.

OBSERVATIONS AND RESULTS

Demographic analysis can cover whole groups defined by criteria such as age, sex, education, religion, occupation, marital status, etc. The results obtained are discussed as follows;

Gender

Data shows that, Group A had 12 male (60%) and 8 female (40%); in Group B, there was 11 male (55%) and 9 female (45%).

Age

The study of *Amavata* according to age wise distribution shows that incidence of *Amavata* is more in 31-60 years age group.

Diet

Data shows that in Group A; 10 patient (50%) were vegetarian diet taking patients and remaining 10 patients (50%) were mixed diet taking patient while Group B; 15 patients (75%) had mixed diet and 5 patients (25%) had vegetarian diet. This shows that

totally 25 patients (62.50%) had mixed diet. Mostly in *Amavata Hetu, Atimansa Sevan, Aisnigdha Ahara Sevan* is given one of the causative factors.

Marital status

This data shows that 97.50% patients were married and 2.50% patients were widow. Predominance of married patients was observed, even though, it is difficult to say that marital status has any relation with *Amavata*.

Religion

Data shows that 97.50% patients were married and 2.50% were Muslim. This entry is based upon the type of patients attending the hospital and Hindu dominated population of area. So, it cannot be concluded that Hindus are more prone to *Amavata*.

Occupation

This data shows that 40% patients were farmer, 37.50% patients were housewife and 22.5% patients were in Job.

Addiction

Data shows 19 patients (47.50%) of this study had no untoward habit, however 9 patients (22.50%) were addicted to Tobacco, and 03 patients (7.50%) consume it in the form of Mishri. 2 patients (5.00%) were addicted to Cigarette smoke, while 06 patients (15%) addicted to Alcohol consumption. These bad habits affect the health of patients.

Agni

Data shows that out of 40 patients, 29 patients (72.50%) were having *Mandagni*, 06 patients (15.00%) were having *Vishmagni* and 05 patients (12.5%) were having *Tikshnagni*. It is well known fact that *Mandagni* is the root cause of almost all diseases. *Mandagni* leads to *Ama*, *Ama* form toxic substances in the body which is a causative factor of *Amavata*.

Prakruti

In this study all the patients were having *Dwandvaja Prakruti*. Data shows that out of 40 patients selected 09 patients (22.50%) had *Vata-Pitta Prakruti*, 15 patients (37.50%) had *Vata-Kapha Prakruti*, 09

patients (22.50%) had *Kapha-Vata Prakruti* and 07 patients (17.50%) had *Kapha-Pitta Prakruti*. A predominance of *Vata-Kapha* was seen because *Samavayu* is main causative factor of disease *Amavata*.

Table 1: Comparison Between Group A and Group B.

Criteria	Group	N	Mean Rank	Sum of Ranks	Mann-Whitney U	P-Value
<i>Sandhi Shoola</i>	Group A	20	17.45	349.00	139.000	0.039
	Group B	20	23.55	471.00		
	Total	40				
<i>Sandhi Shotha</i>	Group A	20	17.65	353.00	143.000	0.041
	Group B	20	23.35	467.00		
	Total	40				
<i>Sandhi Stabdhatā</i>	Group A	20	18.00	360.00	150.000	0.046
	Group B	20	23.00	460.00		
	Total	40				
Walking time	Group A	20	18.85	377.00	167.000	0.043
	Group B	20	22.15	443.00		
	Total	40				
Foot Pressure	Group A	20	14.35	287.00	77.000	0.000
	Group B	20	26.65	533.00		
	Total	40				
Grip	Group	20	20.8	417.00	193.000	0.04

Strength	A		5		131.500	0.039
	Group B	20	21.90	438.00		
	Total	40				
<i>Sandhi Sparsha Asahtvam</i>	Group A	20	17.08	341.50	131.500	0.039
	Group B	20	23.93	478.50		
	Total	40				
ESR	Group A	20	17.35	347.00	137.000	0.047
	Group B	20	23.65	473.00		
	Total	40				
RA Factor	Group A	20	17.48	349.50	139.500	0.030
	Group B	20	23.53	470.50		
	Total	40				

CONCLUSION

Amavata as a separate disease is not described in Brihatrayi. For the first time, its detailed description is available in medieval period text - *Madhava Nidana*. *Amavata* is a disease of chronic nature (Arthritis rank second as the most prevalent chronic ailment after heart disease) and has insidious onset. As the word suggests, in *Amavata*, the pivoting entities in the disease processes are *Ama* and vitiated *Vata*. It is observed that *Amavata* and Rheumatoid arthritis very closely resemble each other, because of their symptomatology. Maximum patients selected in the present study were between 35-60 years, Maximum patients of this study were males. Maximum number of patient registered for the study, were of *Kapha Vata Pradhana Prakriti*. On comparing the effect of two therapies, it can be concluded that Group B (*Simhanaada Guggulu*) provided better results as most of the *Lakshanas* and objective criteria reduced

at significant level. The improvement is statistically significant in all two groups, but comparatively group B has more significant relief. No side effects were observed during this study. Further evaluation of this drug is still required for assessing the side-effects and exact mode of action on a large sample. It can be suggested that *Simhanaada Guggulu* could provide better treatment modality in the disease *Amavata*.

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