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## CLINICAL EVALUATION OF AMAVATARIRAS IN THE MANAGEMENT OF AMAVAT (RHEUMATOID ARTHRITIS)

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**Abstract:** Amavata on the basis of clinical appearance can be taken parallel to Rheumatoid Arthritis. It is a disorder with varied clinical signs and symptoms related to multiple organ systems, being both articular and extra-articular. Presently, non-steroidal anti-inflammatory drugs (NSAIDs) are the mainstay of treatment in this condition; however, they have serious adverse effects and have limitations for a long term therapy. The immunosuppressive drugs are reserved for selected cases, while the disease modifying drugs like gold-salts are costly and have low benefit to risk ratio. Ayurveda promises an excellent therapy for it. The present clinical trial was conducted with the same objective to provide a safe economical and effective therapy to the patient of Amavat. The present study was conducted in 30 patient having classical symptom of Amavat. The patients were given Amavatariras for 3 month. Patient with any other acute or chronic systemic illness or infection were excluded from study. The observation and result obtained were analyzed statistically applying the *t*' test. The entire patient experienced up to 50% relief from the signs and symptoms of Amavata after the therapy. In present study "Amavatari Rasa" with the reference of Bhaishajyaratnavali Chikitsaadhyaya are selected as Shaman Chikitsa its beneficial effect in Amavata patient duo to its deepan, pachan and anuloman like properties. All the result obtained were highly significant statistically. Thus it can be implicated that the Amavatariras has a lot of beneficial effect in the patient of Amavat.

**Key words:** Amavat, Rheumatoid Arthritis, Amavatariras.

**Introduction:** Amavata is the prime disease which makes the person crippled and unfit for an independent life and about 60% of the patients become unfit to work 10 years after the onset of the disease. Amavata word is composed of two words Ama and Vata, the condition which is caused by accumulation of Ama and Vata. In terms of medicine Ama refers to the events that follow and the factors that arise as a consequence of impaired functioning of 'Agni' whereas in literal terms the word "Ama" means unripe, immature and undigested<sup>[1,2]</sup>. This 'Ama' is then carried by 'Vayu' and travels throughout the body and accumulates in the joints, at the weaker sites (Khavaigunya)<sup>[3]</sup>. And Amavata occurs. It is a challenging and burning disease for the physicians and medical field. Till today in modern science, there is no effective medicine for this disease. Presently, the non-steroidal anti-inflammatory drugs (NSAIDs) are the mainstay in this condition however; they have serious adverse effects and have limitations for a long

term therapy. The immunosuppressive drugs are reserved for selected cases, while the disease modifying drugs like gold-salts are costly and have low benefit risk ratio<sup>[4]</sup>. Hence, there is a need for drugs having good efficacy with low toxic profile in this debilitating disorder. A number of indigenous drugs have been claimed to be effective in the treatment of Rheumatoid arthritis but their claims have not been largely substantiated in well controlled clinical trials. Ayurveda advocates a range of promotive, preventive and curative measures and describes the Sadvritta, Swasthavritta, Ahara-Vihara and the unique therapeutics i.e. Aushadhi based on the doctrine of Samshodhana and Samshamana. Medicines are administered in different forms through different routes to obtain either Shodhana or Shamana. Samshodhana essentially refers to the bio-purification of the body aiming to cleanse the macro and micro channels of the biological system (Srotas). The disorders treated by Shodhana Chikitsa do not reoccur whereas the

disorders treated by Shaman therapy may reoccur in due course of time. In Amavata, Vata is dominant Dosha and Ama is the chief pathogenic factor. Ancient Acharyas of Ayurveda have described sequential employment of Deepana, Pachana, Shodhana and Shamana therapies in the management of Amavata. In present study "Amavatari Rasa" with the reference of Bhaishajyaratnavali Chikitsaadhyaya, are selected as Shaman Chikitsa which fulfils deepan, pachan and anuloman like properties .

Many researches have been conducted to find better management of Amavata but their efficacy have been compromised due to different side effects. Now its time to find out safe and effective management for Amavata free from side effects. Amavatari Ras is a herbomineral drug consists of Parad, Gandhak, Triphala, Chitrak, Guggulu & Erandataila .Triphala is a rasayandravya with tridoshashamak property as a whole with vatanulomanakarma. Chitrak has katutiktaras having deepan, pachan, shoolprashman and kaphavatashamakproperty. Guggulu is vatakaphashamakdravya along with bhagnasandhankarkarma. Erandataila is used as bhavanadravya in the preparation of Amavatariras <sup>[5]</sup>. Acharya Charak has kept eranda in angamardaprashmangana. In Chakradutta it is said that Erandataila alone is sufficient for disease Amavata because of its Vatakaphashamak property & Snigdhavirechan karma

### Aims and Objectives

1. To Overview the conceptual study on Amavata.

#### 1. Pain

0	=	No pain
1	=	Complaints of tolerable pain which do not need rest
2	=	Complaints of pain which relieves by rest
3	=	Complaints of pain which is difficult to tolerate and takes analgesic once a day
4	=	Intolerable pain and takes one analgesics in a day

#### 2. Tenderness

0	=	No tenderness
1	=	Mild tenderness
2	=	Moderate tenderness
3	=	Severe tenderness
4	=	Very severe tenderness

#### 3. Morning Stiffness

0	=	No morning stiffness
1	=	Upto 25% limitation of normal range of mobility
2	=	Upto 50% limitation of normal range of mobility
3	=	Upto 75% limitation of normal range of mobility
4	=	> 75% limitation of normal range of mobility

2. To study the effect of Amvatari Ras in Amavat

### Material and Methods

A total 60 patients of Amavata were randomly selected for the present study, from the Kayachikitsa OPD and IPD of Sir Sunder Lal Hospital, Institute of Medical Sciences, Banaras Hindu University, Varanasi. The case selection was random regardless of age, sex, occupation and socio-economic conditions. Both acute and chronic phase of Amavata patients were selected for the study, following the criteria of the diagnosis of rheumatoid arthritis in Modern Medicine and the clinical features of Amavata described in Madhava Nidana.

### Inclusion Criteria

1. Diagnosed cases of Amavata and Rheumatoid Arthritis
2. Age >15 years but less than 60 years
3. Seropositive and seronegative both cases were included in present study.
4. Patient willing to participate in the above trial

### Exclusion Criteria

1. The patients having severe degree of deformities.
2. The patient having severe ankylosed joints
3. Patient suffering from DM, HTN, Tuberculosis, Asthma and other diseases
4. Non willing patients.

Criteria for assessment of the effect of Amavatariras on symptoms of Amavata-Pain, 2. Tenderness. 3. Morning Stiffness. Above symptoms of Amavata were assessed by the following symptom rating scale:

**Preparation of Amavatarirasa**

**Process:** 1 part of suddhaParada was added with 2 parts of suddha Gandhaka and Kajjali was prepared by triturating in a khalwa. 5 parts of guggulu was taken into a khalwa and it was pounded well by adding kajjali and 3 parts of Triphala, 4 parts of Chitraka. During the process Erandataila of required amount was added and pounding was continued until a soft homogeneous mass formed. This soft mass was passed through pill cutter to prepare desired size of tablets (500mg each). The prepared tablets were stored in well closed glass containers<sup>[5]</sup>.

Dose of medicine: 500mg 1 BD in empty stomach.  
Anupana : Lukewarm water.

**Observation and Results**

Out of 60 patients taken for study 18 were male and 42 were female. Incidence of disease is found notably higher in females than in males. Though rheumatoid arthritis affects all age groups, the maximum number of patient registered were in between 36- 45 years of age group (31.66% ) followed by 26- 35 years of age group (21.66%) In the present study of age and sex incidence in the patients of Amavata revealed maximum number of patients in third to fifth decade of their life, while there was a progressive decline of the incidence in the 6<sup>th</sup> and 7<sup>th</sup> decade. Higher incidence accordance with the reported incidence in India and abroad. Incidence of duration of illness in 60 patients of Amavata

revealed that maximum patients 23.33% were between 2- 6 months & (25 %) between 1 - 2 year. Followed by 16.66 % between 3- 4 year respectively.

Improvement in the symptom of pain in joint was 65.4% which is statistically highly significant. The improvement in the tenderness in the joint was 73.1% which is statistically highly significant and improvement in the symptom of morning stiffness was 73.1% which is statistically highly significant. Along with the above three symptoms ESR was noted, which mean is 30.92 before treatment & 20.69 after treatment, which is statistically highly significant.

**Table- 1: Age wise distribution of 30 registered patient of Amavata**

Age(years)	Number of patient
15-25	6
26-55	5
36-45	10
46-55	6
56-65	3

**Table- 2: Sex wise distribution of 30 registered patient of Amavata**

Sex	Number of patient
Male	2
Female	24

**Table- 3: Chronicity wise distribution of 30 registered patient of Amavata**

Age(years)	Number of patient
<1 years	7
1-4 years	14
>4 years	9

**Table- 4: Changes in three symptoms in total 26 patients of Amwata**

Symptoms	Grade	No. and % of cases								Within the group comparison Friedman test
		BT		F <sub>1</sub>		F <sub>2</sub>		F <sub>3</sub>		
		No.	%	No.	%	No.	%	No.	%	
Pain	0	0	0	0	0	0	0	17	65.4	$\chi^2 = 74.74$ p<0.001
	1	0	0	3	11.5	15	57.7	9	34.6	
	2	5	19.2	14	53.8	11	42.3	0	0	
	3	12	46.2	9	34.6	0	0	0	0	
	4	9	34.6	0	0	0	0	0	0	
Tenderness	0	0	0	0	0	0	0	19	73.1	$\chi^2 = 74.29$ p<0.001
	1	0	0	3	11.5	17	65.4	6	23.1	
	2	7	26.9	14	53.8	9	34.6	1	3.8	
	3	11	42.3	9	36.4	0	0	0	0	
	4	8	30.8	0	0	0	0	0	0	
Morning Stiffness	0	0	0	0	0	0	0	19	73.1	$\chi^2 = 74.45$ p<0.001
	1	0	0	4	15.4	16	61.5	7	26.9	
	2	5	19.2	12	46.2	10	38.5	0	0	
	3	10	38.5	10	38.5	0	0	0	0	
	4	11	42.3	0	0	0	0	0	0	

**Table-5: Changes in three symptoms in total 26 patients of Amwata**

Lab parameter	Mean score		Improvement %	SD	t	p
	BT	AT				
ESR	30.92	20.69	10.83	7.12	7.23	0.001

**Discussion**

Any Research work without discussion about its nature, utility and importance is said to be incomplete. The word Ama in ordinary

parlance means unripe uncooked food, being unwholesome to the body. The word PrathamaDosaDusti refers Ama as a primary pathological event in the initiation of every

disease, pertaining to kayachikitsa. Correction of Agni has been depicted as one of the important aspects of kayachikitsa, while the derangement of the same will result in the formation of Ama. This fact establishes the role of Ama in initiation of majority diseases, in general. It is not uncommon to attribute 'Dasatwa' to Ama, as Ama is being mentioned as one of primary event in disease process, and also as Ama fits into one of the defined criteria of Dosa-by "independently inflicting the Dhatus". However Ama cannot be termed as Dosa, because it does not possess the "PrakritiJantwam" (Formation of constitution) which is one of the specific characteristic features of Dosa.

**Conclusion:** On the basis of observation and discussion of this study the following conclusion can be drawn- (1) Amavatari Rasa has a lot of beneficial effect on the patient of Amavata. (2) It

is free from any side effect. (3) It is also very much cost effective.

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