wjpmr, 2017,3(9), 366-370

SJIF Impact Factor: 4.103

WORLD JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH
www.wjpmr.com

Research Article
ISSN 2455-3301
WJPMR

# ROLE OF HERBAL PREPRATIONS IN GENERAL SYMPTOMS OF AMAVATA, W.S.R TO ASHWAGANDHA AND SHUNTHI

**Dr. Alok Ranjan Rajak*[1] and Dr. Ram Adahr Singh[2]**

[1]Ayurveda Medical Officer, Bihar Government.
[2]Reader, Deptt of Dravyaguna, Government Ayurvedic College Patna.

***Corresponding Author: Dr. Alok Ranjan Rajak**
Ayurveda Medical Officer, Bihar Government.

**Article Received on 21/07/2017 Article Revised on 10/09/2017 Article Accepted on 01/10/2017**

## ABSTRACT

Rheumatoid Arthritis (RA), an auto-immune musculo skeletal disorder, explained in modern medicine has a close resemblance with the clinical entity of Amavata. Amavata vis-a-vis Rheumatoid Arthritis is one of the dreaded diseases that the mankind faces today. Even though, Amavata is not proved to be fatal, it cripples the affected patients. This dreadful disease producing stiffness of body becomes a cause of many other diseases also. Despite the awareness of the disease, reasonable explanations for the cause and source of RA are still obscure in modern science. Hence no rational curative measures are known. Ayurveda, the age old Indian System of Medicine, advocates a reliable management of diseases with due consideration to protect the normal health while treating the disease with highly efficacious and easily available drugs based on humoral theory. Ayurvedic approach to the disease Amavata is to re establish the body structure and to balance the vitiated Doshas. Alleviation of Vata Dosha has special importance in the management. The present study deals with the Amavatahara karma of Ashwagandha and Shunthi.

**KEYWORDS:** Amavata, Rhumatoid Arthritis, Ashwagandha, Shunthi.

## INTRODUCTION

The disease *Amavata* came into existence in 7th cent. AD, when *Madhvakara* described the aetiopathogenesis and symptomatology of *Amavata* in detail for the first time in his book *Rugviniscaya.* This is a unique contribution of *Madhavakara* because before him no ancient scholars mentioned *Amavata* as a disease this away. Though the word *Ama* has been described in many places in *Brihatrayi* and other ancient Ayurvedic literatures. In *Charaka-Samhita* word *Amaya* is used as a synonym of disease. Aetiology of *Amadosa* has been given in detail by *Charaka.* He further said that *Amadosa is* also known as *Amavisa* which is of two types *Alasaka* and *Visucika*. In *Charaka-Samhita* word *Amaya* is used for disease while describing of *Medhyarasayana.* Apart from this reference word *Amaya* is used for disease state since *Vedic* period, so it reflects that *Ama* is an important factor of producing diseases. When *Ama* gets mixed with *Dosha, Dushya* and *mala* then it is named as *Sama* condition.

*Madhavakara* recognized *Amavata* as a separate disease entity. However ancient scholars had idea about this disease. This has been included under *Vatavyadhi.*

**Nidana of Amavata[1,2]**

The specific aetiological factors mentioned by *Acharya Madhava* are as follows:
*Acharya Madhava* has divided the *Nidanas* into two broad catagories viz. *Aharaja* and *Viharaja.* These *Nidans* act in four basic ways to produce a disease. These are by dosa *Prakopa*, by *Agnidusti,* by producing *Khavaigunya* and by producing *Daurbalya* in *Dusyas*. Here also the *nidanas* act in the same way. We can enumerate *nidan* of *Amavata* in this way

**(1) *Virudhahara*[3,4,5]** - Many *aharaja nidanas* are mentioned in classics which can be summed under one heading *viruddhahara*. So this makes *viruddhahara* a very important *nidana* for many diseases. *Acarya Charaka* has described eighteen types of *virudhahara*. Indulgence in any of these *virudhahara* leads to provocation of *tridosa*, causing vitiation of *agni* which leads to production of *ama*.

**(2) *Virruddha Chesta*[6]** - This group of *nidanas* refers to the *Viharaja* causes responsible in the *samprapti* of *amavata*. *Viruddhacesta* indicates all those activities of the body which have an adverse effect on the normal physiology of body.

**(3) *Mandagni*[7]**- Some persons have inherent *mandagni* because of their specific *prakrti.* Such type of persons, if without considering their *agni,* take other *nidanas,* then they are more prone to get affected from diseases of *ama,* as *ama* production takes place very quickly in them.

**(4) *Nischalasya*** - This word denotes persons who are lazy and less active by their nature. In such persons continuous consumption of nutritious or even normal diet produces accumulation of *kapha* dominant *dhatus*. Also due to sedentary habits, *agni* gets vitiated which in turn leads to vitiation of *doshas* and production of *ama.*

***(5) Snigdhabhuktvato Vyayama*** - *Snigdha ahara*, which is also *guru*, causes vitiation of *agni* in the body and production of *ama.* Whereas *vyayama* just after *snigdhabhojana* causes vitiation of *vayu* and also *khavaigunya* in *sandhis*. During *vyayama* there is excessive mobilisation of *sandhis*. This over use of *sandhis* causes *khavaigunya* within them. Thus *vyayama* acts as *khavaigunya* producing *nidana* and combination of it with *snigdhabhojana* makes a specific *nidana* for *amavata.*

**PURVARUPA[8,9]**

*Purvarupa* of *Amavata* is not mentioned clearly in various classics but it is supposed that the various symptoms like *Daurbalya, Hrid- Graha, Gatrastabdhta* shows the presence of *Ama* in the body.

**RUPA[10]**

At the time of *vyaktavstha* of a disease, the manifestation of the fully developed disease occurs showing the *Rupa* of the disease.It is the result of *Dosha-dushya sammurchhana.* All the Sign and Symptoms of *Amavata* described in various texts are given below:-

**(A) Pratyatm Laksana[11]**

(1) Sandhisula
(2) Sandhisotha
(3) Gatrastabdhata
(4) Sparsa asahyta
(5) Sasabda Sandhi

**(B) Samanya Laksna[12]**

(1) Amgamarda
(2) Aruchi
(3) Trishna
(4) Alasya
(5) Gaurav
(6) Jwara
(7) Apaka
(8) Angasunta

**MATERIALS AND METHODS**

**Selection of Patient**

The patients attending the OPD and IPD of the G.A.C.H., Patna, were selected randomly on the basis of classical signs and symptoms described in various Ayurvedic texts.

**Criteria for Diagnosis of Rheumatoid Arthritis**

The 1987 Revised Criteria for the classification of RA.

**(1) Guidelines for classification**

(a) Four of seven criteria are required to classify a patient as having rheumatoid arthritis.
(b) Patients with two or more clinical diagnosis are not excluded.

**(2) Criteria**

**(a) Morning stiffness:** Stiffness in and around the joints lasting 1 hour before maximal improvement.
**(b) Arthritis of three or more joint areas:** At least three joint areas, observed by a physician simultaneously, have soft tissue swelling or joint effusions, not just bony overgrowth. The 14 possible joint areas involved are right or left proximal interphalangeal, metacarpophalangeal, wrist, elbow, knee, ankle and metatarsophalangeal joints.
**(c) Arthritis of hand joints:** Arthritis of wrist, metacarpophalangeal joint, or proximal interphalangeal joint.
**(d) Symmetric Arthritis:** Simultaneous involvement of the same joint areas on both sides of the body.
**(e) Rheumatoid nodules:** Subcutaneous nodules over bony prominences, extensor surfaces, or juxtaarticular regions observed by a physician.
**(f) Serum rheumatoid factor:** Demonstration of abnormal amounts of serum rheumatoid factor by any method for which the result has been positive in less than 5 percent of normal control subjects.
**(g) Radiographic changes:** Typical changes of RA on poster anterior hand and wrist radiographs which must include erosions or unequivocal bony decalcification localized in or most marked adjacent to the involved joints. Criteria a-d must be present for at least 6 weeks. Criteria be must be deserved by a physician.

**Criteria of Inclusion**

1) Patient who are willing for trial.
2) Patients in the age group of 10-70 years.
3) Patients suffering from Amavata(Rheumatoid Arthritis).
4) Only uncomplicated cases diagnosed on the basis of signs and symptoms were considered.

**Criteria of Exclusion**

1) Patients who are not willing for trial.
2) Patients below the age of 10 and above 70.
3) Patients who are not fulfilling criteria of inclusion.
4) Chronicity below six weeks or more than 10 years.
5) Gout, Osteoarthritis etc.

**Preparation of Trial drug**

**Method of Preparation** – *Roots* of *Withania somnifera* and *rhizomes* of *Zinziber officinale* were collected from P.G. Deptt. Of Govt. Ayurvedic College and Hospital, Patna. Which were identified and pharmacognostical and phytochemical studies have been carried out in

R.R.I. (C.C.R.A.S.) unit of Lucknow. Drugs were bought by P.G. Deptt. Of Govt. Ayurvedic college and Hospital, Patna. Firstly macro impurities were picked from the sample and then the sample was washed and dried at a shaded place. The dosage forms, root powder of *Ashwagandha* and rhizome powder of *Shunthi* were prepared in the pharmacy of G.A.C. and stored for dispensing.

All drugs mentioned above were prepared in the laboratory of P.G.Deptt. Of Govt. Ayurvedic College and Hospital, Patna.

**Method of Drug Administration**
**Part & Formulation:** Root and Rhizome powder
**Route of administration:** Oral
**Dose:** *Ashwagandha* – 5 gm. twice daily.
*Shunthi* – 2 gm. twice daily
**Anupana:** *Ashwagandha* – Luke warm milk
*Shunthi* – Luke warm water
**Duration of Treatment**: 60 days
**Follow-up:** 15 days
**Level of study:** O.P.D/ I.P.D
**Centre for study:** Govt. Ayurvedic College & Hospital, Patna

**GROUPS**
The patients thus selected were randomly grouped in three groups:
Gr. 1) *Ashwagandha* and *Shunthi* powder orally.
Gr. 2*) Ashwagandha* powder orally.
Gr. 3) *Shunthi* powder orally.

**Diet**
I.P.D. patients were prescribed light hospital diet and OPD patients were also advised to take their routine light diet and milk.

**Pathyapathya**
The patients of both the groups were advised do's and don'ts.

**Do's** – Take the hot meals.
- Drink Luke warm water
- Stay in warm and heated places in winters.
- Take bath with warm water.

**Don'ts** – Don't take heavy food.
- Avoid exposure to cold.
- Don't expose yourself directly to cold wind.
- Don't consume restricted eatables.
- Don't over exert.

**Criteria of Assessment**
All the patients were assessed for relief in signs and symptoms and objective parameters after the completion of trial. To give objectivity to subjective symptoms grading/scoring system was adopted and then Statistical analysis was done.

**DISCUSSION OF THE RESULTS**
(A.) Percentage relief on General sign and symptoms after treatment with all 3 groups of medicines:

| S.N | Symptom | Group 1 | | Group 2 | | Group 3 | |
|---|---|---|---|---|---|---|---|
| | | % Relief | 'P' value | % Relief | 'P' value | % Relief | 'P' value |
| 1. | Angamarda | 75.76 | <0.001 | 58.8 | <0.001 | 42.8 | <0.001 |
| 2. | Aruchi | 34.78 | <0.01 | 50.0 | >0.02 | 42.8 | >0.02 |
| 3. | Gaurav | 50.0 | <0.01 | 33.3 | >0.02 | 42.8 | >0.02 |
| 4. | Jwar | 50.0 | >0.02 | 20.0 | >0.02 | 33.3 | >0.02 |
| 5. | Shunta | 25.0 | >0.02 | 50.0 | >0.02 | 50.0 | >0.02 |
| 6. | Sarujam sotha | 39.28 | <0.001 | 30.0 | >0.02 | 20.0 | >0.02 |
| 7. | Agni dourbalya | 47.6 | <0.01 | 37.5 | >0.02 | 75.0 | >0.02 |
| 8. | Bahu mutrata | 33.33 | >0.02 | 25.0 | >0.02 | 33.3 | >0.02 |
| 9. | Nidra viparyaya | 33.33 | >0.02 | 75.0 | >0.02 | 33.3 | >0.02 |
| 10. | Kosta baddhta | 37.5 | >0.02 | 14.28 | >0.02 | 16.7 | >0.02 |

***Angamarda*** – The response in *angamarda* by Group-I (*Ashwagandha & Shunthi*) was 75.76% and was highly significant, response of Group-II (*Ashwagandha*) was 58.8% and was highly significant, while response of Group-III (*Shunthi*) was 42.8% and was also highly significant.

***Aruchi*** - The response in aruchi by Group-I was 34.78% and was significant, response of Group-II was 50% and was insignificant, while response of Group-III was 42.8% and was also insignificant.

***Gaurav*** - The response in *Gaurav* by Group-I was 50% and was significant, response of Group-II was 33.3% and was insignificant, while response of Group-III was 42.8% and was also insignificant.

***Jwara*** - The response in *Jwara* by Group-I was 50% and was insignificant, response of Group-II was 20% and was insignificant, while response of Group-III was 33.3% and was also insignificant.

***Shunata*** - The response in *Shunata* by Group-I was 25% and was insignificant, response of Group-II was 50% and was insignificant, while response of Group-III was 50% and was also insignificant.

***Sarujam sotha*** - The response in *Sarujam sotha* by Group-I was 39.28% and was highly significant, response of Group-II was 30% and was insignificant, while response of Group-III was 20% and was also insignificant.

***Agni Dourbalya*** - The response in *Agni dourbalya* by Group-I was 47.6% and was significant, response of Group-II was 37.5% and was insignificant, while response of Group-III was 75% and was also insignificant.

***Bahu Mutrata*** - The response in *Bahu mutrata* by Group-I was 33.33% and was insignificant, response of Group-II was 25% and was insignificant, while response of Group-III was 33.33% and was also insignificant.

***Nidra Viparyaya*** - The response in *Nidra viparyaya* by Group-I was 33.33% and was insignificant, response of Group-II was 75% and was insignificant, while response of Group-III was 33.3% and was also insignificant.

***Kosta Baddhta*** - The response in *Kosta badhhta* by Group-I was 37.5% and was insignificant, response of Group-II was 14.28% and was insignificant, while response of Group-III was 16.7% and was also insignificant.

## SUMMARY AND CONCLUSION

### Observation of the results

In General symptoms drugs of group I provided statistically highly significant ($P<0.001$) relief in general symptoms like *Angamarda, Sarujam sotha* and *Agni dourbalya,* provided significant ($P<0.01$) relief in Aruchi and Gaurav.

Both the drugs which used in this study were *Katu Rasa pradhana, Madhura vipaka,* and having a *Laghu snigdha* properties and *Ushn guna.* It follows the chikitsa sutra of *Aamavata* so both the groups given good improvement in the present study.

Regarding the *Nidana sevana* it is found that *guru, shita, abhishyandi, ahara, vishamashana, diva swapna, nischestata, bhojanattara vyayama, chinta, shoka* are the most aetiological aggravative factors of the disease *Amavata.*

*Anupana* helps the drug to act in its proper way. It adds synergetic results to the *aushadha guna.* So in the trial drug, *Godugdha as Anupana* found very effective for *ashwagandha* and Luke warm water for *Shunthi.*

The present study was conducted with limited time, limited facilities and limited number of patients. A study of larger group of patients may help to understand the mode of action of the trial drug. If the patients have less chronicity and longer duration of treatment then perhaps better results could be achieved. In the future further studies might be carried out to reveal some more hidden facts and to find out a better remedy for *Aamavata.*

## REFERENCES


1. Madhava Nidana with madhukosha Sanskrit Commentary and with the Vidyotini Hindi Commentary & Notes Part -I, Shri Sudarshana Shastri & Prof. Yadunandana Upadhyaya, M.NI.25/1, Chaukhambha Sanskrit Sansthan P.B. No. 1139 K - 37/116, Gopal mandir lane Golghar (near Maidagin) Varanasi – 221001, 30th Ed. V.Sam. 2057.
2. Harita Samhita Hari Hindi Commentary, Pt. Hariharprasad Tripathi,H.S.3//21/1-2, Chaukhambha Krishnadas Acadey 37/118, Gopal Mandir lane P.B. No. 1118, Golghar near Maidagin Varanasi – 221001, Ist Ed. 2005.
3. Charaka Samhita with Elaborated Vidyotini Hindi Commentary I part, Pt. Kashinath Shastri & Dr. Gorakhanatha Chaturvedi,CH.SU.26/81, Chaukhambha Bharati Academy, Gokul bhavan, K, 37/ 109, Gopal Mandir Lane P.O. Box. No. 1065 Varanasi – 221001, 2005.
4. Charaka Samhita with Elaborated Vidyotini Hindi Commentary I part, Pt. Kashinath Shastri & Dr. Gorakhanatha Chaturvedi,CH.SU.26/86-87, Chaukhambha Bharati Academy, Gokul bhavan, K, 37/ 109, Gopal Mandir Lane P.O. Box. No. 1065 Varanasi – 221001, 2005.
5. Charaka Samhita with Elaborated Vidyotini Hindi Commentary I part, Pt. Kashinath Shastri & Dr. Gorakhanatha Chaturvedi,CH.VI.1/21, Chaukhambha Bharati Academy, Gokul bhavan, K, 37/ 109, Gopal Mandir Lane P.O. Box. No. 1065 Varanasi – 221001, 2005.
6. Madhava Nidana with madhukosha Sanskrit Commentary and with the Vidyotini Hindi Commentary & Notes Part -I, Shri Sudarshana Shastri & Prof. Yadunandana Upadhyaya,.NI.25/1,Chaukhambha Sanskrit Sansthan P.B. No. 1139 K - 37/116, Gopal mandir lane Golghar (near Maidagin) Varanasi – 221001, 30th Ed. V.Sam. 2057.
7. Astanga Hridaym with the vidyotini Hindi commentary, Kaviraja Atrideva Gupta & Vaidya Yadunandana Upadhyaya, A.H.NI.21/1, Chaukhambha Sankrit Sansthan Post. Box. No. 1139 k. 37/116, Gopal Mandir lane, Golghar near (Maidagin) Varanasi – 221001, 13th Ed. 2000.
8. Charaka Samhita with Elaborated Vidyotini Hindi Commentary part-2, Pt. Kashinath Shastri & Dr. Gorakhanatha Chaturvedi,CH.CHI.28/19, Chaukhambha Bharati Academy, Gokul bhavan, K, 37/ 109, Gopal Mandir Lane P.O. Box. No. 1065 Varanasi – 221001, 2005.
9. Madhava Nidana with madhukosha Sanskrit Commentary and with the Vidyotini Hindi Commentary & Notes Part -I, Shri Sudarshana Shastri & Prof. Yadunandana Upadhyaya,M.NI.25/4-5,Chaukhambha Sanskrit

Sansthan P.B. No. 1139 K - 37/116, Gopal mandir lane Golghar (near Maidagin) Varanasi – 221001, 30th Ed. V.Sam. 205710.

10. Madhava Nidana with madhukosha Sanskrit Commentary and with the Vidyotini Hindi Commentary & Notes Part -I, Shri Sudarshana Shastri & Prof. Yadunandana Upadhyaya,.NI.25/7-8,Chaukhambha Sanskrit Sansthan P.B. No. 1139 K - 37/116, Gopal mandir lane Golghar (near Maidagin) Varanasi – 221001, 30th Ed. V.Sam. 2057.
11. Madhava Nidana with madhukosha Sanskrit Commentary and with the Vidyotini Hindi Commentary & Notes Part -I, Shri Sudarshana Shastri & Prof. Yadunandana Upadhyaya,.NI.25/7-10,Chaukhambha Sanskrit Sansthan P.B. No. 1139 K - 37/116, Gopal mandir lane Golghar (near Maidagin) Varanasi – 221001, 30th Ed. V.Sam. 2057.
12. Madhava Nidana with madhukosha Sanskrit Commentary and with the Vidyotini Hindi Commentary & Notes Part -I, Shri Sudarshana Shastri & Prof. Yadunandana Upadhyaya, NI.25/6,Chaukhambha Sanskrit Sansthan P.B. No. 1139 K - 37/116, Gopal mandir lane Golghar (near Maidagin) Varanasi – 221001, 30th Ed. V.Sam. 2057.