

CLINICO-COMPARATIVE STUDY OF AMAVATESHWAR RAS & VIRECHAN KARMA ON AMAVATA W.S.R. TO RHEUMATOID ARTHRITIS.

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ABSTRACT

A clinico-comparative study of Amavateshwar ras^[1] & virechan karma was carried out on 30 cases of Amavata (R.A.) The aims and objectives of this study was to make a clinical comparison of virechan karma and Amavateshwar ras in the management of Amavata and to evaluate the role of Amavateshwar ras in the management of Amavata. From the results obtained it can be inferred that both Amavateshwar ras and virechan karma are efficient in the management of Amavata. Simultaneous administration of both virechan and Amavateshwar ras is more effective in the management of Amavata.

KEY WORDS - Amavateshwar ras, Amavata, Virechan.

INTRODUCTION

In modern era Amavata has been considered analogous to Rheumatoid arthritis by certain scientists (Prof. Y.N. Upadhyay 1953). Rheumatoid arthritis is a disorder in which, for some unknown reason, the body's own immune system starts to attack the body tissues. The attack is not only directed at the joint but also on many other parts of the body.^[2]

Modern medicine employs Non Steroidal Anti-Inflammatory Drugs (NSAID's), Glucocorticoids, Disease Modifying Anti-Rheumatic Drugs (DMARD's), immunosuppressive therapy, cytotoxic drugs and newer biologic agents for management of Rheumatoid arthritis^[3,4,8], but none of them are curative, all are palliative aimed at relieving

sign and symptoms of the disease. Moreover these drugs cause numerous side effects like ulcers, abdominal pain, weight gain, facial puffiness, destruction of large joints and visual impairment to name a few.^[5] New age people seem to be more health conscious. They want such natural treatment that does not has any side effects and leads to overall health. Thus there is an intense need for radical cure of this disease which is cost effective and without any side effects. Therefore this research work is aimed at achievement of the above goal.

MATERIALS AND METHODS

32 patients were randomly divided into three groups. Group A patients were given virechan followed by placebo administration (250mg b.d. for 30 days). Group B patients were given Amavateshwar ras (250 mg b.d. for 30 days). Group C were given virechan followed by Amavateshwar ras(250 mg b.d. 30 day). Virechan Kalp (Nisoth+Aragvadh+Kutki+Haritki (all equal quantity – decoction). Follow up study was done for one month.

Inclusion Criteria: Primarily the criteria lay down by the American Rheumatism Association 1988 (ARA) was employed for the diagnosis of Rheumatoid arthritis.

Exclusion Criteria

- I. Age less than 20 years and more than 50 years.
 - II. Felty's syndrome, rheumatic fever, ligament injury and neoplasm of bones.
 - III. Severe crippling deformities.
 - IV. Severe hypertension.
 - V. Diabetes mellitus.
 - VI. Pregnancy.
 - VII. Osteoarthritis & Gouty arthritis.
- Pathya and apathya was explained to the patient.
 - Investigations: RA factor (latex agglutination test), TLC, DLC, ESR, Hb%, S.Calcium, S.Uric Acid and X-Ray of the affected joint was done.
 - For diagnostic as well as for assessment purpose, the degree of disease activity was estimated on the basis of criteria laid down by American Rheumatism Association (1967).
 - The improvement in the patients was assessed chiefly on the basis of relief in the cardinal symptoms of the disease. To assess the effect of therapy objectively, all the sign and symptoms were given scoring pattern depending upon their severity.

- To assess the **overall effect of the therapy**, the criteria laid down by the A.R.A. (1967) was adopted.
- Periodical functional tests were carried out for objective assessment of the improvement in patients.

Level of Study: OPD/IPD

Design of Study: single blind study

RESULT AND DISCUSSION

Out of 32 patients 56.25 % belonged to the age group of 41 – 50 years, occupation wise service(40.62 %), middle class(28.12 %), were doing samshan(71.87 %), followed by adhyashan(68.75%), virrudhasana(43.75 %) and 34.37 % doing vismasana. 81.25 % of the patients had vata-kaphaj prakriti, , 87.50 % of the patients had mandagni. Madhyam kostha with 43.75 %, 68.75 % had a gradual (insidious) onset of the disease, 56.25 % had chronicity of less than 2 years, 62.50 % had negative R.A. factor.

Sandhishool was present in all 32 patients followed by sandhisoth, sparshasahatva, sandhigraha in 90.62 %, 90.62 % and 96.87 % of the patients respectively.

84.38 % had knee joint deformity, wrist joint involvement (81.25 %), metacarpo-phalangeal joint involvement in 62.50 %. 02 patients were LAMA during the study.

Statistical Analysis: The information gathered on the basis of above observations was subjected to statistical analysis in terms of mean (x), standard deviation (S.D.) and standard error (S.E.). Paired 't' test was carried out at $P < 0.05$, $P < 0.01$ and $P < 0.001$ levels. The obtained results were interpreted as:

Insignificant - $P > 0.05$
 Significant - $P < 0.01$
 Highly significant - $P < 0.001$

Effect of therapy on Cardinal signs & symptoms

Table 01 - Effect of therapy on sandhishool

Sandhishool	Mean score		% of relief	S.D. (±)	S.E. (±)	't'	P	Result
	B.T.	A.T.						
Group A	3.0	1.9	36.66	0.738	0.233	4.71	$p < 0.01$	SIG
Group B	2.6	1.5	42.30	0.738	0.233	4.71	$p < 0.01$	SIG
Group C	2.9	0.9	68.96	0.471	0.149	13.41	$p < 0.001$	HS

Table 02 - Effect of therapy on sandhisoth.

Sandhisoth	Mean score		% of relief	S.D. (±)	S.E. (±)	‘t’	P	Result
	B.T.	A.T.						
Group A	1.7	1.1	35.29	0.699	0.221	2.71	p<0.01	SIG
Group B	2.2	1.1	50	0.738	0.233	4.71	p<0.01	SIG
Group C	2.4	0.9	62.5	0.527	0.167	9	p<0.001	HS

Table 03 - Effect of therapy on sandhigraha.

Sandhigraha	Mean score		% of relief	S.D. (±)	S.E. (±)	‘t’	P	Result
	B.T.	A.T.						
Group A	1.3	1.0	23.07	0.483	0.153	1.96	p>0.05	INS
Group B	2.1	1.0	52.38	0.737	0.233	4.71	p<0.01	SIG
Group C	2.1	0.6	71.4	0.849	0.268	5.58	p<0.001	HS

Table 04 - Effect of therapy on sparshasahatva.

Sparshasahatva	Mean score		% of relief	S.D. (±)	S.E. (±)	‘t’	P	Result
	B.T.	A.T.						
Group A	2.2	1.9	13.63	0.483	0.153	1.96	p>0.05	INS
Group B	2.5	1.3	48	1.033	0.326	3.67	p<0.01	SIG
Group C	2.8	0.9	67.85	0.567	0.179	10.58	p<0.001	HS

Table 05 - Effect of therapy on joint redness

Joint redness	Mean score		% of relief	S.D. (±)	S.E. (±)	‘t’	P	Result
	B.T.	A.T.						
Group A	1.4	1.3	7.14	0.316	0.1	1.0	p>0.05	INS
Group B	1.4	0.5	64.28	0.875	0.277	3.25	p<0.01	SIG
Group C	1.2	0.0	100	1.03	0.32	3.67	p<0.01	SIG

Table 06 - Effect of therapy on joint warmth

Joint warmth	Mean score		% of relief	S.D. (±)	S.E. (±)	‘t’	P	Result
	B.T.	A.T.						
Group A	1.4	1.3	7.14	0.316	0.1	1.0	p>0.05	INS
Group B	1.4	0.5	64.28	0.875	0.277	3.25	p<0.01	SIG
Group C	1.2	0.0	100	1.03	0.32	3.67	p<0.01	SIG

- Effect of the therapy was also observed on Degree of disease activity (ARA 1967), General functional capacity, agni bala and satva bala.

Overall Effect of the Therapy

(Overall effect was assessed according to the criteria laid down by ARA (1967))

Table 07 - Overall effect in group A

Treatment effect	No. of patients	Percentage
Complete	0	0
Major	0	0
Minor	03	30
No	07	70

Table 08 - Overall effect in group B

Treatment effect	No. of patients	Percentage
Complete	0	0
Major	01	10
Minor	05	50
No	04	40

Table 09 - Overall effect in group C

Treatment effect	No. of patients	Percentage
Complete	0	0
Major	06	60
Minor	04	40
No	0	0

CONCLUSION

Amavata is an amashaya samuttha vyadhi of madhyam roga marg.^[6] The chief initiating factor of Amavata is Mandagni^[6] which produces Ama. So the patients were treated according to the ayurvedic concepts of Amavata. Amavateshwar ras is mentioned in Bhaishajya Ratnawali, Rasendra Sar Samgraha, Ras Tantra Sar va Siddha Prayog Samgraha (vol II). Amavateshwar ras has as many as fifteen ingredients.^[1] Contents of drug are Agnidipana (pippali, panchkola and lavang)^[7], Amapachana (sonth, tamra bhasma errand)^[7], Vatashamana (erand, haritaki)^[7], Amavatanashak (tamra bhasma, lauha bhasma, marich, sonth and errand)^[7], Anti-inflammatory (danti jarh, sonth)^[7], analgesic and Immunomodulator (giloy-Tinospora cordifolia).^[7]

Virechan kalp was found to be madhur tikta ras pradhan, laghu ruksha guna pradhan and kapha pitta shamak. Since the root cause (vitiated doshas) are removed by this procedure, the chances of remission of the disease are very meager.^[6]

Effect of therapy was observed on Sandhishool, Sandhisoth, Sandhigraha, Sparshasahatva, Joint redness, Joint warmth, General symptoms, Disease activity, General functional capacity of the patient that showed highly significant results in Group C Patients. Effect of therapy was also observed on Agni bala the results were insignificant in group A and B. while in group C the result was highly significant.

Overall effect of the therapy shows among all the groups A, B, C none of the patient had complete remission. In group A only 3 patients had minor improvement while 07 patients were unimproved. In group B one patient had major improvement, 05 patients had minor

improvement while 04 patients did not show any improvement. In group C 06 patients had major improvement, 04 had minor improvement. Number of unchanged patients were nil. This shows that group B (research drug) gave better results than group A (virechan group) while group C (both virechan and trial drug) had maximum relief. Simultaneous administration of both virechan and Amavateshwar ras is effective in the management of Amavata.

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