

**CLINICAL STUDY OF SHUNTHI AND GOKSHURA IN  
MANAGEMENT OF AMAVATA W.S.R TO RHEUMATOID  
ARTHRITIS**

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**ABSTRACT**

The present study is designed to evaluate the efficacy of Shunthi churna and Gokshura kwatha over Amavata. Madhava Nidana was the first to give the vivid description of Amavata. He has devoted a complete chapter to narrate the aetiopathology, clinical features, and types according to Dosa - Pradhanya and Sadhya - Asadhyata of Amavata (M. N. 25). For the first time in the text, Cakradatta the Principles and line of treatment of Amavata are elaborated with effective combination of drugs. Later authors in their texts, Chikitsasarasamgraha (Vangasen), Yogaratnakara, Bhavaprakash and Bhaisajyaratnavali have mentioned the disease with the line of treatment and addition of some more yoga in the form of decoction, tablets, powders etc.

**KEYWORDS:** Amavata, Shunthi churna, Gokshura kwatha.

**INTRODUCTION**

The present study deals with the Amavatahar karma Shunthi and Gokshura.

आमेन सहितः वातः आमवातः <sup>[1]</sup>

According to this derivation 'Ama' and 'Vata' unite to form the word Amavata. This suggests the predominance of these two factors in the samprapti of Amavata. This Ama associating itself with Vata moves quickly to different seats of Kapha in the body. It slows digestive fire and produces weakness and heaviness of the heart, which becomes the seat of disease.<sup>[2]</sup>

**आमश्च वातश्च आमवातः** <sup>[3]</sup>

It means Vata in association with Ama is termed as 'Amavata'. The virulent Ama circulates in the whole body propelled by the vitiated vata causing Srotobhisya and gets deposited in the sandhisthana giving rise to Amavata.<sup>[4]</sup> (M. N. 25/3-4).

Rheumatoid arthritis is a chronic, systemic inflammatory polyarthritis that primarily affects small diarthrodial joints of hands and feet in symmetrical pattern.<sup>[5]</sup> The etiology is unknown. But genetic and environmental factor plays important role in pathogenesis of disease. Pathological changes mediated by autoantibodies, produces synovitis which is caused by secretion of cytokines, predominantly CD 4+ T cells, this will further lead to cartilage damage and bone erosions that badly disturbs joint integrity. Bilateral, peripheral symmetrical joint involvement with early morning stiffness is the characteristic feature of RA. Prevalence of Rheumatoid arthritis is approximately 0.8% worldwide and 0.5-0.75% in India.<sup>[6]</sup>

Contemporary medicine includes NSAIDs, steroids, and disease modifying anti-rheumatic drugs (DMARDs) for long term uses and have severe side effects. Langhana, Swedana, Deepana, Virechana, Snehana and Basti is the line of treatment mentioned for Amavata by Acharya Chakradatt.<sup>[7]</sup>

#### DEFINATION OF AMAVATA

**युगपत्कुपितावन्तस्त्रिकसन्धिप्रवेशकौ ।**

**स्तब्धं च कुरुतो गात्रमामवातः स उच्यते ॥** (M. N. 25/5)<sup>[8]</sup>

Amavata is a disease which is characterised by gastrastabdhata resulted by the combined effect of excessively formed ama and prakupitavata seated in trikasandhi.

**NIDANA OF AMAVATA<sup>[9]</sup>**

In Ayurvedic texts much importance has been given to nidana as the nidana is the responsible factor which plays a key role in disturbing the normal human system leading to the morbidity. To the context of Amavata, Acharya Madhava described the disease scientifically and mentioned different nidanas which was followed unchanged in later works like Yogaratnakar Bhaisajyaratnavali etc.

**विरुद्धाहारचेष्टस्य मन्दाग्ने निश्चलस्य च ।**

**स्निग्धं भुक्तवतो ह्यन्नं व्यायामं कुर्वतस्तथा ॥ (M.Ni.25/1)**

**Viruddhahara:** Acharya Charak explained the unwholesome diet (including drugs) which dislodges the various dosas but do not expell them out of the body regarded as Viruddhahara. Eighteen types of Viruddhaharas have been described by Charaka. Indulgence of any of these Viruddhahara leads to dosas or ama formation and thus initiation of Samprapti.

**Viruddhachesta:** The habits having unfavourable impact on body humours are considered to be the Viruddhachesta. In other words, Viruddhachesta indicates all those activities of the body which have an adverse effect on the normal physiology of body. Thus, when normal physiology of body is disturbed the vitiation of Agni takes place. This vitiated Agni leads to the production of ama. Viruddhachesta also causes vitiation of vata. Both factors when combined produce amavata.

**Mandagni:** Mandagni plays a central role in the manifestation of the disease as it is considered root cause of many diseases. Etiological factors impair the normal functioning of Agni and produce ama which is consequently held responsible for Srotorodha and Vataprakopa.

**Nischalata:** Nischalatva or sedentary life generates Kaphavridhhi in the body. Vridhdkapha by its snigdha, guru, madhur and shitagunas, hampers the Agni and leads to formation of ama.

**Vyayama after snigdhabhajana:** If a person exercises after snigdhabhajana, blood circulation within the gastrointestinal tract will not be sufficient for its proper digestion which produces ajirana and ama, the foremost pathological factor of Amavata.

**Miscellaneous causes:** Many other disorders such as Garbhasrava, Garbhapata, Pandu, Tundikeri sotha etc are also found in practise which acts as a causative factor in the manifestation of Amavata.

### Modern era

In modern era Acharya Mahamahopadhyaya GananathSen (1943) compiled all the joint diseases and coined the term Rasavata for Amavata; later on, Prof. Y. N. Upadhyaya (1953) and others equated Amavata with Rheumatoid arthritis.

अङ्गमर्दोऽरुचिस्तृष्णा ह्यालस्यं गौरवं ज्वरः ।

अपाकः शूनताऽङ्गानामामवातस्य लक्षणम् ॥ (M.Ni.25>6)<sup>[10]</sup>

### RUPA OF AMAVATA ACCORDING TO DIFFERENT AUTHORS

Sr.No.	Rupa	M.Ni	A.Ni	B.P <sup>11</sup>	Y.R	H.S
1	Angamarda	+	-	+	+	-
2	Aruci	+	-	+	+	-
3	Gaurav	+	-	+	+	-
4	Jwara	+	+	+	+	+
5	Angasunyata	+	-	+	+	-
6	Agnisada	+	+	+	+	-
7	Sarujam Shotha	+	+	+	+	+
8	Bahumutrata	+	+	+	+	-
9	Nidraviparyaya	+	-	+	+	-
10	Koshthabaddhta	+	-	+	+	-

### MATERIALS AND METHODS

60 patients of Amavata were registered for the proposed study and they are grouped in three groups: A, B and C. 20 patients were registered in each group. From group A, 19 patients had completed the treatment and 01 left against medical advice. In group B 19 patients had completed the treatment and 01 patient left treatment in-between. In Group C 18 Patients had completed the treatment and 02 Patients left against medical advice. Hence, the 56 patients turned up for complete followup and 4 patients discontinued before completion of the course against medical advice. The disease was diagnosed on the basis of signs and symptoms as described in Ayurvedic modern texts aided by A.R.A. criteria (1988) RA Factor test was done in all the patients. Routine blood like ESR, Hb%, CRP etc were done to rule out other pathological conditions.

The selected Patients were divided into three Groups A, B And C having 19, 19 and 18 respectively.

**GROUP A-** Patients were treated with trial drug shunthi churna 4 gm/ day in two divided doses

**GROUP B-** Patients were treated with trial drug Gokshur Bija Kwatha 40 ml/ day in two divided doses

**GROUP C-** Patients were treated with trial drug Shunthi churna 4 gm with Gokshur Bija Kwatha 40 ml day in two divided doses

For the assessment of the results guideline laid down by classical text of Ayurveda as well as parameters suggested by A.R.A (1988) were followed. The results obtained were statistically analyzed and percentage of relief, Mean, S.D., S.E, 't' value and P value were calculated by using the paired 't' test.

#### Subjective Parameters (Amavata)

##### Pain in joints                      Score

No pain	=	0
Mild pain	=	1
Moderate pain	=	2
Severe pain	=	3

##### Stiffness in joints

No stiffness	=	0
0-10 minutes	=	1
10-120 minutes	=	2
More than 2 hours	=	3

##### Swelling in joints

No swelling	=	0
Mild swelling	=	1
Moderate swelling	=	2
Enormous swelling	=	3

##### Mobility of joints

No pain on moving	=	0
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Mild pain on moving = 1

Moderate pain on moving = 2

Severe pain on moving = 3

### Deformity in joints

No deformity = 0

Mild deformity = 1

Moderate deformity = 2

Severe deformity = 3

### Tenderness in joints

No tenderness = 0

Mild tenderness = 1

Moderate tenderness = 2

Severe tenderness = 3

### Criteria of inclusion

1. Patients who were 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 sign and symptoms were considered.

### Criteria of Exclusion

1. Patients who were not willing for trial.
2. Patients below the age of 10 year and above 70 years.
3. Chronicity below six weeks or more than 10 years.
4. Gout, Osteoarthritis etc.

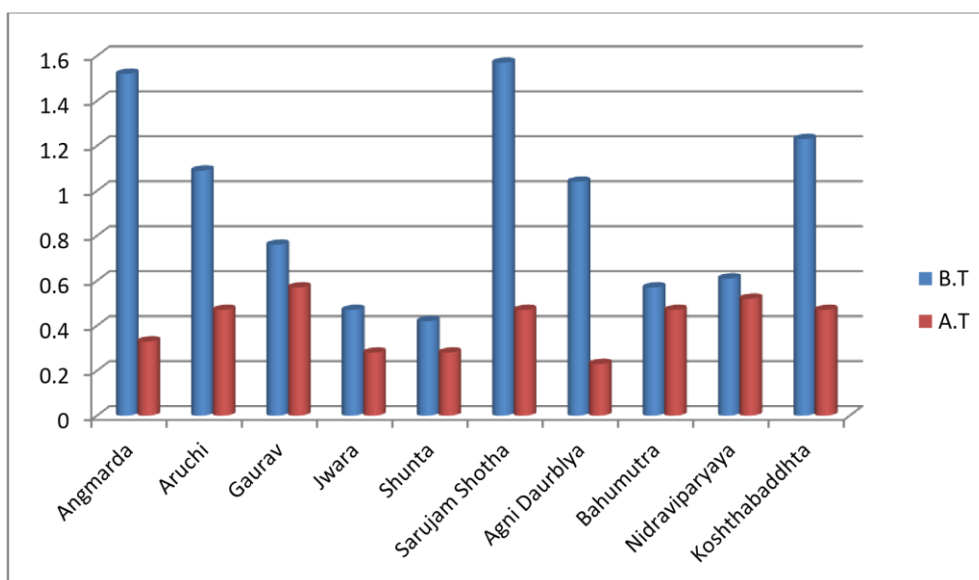
## OBSERVATIONS AND RESULTS

Percentage Relief of on general Sign and Symptoms after treatment with all the 3 Groups of medicines.

### Effect of Trial drugs in General signs and symptoms of Amavata

Signs & Symptoms	Mean		%	S.D.	S.E.	't' Value	'P' Value
	B.T.	A.T.					
Angmarda	1.52	0.33	78.12	0.60	0.13	9.06	<0.001

Aruchi	1.09	0.47	52.17	0.74	0.16	3.50	<0.05
Gaurav	0.76	0.57	25.00	0.51	0.17	1.70	>0.05
Jwara	0.47	0.28	40.00	0.51	0.11	1.70	>0.05
Sunyata	0.42	0.28	22.22	0.43	0.09	1.00	>0.05
Sarujam Shotha	1.57	0.47	69.69	0.83	0.18	6.04	<0.001
Agni Daurblya	1.04	0.23	77.27	0.81	0.17	4.55	<0.001
Bahumutra	0.57	0.47	16.66	0.30	0.06	1.45	>0.05
Nidraviparyaya	0.61	0.52	15.38	0.53	0.11	0.80	>0.05
Koshthabaddhta	1.23	0.47	65.38	0.67	0.14	5.45	<0.001

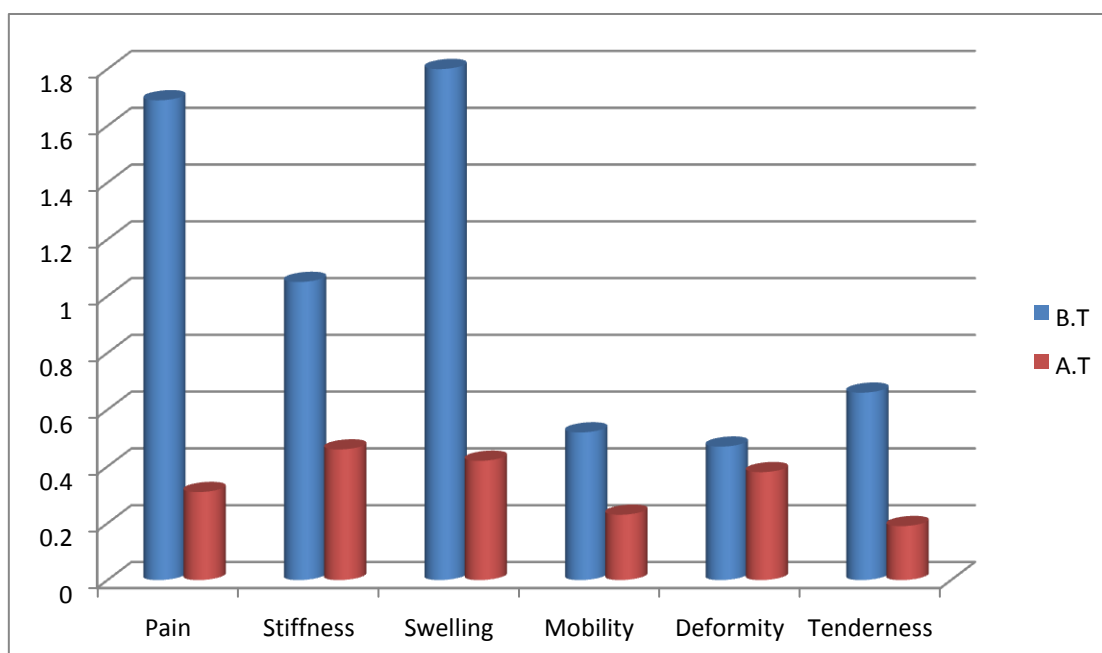


The mean grade of Angmarda before treatment was 1.52 and it lowered to 0.33 with SD +0.60, giving a relief of 78.12% with 't' value 9.06 ( $p < 0.001$ ) which is highly significant. The mean grade of Aruchi before treatment was 1.09 and it lowered to 0.47 with SD +0.74, giving a relief of 52.17% with 't' value 3.50 ( $p < 0.05$ ) which is significant. The mean grade of Gaurav before treatment was 0.76 and it lowered to 0.57 with SD +0.51, giving a relief of 25.00% with 't' value 1.70 ( $p > 0.05$ ) which is insignificant. The mean grade of Jwara before treatment was 0.47 and it lowered to 0.28 with SD +0.51, giving a relief of 40.00% with 't' value 1.70 ( $p > 0.05$ ) which is insignificant. The mean grade of Sunata before treatment was 0.42 and it lowered to 0.28 with SD +0.43, giving a relief of 22.22% with 't' value 1.00 ( $p > 0.05$ ) which is insignificant. The mean grade of Saruja sotha before treatment was 1.57 and it lowered to 0.47 with SD +0.83, giving a relief of 69.69% with 't' value 6.04 ( $p < 0.001$ ) which is highly significant. The mean grade of Agnidaurbalya before treatment was 1.04 and it lowered to 0.23 with SD +0.81, giving a relief of 77.27% with 't' value 4.55 ( $p < 0.001$ ) which is highly significant. The mean grade of Bahumutrata before treatment was 0.57 and it lowered to 0.47 with SD +0.30, giving a relief of 16.66% with 't' value 1.45 ( $p > 0.05$ ) which is insignificant.

The mean grade of Nidra Vipraya before treatment was 0.61 and it lowered to 0.52 with SD +0.53, giving a relief of 15.38% with 't' value 0.80 ( $p>0.05$ ) which is insignificant. The mean grade of Kostabaddhata before treatment was 1.23 and it lowered to 0.47 with SD +0.67, giving a relief of 65.38% with 't' value 5.45 ( $p<0.001$ ) which is highly significant.

#### Effect of Trial drugs in Cardinal signs and symptoms of Amavata

Signs & Symptoms	Mean		%	S.D.	S.E.	't' Value	'P' Value
	B.T.	A.T.					
Pain	1.69	0.31	79.98	0.80	0.16	7.76	<0.001
Stiffness	1.05	0.46	61.95	0.80	0.17	3.52	<0.05
Swelling	1.80	0.42	71.05	0.78	0.17	7.51	<0.001
Mobility	0.52	0.23	0.54	0.46	0.10	2.82	<0.05
Deformity	0.47	0.38	20	0.30	0.06	1.45	>0.05
Tenderness	0.66	0.19	71.42	0.60	0.13	3.62	<0.001



The mean grade of Pain before treatment was 1.71 and it lowered to 0.33 with SD +0.80, giving a relief of 80.55% with 't' value 7.86 ( $p<0.001$ ) which is highly significant. The mean grade of Stiffness before treatment was 1 and it lowered to 0.38 with SD +0.80, giving a relief of 61.90% with 't' value 3.52 ( $p<0.05$ ) which is significant. The mean grade of Swelling before treatment was 1.80 and it lowered to 0.42 with SD +0.78, giving a relief of 71.05% with 't' value 7.51 ( $p<0.001$ ) which is highly significant. The mean grade of Mobility before treatment was 0.52 and it lowered to 0.23 with SD +0.46, giving a relief of 0.54% with 't' value 2.82 ( $p<0.05$ ) which is significant. The mean grade of deformity before treatment was 0.47 and it lowered to 0.38 with SD +0.30, giving a relief of 20% with 't' value 1.45 ( $p>0.05$ ).

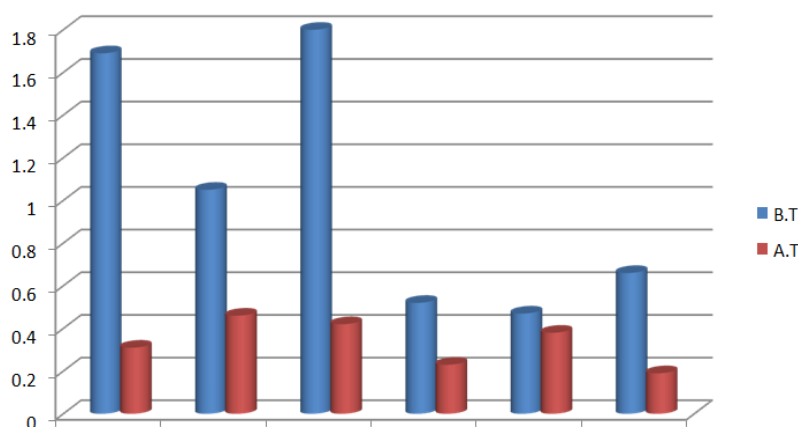


which is insignificant. The mean grade of Tenderness before treatment was 0.66 and it lowered to 0.19 with SD +0.60 giving a relief of 71.42% with 't' value 3.62 ( $p < 0.001$ ) which is highly significant.

## DISCUSSION

Shunthi (ginger) and Gokshur (*Tribulus terrestris*) are used in Ayurvedic medicine for managing Amavata (rheumatoid arthritis). Shunthi, with its Deepana (stimulates digestive fire) and Pachana (digestion) properties, helps break down Ama (toxins). Gokshur, known for its Vata-Kapha balancing properties, aids in balancing the doshas and promoting the body's natural detoxification processes.

### Elaboration



- **Shunthi (Ginger)**
- **Deepana:** Stimulates the digestive fire (Agni), which is crucial for breaking down Ama (unprocessed digestive waste).
- **Pachana:** Aids in the digestion and assimilation of food, preventing Ama formation.
- **Vata-Kapha Shamana:** It is a Vata and Kapha-balancing herb, which can help reduce inflammation and joint stiffness in Amavata.
- **Srotosodhana:** It cleanses the channels (Srotas) in the body, facilitating the removal of Ama and other toxins.
- **Gokshur (*Tribulus terrestris*)**
- **Vata-Kapha Shamana:** It helps balance Vata and Kapha doshas, which are considered predominant in Amavata.
- **Shodhana:** It supports the body's natural detoxification processes, helping eliminate Ama from the system.

- **Virechana:** It can act as a mild purgative, helping to cleanse the digestive tract and eliminate Ama.
- **Anti-inflammatory:** It has been shown to have anti-inflammatory properties, which can help reduce joint pain and swelling.

**In summary, the mode of action of Shunthi and Gokshur in Amavata involves**

### **1. Breaking down Ama**

Shunthi's Deepana and Pachana properties help break down Ama, while Gokshur supports the body's natural detoxification processes.

### **2. Balancing doshas**

Both herbs are known for their Vata-Kapha balancing properties, which can help reduce inflammation and joint stiffness.

### **3. Promoting detoxification**

Shunthi cleanses the channels (Srotas), and Gokshur supports the body's natural detoxification processes.

### **4. Alleviating symptoms**

The combined action of these herbs can help reduce pain, inflammation, and stiffness associated with Amavata.

## **SUMMARY AND CONCLUSION**

Shunthi churna and Gokshura kwatha is taken as trial drug in management of Amavata. It is proved that the root cause of pathogenesis of Amavata is mandagni which causes formation of Ama and Vata causes pain and inflammation of the joints. Therefore, the first line of treatment is considered to restrict the production of Ama, liquidate already produced Ama and improve and correct the improper function of Agni and use the drug which pacifies the Vata, which is the main cause of pain and inflammation of the joints. These aims can be achieved by this trial drug.

Shunthi is having Laghu, Snigdha Guru, Katu Rasa, Madhura Vipaka and Ushna Virya. By Virtue of UshnaVirya it pacifies Kapha and Vata and also acts as Rochana, Dipana, Pachana, Shulprashamana, Shothahara ect.<sup>[12]</sup>

Gokshura is having Madhura Rasa, Guru, Snigdha Guna, Madhura Vipaka and Shita Virya by Virtue of these properties it pacifies Vata-Pitta and also acts as Vedanasthapana, Shothahara etc.<sup>[13]</sup>

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