



Research Article

EVALUATION OF THE ADDED EFFECT OF *SHUNTYADI KWATHA* IN THE MANAGEMENT OF *AMAVATA* VIS A VIS RHEUMATOID ARTHRITISGoyal Gaurav^{1*}, Rajashekhar C.V.²¹P.G. Scholar, ²Professor and H.O.D., Dept. of Kayachikitsa, Ashwini Ayurvedic Medical College, Hospital & Research Centre, Tumkur, Karnataka, India.**Article info****Article History:**

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KEYWORDS: *Amavata*,
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Amavata is a very painful condition due to *Vata prakopa avastha*, and when *Vata* is accompanied with *Ama* then severity of pain increases more. Vitiated *Vayu* circulates the *Ama* all over the body through *Dhamanias*, takes shelter in the *Shleshma Sthana* (*Amashaya*, *Sandhi*, etc.), producing symptoms such as stiffness, swelling, and tenderness in small and big joints, making a person lame. The symptoms of *Amavata* are identical to rheumatism, which include rheumatoid arthritis and rheumatic fever. *Shunthi* is a very common household drug, almost everyone have used ginger in so many things as in tea or in curry etc.

In all living beings pain is one of the nature's earliest sign of morbidity. first and foremost duty of a physician is to help a patient to get rid of pain. The conventional science tries to find a cure for this through analgesics, steroidal therapy, etc. which often results in ill effects. Here comes the importance of herbal remedies of Ayurveda. *Shuntyadi kwatha* show a wide range of therapeutic usages. Because of its properties like *Ushanta*, *Tikshanta*, *Katu*, *Tikta rasa*, *Katu vipaka* help in *Samprapti vighatana* of *Aamavata*. when *Shuntyadi kwatha* is used with *Simhanada guggulu* then, its result increases many fold in *Amavata*.

In this study 40 patients of *Amavata* were registered and 03 patient (6.66%) were got no improvement, 15 patients got mild -improvement, 22 patient (10%) were got moderate improvement, 0 patient got Marked improvement and complete cure.

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INTRODUCTION

The condition *Amavata* is caused due to combination of dual factors i.e. *Ama* and *Vata*. *Ama* is considered as *Agrya* among *Vishma chikitsya vyadhis*^[1] and *Vata* as Prime *Dosha* among *Tridoshas*.^[2] The clinical manifestations *Sandhi shoola*, *Shotha* associated with *Stabdatha* & also include systemic features like *Angamarda*, *Aruchi*, *Trushna*, *Alasya*, *Gourava*, *Jvara*, *Apaka*.^[3]

Rheumatoid Arthritis an auto-immune musculo-skeletal disorder, characterised by pain & stiffness etc. in the joints, explained in contemporary medical science has a close resemblance with the clinical entity of *Amavata*. Recent studies in Rheumatology has revealed that inflammatory or degenerative changes^[4] occurs in the diseases like Rheumatoid Arthritis. *Amavata* is

not only a disorder of locomotory system but also a systemic disorder which is due to *Ama* circulated in whole body by *Vata*. The scope of therapeutic measures of R.A. is limited, even though there is extreme advancement in diagnostic approach of modern medical science. Allopathic medicine provides symptomatic relief but underlined pathology goes on unchecked. So, it remains challenging and burning problem for medical science. Due to the absence of effective therapy, the Ayurvedic approach to the treatment is need as no system is successfully providing the complete cure. So, it becomes duty of scholar to work on the various aspects of this disease and find out effective management of R.A.

Looking into the above fact, Here a sincere attempt has been made to provide a better management of *Amavata*. considering the need of the present study entitled, "Evaluation of the Added Effect of *Shuntyadi Kwatha* in the Management of *Amavata* Vis A Vis Rheumatoid Arthritis" was carried out which revealed that the combined effect of *Shuntyadi kwatha* along with *Simhanada Guggulu* is found beneficial in alleviating the signs and symptoms of the above condition.

OBJECTIVES OF THE STUDY

This study entitled "Evaluation of the added effect of *Shuntyadi kwatha* in the management of *Amavata* vis-a-vis rheumatoid arthritis" was carried with following aims & objectives.

1. To evaluate the efficacy of *Simhanada Guggulu* in the management of *Amavata* vis- a- vis Rheumatoid Arthritis.
2. To evaluate the efficacy of *Simhanada Guggulu* along with *Shuntyadi Kwatha* in the management of *Amavata* vis. a vis. Rheumatoid Arthritis.
3. To compare both the groups.

Material & Methods

○ Source Of Data

A minimum number of 40 Patients suffering from *Amavata* W.S.R. to Rheumatoid Arthritis will be incidentally selected from OPD, IPD & camps conducted in Ashwini Ayurvedic Medical College Hospital & Research Centre, Tumkur, Karnataka.

○ Methods of Collection Of Data

The patient will be assigned into two groups consisting of 20 patients in each group. *Shimhnada Guggulu* and *Suntyadi Kwatha* will be prepared as per classical method in AAMCH Pharmacy.

Inclusion criteria

- Age group between >25 years and <65 years
- Sex- male/female
- Presence of clinical features of *Amavata* vis-a- vis to Rheumatoid Arthritis.

Exclusion criteria

- Any systemic illness which interferes with the clinical trial will be excluded.
- Chronic rheumatoid arthritis with deformity.
- Pregnant and lactating women.
- Congenital abnormalities of joints will be excluded.
- Any Patient suffering from other complicated arthritis diseases.

Diagnostic Criteria

Diagnosis will be made on classical signs and symptoms of *Amavata*.

- *Sandhi shotha* and *Shoola* - symmetric polyarthritis
- *Stabdata* - morning stiffness >1hour
- *Aruchi, Gouravata, Angamarda, Jvara*
- Raised ESR
- Positive RA factor

Assessment Criteria

The data will be collected before and after treatment for which scores will be given to the signs and symptoms and assessment will be done for the improvement of signs and symptoms.

Subjective criteria

- Shotha*
- Shoola*
- Stabdata*
- Gouravata*
- Aruchi*
- Jvara*
- Angamarda*

Objective Criteria

- RA factor
- ESR

Criteria for Assessment

The assessment was done on the basis of subjective and objective parameters as per the clinical proforma.

Table 1: Sandhishotha (Swelling in joints)

S.NO.	Severity of swelling	Grade
1	No swelling	0
2	Slight swelling	1
3	Moderate swelling	2
4	Severe swelling	3

Table 2: Sandhishula (Pain in joints)

S.No.	Severity of pain	Grade
1	No pain	0
2	Mild pain	1
3	Moderate, but no difficulty in moving	2
4	Slight difficulty in moving due to pain	3
5	Much difficulty in moving the bodily parts	4

Table 3: Stabdata (Stiffness)

S. No.	Severity of stiffness	Grade
1	No early morning stiffness or stiffness lasting for 10-20min	0
2	Early morning stiffness lasting for 20 min – 2hrs.	1
3	Early morning stiffness lasting 2-5hrs.	2
4	Early morning stiffness lasting for 5-8hrs	3
5	Early morning stiffness lasting for more than 8hrs.	4

Table 4: Gouravata (feeling of heaviness)

S. No.	Severity of heaviness	Grade
1	No heaviness in the body	0
2	Feels heaviness in the body but it does not hamper routine work	1
3	Feels heaviness in the body but it does not hamper daily routine work	2
4	Feels heaviness in the body but it does not hamper movement of the work routine work	3
5	Feels heaviness in the body along with flabbiness which causes great distress to the person	4

Table 5: Aruchi (tastelessness)

S. No.	Aruchi	Grade
1	No Aruchi	0
2	Willing towards some specific food	1
3	Willing towards only most liking food and not to other foods	2
4	Totally unwilling for food	3

Table 6: Jvara (Fever)

S. No.	Jvara	Grade
1	No fever	0
2	Occasional fever subside by itself	1
3	Occasional fever subside by drug	2
4	Remittent fever	3
5	Continuous fever	4

Table 7: Angamarda (body ache)

Sl. No.	Angamarda	Grade
1	No body ache	0
2	Mild body ache	1
3	Moderate body ache	2
4	Severe body ache	3

Investigations

- Erythrocyte Sedimentation Rate
- Rheumatoid Arthritis Factor

OBSERVATION AND RESULTS

Total 40 patients were registered in this study, out of that all 40 patients were studied in this research work. 20 patients were in group A (*Simhanada Guggulu*) while 20 were in B group (*Simhanada Guggulu with Shuntyadi Kwatha*). Each patient was observed thoroughly and noted neatly. The observations are recorded and necessary charts and graphs were made.

Table 8: Distribution of Patients Based on Sex

Sex	No. of Patients and Percentage					
	Group A		Group B		Total	
Male	8	40%	7	35%	15	37.5%
Female	12	60%	13	65%	25	62.5%

Table 9: Distribution of Patients Based on Age

Age in years	No. of Patients and Percentage					
	Group A		Group B		Total	
25-35	5	25 %	4	20 %	9	22.5 %
36-45	8	40 %	8	40 %	16	40%
46-55	6	30 %	7	35 %	13	32.5%
56-65	1	5 %	1	5 %	2	5%

Table 10: Distribution of patients Based on Addictions

Addictions	No. of Patients and Percentage					
	Group A		Group B		Total	
Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol	Alcohol
Tobacco	Tobacco	Tobacco	Tobacco	Tobacco	Tobacco	Tobacco
Smoking	Smoking	Smoking	Smoking	Smoking	Smoking	Smoking
None	None	None	None	None	None	None

Table 11: Distribution of Patients Based on Bowel

Bowel	No. of Patients and Percentage					
	Group A		Group B		Total	
Regular	08	60%	11	45%	23	57.5%
Constipated	12	40%	09	55%	17	42.5%

Table 12: Distribution of Patients Based on Appetite

Appetite	No. of Patients and Percentage					
	Group A		Group B		Total	
Moderate	12	60%	13	65%	25	62.5%
Poor	08	40%	07	35%	15	37.5%

Clinical Study**Statistical analysis**

Total 40 patients were registered in this study. Out of that, 20 patients were in group A while 20 were in B group. Each patient was observed thoroughly and noted neatly.

Assessment Of Total Effect Of Therapy**Table 13: Showing the overall effect of treatment in Group - A**

Effect of Treatment in Group - A		
Class	Grading	No. of Patients
0 - 25%	No improvement	03
26 - 50%	Mild improvement	11
51 - 75%	Moderate improvement	06
76 - 99%	Marked improvement	0
100%	Completely cured	0

Graph No.12 Showing the result of Group A

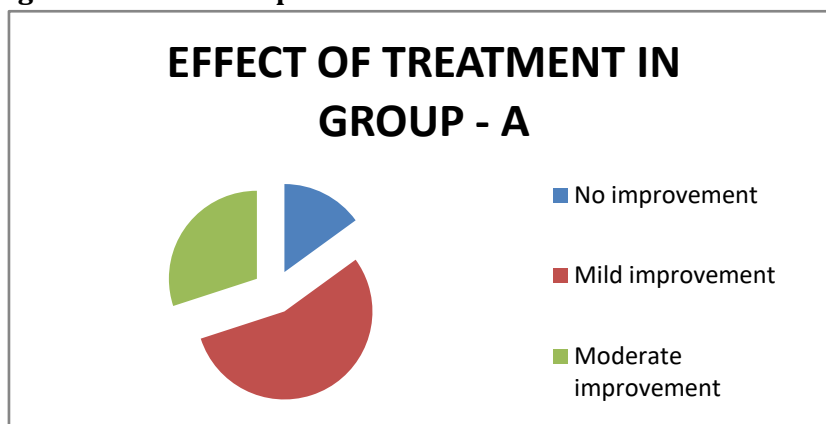
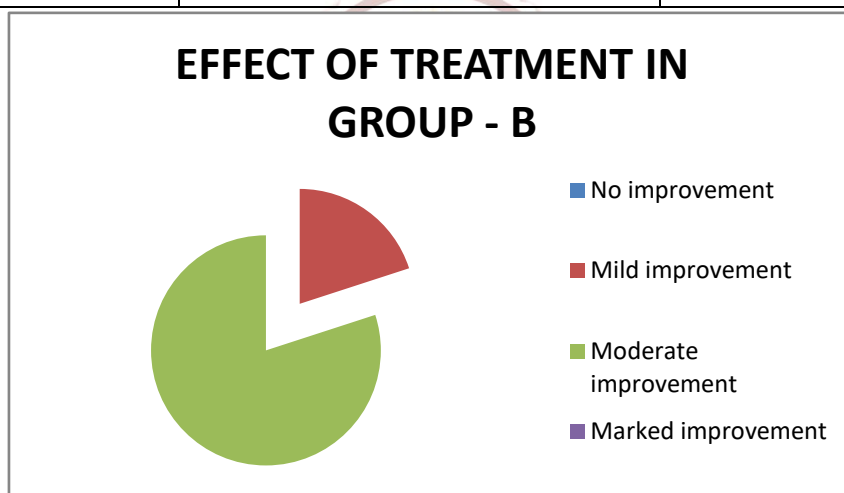


Table 14: Showing the overall effect of treatment in Group - B

Effect of Treatment in Group - b		
Class	Grading	No. of Patients
0 - 25%	No improvement	0
26 - 50%	Mild improvement	4
51 - 75%	Moderate improvement	16
76 - 99%	Marked improvement	0
100%	Completely cured	0



Graph No.13 Showing the result of Group B

Table 15: Showing the comparative results of Group - A and Group - B

Characteristics	Group - A			Group - B		
	Mean score		Percentage of relief	Mean score		Percentage of relief
	BT	AT3		BT	AT3	
<i>Shotha</i>	1.95	1.2	38.46 %	1.95	0.8	58.97 %
<i>Shoola</i>	1.9	1.1	42.10%	1.9	0.85	55.26 %
<i>Stabdata</i>	1.75	1.1	37.14%	1.75	0.8	54.28 %
<i>Gouravata</i>	1.75	1.1	37.14%	2.15	0.95	55.81 %
<i>Aruchi</i>	1.95	1.25	35.89%	1.95	1	48.7%
<i>Jvara</i>	1.85	0.95	48.64%	1.85	0.65	64.86%
<i>Angamarda</i>	1.85	1.1	40.54%	1.85	0.75	59.45%

DISCUSSION

The disease *Amavata* originated due to *Ama Prakopaka nidanas* and *Vata prakopaka nidanas*, that includes *Aharaja*, *Viharaja* and *Mansika hetus*. These factors derange *Jatharagni* causing *Ama Anarasa*, which results in *Medodhatvagni - Mandya*. This condition leads to present the maximum signs and symptoms of *Amavata*.

Drugs of *Simhanada guggulu* (*Haritaki*, *Vibhitaki*, *Amalaki*, *Gandhaka*, *Gugglu*, *Eranda*) and *Shuntayadi kwatha* having *Katu*, *Tikta*, *Kashaya*, *Lavana rasa*, *Katu vipaka*, *Ushna virya*, *Kapha vatta shamaka*, *Karshana lekhanitya*, *Amma shoshana* properties, which normalizes the state of *Agni*, thus regulates *Jatharagni*, and check *Aama* formation, and reduces the *Vridhdha vata*, and there by treats *Amavata*.

The *Kwatha kalpana* is the basic *Kalpana* among *Panchavidha kashaya kalpanas*. It is very potent formulation, as the drugs are sufficiently boiled in this and instantly given to the patient. For *Aama pachana* purpose *Kwatha* is used here. *Kwatha* itself has *Ushna*, *Tikshana* properties and in *Shuntayadi kwatha* all drugs are almost *Ushna* and *Tikshana*, hence potency get increased.

Aamapachana is done by *Ushna tikshana* and *Deepana guna* of *Shuntayadi kwatha*, which helps in *Pachana* of *Aama* and also pacifies increased *Vata*, in *Amavata*.

CONCLUSION

- On the basis of present study it can be concluded that a better line of treatment can be offered to the patients, if *Simhanada gugglu* is administered along with *Shuntayadi kwatha*.

- *Pathya* and *Nidana Parivarjana* also play an important role in the management of *Amavata*.
- The plus point observed in present study is absence of any hazardous effects, which is really a great benefit to the patient and is of vital importance in view of the global acceptance of *Ayurveda*.
- Results of this study is very encouraging and trial should be conducted on large sample with better parameters.

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