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**TITLE: CLINICAL EVALUATION OF THERAPEUTIC EFFICACY OF
VAISHWANAR CHURNA IN AMAVATA**

SAJIDA D. ATTAR¹, B.D GHARJARE²

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CLINICAL EVALUATION OF THERAPEUTIC EFFICACY OF VAISHWANAR CHURNA IN AMAVATA

SAJIDA D. ATTAR¹, B.D GHARJARE²

¹M.D.Scholar,²Professor Department of Kayachikitsa,
Y.M.T Ayurvedic Medical College, PG Institute & Hospital. Maharashtra university of
Health Science. Navi Mumbai, Maharashtra, India.

ABSTRACT:

To evaluate the efficacy of Vaishwanar Churna in Amavata. Amavata is a chronic progressive systemic inflammatory disorder that primarily targets the joints of middle age adults. "Angamarda, Angashunyata, Gatrastabdhatata and Jwara" are the cardinal symptoms of Amavata, usually associated with Raga, Daha, Shoola, Sthaimithya, Kandu and all the Ama Lakshanas since it is Tridoshaja. It is a growing global problem, hampering the daily life movements of the affected individual and the treatment for this is said to be Krichrasadhya. Still, this disease can be managed with some formulations which can break the Samprapti of the disease, has inspired to witness and to establish the efficacy of the drug

METHOD: A clinical study was planned to assess the clinical effectiveness of Vaishwanar Churna. An open clinical trial was conducted, where 20 patients having history of Amavata were chosen randomly. Patients were given treatment for duration of 2 months with every week follow up.

RESULTS: Treatment provided highly significant relief ($p < 0.001$) in the management of all the Sarvadaihika main symptoms. Such as Angamarda-60%, Alasya-50%, Jwara-45% and Angashoonata-50%. Highly significant relief ($p < 0.001$) in the management of Shoola and Staimithya by 60% and 40% respectively, where as it provided mild significant relief ($p < 0.050$) in Daha, Raga and Kandu by 41.66%, 41.66% and 50% respectively. The treatment provided highly significant relief ($p < 0.001$) in the management of Aruchi and Trushna by 45% each, where as it provided moderate significant relief ($p < 0.010$) in the management of Apaka by 40%.

CONCLUSION : The constituent of Vaishwanar Churna are Saindhav, Ajwain, Ajmoda, Sunthi, Harad owing to their property of Dipan, Pachan, Anuloman, Rochan, Shool Prashaman, Tridosha Shaman worked effectively on the symptoms of Amavata and showed excellent results in the overall condition of patients.

KEY WORDS: Amavata, Rheumatoid arthriris, Vaishwanar Churna

INTRODUCTION

Correspondent:
Vd. Sajida D. Attar
M.D. Scholar,
Dept.of Kayachikitsa
Y.M.T. Ayurvedic Medical
College and Hospital,
Kharghar, Navi Mumbai.
India.

Amavata is a condition where simultaneously aggravated *Vata* and *Ama* associated with each other, settles in *Trika Sandhies*¹ and is characterized by “*Vrushchik Danshvat Vedana*” in joints with inflammation, fever and ultimately stiffness of the joints, causing the temporary or permanent disability of joints and it hampers daily working capacity and runs a chronic course. Though the two main causative factors of disease ‘*Ama*’ and ‘*Vata*’ have equal importance, the cause of *Ama* and its role in manifestation of disease requires special attention. The improper digestive mechanism which is the basic cause of the disease produces the incomplete *Ahara Rasa* or ‘*Ama*’². This *Ama* acts as poisonous substance for body and sets in different types of disorders. Among them, *Amavata* has unique importance due to its gravity of problems with severe pain like ‘scorpion bite’.

In early stages only the joint involvement can be seen with cardinal features

Like *Angamarda*, *Aruchi*, *Alasya*, *Jwara* and *Angashoonata*³ etc. But if it is not treated with systemic treatment procedures, then through the *Madyama Roga Marga*, it will lead to cardiac damage and further complications like involvement of gastro- intestinal, cardiovascular, nervous, urinary and respiratory systems also. In its chronic phase, frequent aggravation of its entities concludes as cripples for human being.

Vedas also mention about the various disorders which leads to impairment of movement. But *Amavata*, as a disease entity is not available even in *Brihatrayees*. This is first recognized and described in detail by *Madhavakara* in 9th century⁴.

Amavata can be compared to Rheumatoid arthritis which is a systemic chronic Inflammatory joint disorder which affect predominantly to synovial joints.

Nowadays, it is being observed that in OPD and IPD level, the number of Patients increasing day by day suffering with this dreadful disease may be due to modern way of life style with consumption of incompatible food and less physical exercise and mental stress. Over all prevalence of RA in caucasian population

is about 1% with a female to male ratio of 3:1⁵.

There is no specific line of treatment in contemporary science which brings solace to the patients. 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. NSAIDs temporarily relieve pain and possibility of further damage to joint increases where as the root cause remains unattended. *Ayurvedic* approach to this disease aims basically at stabilizing *Agni* which is the root cause. Thereby trying to promote a long lasting relief.

Keeping in view, all its prevalence and for better management of the disease, this research work is taken as a clinical evaluation of *Vaishwanar Churna* with the reference of *Bhaishajya Ratnavali Amavata Chikitsa Adhyaya*, which fulfils *Deepana, Pachana and Anulomana* like properties which is easy for administration, with no side effects and cost effective, in the management of the disease *Amavata*.⁶

MATERIALS AND METHODS

PLAN OF STUDY

An open clinical trial was conducted, where 20 patients having history of *Amavata* were chosen randomly. Patients were given treatment for duration of 2 months with every week follow up.

Institutional Ethics Committee (IEC) approval was obtained and written consent was taken from the patients prior to the initiation of the study.

SOURCE OF DATA

a) **Patients** suffering from *Amavata* are selected from Department of *Kayachikitsa* OPD and IPD of Y.M.T *Ayurvedic* Medical College and Hospital by preset inclusion and exclusion criteria.

b) **Literary**: Literary aspects of study are collected from classical *Ayurvedic* and contemporary texts and updated with recent Medical Journals.

DIAGNOSTIC CRITERIA

The patients presenting with the signs and symptoms of *Amavata* according to

The *Ayurvedic* texts patients were selected by observations, laboratory investigations and interrogations by fulfilling the inclusive criteria. The main criteria for the diagnosis was the presence of clinical symptoms of *Amavata* like *Angamarda, Jwara, Angashoonatha, Sandhithaimithya, Alasya, Apaka* etc. The symptoms of *srotodusti* such as *Agnimandyata, Dourbalyata, Sanchari Vedana, Malavsthambhata* were also assessed along the main symptoms for the selection of patients.

INCLUSION CRITERIA

Patients fulfilling the following conditions were included for the study.

CLINICAL EVALUATION OF VAISHWANAR CHURNA IN AMAVATA

- The patients of *Amavata* diagnosed on the basis of signs and symptoms described in Ayurvedic classics were selected for the study.
- Patients from either sex with in the age group 20-60 years.
- Patients without any systemic complications including cardiac complications.

EXCLUSION CRITERIA

Patients below 15 and above 65 years of the age

- Patients with complications and deformity.
- Patients with loss of joint function and *Granthi*
- Pregnant women and lactating mother
- The patients having Rheumatic heart disease, Rheumatic fever
- Any other Systemic disorder other than *Amavata*

A detailed research Performa was prepared incorporating all the signs and symptoms seen in the disease.

LABORATORY INVESTIGATIONS:

1. Blood: Hb%, ESR, TC, DC, RA and ASO titre.

2. Radiological – X ray of affected joints.

All these investigations are done before and after the treatment according to necessity.

STUDY DESIGN:

Open clinical study with pre test and post test design is adopted.

The patient was registered and treated as out patients for the present study

with the help of case Performa specially designed for the study. All this documents

with subjective and objective parameters are analysed through statistical methods

before and after the treatment. The response of the drug is assessed weekly

through interrogation, signs and symptoms. The observations are recorded

in the following weeks and the drug was given for a period of 2 months, follow up

period was also given for a period of 30 days. The patients were advised to follow

the *Pathya Ahara* and *Vihara* suitable for this disease.

SELECTION OF DRUG/MEDICINE WITH METHODOLOGY

Table no. 1 : Ingredients of *Vaishwanar Churna*

SR.NO	INGREDIENTS	QUANTITY
1	<i>Saindhavlavan (rock salt)</i>	200 gms
2	<i>Yawani (Carum copticum)</i>	200 gms
3	<i>Ajmoda (Carum roxburghianum)</i>	300 gms
4	<i>Sunthi (Zingiber officinale)</i>	500 gms
5	<i>Haritaki (Chebulic myrobalan)</i>	1200gms

CLINICAL EVALUATION OF VAISHWANAR CHURNA IN AMAVATA

All the above ingredients were finely powdered and mixed thoroughly

POSOLOGY

DURATION : 2 months

DRUG AND DOSE : *Vaishwanar Churna*, 4 gms BD

TIME : after meal

ANUPANA : *Ushna jal*

CLINICAL ASSESSMENT:

SARVADAIHIKA SYMPTOMS	SCORES
Angamarda	
No angamarda	0
Angamarda, can do day to day routines	1
Angamarda, restricts the routines	2
Cannot move due to Angamarda	3
Alasya	
No feeling of laziness	0
Daily works did satisfactorily but delayed	1
Doing works unsatisfactorily and delayed	2
Reduces work due to unenthusiasm	3
Jwara	
Absence of Fever	0
Jwaralakshana, without rise in temperature	1
Jwaralakshana, upto 100 ⁰ F	2
Jwara above 100 ⁰ F	3
Angashoonata	
No swelling	0
Slight swelling	1
Moderate swelling with pain during movement	2
Severe swelling with immobilization of joints	3

STANIKA SYMPTOMS	SCORES
Daha	
Absence of daha	0
Lesser feeling of daha	1
More daha	2
Cannot tolerate	3
Raga	
Absent	0
Mild discolouration	1
Moderate discolouration	2
Marked redness	3
Shoola	
No pain	0
Mild/moderate pain during movement	1
Difficulty in moving due to pain	2
Unable to move body parts due to pain	3
Sthaimitya	
Stiffness absent	0
Stiffness only in early morning	1
Prolonged stiffness for 2 hours	2
Stiffness restricts the daily routines	3
Kandu	
Itching absent	0
Reduced by scratching	1
Itching all over the day	2
Disturbed sleep, itching persist	3

ASSOCIATED SYMPTOMS	SCORES
Aruchi	
Equal willing towards all food substances	0
Willing towards some specific foods	1
Willing towards only one rasa	2
Willing towards only most liking food	3
Trushna	
Quantity of water intake –	
1 – 2 litres/24 hrs	0
2 – 3 litres/ 24 hrs	1
3 – 4 litres/ 24 hrs	2
More than 4 litres	3

<i>Apakata</i>	
Absence of indigestion	0
Feeling hungry 8 hrs after intake of prior food	1
Feeling hungry only 12 hrs after intake of prior food	2
Feeling hungry 24 hrs after intake of prior food	3
<i>Srotodusti</i>	
No srotodusti present	0
Only few symptoms of one srotodusti	1
Many symptoms of 2 or more srotodusti	2
All symptoms of all involved srotodusti	3

ASSESSMENT OF OVERALL EFFECT OF THERAPY:

The overall effect of the therapy was assessed as stated below.

1. **Complete relief** : Patients in whom all signs and symptoms came down to normal or 100% relief were considered as complete relief cases.

2. **Marked improvement:** In whom there was 75% relief in signs and symptoms were considered to be marked improved cases.

3. **Moderate improvement:** Patients in whom there was relief in signs and symptoms by more than 50% were considered to be moderately improved.

4. **Improvement:** Patients in whom there was relief in signs and symptoms by more than 25% were considered to be improved.

5. **Unchanged:** Patients in whom there was no relief or less than 25% relief in signs and symptoms were considered to be unchanged cases.

OBSERVATION

In present study among 20 patient

Majority of patients belong to the age group to 20- 30 years i.e 52.5%,

followed by 32.15% in 31-40 age group, 15% in 41-50 age group and sex wise females are more prone to get this disease by 52.5% were as males only up to 47.5%.

Among the 20 patients, 8 were vegetarians i.e 42.5% and 12 were taking mixed diet i.e 57.5%. patients of *Amavata* with *kaphavataja deha prakruti* had a incidence rate of 35% and *kaphaja* with 22.5%. The other prakritis like *vataja*, *pittaja*, *vatapittaja*, *pittakaphaja* and *sannipataja* are of 10%, 0%, 7.5%, 10% and 15% respectively. *Manda agni* patients were incidentally high with 60% and *vishamagni* with 30%, *teekshn agni* patients stayed with 10%.

RESULTS⁷

Table no. 2: Effect of therapy

SR.NO	SYMPTOMS	MEAN SCORE			%	SD		t-value	p- value
		BT	AFU	BT- AFU					
1	<i>angamarda</i>	1.40	0.75	0.65	60	0.587	0.131	4.950	<0.001
2	<i>Alasya</i>	1.25	0.75	0.50	50	0.512	0.114	4.358	<0.001
3	<i>Jwara</i>	1.20	0.75	0.45	45	0.510	0.114	3.942	<0.001
4	<i>angashoonta</i>	1.25	0.70	0.55	50	0.604	0.135	4.066	<0.001
5	<i>Daha</i>	1.33	0.83	0.50	41.66	0.674	0.194	2.569	<0.050
6	<i>Raga</i>	1.42	1.00	0.416	41.66	0.514	0.148	2.788	<0.050
7	<i>Shool</i>	1.45	0.80	0.65	60	0.567	0.131	4.950	<0.001
8	<i>sthaimithya</i>	1.30	0.85	0.45	45	0.510	0.114	3.942	<0.001
9	<i>Kandu</i>	1.00	0.50	0.50	50	0.537	0.188	2.645	<0.050
10	<i>aruchi</i>	1.30	0.90	0.45	45	0.510	0.133	3.942	<0.001
11	<i>trushna</i>	1.25	0.80	0.45	45	0.510	0.133	3.942	<0.001
12	<i>apaka</i>	1.35	0.85	0.50	40	0.760	0.170	2.996	<0.010

The therapy provided highly significant relief (p<0.001) in the management of all the *Sarvadaihika* Main symptoms. Such as *Anga marda*-60%, *Alasya*-50%, *Jwara*-45% and *Angashoonata*-50%. The combined therapy provided highly significant relief (p<0.001) in the management of *Shoola* and *Staimithya* by 60% and 40% respectively, where as it provided mild significant relief (p<0.050) in *Daha*, *Raga* and *Kandu* by 41.66%, 41.66% and 50% respectively. The combined therapy provided highly significant relief (p<0.001) in the management of *Aruchi* and *Trushna* by 45% each, where as it provided moderate significant relief (p<0.010) in the management of *Apaka* by 40%.

Table No: 3 : Overall effect of *Vaishwanar Churna* on 20 patients of *Amavata* after treatment:

Category	No: of patients	%
Complete relief	0	0
Marked improvement	2	10
Moderate improvement	8	40
Improved	9	45
unchanged	1	5

CLINICAL EVALUATION OF VAISHWANAR CHURNA IN AMAVATA

Nobody showed complete relief. Only 2 patients showed marked improvement which was 10%, 8 patients showed moderate improvement which was 40%. 9 patients were under improved category by 45%, one patient remained unchanged which was 5%.

Table No: 4 : Overall effect of *Vaishwanar Churna* on 20 patients of *Amavata* after follow up:

Category	No: of patients	%
Complete relief	0	0
Marked improvement	5	25
Moderate improvement	10	50
Improved	5	25
unchanged	0	0

Nobody showed either complete relief or unchanged results. 5 patients came under marked improvement and improved category by 25%. 10 patients that is 50% came under moderate improvement.

DISCUSSION

In a study which included 20 patients, *manda gni* was found in all the patients with 100% of observation. The constituents of the *vaishwanar churna* are *saindhav, ajwayan, ajmoda, sunth, harad* owing to their properties of *dipan, pachan, anuloman, rochan, shool prashaman, tridosha shaman* worked⁸. The rationality behind usage of *tikta, katu and deepana* drugs are as follows:

Tikta rasa has *rooksha* and *laghu gunas*. It does *lekhana* as well as *deepana* and *pachana*. It is beneficial in conditions like, *aruchi, thrushna, moorcha* and *jwara*. It absorbs the *kleda* and *shleshma*.

Katu rasa is having *laghu, ushna* and *rooksha gunas*. It also has properties like *deepana, pachana* and *rochana* so it dilates the *srotas*. It dries *sneha, kleda* and *mala* and is beneficial in *shotha*. As *agni vikriti* is the main factor for *Amavata*, so administration of *deepana* drugs helps to increase the appetite. These drugs have *teeksna, ushna, langhana* and *agneya* properties. These *tikta, katu* and *deepana* drugs are proved to be effective in the disease *Amavata*, which is due to their *ama pachana* property effectively in breaking *samprapti* of *amavata* thus pacifying symptoms of *amavata*

CONCLUSION

Amavata is a disease in which improperly metabolized intermediate byproducts known as *Ama* become the core cause of the disease i.e. cause of inflammation and degenerative process and the *Ama* is traversed and get deposited in different parts of the body by the vitiated *Vata* and produces the cardinal symptoms like *Sandhishoola*, *Sandhishota*, *Stabdhat*, *Sparshas ahishnut* and *Sandhi ushnata*.

The ingredients of *Vaishwanar churna* possess definite properties like *Deepana*,

Pachana, *Vata-Kapha Hara* which help in resolving the pathogenesis.

These qualities promote the *Agni* and exhaust *Ama* leading in turn the cessation of the chain of event in pathogenesis.

This to conclude, it can be said that *Vaishwanar Churna* is a effective drug to combat the evolution of the disease *Amavata* without any toxic effects

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