

Management of amavata with ajmodadi vatakam and virechana by trivrit leham in amavata

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Abstract

Nowadays Amavata is a very common dreadful disease. Amavata has been named keeping view two predominant pathological factors viz. Ama and Vata. When Ama and Vata simultaneously get vitiated and enters the Trika and Sandhi finally leading to stabdhata (stiffness) of the body, the condition is known as Amavata. This study is designed to evaluate the efficacy of Ajmodadi vatkam followed by virechana over Amavata. A total of 40 randomly selected patients of Amavata were registered among them Group 1; 20 patients on Ajmodadi vatak and virechana was given to these patients and Group 2; 20 as control group celecoxib was given for one month. Statistically, significant improvement was found in curing amavata symptoms and also highly significant results were found in symptoms of Amavata.

Keywords: amavata, ajmodadi, rheumatoid arthritis, vatak trivrit leham

Introduction

'Ama' is produced by agnimandya of both Jatharagni and Dhatwagnis. Even though ama is a cause for various diseases, in Amavata it is the main causative factor. Ama and vata are vitiated simultaneously and disease is manifested mainly in joints of hasta, pada, sira, trika, gulpha, janu, and uru. The main symptoms produced are Angamarda Aruchi, Trishna, Alasya, Gouravam, Apaka & Shotha [1]. Even in modern medical science with extreme advancement in diagnostic approach, only symptomatic relief and no permanent cure is given. It is a challenging disease for physicians and the medical field. Till today in modern science, there is no effective medicine for this disease. Hence for Ayurvedic scholars, it is a challenging disease, so it becomes the duty of scholars to work on various aspects of this disease. Amavata can be correlated with Rheumatoid Arthritis due to the same presentation of the disease. It is the disease of Madhyam rogamarg. Asthi and Sandhi are the chief sites for the manifestation of cardinal symptoms like Sandhishool, Shandhishoth, and Sandhigraha, etc. All the three Doshas take part in the pathogenesis of disease but Ama and vitiated Vata play the dominant role.

The definition of Ama is due to hypofunction of Ushma (Agni) the first Dhatu 'Rasa' is not properly digested, instead the Anna Rasa undergoes fermentation or putrefaction (Dusta) being retained in the Amashaya. This Rasa is called Ama [2]. Ama Svarupa. The above properties can be classified in the following ways [3, 4]:

- A. Properties which can be felt by touch: Dravatva, Pichchilatva, Snigdhatatva.
- B. Properties which can be perceived by eyes: Tantummatva, Avipakvata, Asamyuktata, Anekavarnayuktata, Pichchilatva
- C. Properties which can be perceived by smell: Durgandha
- D. Properties which can be known by questioning: Guruta, Avipakvata Sama Dosh

Amavata composes of two words Ama and Vata unite to form the term Amavata. This signifies the role of the pathogenesis of Ama and Vata in the disease. Ama is

produced due to indigestion and along with Vata, it is a well-known disease entity [5]. Acharya Chakrapani was the first Acharya who described the basic principles for the line of treatment of Amavata. He described Langhana, Svedana, drugs having tikta-katu rasa and Dipana properties, Virechana, Snehapana, Anuvasana Karma, and Kshara basti for the treatment of Amavata. Tikta-katu rasa and dipana dravyas doshas go into niramavastha and further required elimination from the body by shodhna. This patient should be subjected to virechana therapy for this shodhana karma because of the following possible reasons [6]:

- a. In Amavata the production of Ama is the resultant of Avarana of pitta (pachaka pitta) by kapha, and it hampered the digestive faculty of the body. Virechanakarma helps in this condition in the following ways:
 1. It removes the avarana of pitta produced by kapha.
 2. It is the most suitable therapy for the localized pitta dosha.
 - 3.
- b. In Amavata symptoms like Vibandha, Kukshishoola, Anaha, etc are produced due to prtiloma gati of vata, and these symptoms are best conquered by virechana, while vama is likely to aggravate these features. By this process the rasavaha srotasa reopened and given nutrition to the other dhatus. The agni works properly and helps in the digestion of ama rasa.

Materials and Methods

Source of Data: A total of 40 patients of Amavata were randomly selected for the present study, from the Kayachikitsa OPD and IPD of Sir Sunder Lal Hospital, Institute of Medical Sciences, Banaras Hindu University, Varanasi. The case selection was random regardless of sex, occupation, and socio-economic conditions seropositive & seronegative conditions. Both acute and chronic phase of Amavata patients were taken for the study, following the criteria diagnosis of rheumatoid arthritis in Modern Medicine and the clinical features of Amavata described in Madhava Nidana.

Drug Used: In the present study selected drug Ajmodadi vatak (Bhaisajya ratnawali ⁽⁷⁾) was used orally with lukewarm water. (Table 1)

Table 1: Ingredients of Ajmodadi vatakam

S. No.	Name of ingredient	Quantity	S.No.	Name of ingredient	Quantity
1.	Ajmoda	1 pala(50g)	8.	Saindhavasalt	1 pala(50g)
2.	Maricha	1 pala(50g)	9.	Chitraka	1 pala(50g)
3.	Pippali	1 pala(50g)	10.	Haritaki	1 pala(250g)
4.	Pippalimula	1 pala(50g)	11.	Shunthi	10 pala(500g)
5.	Vidanga	1 pala(50g)	12.	Vridhdharu	10pala(500g)
6.	Devdaaru	1 pala(50g)	13.	Guda	As a binder
7	Shatahwa	1 pala(50g)			

Virechana: In the present study daily administration of Trivrit leham was used for mild virechana instead of classical virechana therapy as described in ayurvedic texts (panchakarma).

Inclusion Criteria

1. Diagnosed cases of Amavata and Rheumatoid Arthritis
2. Age >16 years but less than 60 years
3. Patient willing to participate in the above trial

Exclusion Criteria

1. Patient with deformities & systemic complications.
2. The patient suffering from DM, HTN, Tuberculosis, Asthma, and other diseases.
3. Pregnant and lactating women
4. Patient discontinuing the trial drug with or without information to the investigator
5. Non-willing patients.

Stages and Grouping

Group 1: 20 patients of this group were given the 6g of Ajmodadi vatak with lukewarm water twice daily along with virechan karma by trivrat leham for the total trial period of three months.

Group 2: 20 patients of this group were given control group drug celecoxib 100mg bd.

Parameters of the study

The selected patients were interrogated by their family members too to obtain detailed information about the patients as well as the disease and the following data were collected.

- **Demographic profile:** patient's name, Age, Sex, Occupation, Religion, Socio-economic status, Marital status, Deha prakriti, Effect of weather Family history, Dietary habit, Habitat, Agnibala, Bowel habit and Duration of illness, etc.
- **Clinical profile:** Chief complaints with the total duration of illness, Precipitating factors: In relation to time, weather, work, etc.; Onset of Disease: Acute, Subacute, Chronic; Biographic details like Family history, Occupational history, Menstrual history (If female), any allergic disorder, etc.
- **Subjective parameters:** Study of symptomatology of Amavata was done apart from modern clinical features and the following 8 points were selected from Madhava Nidana for the present study (Table no. 2):
 1. Angmarda (Bodyache)
 2. Aruchi (Loss of taste)
 3. Trishna (Thirst)
 4. Alasya (Lack of enthusiasm)
 5. Gaurav (Heaviness)
 6. Jwara (Fever)
 7. Apaka (Indigestion)
 8. Shuntaanganam (Swelling of the body)

Table 2: Symptoms of Amavata were assessed by the following symptom rating scale:

	Bodyache (Angmard)	Loss of taste (Aruchi)	Thirst (Trishna)	Lack of enthusiasm (Alasyam)	Heaviness	Fever	Indigestion	Swelling of the body
0	No body ache	No loss of taste	Normally drinks water 2-3 l/day	Absent	No heaviness	Normal body temperature	Gets normal appetite and digests in 3 yaam	No swelling of the body
1	less than 1 hr	Mild loss of taste	3-4 l/day(feeling present only)	Loss of enthusiasm on excess work	Mild less than 30 mins localized	Mild less than 99 degree F	Digestion in 3-4 yaam	Mild swelling
2	1-2 hrs	Moderate loss of taste	4-5 l/day(frequent feeling of thirst)	Loss of enthusiasm on moderate work	Moderate for 30-60 mins generalized	Moderate 99-100 F	Digestion in 4-5 yaam	Moderate swelling in localized few joints
3	more than 2 hrs	Severe Loss of taste	Excessive water intake of more than 5 l/day	Loss of enthusiasm on mild work	Severe greater than 60 min generalized	Severe greater than 100 degree F	Digestion more than 5 yaam	Severe in multiple joints and other parts of the body

Physical Examination: Under the physical examination patient's general condition, pulse rate, blood pressure, pallor, icterus, cyanosis, lymphadenopathy, thyroid status, and body weight were recorded at the basal level and each successive follow-ups.

Systemic Examination: Detailed examination of G.I.T., cardiovascular system, respiratory system, central nervous system, urogenital system, and locomotor system were undertaken. Apart from the routine examination of the locomotor system like examination of swelling, stiffness,

deformity, restriction of joint movement, some special tests like walking time, grip power of hands were also done to assess the functional ability of the joints. All these were recorded at each successive follow-ups and taken as the criteria for improvement of the patients of Amavata.

Objective Parameters: For the purpose of diagnosis of a disease, its assessment, severity, clinical improvement and to assess the possible side effects, certain routine and specific investigations were performed in every patient viz:

- Hematological investigations: Total leucocytes count, Hemoglobin, Erythrocyte Sedimentation Rate, TLC, S. Creatinine, SGOT, SGPT, RBS, T.bilirubin
- C-Reactive Protein (CRP titre)
- Rheumatoid factor (RA titre)
- Normal level: titre
- Anti-CCP
- Clinical Assessment of the Disease

Follow-up Study: All the cases were followed up at the interval of 1 month for a total 3 months duration.

Statistical Analysis: The data collected were analyzed using statistical software SPSS (Version 16.0) for the various sign and symptoms number and percentages of grades for different groups were calculated and to test the significance of the difference between various follow-ups within the group for symptoms grade, Friedman Chi-square test was applied. Chi-square (χ^2) was used to find out the significant difference among the groups. Wherever expected frequency came less than 5, Chi-square had been calculated after suitably pooling the rows/columns. Mean and S.D. of investigations at different follow-ups was calculated for all the groups. Wilcoxon Signed-Rank test was used to see the effect of drugs from baseline to different follow up in quantitative variable. Non-parametric ANOVA (Kruskal-Wallis & Mann Whitney method) was used to infer any significant difference among the groups.

Observation and Results

In the present study, a total of 40 patients were registered out of which all the patients have completed the treatment. Most of the patients 31.2% were belonging to 31-40 years and 25% were belonging between 20-30 years. Maximum patients of this series were females (62.5%), the majority i.e. 95% were Hindu, 33.8% were Housewives, 48% of patients were married. Maximum numbers of patients were of urban origin (53.8%) showing lifestyle modification causing more number of diseased patients in urban areas. 62.5% of patients have shown Non-veg. dietary habit and 43.8% of patients were having Kapha-Vata prakriti. The maximum number of patients i.e. 86.2% had a negative family history. Though the presence of Rheumatoid factor does not establish the diagnosis of Rheumatoid arthritis. But it can be of prognostic importance because the patient with high titre has a more severe and progressive disease with extra-articular manifestation.

Angmarda (Bodyache), Aruchi (Loss of taste), Trishna (Thirst), Alasya (Lack of enthusiasm), Gaurav (Heaviness), Jwara (Fever), Apaka (Indigestion), Shuntaganam (Swelling of the body), Pain, Joint swelling, Tenderness, and Morning Stiffness were found significantly reduced in both the groups. The level of significance was different for the different symptoms. The degree of severity of disease was

almost equal in both the groups. The trial therapy has produced improvement in joint functions and improvement was almost equal in both the groups and has shown showed significant improvement. Maximum patients were found in Vata-Kapha predominant nature. Thus Vata-Kapha trait appears to be more vulnerable for Amavata disease. Thus we find that a Vata predominant prakritis were more prone to develop the Amavata.

Systemic examination showed that; Groups 1 shows no significant changes in the values of Hb, ESR Urea level but group 2 i.e control group showed a significant decrease in the value of all these. Hb decrease in group 2 is due to aam dusti rasa formed which is morbid leading to faulty rakt dhatu hence it will cause reduced Hb; ESR due to its anti-inflammatory actions and increase in urea which may be due to its mild nephrotoxic activity.

Total bilirubin, SGOT, SGPT shows slight decrement in group 1 while the increase in values was observed in group 2. In group 2 due to the mild hepatotoxic nature of the drug control group, it showed a mild increase in the amount of total bilirubin; SGOT, SGPT levels. Overall reduction was observed in the CRP, Anti CCP, and RA factor in both the groups. But the most highly significant values in the reduction of CRP level were found in group 2 whereas a mild increase in total RBS was noted in group 2 might be due to increased glucogenesis induced by cox2 inhibitors.

Discussion

In the present study, Ajmodadi vatkam and Trivrit leham has been used for virechana. Vitiated Vata and ama are the main culprits in the disease amavata. Virechana is the best treatment for the vitiated Vata dosha says Acharya Vagbhata. So as a mridu samshodhana, virechana is indicated in the line of treatment of Aamavata. Its effect is on agni sthana as it eliminates pitta dosha after pitta elimination it also pacifies the rest of Vata & Kapha, which is the main causative factor of amavata. Sodhana karma mainly virechan has been said to potentiate agni and mandagni is one of the initiating factors of Aamavata. Virechana therapy is useful when the morbid dosha adhere to bahya or madhyama rogamarga with tiryag gamana. Aamavata can be treated with virechan as it is a madhavama rogamargaga vyadhi, dosha lodged at asthi sandhis virechana has the quality of srotovisodhana. Virechana helps to normalize the pratiloma gati of Vata and in amavata; aanaha, aantrakunjana, vibandha, kukshi shula, etc. are the symptoms due to pratiloma gati of vayu. So by virechana karma we can conquer these symptoms.

After the administration of langhana, swedana tikta, katu, and dipana drug dosha came to niramavastha & the patient should be subjected to virachan therapy in accordance to the strength. Vitiated Vata and ama are the main culprits in the disease amavata. After the dipana, pachana, the body stated into niramavastha so all the acharyas describe the virechana in the amavata. Virechana is the best treatment for the Vitiated vata dosha says acharya vagbhata, as a mridu samshodhana, echan indicating in the line of treatment of amavata. Its effect is on agnisthana as it eliminates pitta dosha and it also pacifies the rest of Vata and Kapha, which is the main causative factor of amavata.

Conclusion

Amavata is a chronic progressive systemic disorder that primarily targets the locomotor system. Though and are the

chief pathogenic factors, and are also invariably involved in the pathogenesis of amavata. The abnormal activity of the immune system is said to be initiated by the exogenous or endogenous antigens ((which could be the ama). This unique pathological process of Rheumatoid arthritis is analogous to the samprapti (pathogenesis) of in many respects as expounded in Ayurvedic literature. The Mandagni (Hypofunction of the digestive faculty of the body) is the main causative factor for the production of Ama. Based on observations and the results of this present study it can be concluded that the effect of the trial drug i.e., Ajmodadi vatak along with and Virechana are effective in the majority of the symptoms.

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