

EFFICACY OF HINGULESHWAR RAS IN AMVATA

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ABSTRACT

Amavata is a common problem mainly in adults and middle aged subjects It is characterized by pain and swelling in joints. It is correlated by rheumatoid arthritis in modern medicine. *Hinguleshwar Rasa* is a herbo-mineral drug described in the text book *Ras Tarangini*. This drug was found very effective in the management of *Amavata*.

Keywords: *Amavata*, Rheumatoid Arthritis, *Hinguleshwar Rasa*, *Ras Tarangini*

INTRODUCTION

Amavata is a burning problem in our society. *Ama*, a product of impaired digestion/metabolism is carried by *vayu*, obstructs the channels at different sites and causes inflammation of joints; this condition has been termed *Amavata*. *Amavata* is closely correlated with Rheumatoid Arthritis in modern aspect. It is common in adults and middle aged subjects¹. The female and male ratio is 3:1. It is a chronic inflammatory, destructive and deforming symmetrical polyarthritis associated with systemic involvement. The *Hinguleshwar Rasa* has been described in *Rasa Tarangini* is chosen for the research purpose to study its efficacy in *Amavata*². All the ingredients are of *ushna viryas*, so it will digest the *Ama* and pacifies *vata*.

AIMS AND OBJECTIVES

To evaluate the effect of *Hinguleshwar Rasa* in *Amavata*.

MATERIALS AND METHODS

For the study, patients fulfilling the criteria of *Amavata* were selected irrespective to sex, religion and occupation from the OPD department of *Kayachikitsa* of Govt. Ayurvedic College Patna, India.

Criteria for selection of the patients-

Inclusion Criteria

1. The patients of *Amavata* (Rheumatoid Arthritis) with mild and moderate phase were included.
2. Duration of illness not more than 10 years.

3. The patients having age more than 12 years.

Exclusion criteria

1. The patients having long standing disease with complications were excluded.
2. The patients having severe deformities.
3. The patients with corticosteroids dependence and with its iatrogenic complications were also excluded

LABORATORY INVESTIGATIONS

Hb%, TLC, DLC, ESR, C-reacting protein, RA factor

SELECTION OF DRUG

Hinguleswar rasa is *amahar* due to *ushna virya* of *vatsanabh* and *katuras* of *pippali*. This drug is *vatahar* due to *madhurrasand-madhurvipak* of *vatsanabh* and *madhurvipak* of *pippali*. *Hingula* works on various systems according to *anupan*. *Adrak* (Zingiberofficinale) is *amahar* due to *ushna virya* and *katuras* and this *vatahar* due to *madhurvipak*. Thus, to observe the properties of its ingredients, it can be said that the drug will be effective in *Amavata*.

DRUG DETAILS

There are three ingredients in the drug-

1. *Sudh Hingula*³ - HgS
2. *Sudh Vatsanabh*⁴ - *Aconitum ferox*

Ras- Madhur

Veerya- Ushna

Vipak- Madhur

3. *Pippali*⁵ - *Piper longum*

Ras- Katu

Veerya- Anushna

Vipak- Madhur

Powder of all three ingredients is mixed in same amount and *vati* of 125 mg is made by this mixture by adding *adrak*⁶ *swaras*. The drug was prepared in the department of *Ras-Shastra* of Govt. Ayurvedic College Patna, India. The drug was prepared under guidelines of Ayurvedic parameters i.e. *rekhapurnatva*, *varitaratva*, *slakshnatva* and *nischandratva*

and also modern parameters i.e. pH, ash value, XRD and SEM.

CRITERIA OF ASSESSMENT

Amvata as a separate disease entity was first of all described in details by *Madhavkara* in late 7th A.D, in his famous book *Madhava Nidana*⁷. In *Amavata*, both *Ama* and *Vata* gets aggravated and reach joints where they produce inflammatory symptoms viz: *Shotha*, *Vedana* and *agnidaurbalya* and thus causes *Amavata*. Production of *Ama* occurs in 3 levels- *jatharagni* level, *dhatwagni* level and *bhutagni* level.

The revised criteria by American college of Rheumatology for diagnosis of rheumatoid arthritis⁸ are:

- a. Morning stiffness: Stiffness in and around the joints.
- b. Arthritis of three or more joint areas: At least three joint areas have soft tissue swelling or joint effusions. The 14 possible joint areas involved are right and left Proximal interphalangeal, metatarsophalangeal, wrist, elbow, knee, ankle, and metatarsophalangeal joints.
- c. Arthritis of hand joints: Arthritis of wrist, metacarpophalgeal joint or proximal interphalangeal joint.
- d. Symmetric arthritis: Simultaneous involvement of same joint areas on both sides of the body.
- e. Rheumatoid nodules: Subcutaneous bony prominence over extensor surfaces or juxta-articular regions.
- f. Serum Rheumatoid Factor: Abnormal amounts of serum rheumatoid factor by any method for which the result has been positive.
- g. Radiographic changes: Typical changes of RA on poster anterior hand and wrist radiographs, which must include erosions or unequivocal bony decalcification.

Four of seven criteria are required to classify a patient as having rheumatoid arthritis.

Patients having following subjective parame-

ters based on *Ayurved* have been considered as *Amvata*-

- SandhiSoth* (Inflammations of joints)
- Vrischikadansavatavedana* (pain like scorpion bite)
- Agnidaurbalya* (Poor digestion)
- Aruchi* (Anorexia)
- Nidraviparyaya* (Altered pattern of sleep)

f. *Kosthabaddhata* (Constipation)

PLAN OF TREATMENT

A *vati* of 125 mg was given to the patients twice a day with honey for 2 months. Follow up was done after each 15 days. Total 30 patients were involved in the trial.

RESULTS

Table 1: Effects of drug on essential *Ayurvedic* clinical features in trial group-

S.No	Symptoms	N	Mean Score		% Relief	S.D ±	SE ±	t	P
			B.T.	A.T.					
1	<i>Angamarda</i>	26	1.07	0.62	42.85	0.646	0.126	3.63	<0.01
2	<i>Aruchi</i>	22	1.04	0.5	52.17	0.670	0.143	3.81	<0.01
3	<i>Gaurav</i>	7	1	0.28	71.4	0.487	0.184	3.87	<0.01
4	<i>Jwara</i>	16	1.18	0.37	68.4	0.834	0.208	3.89	<0.01
5	<i>Sarujamshotha</i>	14	1.15	0.43	62.5	0.468	0.125	5.70	<0.001
6	<i>Agnidaurbalya</i>	11	1.09	0.37	66.67	0.646	0.194	3.73	<0.01
7	<i>Bahumutrata</i>	14	1	0.5	50	0.518	0.138	3.60	<0.01
8	<i>Nidraviparyaya</i>	12	1	0.75	25	0.621	0.179	1.39	>0.01
9	<i>Kosthabaddhata</i>	15	1.26	0.67	44.45	0.743	0.191	2.77	>0.01

The mean grade of *angamard* before treatment was 1.07, it lowered down to 0.62 with SD+0.646 giving a relief of 42.85% with 't' value of 3.638(p<0.01) which was statistically significant. The mean grade of *aruchi* before treatment was 1.04, it lowered down to 0.5 with SD+0.670 giving a relief of 52.17% with

't' value of 3.813(p<0.01) which was statistically significant. Similarly, effect of the drug in different symptoms was also statistically significant. Thus, the table shows that the drug is very effective in various symptoms like *angamarda*, *aruchi*, *jwar*, etc.

Table 2: Effects of drug on essential Modern clinical features in trial group-

S.No.	Symptoms	N	Mean Score		% Relief	S.D.±	S.E.±	T	P
			B.T.	A.T.					
1	Pain	29	1.04	0.48	53.34	0.686	0.127	4.33	<0.001
2	Morning stiffness	26	1.04	0.54	48.15	0.648	0.127	3.93	<0.001
3	Swelling	27	1.04	0.63	39.28	0.573	0.110	3.69	<0.01
4	Tenderness	21	1.05	0.53	50	0.601	0.132	3.99	<0.001
5	Mobility	9	1.12	0.56	50	0.726	0.242	2.29	>0.01
6	Deformity	15	1.07	0.8	25	0.798	0.206	1.29	>0.01

The table shows that the drug is statistically significant to minimize the symptoms like pain, morning stiffness, swelling etc.

DISCUSSION

Amavata has been described here having *Ama* the resultant of poor digestion, the main cul-

pritis in its genesis. When looking at the etiological factors of *Ama* it will be evident that apart from *viruddhahara* which happens to be a major factor in the formation of *Ama*, psychological & emotional instability like envy, anger, fear, greediness etc. are also stated to contribute to the formation of *Ama*. Rheumatoid arthritis is a disease in which the immunological reactions are supposed to be initiated by a triggering agent. The triggering agent will be of either exogenous or endogenous antigen by nature.

Selection of *Hinguleshwar Rasa* on *Amavata* is completely based on line of treatment. All ingredients of *Hinguleshwar rasa* are *Ushna Virya*. Hence this synergetic effect of the constituents of *Hinguleshwar rasa* helps to pacify *Amavata* with its predominance of *Ushna Virya*.

CONCLUSION

After administering the drug, relief in the symptoms was observed. Clinically this formulation has better efficacy on symptom of *angamard, aruchi, gaurav, jwara, sarujamshotha, agnidaurbalya*, pain, swelling and morning stiffness in *Amavata*. This drug can be tried on larger number of population and for longer time duration to evaluate its effect more accurately.

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