



A CLINICAL STUDY ON 'RASNADI PANCHDASHAKAM KWATHA' IN THE MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)

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ABSTRACT

The disease *Amavata* can concern the result of a combination of *Ama* and *Vata* due to *Mandagni*. According to the clinical features, *Amavata* very closely resembles the Rheumatoid Arthritis. According to modern science, *Amavata* considered an autoimmune condition known as Rheumatoid Arthritis (RA), results in chronic joint inflammation. The prevalence of RA is 0.8% globally. According to a survey of community prevalence, women experience the condition at a 3:1 ratio to men. Without regard of sex, religion and other factors like occupation, a total of 40 individuals with the defining signs and symptoms of *Amavata* were chosen for this research trial. In the present clinical practice, *Rasnadipanchdashakam Kwatha* was given orally, 20 ml twice a day for 45 days. Results revealed statistically substantial reductions in *Sandhishoola* 61.76%, *Sandhishotha* 42.16%, and *Sandhijadyata* 49.41%. Additionally, results for *Angmarda* 52.11%, *Aruchi* 51.38%, *Trishna* 51.61%, *Alasya* 63.01%, *Gaurava* 50%, *Jwara* 58.92%, *Apaka* 59.42%. The overall results of the study were 53.97%.

Keywords: *Mandagni*, *Ama*, *Vata*, Rheumatoid Arthritis, *RasnadiPanchdashakam Kwatha*, autoimmune.

INTRODUCTION

Joint discomfort, appetite loss, indigestion, stiffness and swelling are all symptoms of vitiated *Ama* and *Vayu*, which also affect the *Kostha* (GI tract), *Trika* (LS spine), and *Sandhi* (joints). These symptoms are also accompanied by weakness and a heavy feeling in the chest (heart area). The name of this condition is *Amavata*¹.

When *Ama* and *Vata* simultaneously get vitiated and enter the *Trika* and *Sandhi*, finally leading to *Stabdhatta* (stiffness) of the body, the condition is known as *Amavata*².

Rheumatoid Arthritis is a chronic disorder that affects the joints and produces pain, swelling, and stiffness. Usually, the hands, feet, and wrists are the most commonly affected areas. Flare-ups and flares are terms used to describe times when symptoms worsen. A flare can be challenging to predict, but with therapy, reducing the amount of flares and minimizing or preventing long-term damage to the joints is feasible. Rheumatoid Arthritis patients can also have issues with other body parts or more widespread symptoms, including fatigue and weight loss³.

There is no mention of *Amavata* as an entirely clinical entity in any of the *Ayurvedic* classics in *Samhita Kala*. However the following short descriptions have been discovered about *Ama* or *Amavata*⁴. In his book "*Roga Vinishchaya*," which became known as "*Madhava Nidana*," *Madhavakara* was the first author to identify *Amavata* as a distinct illness entity. An entire chapter is dedicated to thoroughly explaining the basic aetiology, clinical signs, complications, and prognosis of *Amavata*⁵. The *Chakradutta* was one of the writings mentioned above that first described *Amavata's* therapeutic options and efficient medications. The clinician of the modern age Prof. *Yadunandan Upadhyaya* (1953), and other illustrious scholars have compared *Amavata* with Rheumatoid Arthritis, and *Acharya Gananatha Sena* (1943) coined the word *Rasavata* for *Amavata*⁶.

According to *Madhukosha*, *Vata* and *Kapha*, both become vitiated at the same time as the pathological *Amavata* process. According to the commentator on *Atankadarpana*, *Ama* and *Vata* both vitiate simulta-

neously. Since *Ama* and *Kapha* are structurally highly similar, both comments appear identical. The main distinction is that the *Ama* is always pathogenic, unlike *Kapha*, which only creates pathology in the vitiated stage.

An effort is made to study the etiopathogenesis and *Samprapti Vighatana* of *Amavata* through *Rasnadi Panchdashakam Kwatha*.

DRUG SELECTION

The proposed formulation in this trial was chosen from *Yogaratanakara* (*Vaidyajivnaat*), *Amavata Nidana*.

Rasnadipanchdashakam Kwatha has been selected for this study because *Amavata* is a condition in which *Ama* and *Vata* vitiation are predominant. *Rasnadipanchdashakam Rasna*, *Amrita*, and *Eranda Taila* are some of the contents of *Kwatha*. Drugs like *Rasna*, *Amrita*, *Nagar*, and *Devadaru* have *Ampachak*, *Jwaraghna*, and *Shoolaprashaman* qualities, whereas *Dashamool* has *Shothaghna*, *Tridosh Shamak*, and *Shoolaghna* properties. Natural anti-inflammatories like castor oil work quite well. As a result, the current study was advised.

INGREDIENTS OF RASNADI-PANCHDASHAKAM KWATHA

The contents of '*Rasnadipanchdashakam Kwatha*' include *Rasana* (*Pluchea lanceolata*), *Amrita* (*Tinospora cordifolia*), *Nagar* (*Zingiber officinale*), *Devadaru* (*Cedrus deodara*), *Kutaj* (*Holarrhena antidysenterica*), *Bilva* (*Aegle marmelos*), *Agnimanth* (*Premna integrifolia*), *Shyonak* (*Oroxylum indicum*), *Patala* (*Stereospermum suaveolens*), *Gambhari* (*Gmelina arborea*), *Gokshur* (*Tribulus Terrestris*), *Brihati* (*Solanum indicum*), *Kantakari* (*Solanum surattense*), *Shalparni* (*Desmodium gangeticum*), *Prishniparni* (*Uraria picta*) in equal proportion of all drug in the combination. It is added by *Eranda Taila* (10ml) as *Prakshepa Dravya*.

METHOD OF PREPARATION OF RASNADI-PANCHDASHAKAM KWATHA

Following process was adopted for the preparation of trial drug. All the above drugs were taken in equal quantity. Then the herbs were grinded into the form of coarse powder (*yavkuta*). Patients was instructed to make 10 gm. of coarse powder and boil it in 160 ml water till 8 parts of water remains (i.e., *kwatha*) and filtered. This drug was prepared in the pharmacy of PGIA, DSRRAU, Jodhpur.

AIMS & OBJECTIVES

1. To find out the etiopathogenesis, conceptual and clinical study on *Amavata* (Rheumatoid Arthritis) according to *Ayurveda* and as well as modern science.
2. To Evaluate the efficacy of *Rasnadi Panchdashakam Kwatha* in management of *Amavata* (Rheumatoid Arthritis)
3. To evaluate the adverse drug reaction of the trial drug.

MATERIAL & METHODS

The following materials & methods have been adopted to conduct the clinical trial.

STUDY TYPE – Randomised open labelled clinical trial

ETHICAL CLEARANCE- the present study was approved by the institutional ethical committee vide letter number- S.NO./ DSRRAU/UCA/IEC/20-21/398.

CTRI REGISTRATION-[CTRI No.- CTRI/2022/10/046811 registered on 26/10/2022.

A. LITERARY SOURCE- Various literary sources of *Ayurveda* and modern medical science have been explored to study the subject *Amavata* or Rheumatoid Arthritis respectively.

B. CLINICAL STUDY

A) Selection of Cases: -

40 patients' sex of suffering with *Amavata* (Rheumatoid Arthritis) fulfilling the inclusion & diagnostic criteria will be select from OPD & IPD of DSRRAU hospital Jodhpur by simple randomized method. Patients will be examined thoroughly as per history sheet specially prepared for this clinical study.

B) Inclusion Criteria-

1. Patients aged between 20 to 50 years in either sex presenting with clinical features of *Amavata* (R.A.)
2. Clinically diagnosed and confirmed patient of *Amavata*. (chronicity < 6 years.)
3. Patient willing to sign the consent forms.

C) Exclusion Criteria-

1. Patients are below 20 and above 50 years.
2. Patients with extremely reduced joint space.
3. Patients having associated Renal function impairment, RHD, malignant hypertension.
4. Patients having any type of arthropathy such as neoplasm of spine, Ankylosing spondylitis, traumatic arthritis and pyogenic osteomyelitis etc.
5. Patients have severe crippling bone deformities.

DEMOGRAPHICAL PROFILE

In the current investigation, a total of 40 *Amavata* (Rheumatoid Arthritis) patients were examined. They ranged in age from 20 to 50 years, with a maximum of 20 patients in the 41-50 age range (50%). The majority of the patients in this series were female (62.50%), Hindu (97.5%), primary level educated (25%), from a middle socioeconomic class (52.5%), 30% housewife, and 90% married.

CLINICAL PROFILE

The *Sandhishoola*, *Sandhishotha*, and *Sandhijadyta*, present in 100% of the patients who participated in the study as well as 85% had complaints about *Aruchi*, 80% had complaints about *Alasya* and *Angmarda*, 75% had complaints about *Gaurava*, 72.5% had complaints about *Apaka*, 65% had complaints about *Trishna*, and 62.5% had complaints about *Jwara*.

ASSESSMENT PARAMETERS

The assessment of the result was made by adopting the standard methods of scoring questionnaires and the signs and symptoms of *Amavata* such as San-

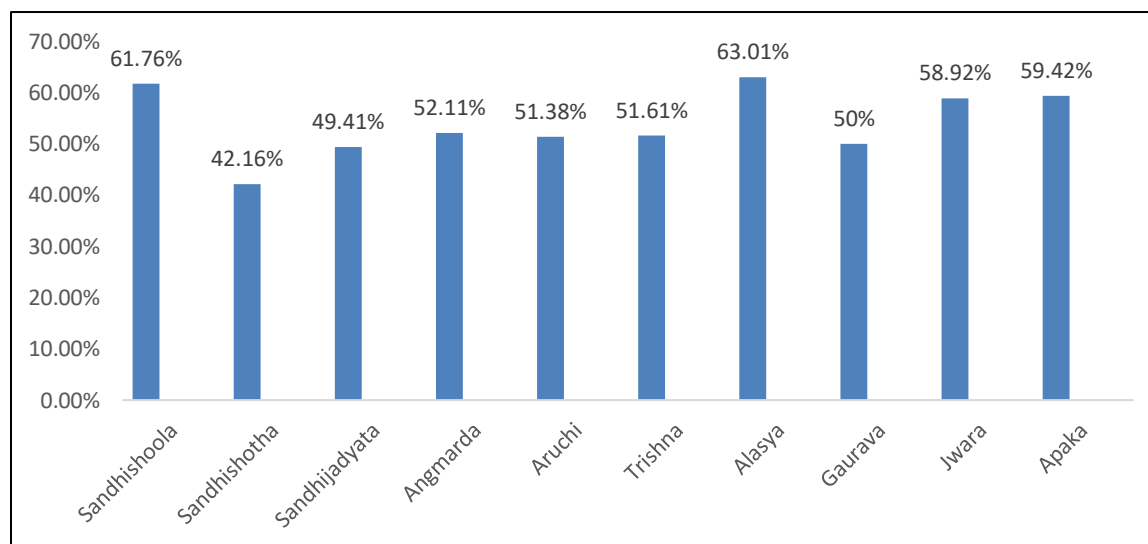
dhishoola (pain in joints), *Sandhishotha* (joint swelling), *Sandhistabdhatata* (Stiffness in joints), , *Angamarda* (Bodyache), *Aruchi* (Anorexia), *Trishna* (Polydipsia), *Alasya* (Lassitude), *Gaurava* (Body Heaviness), *Jwara* (Fever), and *Apaka* (Indigestion of

food). Objective parameters are-Hb%,TLC,ESR, C-reactive protein (CRP) (Qualitative), Rheumatoid Arthritis Factor (RA Factor), Uric acid-To find out Gout.

RESULTS

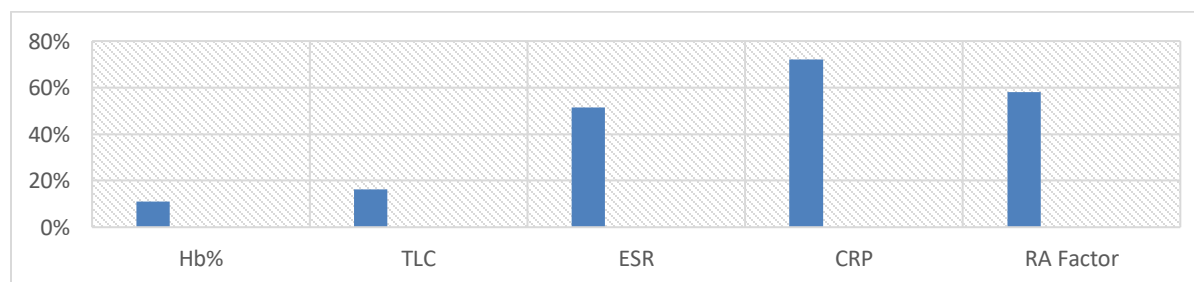
A. SUBJECTIVE PARAMETERS

Percentage relief observed in *Sandhishoola* 61.76%, *Sandhishotha* 42.16%, *Sandhijadyata* 49.41%, *Angmarda* 52.11%, *Aruchi* 51.38%, *Trishna* 51.61% *Alasya* 63.01%, *Gaurava* 50%, *Jwara* 58.92%, *Apaka* 59.42%, Overall Average % Effect in subjective parameters during the study was 53.97%.



B. OBJECTIVE PARAMETERS

Percentage relief observed in Hb 11%, TLC 16.30%, ESR 51.36%, CRP 72.22%, RA Factor 58.06%. The overall Average % Effect in objective parameters during the study was 41.89%.



DISCUSSION

A) SUBJECTIVE PARAMETERS

1. **SANDHISHOOLA (pain in joints)**- In 40 patients the mean Score before treatment was 2.550 which lowered down to 0.9750 after treatment, with $SD \pm 0.6751$ giving a relief of 61.76% which

was statistically extremely significant ($P < 0.0001$).

2. **SANDHISHOTHA (Swelling in joints)**- the mean Score before treatment was 2.075 which lowered down to 1.200 after treatment, with $SD \pm 0.7228$ giving a relief of 42.16% which was

statistically extremely significant ($P < 0.0001$).

3. **SANDHIJADYATA (Stiffness in joints)**- In 40 patients the mean Score before treatment was 2.125 which lowered down to 1.075 after treatment, with $SD \pm 0.6775$ giving a relief of 49.41% which was statistically extremely significant ($P < 0.0001$).
4. **ANGMARDATA (Body ache)**- In 40 patients the mean Score before treatment was 1.775 which lowered down to 0.8500 after treatment, with $SD \pm 0.7970$ giving a relief of 52.11% which was statistically extremely significant ($P < 0.0001$).
5. **ARUCHI (Anorexia)**- the mean Score before treatment was 1.800 which lowered down to 0.8750 after treatment, with $SD \pm 0.7299$ giving a relief of 51.38% which was statistically extremely significant ($P < 0.0001$).
6. **TRISHNA (Excessive thirst)**- In 40 patients the mean Score before treatment was 1.550 which lowered down to 0.7500 after treatment, with $SD \pm 0.8829$ giving a relief of 51.61% which was statistically extremely significant ($P < 0.0001$).
7. **ALASYA (Laziness)**- the mean Score before treatment was 1.825 which lowered down to 0.6750 after treatment, with $SD \pm 0.9213$ giving a relief of 63.01% which was statistically extremely significant ($P < 0.0001$).
8. **GAURAVA (Heaviness)**- In 40 patients the mean Score before treatment was 1.700 which lowered down to 0.8500 after treatment, with $SD \pm 0.7355$ giving a relief of 50% which was statistically extremely significant ($P < 0.0001$).
9. **JWARA (Fever)**- the mean Score before treatment was 1.400 which lowered down to 0.5750 after treatment, with $SD \pm 0.9026$ giving a relief of 58.92% which was statistically extremely significant ($P < 0.0001$).
10. **APAKA (Indigestion of food)**- In 40 patients the mean Score before treatment was 1.725 which lowered down to 0.7000 after treatment, with $SD \pm 0.8619$ giving a relief of 59.42% which was statistically extremely significant ($P < 0.0001$).

B) OBJECTIVE PARAMETERS

1. **HAEMOGLOBIN**- In 40 patients the mean

Score before treatment was 11.310 which grew up to 12.555 after treatment, with $SD \pm 2.686$ giving an improvement of 11 % which was statistically Very-significant ($P 0.0056$).

2. **TLC**- In the present study, the mean Score before treatment was 8911.8 which lowered down to 7458.8 after treatment, with $SD \pm 1825.7$ giving an improvement of 16.30% which was statistically extremely significant ($P < 0.0001$).
3. **ESR**- the mean Score before treatment was 74.425 which lowered down to 37.200 after treatment, with $SD \pm 16.362$ giving an improvement of 51.36% which was statistically extremely significant ($P < 0.0001$).
4. **CRP**- In the present study, the mean Score before treatment was 0.9000 which lowered down to 0.2500 after treatment, with $SD \pm 0.4830$ giving an improvement of 72.22% which was statistically extremely significant ($P < 0.0001$).
5. **RA Factor**- In 40 patients the mean Score before treatment was 0.7750 which lowered down to 0.3250 after treatment, with $SD \pm 0.5038$ giving an improvement of 58.06% which was statistically extremely significant ($P < 0.0001$).

Probable mode of action of Rasnadi Panchdashakam Kwatha

Rasna: - Affected *Kapha* and *Ama Dosha* are calmed by *Rasna's* Tikta Rasa, Katu Vipaka, and *Ushna Veerya*⁷. The *Vata Dosha* is calmed by *Guru Guna* and *Ushna Veerya*, which reduces *Shoola* and other related symptoms.

Amrita: - *Amrita* is a well-known *Rasayana* and *Tridhoshaghana*⁸ medication. *Guduchi* has also been shown to have anti-inflammatory, anti-rheumatic, and immunostimulant properties. Due to its *Rasayana* properties, the medicine raised the standard of *Dhatu* production and restored the *Dushti* of *Dhatu*s to normal.

Nagar: - *Ama's* digestion is aided by *Laghu, Ruksha,* and *Tikshna Guna*, while *Ushna Veerya*⁹ improves *Agni*. *Shunthi* has also been discovered to be effective in managing rheumatic and musculoskeletal conditions, reducing pain and swelling.

Devdaru: - *Devdaru* contains *Vata Kaphashamaka*¹⁰,

which has anti-inflammatory, analgesic, and spasmolytic properties, as well as *Tikta Katu Rasa*, *Laghu Guna*, and *Ushna Virya*¹¹.

Kutaj: - It exhibits *Sangrahi*, *Deepana*, and *Pachana* traits and has the impacts of *Kshaya Tikta Rasa*, *Laghu*, *Ruksha Guna*, *Sheeta Virya*, and *Kapha-Pittashamaka*¹².

Dashamool: - It has *Laghu*, *Ruksha Guna*, *Kashaya Tikta Rasa*, *Shothahara*, *Shoolahara*, and *Vedana Shamaka* properties.

Eranda: - *Eranda* is *Rechaka*, *Vedana Sthapak*¹³ and *Vrishya* drug. It is drug of choice for the *Avrita Vata*. *Acharya Charaka* said for *Eranda*, *Vrishya Vataharanam Shreshta*¹⁴.

Eranda Taila has been given in the line of treatment of *Amavata*. Ricin in the *Eranda Taila* is hydrolysed to Ricinolic acid by the Lipase enzyme, which irritates the gut and causes *Virechana*. It is also having *Vata-Kapha Shamaka*¹⁵ properties acts on the *Dosha* which are pathogenesis factors for the disease *Amavata*. *Eranda Taila* is utilized both for *Virechana*¹⁶ and *Ama Pachana* properties.

CONCLUSION

According to the findings of this study, a major factor in the development of disease is non-compliance with the rules of a healthy diet, eating habits, and food choices. As a result, we can conclude that a code of ethics for a healthy diet must be followed if we want to treat sickness effectively and quickly.

There was no adverse effects or complications found after completing the treatment. Therefore, it can be concluded that, administration of *Rasnadi-panchdashakam Kwatha* is a safe and effective medicine for *Amavata*.

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