



CLINICAL ASSESSMENT OF THE ROLE OF KANSA HARITAKI AND VIRECHANA IN THE MANAGEMENT OF AMAVATA

Rita Singh¹, M. S. Baghel², Anurag Singh Rajput³

¹Associate Professor, Department of Roga Nidan Evum Vikriti Vigyan, Pt. Khushilal Sharma Government Ayurveda College & Institute, Bhopal, Madhya Pradesh, India

²Former Director IPGT & RA, Gujarat Ayurveda University Jamnagar (India), Ayurveda Chair Hon' Professor, University of Debrecen, Hungary

³Principal and Professor, Mansarovar Ayurvedic Medical College, Hospital & Research Centre, Bhopal, Madhya Pradesh, India; Director, Mrityunjay Ayurveda, Bhopal, Madhya Pradesh, India

Corresponding Author: vd.ritu@gmail.com

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ABSTRACT

Amavata is a clinical condition described in *Ayurveda* that closely resembles with the clinical features of Rheumatoid Arthritis. A Clinical Study was conducted at IPGT and RA, Jamnagar in *Kaya Chikitsa* department to evaluate the efficacy of *Virechan Karma* with *Eranda Taila* and *Trivrita Kwatha* in patients suffering from *Amavata* and compared with the trial drug *Kansa Haritaki* described in *Charak Samhita*. Efficacy of both of these was compared with the known common drug *Trayodashanga Guggulu*. In this study, 38 patients of *Amavata* were registered, of which 29 patients completed the course of the treatment and 9 patients discontinued before completion of course against medical advice. The disease was diagnosed on the basis of signs and symptoms as described in *Ayurvedic* and Modern text, aided by American Rheumatism Association Criteria (1988). RA factor test was done in all the patients. The Routine Blood examination (CBC, ESR) with Serum Uric acid, Urine and Stool examination was done to rule out other pathological conditions.

Keywords: Amavata, Rheumatoid Arthritis, Virechana Karma.

INTRODUCTION

Amavata is a distressing disease of *Madhyama Roga-Marga* as it affects *Sandhis & Hridayamarma* in which formed *Ama* is carried by the vitiated *Vata* to *Trikapradesha* and *Sandhithana* making the whole body stiff¹. The disease is characterized by *Sandhishoola*, *Sandhishotha*, *Jwara* etc. It's a systemic disorder where digestive and metabolic mechanisms are involved i.e. *Amavata* is not simply a joint disorder but a systemic constitutional disorder involving whole of the body. Though *Ama & Vata* are the prevailing pathogenic factors, the disease represents *Tridoshic* vitiation. The joints are major victims of such a disease because they are major seats of *Kapha & as we know Ama* has physical similarity to *Kapha*². From the modern point of view, this disease looks similar to Rheumatoid Arthritis in its clinical appearance which is one of the commonest cause of physical impairment in the society. The lives of more than one million people are physically impaired by Rheumatoid Arthritis and one-fifth of these are severely disabled³. *Amavata* is not a fatal disease but due to its chronicity & crippling deformity it is responsible for great loss of national manpower as no other disease and hence the source of earning making it a biggest worldwide burning problem irrespective of races. The ratio of female to male is approximately 3:1⁴.

An enormous amount of research work has been done in the management of *Amavata*. Some effective drugs have also been selected but none of them can be considered as specific. All systems of medicines are looking with a hope towards *Ayurveda* to overcome this challenge.

For the present study on *Amavata* as *Shamana* therapy 1. *Kansa Haritaki*⁵ was chosen and as *Shodhana* therapy 2. *Virechana*⁶. Many works with *Virechana Karma* on 3. *Amavata* has been successfully carried out. To evaluate the effect of the results of *Shamana* therapy with 4. and without *Shodhana*, this study was conducted. 5. Both the above therapies chosen to fulfill the regimen of specific treatment of *Amavata* are mentioned in *Chakradutta*.

Aim & Objectives:

1. To study the detailed etiopathogenesis and prevalence of *Amavata*.
2. To evaluate the efficacy of trial drug *Kansa Haritaki* in the management of *Amavata*.
3. To evaluate the efficacy of *Virechana Karma* with *Erandataila & Trivritachurna*.
4. To compare the efficacy of above two with the known common drug *TrayodoshangaGuggulu*.

Material & Methods:

Conceptual Study-Detailed study of *Amavata* was carried out in relation to Rheumatoid Arthritis and the drugs chosen for *Shamana* and *Shodhana* therapies in the OPD & IPD of Kayachikitsa Department, IPGT & RA, Jamnagar.

Clinical Study-

In the present study, 38 patients of *Amavata* consulting the OPD and IPD of *Kayachikitsa* Department of IPGT & RA, Jamnagar were registered, of which 29 patients completed the course of the treatment and 9 patients discontinued before completion of course against medical advice. The disease was diagnosed on the basis of sign and symptoms as described in *Ayurvedic* and Modern test, aided by ARA criteria (1988). RA factor test was done in all the selected patients. On the basis of a special proforma prepared incorporating all signs and symptoms, detailed history was taken, and physical examination was done. Also, Routine Blood examination CBC, ESR and serum uric acid and also Urine and Stool examination were done to rule out other pathological conditions.

Exclusion Criteria:

1. Chronicity of more than 10 years.
2. Having severe crippling deformities.
3. Having Cardiac disease, Pulmonary tuberculosis, Diabetes Mellitus etc.
4. *Manasabalapariksheenata*.
5. Age less than 15 years and more than 60 years⁷. The selected patients were randomly divided into the following three groups:

Shaman Group – 11 patients were treated in this group by *Kansa Haritaki Avaleha* in the dose of 10 grams two times a day with lukewarm water for 1 ½ months.

Shodhan Group - 9 patients were treated in this group with *Virechan Karma* followed by *Kansa Haritaki*. The patients of this group were given *Virechana* with *Eranda Taila* and *Trivrita Kwath* in the dose of 25-50 ml and 50-75 ml⁸ respectively followed by *Kansa Haritaki* internally as above. *Abhyantara Snehapana* with *Shuddha Ghrita* for 3-7 days. *Sarwanga Snehana & Bashpa Swedana* for 3 days was done before *Virechana* drug was given.

Control Group - 9 patients were treated in this group with *Trayodashanga Guggulu*⁹ in the dose of 2 gms thrice a day for 1 ½ months.

Follow up: Patients were reviewed after each 15 days for a period of 1 ½ months.

Criteria for Assessment:

In this study an effort has been made to follow the guideline laid down by the classical text of *Ayurveda* as well as American Rheumatism Association (1988). The Clinical improvement in the sign and symptoms of the disease in the patients have been assessed on the basis of *Rogabala*, *Agnibala*, *Dehabala* and *Chetasabala*¹⁰ which were scored as follows:

60 - *Rogabala*, 20 - *Agnibala*, 08 - *Dehabala*, 12-*Chetasabala*

Rogabala has been given 60 score out of 100. It has been further divided into

- 30 score to degree of disease activity which was assessed on the basis of modified American Rheumatism Association Criteria
- 30 score assessed on the basis of symptoms of *Amavata* which was further subdivided as
- ✓ 14 score to Cessation of cardinal symptoms
- ✓ 10 score to associated symptoms
- ✓ 6 score to Physiological normalcy of *Vata*, *Mutra* and *Pureesha*.

Agnibala has been given 20 score out of 100 which has been further divided into

- 4 score to *Ruchirahar Kala*
- 8 score to *Abhyavaharan Abhilasha*
- 8 score to *Aharkala Samyakjaranam*.

Dehabala has been given 8 score out of 100 which has been further divided into, 2 score to *Swara Varna Yoga* (Revitalization of speech and Lustre), 3 score to *Sharir Upchaya* (Increase in body mass /weight and gain in muscle wasting), 3 score to *Bala Vriddhi* (Increase in body strength), *Chetasabala* has been given 10 score out of 100 which was further divided as, 2 score to *Nidralabha Yathakala*(Sleep in proper time and cessation in symptoms), 2 score to *Vaikarika Swapnanama Adarshanam* (No pathological dreams), 3 score to (*Mana Buddhi Indriya Avyapatti* (Proper and unaltered functioning of mind, intellect and sensories), 3 score to *Sukhencha Pratibodhnam*.

Overall Assessment of Therapy

Overall assessment of all the therapies was done according to calculated score in terms of:

Complete remission	0
Marked improvement	1-25
Moderate improvement	26-50
Mild improvement	51-75
No improvement	76-100

The results obtained were statistically analyzed and percentage of relief, Mean, SD, SE, t-value and p-value were calculated by using the paired t-test and was presented along with explanatory notes, discussion and conclusion.

Result

The result of this study was assessed on the basis of changes observed after the treatment and was discussed parameter wise as here under *Rogabala*, *Agnibala*, *Dehabala* and *Chetasabala* as follows:

The result in Group B that is *Virechana Karma* followed by *Kansa Haritaki* provided comparatively better result than other two groups. In *Rogabala* which includes *SandhiShool* (57.69%), *SandhiShotha* (42%), *SandhiGraha* (38.46%) *Sparshasahata* (42%) associated symptoms (51.96%), physiological normalcy of *Vata & Mutra* (50%) and *Pureesh* (57.05%), degree of disease activity (41.45%). The result of effect on *Agni Bala* in Group B was also better than other two groups. It includes *Abhyavaharan Abhilasha* (45%), *Aharakala Samyak Jaranam* (42.99%) and *Ruchi* (52%). Effect on *Chetasa Bala* of Group B was relief in *Swara Varna Yoga* (58.09%) *Shareer Upchaya* (18.51%) *BalaVriddhi* (30%), *Nidralabh Yatha Kala*

(40.57%) and *Sukhen Cha Pratibodhanam* (54%). In this group highest number of patients showed marked improvement (55.55%). Most of these findings were also statistically highly significant.

In Group A, *Kansa Haritaki* was administered to patients showed average relief in sign and symptom. The relief of *Roga Bala* was *Sandhi Shool* (46.34%), *Sandhi Shoth* (36%), *Sandhi Graha* (36.61%) *Sparsh Asahata* (33.33%), associated symptoms (48.8%), Physiological normalcy of *Vata* (33%), *Pureesh* (50%) and *Mutra* (50%), Degree of disease activity (36.64%). Effect on *Agni Bala* which includes *Abhyavaharan Shakti* (33.33%), *Aharakala Samyak Jaranam* (33%) and *Ruchi* (44.63%). Effect of *Chetasa-bala* was *Swara Varna Yoga* (57%), *Sharir Upchaya* (11.11%), *Bala Vriddhi* (25.92%), *Nidralabh Yathakala* (36.29%) and *Sukhencha Pratibodhanam* (50%). Statistically significance of these results was less in comparison to Group B. Result of *Trayodashanga Guggulu* (Group C) was in the third place with relief as *Sandhi Shool* (46.8%), *Shotha* (33.03%), *Sandhi Graha* (28.19%), *SparshAsaheta* (25.68%), associated symptoms(37.45%), Physiological normalcy of *Vata* (42.85%) *Mutra* and *Pureesh* (25%), Degree of disease activity (29.73%), *Ruchi* (33.24%), *Abhyavaharan Abhilasha* (33.03%), *Ahaarkala Samyakrajanam* (33.33%), *Sharira Upchaya* (9.30%), *Bala Vriddhi* (22.22%), *Nidralabha Yatha Kala* (33.06%) and *Sukhencha Pratibodhanam* (40.74%)., So far is the total effect of treatment was concerned in all the three groups that is Group A- *Kansa Haritaki*, Group B – *Kansa Haritaki* and *Virechana*, Group C - *Trayodashanga Guggulu*, none of the patients got complete remission, which shows the severity of the disease.

In *Shodhana* group (Group B) 55.55% patients got marked improvement. In *Shamana* group (Group A) 33.36% patients and in Control group (Group C) 22.22% patients got marked improvement. 22.22% patients each of *Shamana* and Control group got moderate improvement and 18.18% patients of *Shodhana*-group got moderate improvement. Minor improvement was found in 27.27% of patients in Group A, 11.11% patients in Group B and 22.22% patients in

Group C. No improvement was found in 18.18% of patients in Group A, 11.11% of patients in group B and 33.33% of patients in Group C. None of the patients in any group got complete remission.

In a nutshell, *Kansa Haritaki* with *Virechana* provided significantly better improvement in *Roga Bala*, *Agni Bala*, *Deha Bala* and *Chetasa Bala* than the other two groups. *Kansa Haritaki* administered after *Shodhana* (*Virechana*) with *Eranda Taila* and *TrivritaKwatha* provided better relief. So, it can be recommended for the management of *Amavata*.

DISCUSSION

Age- All the 38 patients registered for the present study were ranging from 15 to 60 years, of which maximum patients (34.1%) were between 31 to 40 years age group, which was followed by 24.94% patients in the age group of 15 to 30 years. Observation of this study were in accordance with the finding of Rheumatoid Arthritis.

Sex- In this study majority of the patients were female (76.31%) as compared to male patients (23.86%). Textual references also reflect the predominance of Rheumatoid Arthritis in female.

Religion- Majority of the patients in this study was Hindu (86.84%) which may be due to predominance of Hindu community in this particular region.

Occupation – Most of the women registered were housewives (76.31%) which reflects the general occupation of majority of the female in this area.

Economic Status-Majority of the patients (50%) were of middle economic status, while rest of the patients (44.73%) were of poor and rich (5.6%) economic status. It may be due to the fact that, this study was conducted in a Government Hospital where free treatment facilities are available. Another possibility was that middle- and lower-class people are more prone to stress and strain which may precipitate the disease *Amavata*.

Marital Status-In this study, majority of the patients (93.10%) were married as they were from the middle age group.

Family History-86.84% of the patients of this study reported negative family history of joint disorders

where 13.15% reported positive family history. But to give any conclusion regarding the relation of family history with the incidence of the disease *Amavata*, a large-scale survey of the patients is required.

Deha Prakriti-In this study it was found that maximum percent of patients (55.26%) were possessing *Kapha-VataPrakriti*. In general, *KaphaPrakriti* will have *Mandagni* leading to *Ama* formation, which when provoked by *Vata* will get settled in respective *Shleshma Sthana*. So, it is justifiable that *Kapha-VataPrakriti* persons are easily prone to *Amavata*.

Koshtha-In the present study, majority of the patients 60.52% had *Krura Koshtha*, which was followed by *Madhyam Koshtha* in 39.47% of the patients. In general, *Vata* and *Kapha Prakriti* persons have *Krura* and *Madhyam Koshtha*. It justifies the finding of *Prakriti*, as *Prakriti* distribution of this study reveals that maximum number of patients possess *Kapha-VataPrakriti*.

Rheumatoid Factor-60.51% patients in this study were sero-positive. This observation corroborates very well with textual reference given in Davidson¹¹

Nidan-Majority of the patients in the present study gave the history of *Guru*, *Snigdha*, *Sheeta AharaSevan*, *Diwaswapa*, *Nishchalta*, *Shoka* and *Chinta*. All these factors lead to *Mandagani* and consequently to the formation of *Ama*¹². So, it can be concluded that all the above-mentioned factors play an important role in precipitation and aggravation of the disease *Amavata*.

Probable mode of action of Virechan Karma

In the present study, *Virechana* was administered with *Eranda Taila* and *Trivrita Kwatha*. *Eranda Taila* is *Vata Kapha Shamak* having specific *Vyadhihar* that is *Amavatahar* action. Ricin present in it gets converted to Ricinoelic acid by lipase, which irritates bowel leading to *Virechana*. As it is having *UshnaVeerya*, it also does *Pachan Karma (Amapachan)*. *Trivrita* is having glycoside, turpethine which cause purgation and is also *Vata Kapha Shamak*, which acts as *Anti-dosha* for the disease *Amavata*¹³. Action of *Virechan on Amavata* can be understood by the following properties of it¹⁴.

Virechana has direct effect on *Agnisthana* and hampered *Agni* is one of the initiated factors in *Amavata*. It pacifies the vitiated *Kapha* and *Vatadosha*.

It has the property of *StrotoVishodhana* hence the *Strotorodha* in *Amavata* mainly in *SandhiSthan* is cleared by *Virechana* leading to relief of the symptoms.

Virechana is indicated in *Sannipatika* condition of morbidity and hence helpful in *Amavata*.

Virechana works well by clearing the morbid *Doshas* which adhere to *Bahya* that is *Rasa* etc. and *Madhyama* that is *Marma*, *Asthi*, *SandhiRogaMarga* with the *Triyakagaman*.

Virechana helps to normalize the *Pratilomgati* of *Vata*, which produces symptoms like *Anaha*, *Antrakujan*, *Kukshikathinya*, *Kukshishool* etc. in *Amavata*.

Acharya Charaka has given brief description of how *Virechan Dravyas* act in the body. The drugs *Eranda Tail* and *TrivritaKwatha* having *Ushna*, *Teekshna*, *Sukshma* properties reach to the heart by the virtue of their potency and circulate through the large and small *Srotas* and pervade the entire body.

Then they liquefy the morbid elements by virtue of its *Aagney Guna* and disjoins them by its *Teekshna Guna*. Then this liquefied morbid mass floating like honey in unctid vessels through the virtue of *Anupranav Bhava* of the drug and ultimately reaches *Amashaya*. From here it forces the morbid factors through the anal canal route due to the *Bhautika* predominance of the *Jala* and *Prithvi* and *Adhobhaghar Prabhav* leading to *Virechana*.

Probable mode of action of Kansa Haritaki

In the first stage of disease, *Amotpatti* is there and *Kansa Haritaki* does *Amapachan* as all the pharmino dynamic properties of *Kansa Haritaki* that is *Laghu*, *Teekshna*, *Ruksha Guna*, *Katu-Tikta Rasa*, *Ushna-Veerya* are against the *Guru Snigdha*, *Pichchil*, *Sheeta* properties of *Ama*. Also, some effect of antioxidant property of *Kansa Haritaki* over *Ama*¹⁵ that is free radical must be there. Later the *Yugapat Prakop* of disease is checked by *Vata Kaphahar* action of the drug. Further *Ama* formation is stopped by the *Deepaniya* action, in the *Srotoabhishyanda*. It does *Sroto Shodhana* and relieves the symptoms of *Sandhi Shool*,

Shotha, Aalasya, Aruchi etc. by its synergetic *Vedana Prashanam* and *Shothahar* action. Also, the associated symptoms like *Vibandha, Anaha* etc. are reduced by *Anulomana* that is purgative property of the drug. As most of the drugs are *Vata Kapha Shamaka* and *Ag-nivardhak* so it is very suitable for the *Samprapti Vighatan* of the disease and to combat the main culprit, *Vata* and *Kapha* and *Mandagini* which are the root cause of *Amavata*.

CONCLUSION

As the disease *Amavata*, is a chronic disease of *Madh-yam Rogamarga* that is *Marma- Asthi- Sandhi*, less results were obtained and contributed for slow recovery. Patients of this disease require long duration of the therapy. However, result of this therapy provide good hope for the patients of *Amavata*. *Kansa Haritaki* being good *Shothahara* (anti-inflammatory), *Vedana Prashmana* (Analgesic) may prove a good drug for the management of the disease *Amavata*.

Kansa Haritaki administered after *Virechana Karma* with *Trivrita Kwatha* and *Eranda Taila* provided best relief. As *Virechana* corrects the digestive activity of *Pitta*, pacifies the vitiated *Kapha* and *Vata*, normalizes the *PratilomGati* of *Vata* and helps the drug to be better acted upon and absorbed in the body. Hence helps in the management of the disease *Amavata*.

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