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A CLINICAL STUDY TO EVALUATE THE EFFICACY OF ALAMBUSHADI GHAN VATI IN THE MANAGEMENT OF AMAVAT W.S.R.TO RHEUMATOID ARTHRITIS

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ABSTRACT

In the world of chronic illnesses, Ayurveda has taken the foremost place in managing the diseases which have crippled the lives of human beings. Amavata is one of them. From the modern point of view, the disease looks similar to rheumatoid arthritis in its clinical appearance. In the whole world, rheumatic diseases are the commonest causes of physical impairment in society. The lives of more than one million people are physically impaired by rheumatic disorders and a fifth of these are severely disabled. Due to its wide prevalence chronicity, morbidity, crippling nature and lack of effective drugs attract to look for suitable remedy of the disease Amavata. For the present study, Alambushadi Ghanvati has been used to evaluate its efficacy in which 15 clinically diagnosed patients were selected from the OPD and IPD of Jammu Institute of Ayurveda & Research, Hospital, Jammu. These patients were given a dose of 02 tablets 500 mg (each) 3 times a day with lukewarm water after meals for 30 days. The results thus obtained were statistically observed.

Keywords: Ayurveda, Amavata, Alambushadi Ghanvati.

INTRODUCTION

Rheumatoid Arthritis. Amavata is one of the crippling diseases claiming the maximum loss of human power. It is not only a disorder of the locomotor system but is also a systemic disease and is named after its chief pathogenic constituents, which are, Ama and Vata. The main causative factor, Ama, is caused due to malfunctioning of the digestive and metabolic mechanisms. The disease is initiated by the consumption of Viruddha Ahara and simultaneous indulgences in Viruddha Ahara in the pre-existence of Mandagni [1] Although Ama and Vata are chiefly pathogenic factors, Kapha and Pittaare also invariably involved in its Samprapti [2]. Ama and Vata being contradictory in their characteristics, there is difficulty in planning the line of treatment. Derangement of the Kapha dosha, especially Shlesaka Kapha in the Amavata, which produces joint pain and swelling with tenderness, can be correlated with Rheumatoid Arthritis and derangement of the Pitta dosha along with Ama taking shelter in the Avalambaka Kapha sthana [3], which can be correlated with rheumatic fever because of the cardiac involvement, due to repeated fever, resulting in rheumatic heart diseases. Several dreadful diseases are prevalent in medical science. The scope for therapeutic measures is limited even after the extreme advancement of modern biomedical science. The rheumatological disorder is a group of diseases that has no specific medical management in any type of therapeutics. Amavatais a particular type of disease that is mentioned in Ayurveda since the period of Madhavakar, under the category of Vata-Kaphaja disorder [4]. Despite the description of multiple drug therapy on Amavata in different classics of Ayurveda, potential and durable results are not found due to non-removal of the basic cause. Hence, special emphasis should be put on searching for a standard and suitable drug for Amavata. **Aim and Objectives**

Amavatais a disease in which vitiation of Vata Dosha

and accumulation of Ama takes place in the joints.

According to modern science, it can be correlated to

1. To assess the clinical results of 'Alambushadi Ghana Vati' in Amavata patients.

To assess the effects of 'Alambushadi Ghana Vati'.

Materials and Methods:

- 1. Source of Data: Patients suffering from Amavata were selected from OPD and IPD of Jammu Institute of Ayurveda and Research and Hospital, Jammu after fulfilling Inclusion and Exclusion criteria.
- 2. Selection of Drug: The proposed trial drug is an Ayurvedic classical Yoga described in Chakradatta Amavata Chikitsa Prakarana which contains Alambhusha (Lajjalu) (Mimosa pudica), Gokshura (Tribulus Terrestris), Haritaki (Terminalia chebula), Vibhitaki (Terminalia bellerica), Amalaki (Emblica Officinalis), Shunthi (Zingiber officinale), Amrita (Tinospora cordifolia), *Trivrutta* (*Operculina turpethum*) ^[5].

Plan of the Study: A detailed Clinical proforma was prepared to study the patients and disease. A single group comprised of 15 patients was given two tablets of Alambushadi Ghana vati 500mg each TDS for 30 days with Sukhoshna Jal.

Inclusion Criteria

- 1. The patients between the age group of 16-70 years of either sex presented with the clinical features of *Amavata* like pain, stiffness and swelling in multiple joints along with features of Ama like loss of appetite, indigestion and fever.
- 2. Patients diagnosed with RA.
- 3. Patients of Amavata (RA) having chronicity <10 years.

Exclusion Criteria

- 1. Patients of age below 16 years and above 70 years of either sex.
- 2. Chronicity of *Amavata* more than 10 years.
- 3. Patients have severe crippling deformities.
- 4. Patients suffering from paralysis.
- 5. Patients having neoplasm of Spine, Gout, Ankylosing Spondylitis, Traumatic Arthritis, and Pyogenic Osteomyelitis.
- 6. Patients with extremely reduced joint space.
- 7. Pregnant women and lactating mothers.

Drugs and method of its preparation

Alambushadi Ghana Vati selected in this trial was taken from Chakradutta Amavata Chikitsa Prakarana which contains Alambhusha (Lajjalu) (Mimosa pudica), Gokshura (Tribulus terrestris), Haritaki (Terminalia chebula), Vibhitaki (Terminalia belleri-

ca), Amalaki (Emblica officinalis), Shunthi (Zingiber officinale), Amrita (Tinospora cordifolia), Trivrutta (Operculina turpethum) in the proportion of 1:2:3:4:5:6:7:28^[6]. Alambushadi Ghana Vati was made of 500 mg each Vati.

Table 1: Ingredients of Alambushadi Ghana Vati

S.No.	Sanskrit Name	Latin Name	Quantity
1	Alambhusha	Spharanthus Indicus	1 part
2	Gokshura	Tribulus terrestris	2 parts
3	Haritaki	Terminalia Chebula	3 parts
4	Vibhitaki	Terminalia Belerica	4 parts
5	Amalaki	Emblica Officainalis	5 parts
6	Sunthi	Zingiber Officainalis	6 parts
7	Guduchi	Tinospora Cordifolia	7 parts
8	Trivritta	Operculina Turpethum	28 parts

Criteria for Assessment: The following clinical findings were assessed before, during, and after the

treatment: Sandhi Shoola; Sandhi Shotha; Sparsha Asahatva; Sandhi Stabdahta.

Table 2: Main symptoms wise distribution of 15 patients of *Amavat*.

S.No.	Symptoms	No. of Patients	Percentage
1	Sandhi Shoola	15	100
2	Sandhi Shotha	15	100
3	Sparsha Asahatva	10	66.7
4	Sandhi Stabdahta	15	100

Objective Criteria: For the assessment of the effect of the therapy and to rule outside effect if any, the following investigations were done:

 Haematological- Hb gm%, Total Leukocytes Count (TLC), Erythrocyte Sedimentation Rate (ESR), RA Factor, Antistreptolysin O (ASO) titer

Results

Table 3: Effects of *Alambushadi Ghan Vati*on the *Pradhan Laksanas* of *Amavat*.

S.No.	Symptoms	Mean		%Relief	SD	SE	T	p value
		BT	AT					
1	Sandhi Shoola	2.4	1.5	37.8	1.1	0.3	3	< 0.01
2	Sandhi Shotha	2.6	1.4	45.3	1.4	0.4	3	< 0.01
3	Sparsha Asahatva	1.9	1.3	34.9	0.9	0.3	2.6	< 0.02
4	Sandhi Stabdahta	3	2	33.3	1.2	0.4	2.8	< 0.02

Table 4: Effects of *Alambushadi Ghan Vati* on the Objective Parameters of *Amavat*.

S.No.	Symptoms	Mean		%Relief	SD	SE	T	p value
		BT	AT					
1	Hb%	9.4	10.91	16.06	0.85	0.17	9.22	< 0.001
2	TLC	10600	8940	15.66	1995.9	416.26	4.83	< 0.001
3	ESR	61.71	35.14	43.06	13.16	2.74	9.7	< 0.001
4	RA Factors	36.58	25.62	27.99	9.8	2.04	5.09	< 0.001
5	ASO Titer	1123.08	550	51.03	510.44	106.45	4.08	< 0.001

DISCUSSION

Ingredients of Alambushadi Ghana Vati are Alambhusha (Lajjalu), Gokshura, Haritaki, Vibhitaki, Amalaki, Shunthi, Amrita, Trivrutta in the proportion of 1:2:3:4:5:6:7:28, i.e., having the highest concentration of Trivrutta with their Kapha Vata Shamaka and Virechana properties thus help in reducing the swelling in the joints^[7]. Also, *Katu*, *Tikta Rasa* is dominant in this formulation, thus helping in digestion of Ama and finally in breakage of the pathogenesis of the disease. Besides this, there is dominancy of Laghu, Ruksha Gunas in the Alambushadi Ghana Vati which also helps in Kaphaghna property [8]. Five Dravyas out of eight in the formulation possesses Laghu and Ruksha Guna. This formulation also the dominance of drugs Ushna Virya which also helps to pacify the Vata Dosha. In addition of six Dravyas with Shothahara and Anulomana properties are also present. With this overall effect of these properties of the drugs of Alambushadi Ghana Vati, Ama and Vata Dosha is treated and thus relief in the cardinal symptoms of the disease was found. Guduchi is also proved to have antirheumatic, anti-inflammatory, and immunomodulatory properties [9]. While Sunthi is also proved beneficial for rheumatic and Musculoskeletal disorders. Triphala has Rasayana, Tridoshahara, and Virechana properties which help in reducing the swelling in the joints. Gokshura with its diuretic properties helps to reduce swelling in the joints.

CONCLUSION

Amavat finds first its detailed description in Madhav Nidana. Amavat is a chronic disease in nature. The pivoting entities in the disease process are Ama and Vitiated Vata. Many Rheumatological conditions show similar characteristics with Amavat, but it resembles Rheumatoid Arthritis. Alambushadi Ghana Vati was subjected to a clinical study on patients suffering from Amavat. It contains Alambhusha (Lajjalu), Gokshura, Haritaki, Vibhitaki, Amalaki, Shunthi, Amrita, Trivrutta in the proportion of 1:2:3:4:5:6:7:28, i.e., having the highest concentration of Trivrutta and all these drugs have Amapachana, Laghu, Rooksha and Ushna properties. More-

over, these drugs have *Shothahara*, *Anulomana* properties. *Alambushadi Ghana Vati* is an effective, well-tolerated and clinically safe formulation in the management of *Amavat*.

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