



A Randomized Controlled Trial to Study Efficacy of *Amavata Pramathini Vati* when given with *Vaitaran Basti* in the Management of *Amavata*

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Abstract

Amavata is particular type of disease that is mentioned in Ayurveda since the period of Madhavkar, under the category of *Vata-Kaphaja* disorder. According to Ayurveda, Ama is caused due to malfunctioning of the digestive and metabolic mechanism. Vata is the chief functional operator of the all types of voluntary or involuntary movements of body. Vitiated Vata, Dosha along with Ama is termed as *Amavata*. It indicates the propulsion of Amaby vitiated Vata throughout body getting lodge in Sandhi sthana (joint areas) producing *Amavata*. *Amavata* is such a disease of chronic joint pain and bodyache, accompanied by swelling of some or all of the Synovial joints. Angamarda (Body pain), *Aruchi* (Loss of taste), *Trishna* (Thirst), *Alasya* (Lack of enthusiasm), *Gourava* (heaviness), *Klama* (Tiredness without doing work), *Apaka* (Indigestion) and *Jwar* (fever). *Amavata* can be correlated with Rheumatoid Arthritis. The prevalence of RA increases between 25-55 yrs of age.

Chakradatta was first to describe in the treatment for *Amavata*. He gave *Basti chikitsa* especially *Vaitaran Basti* is considered as the chief treatment regimen for *Amavata* and *Amavata Pramathini Vati* is a formulation which is prescribed to treat *Amavata*. The description of *Amavata Pramathini Vati* is found in *Bhaishajya Ratnavali*. *Amavata Pramathini Vati* is a formulation of given drugs *Kalmishora*, *Arkamula*, *Shuddha Gandhaka*, *Loha Bhasma* and *Abhrah bhasma*. These drugs play significant role in reducing the symptoms and to treat the *Amavata*. The drugs have *Vata Kaphaghna* property which reduce *Vata* and *Kapha*, Doshas from the body and reduces the symptoms of *Amavata*.

Keywords: *Amavata*; Rheumatoid Arthritis; *Amavata*; *Pramathini Vati*; *Vaitaran Basti*

Introduction

Ayurveda is an ancient science. Ayurveda is not only about treating disease but also preventing its occurrence.

In Ayurveda classics, Acharyas have explained in detail the concepts of Dinacharya [1] and Ahar regimen. So many Ayurvedic medicines have been described in the Ayurvedic classical books for the treatment of *Amavata*. *Amavata* is

a most common problem in the society in modern era [2]. According to Ayurveda, Ama is caused due to malfunctioning of the digestive and metabolic mechanism. The disease is initiated by the consumption of Viruddha Ahara and simultaneous indulgences in Viruddha Ahara in the pre-existence of Mandagni [3]. Vata is the chief functional operator of the all types of voluntary or involuntary movements of body. Vitiated Vata Dosha along with Ama is termed as Amavata. Derangement of the Kaphadosha, especially Shleshak Kapha occurs in the Amavata [4]. Amavata is such a disease of chronic joint pain and body ache, accompanied by swelling of some or all of the Synovial joints. Angamarda (Body pain), Aruchi (Loss of taste), Trishna (Thirst), Alasya (Lack of enthusiasm), Gaurav (heaviness), Klama (Tiredness without doing work), Apaka (Indigestion) and Jwar (fever). In the later stage pain may begin to migrate from place to place with a Vrishchika Danshavat vedana and burning sensation [5]. Amavata is not only a disorder of the loco motor system, but is also a systemic disease and named after its chief pathogenic constituents, which are Ama and Vata. Amavata is particular type of disease that is mentioned in Ayurveda since the period of Madhavkar, under the category of Vata-Kaphaja disorder. In Amavata Vata as a Dosha and Ama are chief pathogenic factor. They are exactly opposite in the properties so difficult to treat. It is the disease of Madhyam margag roga and having Chirkari Swabhava, sometimes it can also be manifested as the acute case [6].

Amavata can be correlated with Rheumatoid Arthritis. The sign and symptoms of both diseases are very similar [7]. Rheumatoid Arthritis is a chronic inflammatory disease characterized by progressive damage of Synovial joints and variable extra-Articular manifestations. Tendon and bursal involvement are frequent and often clinically dominant in early disease. RA can affect any joint, but it is usually found in metacarpophalangeal, proximal interphalangeal and metatarsophalangeal joints, as well as in the wrist and knee. Articular and Periarticular manifestation includes joint swelling and tenderness to palpation with morning stiffness and severe motion impairment in the involved joints [8].

Rheumatoid Arthritis clinically presents as polyarthritis involving small and large diarthrodial joints of the extremities usually in a symmetrical pattern [9]. The prevalence of RA is 0.5-1% in Indian population; Women affected three times more than men. The prevalence of RA increases between 25-55 yrs of age, after which it plateaus until the age of 75 and then decreases [10]. In Amavata mainly joints of Hasta (hand), Pada (foot), shira (head and neck), Gulpha (ankle) are affected. Initially Amavata starts from small joints of hands and spread.

The current available medical interventions cannot satisfy the objectives of an ideal therapy. The available

pain relieving agents are associated with substantial risk of gastrointestinal ulceration and bleeding. So safety and efficacy of treatment is the need of hour. Hence present study is taken to find out efficacy of *Amavata Pramathini Vati* in the *Amavata* patients.

Aims and Objectives

To study the efficacy of *Amavata Pramathini Vati* when given with *Vaitaran Basti*.

Materials and Methodology

Sampling Method

Patients of *Amavata* attending OPD will be screened for the study. Eligible and willing patients will be enrolled in the study.

Criteria of Assessment of Subjects

- Joint Score
- Stambhata (Morning Stiffness)
- Sandhishula (Joint Pain)
- Sandhishotha (Swelling of joint)
- Angamarda (Body Pain)
- Alasya (Laziness)

Objective Criteria

*ESR

Materials Used

In the present study following drugs were utilized.

Vaitarana Basti

Ingredients

- **Saindhav Lavana:** 1 karsha (12g)
- **Jaggary (Guda):** 1 shukti (24g)
- **Chincha:** 1 pala (48gm)
- **Gomutra:** 1 kudava (192ml)
- Tila Taila (50ml)

Initially 24g (1 shukti) of jaggary (Guda) was mixed uniformly with equal quantity of Gomutra. 12g (1 karsha) of saindhava was added to the above. Til Taila was added till the mixture becomes homogenous. 48g (1 pala) of chincha kalka was taken and added to above said mixture carefully. Lastly remaining quantity (out of 192ml (1 kudava)) of Gomutra was added slowly and mixing continued so as to have uniform Vasti Dravya.

Amavata, Pramathini Vati

Ingredient

- Kalmishora
- Arkamula
- Shuddha Gandhaka
- Lohabhasma
- Abhrakbhasma

Method of Preparation

Kalmishora, Arkamula, Shuddha Gandhaka, Lohabhasma and Abhrakbhasma are mixed with equal quantity in an iron vessel. Then add Amalatas Patra Swarasa with above mixture to make pills of 2 ratti.

Case Report

A 48 Years male patient working as a farmer visited OPD (NO-30325) of Kayachikitsa, Ashvin Rural Ayurved College, Manchi hill, Sangamner having complaints of Pain and Swelling in both knee joints since 2 month, Morning stiffness more than 60mins since 15 days.

History of Present Illness

2 months before, the patient had a gradual onset of pain and swelling in both knee joint. Thereafter he had complained of morning stiffness since 15 days. For that he took allopathic treatment but did not get satisfactory result and for further management he came to Ashvin Rural Ayurved College.

Past History

No history of Diabetes, Hypertension, IHD.

On Examination

- Bp-130/80mmhg
- P-74/min
- RR-20/MIN
- Temp-97^of
- Jivha-sam

Systemic Examination

- Inspection- Swelling present on knee joint
- Palpitation-Tenderness on knee joint

Investigation

ESR-56mm/hr

Treatment Plan

- Vaitaran Basti-After Meal for 7 Days (Table 1).

Drug Name	Tab. Amavata Pramathini Vati
Dose	500mg(BD)
Route of Administration	Oral
Duration of treatment	28 Days
Follow up	7 th day
Anupan	Koshnajal

Table 1: Drug Name/Tablet.

Observation and Results (Tables 2-8)

Sr.No	Symptoms	Grade
1	No Stiffness	0
2	For 0-29 min	1
3	For 30-59 min	2
4	Above 60 min	3

Table 2: Assessment Criteria of Stambhata (Morning Stiffness).

Sr.No	Symptoms	Grade
1	No pain	0
2	Pain at the beginning of physical activity	1
3	Pain permanently present during physical activity	2
4	Pain present even at rest	3

Table 3: Assessment of Sandhishula (Joint Pain).

	Symptoms	Grade
1	Absent	0
2	2mm-4mm, slight pitting, disappears rapidly	1
3	4mm-6mm, pit is noticeably deep, may last more than 1 min	2
4	6mm-8mm, pit is very deep, last for 2-5 min	3

Table 4: Assessment of Sandhishotha (Joint Swelling).

Knee joint	Before Treatment	After Treatment
Left Knee	3	1
Right Knee	2	0

Table 5: Assessment of Sandhishula.

Knee joint	Before Treatment	After Treatment
Left Knee	2	1
Right Knee	2	0

Table 6: Assessment of Sandhishotha.

Knee joint	Before Treatment	After Treatment
Left Knee	3	1
Right Knee	3	3

Table 7: Assessment of Stambhata-

Investigation	Before Treatment	After Treatment
ESR	56MM/HR	20MM/HR

Table 8: Investigation for Treatment.

Discussion

Chakradatta was first to describe in the treatment for *Amavata*. He gave Langhana, Swedana, Deepana, Virechana, Snehapana, and Basti as treatment module for *Amavata* [11]. Ama is the chief causative factor in *Amavata*, so treatment of Ama should be done first. In the line of treatment of *Amavata*, *Basti chikitsa* especially *Vaitaran Basti* is considered as the chief treatment regimen for *Amavata* [12]. According to Ayurveda, Ama is caused due to malfunctioning of the digestive and metabolic mechanism. The disease is initiated by the consumption of Viruddha Ahara and simultaneous indulgences in Viruddha Ahara in the pre-existence of Mandagni.

Vata is the chief functional operator of the all types of voluntary or involuntary movements of body. Vitiated Vata Dosha along with Ama is termed as *Amavata*. The *Vaitaran Basti* has been mentioned by Chakradatta. Ingredients of *Vaitaran Basti* Guda, Saindhava, Amlika, Gomutra and Tila Taila in the proportion of 2:1:4:16. As a whole the qualities of *Vaitaran Basti* can be considered as Laghu, Ruksha, Ushna, and Tikshna. Majority of the drugs have Vata Kapha shamak action. It breaks the obstructions expels out the morbid material from all over the body [13].

Amavata Pramathini Vati 500mg twice a day with Luke warm water was given to patient. *Amavata Pramathini Vati* contains Kalmishora, Arkamula, Shuddha Gandhak, Lohabhasma and Abhrakbhasma. Majority drugs of *Amavata Pramathini Vati* have Deepan, shothaghna, shoolahna, Balya, *Amavatari*. It increases the Agnibala, alleviates the Ama and prevents the further Ama formation into the body. It helps in breaking the Samprapti of *Amavata* [14,15].

Conclusion

It can be concluded that the combined effect of *Vaitaran Basti* and *Amavata Pramathini Vati* is the choice of drugs for the management of *Amavata*. But this is a single case study hence to prove its efficacy there is needed to conduct a study on large number of patient.

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