

TO STUDY THE EFFICACY OF RASONADIGHANAVATI IN THE MANAGEMENT OF AMAVATA

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ABSTRACT :

Amavata is disease of locomotor system. Musculoskeletal & joints related complaint accounts for more than 315 million out of patients. Visit per year in India. Joint pain is one of the common disease which is the complaints are big challenges of 21st century. The reason behind this disease is faulty dietary habits, lack of physical activities, faulty sitting, sleeping position, obesity etc. In Ayurvedic literature, '*Amavata*' is described as separate disease in *Madhavnidan*. Also it's easy and simple way fight back and prevent RA and through its preventive and promotive care. In India the general public is interested in traditional therapies for "*Amavata*". Therefore I selected Total 25 patients of *Amavata* from OPD & IPD unit of Dr. M.N. Agashe Hospital, Satara for my Research project. For Research project I taken drug – "*Rasonadighanavati*" which is described in Bhaishajya Ratnavali in *Amavata Rogadhikar Adhyaya*. With my sincere efforts I evaluate the efficacy of *Rasonadighanavati* in *Amavata*. Which I described in this Research article.

Key words: Efficacy, *Rasonadighanavati*, Management of *Amavata*

INTRODUCTION: Ayurveda is a traditional system of medicine which help us to stay healthy and disease free. The aim of our life is attainment of *Dharma, Artha, Kama & Moksha*, but is possible only, if we stay healthy and happy. *Amavata*¹ is disease of locomotors system. Joint pain is one of the common disease which restricts our movements and making us Helpless during important event of our life. These complaints are big challenges of 21st century because not only USA like developed countries but also India like developing countries these complaints are increasing so rapidly.

The reason behind this disease is faulty dietary habits, lack of physical activities, faulty sitting, sleeping position, obesity etc. these disorders have been considered as disorder in which residual disabilities remain for a prolonged time. This results in lots of work in factories, home, farm.

In Ayurvedic literature, '*Amavata*' is described as separate disease in *Madhavnidan*. Also in charaksamhita in pandurog chikitsa adhyaya^[2], its easy and simple way fight back and prevent RA and through its preventive and promotive care. Rheumatoid arthritis is the joint disorder which affects multiple joints as various sites. It is described as *Amavata* in Ayurveda.

AIM:

To study the efficacy of *Rasonadighanavati* in the management of *Amavata*

OBJECTIVES:

- 1) To study the Etiopathology and prognosis of *Amavata*
- 2) To study the mode of action of *Rasonadighanavati*.

MATERIALS OF METHODS:

- 1) **Patients:** Total 25 patients of *Amavata* from OPD & IPD unit of Dr. M.N. Agashe Hospital, Satara
- 2) **Drug:** For the present study *Rasonadighanavati* (भै.र.२१/२९अथामवातरोगाधि कातः १) [3] used for the management of *Amavata*. The details of the formulation and method of preparation are as follows. Methods of preparation of *Rasonadighanavati*

A *Kwatha* prepared by using *Shoonthi Choorna* in above mentioned quantity. *Nirgundiswaras* & *Rasona Kalka* added in mentioned quantity in the *Kwatha*. Mixing of all *dravyas* will be done in the *Khala*. After these *Ghanavati* of 500 mg will be prepared by using authentic method as per mentioned in Ayurvedic Classics.

Table No. 1: Details of Rasonadighanavati

Sr.	Drug	Latine name	Part used	Quantity
1	<i>Nirgundi</i> ^[4]	<i>Vitex nigundo</i>	Patra	1 part
2	<i>Rasona</i> ^[5]	<i>Alium sativam</i>	Kanda	1 part
3	<i>Shoonthi</i> ^[6]	<i>Gingiber officinalis</i>	Kanda	1 part

Table No. 2 : Details of Administration

Drug	<i>Rasonadighanavati</i>
Form of Drug	<i>Vatika</i> (Tablet) 2 vatikas of each 500mg BD
Anupana	<i>Koshnajala</i> (Luke warm water)
Sevana Kala	<i>Ananakali</i> (empty stomach) 8 am & 4 pm
Duration	2 months
Follow up	7 days in IPD & then Every week
Diet	as per <i>pathyakaraAhara</i> Mentioned in Ayurvedic classics
Vihara	Daily half hour gentle walking, exercise warm water bath, avoid cold breeze and excessive wind and walukapottali swedan.

INCLUSION CRITERIA:

1. Age between 16 -60 years.
2. Both sexes.
3. Patients were selected randomly irrespective of socio-economics, status education, occupation, religion.
4. The patients with following symptoms: *Sandhishoola*, *Sandhishotha*, *Agnimandya*, *MruduJwara*, *Malbaddhata*, *Nidraviparyaya*

EXCLUSION CRITERIA:

1. Age below 16 years & above 60 years.
2. History not more than 5 years & not any permanent joint deformity.
3. Patients having severe cardiac, renal, hepatic disease, malignancy, AIDS, Rheumatic Heart disease.

4. Pregnant & lactating women.
5. Patients in *Atyayikawastha* & *Upadravas* like *Hrudgraha*.

CRITERIA FOR ASSESSMENT:

1. *Sandhishoola* (Large joint pain)
2. *Sandhishopha* (Large joint swelling)
3. *MruduJwara* (Low grade fever)
4. *Agnimandya* (Loss of Hunger)
5. *Nidraviparyay* (Sleeplessness)
6. *Malbaddhata* (Constipation)

LABORATORY INVESTIGATION:

1. Haemogram
2. R.A.Test
3. C-Reactive protein test
4. X-ray joint whenever necessary.

OBSERVATIONS & RESULTS:

Table No. 3: Distribution of patients according to age

Age in Years	No. of Patients	Percentage
16 to 20	0	0
21 to 30	5	20
31 to 40	3	12
41 to 50	9	36
51 to 60	8	32

Table No. 4: Distribution of patients according to Sex

Sex	No. of Patients	Percentage
Male	4	16
Female	21	84

Table No. 5: Distribution of patients according to Marital status

Marital Status	No. of Patients	Percentage
Married	14	56
Widow	8	32
Unmarried	3	12

Table No. 6: Distribution of patients according to Occupation

Occupation	No. of Patients	Percentage
Service	4	16
Housewives	15	60
Physical Job	5	20
Student	1	4

Table No. 7: Distribution of patients according to Education

Education	No. of patients	Percentage
Illiterate	6	24
Primary	2	8
Secondary	7	28
Jr. college & above	10	40

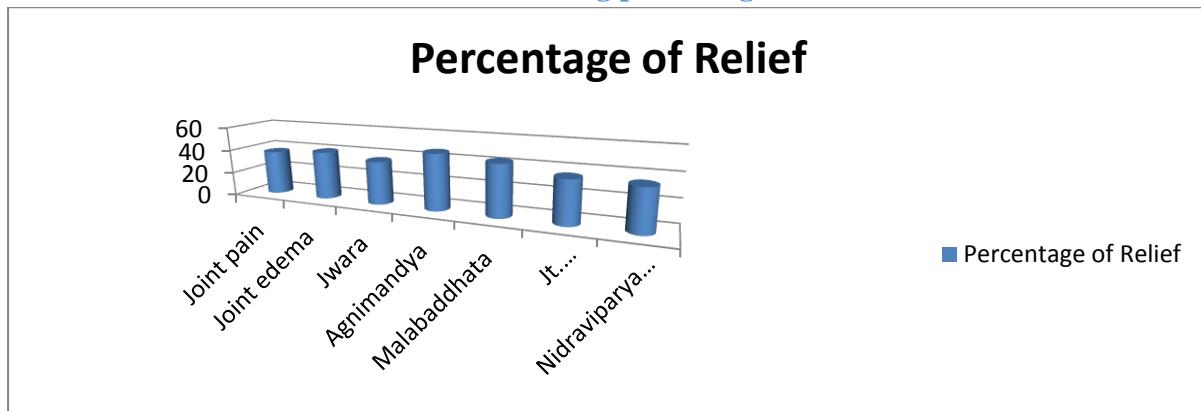
Table No. 8: Distribution of patients according to Religion

Religion	No. of Patients	Percentage
Hindu	22	88
Muslim	3	12

Table No. 9: Distribution of patients according to Relief in symptoms

Symptoms	Percentage of Relief
Joint pain	37.28
Joint edema	40.54
<i>Jwara</i>	36.36
<i>Agnimandya</i>	47.05
<i>Malabaddhata</i>	43.33
Jt. Involvement	36.07
<i>Nidraviparyay</i>	35.29

Chart No. 1: showing percentage of Relief



DISCUSSION: Ancient and modern methodology of scientific research brings very useful findings after creative and critical discussion based on the observation and analysis. Discussion is the important part in any scientific research which link theory and practical.

•**Joint pain:** As *Rasona* and *Shunthi* they are having *Ushnaguna* property and *Rasona* have *Snigdha Guna* property, by digesting *Ama* with *Ushnatva* and *Tikshnatva*, it makes the joint free from *Ama*. With the help of *Ushna* and *Snigdha Guna*, *Rasona* reduces *Vatadosha* and pains. And in this way it acts as analgesic and anti-inflammatory. *Tikta Rasa* of *Nirgundi* clears vitiation of *Pittadosha* and *Raktadhatu* and clears the *Sthandushti* (*Sandhivikruti*).

•**Joint edema:** Edema is due to infiltration of *Ama* and different cells of blood into joint spaces. *Rasona*, *Shunthi* and *Nirgundi* by their characters reduce edema. The purified *Ama* is released through *Rasavaha* and *RaktavahaSrotas* and excreted through the kidney. In this way, the edema gets reduced. When edema is reduced automatically pain gets reduced.

In the process of development of edema at particular site, the *Srotasas* are obstructed due to presence of *Ama* which causes *Margavarodhajanya* *Vataprakopa*. *Rasona*, *Shunthi* and *Nirgundi* with their potentials they reduce edema, pain and improve the joint activities.

•**Agnimandya:** Due to *Nidanasevana* (ingestion of *hetavas*), provocation of *Agni* vitiation is established. Due to vitiation of *Agni* ability of digestion is reduced and *Agnimandya* is produced. When

Agnimandya is developed in *Amashaya*, the *Rasadhatu* carries some *Ama* through *Rasavaha* and *RaktavahaSrotas* throughout the body. Due to already presence of *Vigunasandhi* in these patients, there is *Sthanasantshaya* of *Ama* at the site of joints. Due to *Vigunata* at particular *Srotas*, *Samadosha* easily affects that *Vigunasthana* and the development of *Amavata* is reflected in the form of different signs and symptoms like *Shotha*, *Vrushchikdanshavat Vedana* (scorpion sting). Due to *Deepana* and *PachanaKarma* of *Shunthi* and *Rasona*, *Ama* gets digested and helps to improve the *Agnidushti*. Hence by this process, *Agnimandya* gets reduced.

•**Jwara:** Due to *Srotorodha*, the *RasavahaSrotas* and *AmbuvahaSrotas* get affected. They are obstructed at periphery along with *Ambuvaha* and *RasavahaSrotas*. *SwedovahaSrotas* also affected in the form of constriction and because of that the *Ushma* or heat is not released through the body. In result the body temperature increases and *JwaraLakshna* is produced. Due to *Amapachana* property of *Shunthi*, *ama* gets digested and it doesn't circulate throughout the body and this helps to reduce the *JwaraLakshana*.

•**Malabaddhata:** Due to *agnimandya* (loss of appetite) no food ingestion is possible. All the activities of body and intestine are minimised. No digestion of food in the intestine is possible. Due to increased heat, all the fluid of body dried up and constipation (*malabaddhata*) is produced.

•**Joint involvement:** In my whole study, I found that knee joint and wrist joints are more affected than any other joints. In some cases, smaller joints, metacarpel joints, intertarsal joints, intervertebral joints were affected. In long standing cases

of *Amavata*, I found some deformities in the form of deviation i.e. ankylosing, in some cases, Heberden's nodules were also observed. In some cases, Swann Nail deformity also found. During active phase of *Amavata*, *DravibhutaAma* (liquid *ama*) is extremely accumulated in the joint spaces when it is not neutralised. This liquid *Ama* going to make so many complications in the case of Rheumatoid Arthritis. Then it is going to develop effusion, loss of movement in the joint then the ankylosing arthritis also going to develop; that means irreversible locking of joints. *Nirgundi* have *Vataghna* and *Shothanashana* property and *Rasona* have *Amapachana* property, these *dravyas* with their potential helps to reduce signs and symptoms in *Amavata*. And most of the patients got relief by this.

•**Nidraviparyaya:** In each and every disease, the patient is physically and mentally disturbed. In the case of *Amavata*, due to inability to walk, pain, swelling, chronicity, stiffness of joints, repeated attacks of pain, hazards of modern medicine, patient gets mentally disturbed. This reflects at night with insomnia. Joints are the wheels of human body. If the vehicle is stationary at particular site for longer duration, it demolishes shape and status. In the same way, due to inability to walk, to take interest in environment lost and patient get in search of new medicines. He doesn't get any relief but get side effect of the disease and complication of the medicine. And this was the thing towards this disease to work upon and I am satisfactory with the work and with this drug in this disease.

•**Age:** The more percentage means 36% patients were from age group of 41 to 50. It means that prevalence rate of *Amavata* is more at the age of 41 to 50.

•**Sex:** The incidence of disease is more in females because they do more activities as per their daily routine work is concerned. Also the contact with cold and suppression of urge is more in females. They are more vulnerable to the environment than males.

•**Marital status:** In the present study 56% patients were married whereas 32% widow. It may due to the fact that married people have their liabilities towards their families and more amount of *Ojakshaya* seen in married women or men because of child bearing age, so the joint get more active and the *Kapha* which are seat of joints get reduced and replaced by *Ama* and signs and symptoms increased.

•**Occupation:** The incidence of *Amavata* is more in housewives and then it is found more frequently in physical workers. As said earlier, being a housewife, females has to do various kinds of work due to which they have irregular food habits as well as sleeping pattern. This leads to improper digestion and formation of *Ama* which in turn causes the disease like *Amavata*.

•**Educational status:** The educated people are more in no. which indicates their cautious approach towards the disease.

•**Religion:** In the present study, 88% patients were from Hindu religion whereas 12% patients were from Muslim religion. It only shows the dominancy of Hindu people in particular area; otherwise there may be no role of religion in this disease.

CONCLUSION:

1. The etiological factors of *Amavata* explained in *Samhitas* long back are met with even today.
2. Spicy, sour & hot food products are major causes found. *viruddhahara*, irregular food habits coming next &*AgniDushti* as important factors in *Samprapti* of *Amavata*.

3. *Sandhishotha, Sandhishoola, Jwara, Agnimandya, Malabaddhata* are more common symptoms found in patients of *Amavata*.

4. Use of *Rasonadighanavati* is mentioned in *Bhavaprakash*.

5. *Rasonadighanavati* show statistically significant therapeutic result in *Amavata*.

6. *Rasonadighanavati* is effective in reduction of symptoms of *Amavata*.

7. *Rasonadighanavati* clinically safe & effective herbal formulations.

8. *Rasonadighanavati* drug is ideal for patients, having broad spectrum of action and act on various types of *Srotasas*. Thus in the management of *Amavata*, with proper *Pathya* this formulation have a valuable answer.

REFRENCES:

1. Madhavnidanmadhukoshtika by Sudarshanshasri publisher Chaukhamba prakashan, Varanasi, 27th edition adhaya, aamavatnidanam.
2. “AgniveshCharaksamhita” Elaborated by Charak & Redacted by Drudhabal Edited with Hindi commentary “Vaidyamanorama” by Acharya Vidyadhar Shukla & Professor Ravi Dutt Tripathi, Volume 02 foreword by Acharya PriyVrata Sharma Chaukhamba Sanskrit Pratisthan Delhi. Sanskaran 2007. Charak chikitsasthanadhaya no.16 pandurogchikitsa, Vishaladiphantaro^{ga} dhikara.
3. Bhaishjyaratnavali of Kaviraj shree Govindadas Sen virachita Chaukhamba Surbharati prakashana, Reprint 2009 Athatoamavatarogadhikara adhayaya Shloka no.14 page no.597.
4. Database in medicinal plant used in Ayurveda and siddha, Ministry of health and family welfare , New Delhi

1st print 2001,Reprint 2005, page no.450 vol.3

1st print 2001,Reprint 2005, page no.514 vol.4

5. Dravyagunavidnyan part 1&2 ,author professor Dr.A.P.Deshpande, Prof. R.R.Jawalgekar. & Prof. Dr.SuhasRanadeAnmolprakashanapune 2, 5thedition,with reprint 2007 pg. no.688.

6. Database in medicinal plant used in Ayurveda and siddha,Ministry of health and family welfare ,New Delhi

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Declared

Table No.10 : Showing statistical values of research project :

Parameter	n	Meanscore		Mean Diff.	% relief	S.D.	SEM	T	P
		BT	AT						
Joint pain	25	4.72	2.96	1.76	37.29%	1.05	0.21	8.36	<0.001
Joint edema	25	2.96	1.76	1.20	40.54%	1.15	0.23	5.20	<0.001
Jwara	11	0.44	0.28	0.16	36.36%	0.37	0.07	2.13	<0.05
Agnimandya	17	1.36	0.72	0.64	47.06%	0.75	0.15	4.22	<0.001
Mala Baddhata	24	1.20	0.68	0.52	43.33%	0.59	0.12	4.44	<0.001
Joint Involvement	25	2.44	1.56	0.88	36.07%	0.78	0.16	5.63	<0.001
Nidra Viparyaya	17	0.68	0.44	0.24	35.29%	0.44	0.08	2.75	<0.05
RA	19	1.20	0.84	0.36	30.00%	0.57	0.11	3.16	<0.01
CRP & ESR	16	0.64	0.32	0.32	50.00%	0.48	0.09	3.36	<0.01