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Clinical Evaluation on *Amavata* (Rheumatoid Arthritis) Management with *Amavatari Ras* and *Brihat saindyabadi taila*

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Abstract:

45 Amavata (Rheumatoid arthritis) patients had been selected from the O.P.D. & I.P.D. of Central Ayurveda Research Institute for Drug Development, Kolkata for the clinical study. 40 patients were completed the treatment out of 45 and 5 patients were dropped out from the study before completion of the treatment. The objective of the study was to evaluate the safety and efficacy of selected Ayurvedic medicines on the management of Amavata (Rheumatoid arthritis) during study. The treatment schedule was that 250 mg Amavatari Ras (Ayurvedic pill medicine) orally thrice in a day after meal with warm water for 30 days & Brihat saindyabadi taila (Ayurvedic oil medicine) applied locally over affected joints twice in a day for 30 days. In present clinical study 35 % patients got major improvement, 50% patients got minor improvement, 10% patients showed no improvement and complete remission was nil. No adverse drug reaction was observed during the study.

Key Words: Amavata, Rheumatoid arthritis, Amavatari Ras, Brihat saindyabadi taila.

Introduction:

Madhava kar (700AD) mentioned first the Amavata as a special disease entity in Ayurveda. Amavata is a painful multiple joint involvement chronic systemic disease and where Ama (biotoxin) as well as Vata (biophysical force) plays a predominant role in the samprapti (pathogenesis) of Amavaat ¹. Rheumatoid arthritis is a chronic, progressive autoimmune arthropathy & characterized by bilateral symmetrical involvement of joints with some systemic clinical manifestations². According to the clinical manifestations and pathogenesis, the Amavata is very closely related to Rheumatoid arthritis. So many Ayurvedic medicines have been described in the Ayurvedic classical texts for the management of Amavata (Rheumatoid arthritis). Amavata (Rheumatoid arthritis) is a most burning problem in the society because suitable effective treatment of this disease is not available in the modern medicine till now. The national economy is badly affected due to this disease as the young aged people are mainly affected by this disease

and the patients are gradually crippled both physically and mentally due to its worse prognosis. So it draws a major attention to different research scholars for research purpose. Hence, one important Ayurvedic drug i.e. Amavatari Ras have been selected for clinical observation on the management of *Amavata* (Rheumatoid arthritis).

Objectives: To evaluate the safety and efficacy of selected Ayurvedic medicines on the management of *Amavata* (Rheumatoid arthritis) during clinical study.

Materials and Methods:

Total 45 patients had been enrolled for the clinical study as per the criteria for the diagnosis of *Amavata* (Rheumatoid arthritis) and 5 patients had been dropped out from the treatment before the completion of the course. The patients had been selected from the O.P.D. & I.P.D. of Central Ayurveda Research Institute for Drug Development, Kolkata, as per the criteria given below:-

Inclusion criteria:

- 1. Patient should be 18 to 60 years.
- 2. The patient who had the clinical features of *Amavata* (Rheumatoid arthritis) according to Ayurvedic classics.
- 3. The patient who had fulfilled the American College of Rheumatology (ASIA), 1987-Reversed criteria for Rheumatoid arthritis³.

Exclusion criteria:

- 1. Osteoarthritis, Rheumatic arthritis, Traumatic arthritis, Gouty arthritis,
- 2. Septic arthritis, Psoriatic arthritis, SLE (Systemic lupus erythematosus).
- 3. Diabetes Mellitus, Hypertension, Tuberculosis, Cardiac problems, Renal problems, Thyroid disorders, Liver problems, HIV and any Malignancy.
- 4. Age below 18 years and above 60 years.

Plan of Study:

40 patients completed the treatment out of registered 45 patients and 5 patients had left the treatment before completion of the treatment. The treatment schedule was 250 mg *Amavatari Ras* (Ayurvedic drug)⁴ administered orally thrice daily after food with luke warm water for 30 days and *Brihat saindyabadi taila* (Ayurvedic oil medicine)⁵ was applied locally twice in a day over affected joints for 30 days.

Some instructions were given to the patient during the therapy those were to avoid black gram, ice cream, curds, banana, cold drinks, coconut, tobacco, smoking, alcohol, alcohol containing other beverages, cold water for bathing, sleep in day time and to use luke warm water for bathing.

Observations and Discussion:

Hence, the total number of enrolled patients was 45 for the study, so observation of 45 patients and results of 40 patients are described as follows.

Table – 1: Age wise distribution of 45 patients of Amavata

Age (in years)	Number of Patients	Percent (%)
18 – 30	8	17.78
31 – 40	22	48.89
41 – 50	10	22.22
51 – 60	5	11.11

Table – 2: Sex wise distribution of 45 patients of Amavata

Sex	Number of Patients	Percent (%)
Male	12	26.67
Female	33	73.33

Table – 3: Family history wise distribution of 45 patients of Amavata.

Family History	Number of Patients	Percent (%)
Positive (+ve.)	14	31.11
Negative (-ve.)	31	68.89

Table – 4: Onset wise distribution of 45 patients of Amavata.

Onset	Number of Patients	Percent (%)
Gradual	28	62.22
Acute	02	04.45
Insidious	15	33.33

Table – 5: Chronicity wise distribution of 45 patients of Amavata.

Chronicity (in years)	Number of Patients	Percent (%)
Less than 2 years	24	53.33
2+ to 4 yrs	14	31.11
4+ to 6 yrs	05	11.11
Above 6 yrs	02	04.44

Table – 6: Kala wise distribution of 45 patients of Amavata.

Kala	Number of Patients	Percent (%)
Varsha & Shita	45	100
Others	0	0

Table – 7: Agni wise distribution of 45 patients of Amavata

Agni	Number of Patients	Percent (%)
Tikshna	00	00
Sama	00	00
Vishama	08	17.78
Manda	37	82.22

Table-8: Deha Prakriti wise distribution of 45 patients of Amavata

Deha Prakriti	Number of Patients	Percent (%)
Vata-pitta	09	20.00
kapha-Pitta	07	15.56
Vata-kapha	29	64.44

Table – 9: Manasik Prakriti wise distribution of 45 patients of Amavata.

Manasik Prakriti	Number of Patients	Percent (%)
Satvik	00	00
Rajasik	09	20
Tamasik	36	89

Table No.-10: Overall Effect of the Therapy on 40 patients of Amavata:

Table No3: Overall Effect of the Therapy: Effects	No. of Patients	Percentage
		(%)
Complete Remission	00	00
Major Improvement	14	35
Minor Improvement	20	50
No-Improvement	06	15

Maximum numbers of patients i.e. 71.11% belonged to 31 – 50 years of age group. 73.33% patients were female. Most of the patients i.e. 68.89% were having Negative Family history, 62.22% patients were having Gradual Onset, and 53.33% were having Chronicity of less than 2 years. Majority of the patients i.e. 82.22% were of Mandagni. 64.44% were *Vata-Kapha Prakriti* (Vata-Kapha physical constitution) and 89% were *Tamasik Manasik Prakriti* (Tamasik mental constitution). Clinical manifestations of all the patients were aggravated in *Varsha ritu* (Rainy season) & *Shita ritu* (winter season). Overall Effect of the Therapy on 40 patients of the clinical study was evaluated that maximum patients i.e. 50 % showed minor improvement, 35 % showed major improvement, 15 % showed no improvement & complete remission was nil. There was no complication found on the patients during the study period.

Conclusion:

It can be evaluated that *Amavata* looks similar to Rheumatoid arthritis in its clinical appearance and pathogenesis. Female patients and 31 to 50 years age group of patients were mainly suffered with *Amavata* (Rheumatoid arthritis). Most of the *Amavata* (Rheumatoid arthritis) patients showed minor improvement in this clinical study and no complication was observed during this study. More research works are needed for better validation and up gradation of the Ayurvedic management on *Amavata* (Rheumatoid Arthritis).

References:

- 1. Madhavakara, Shastri S., Upadhyaya Y. Madhava Nidana with Madhukokosha Vyakya and Vidyotini Hindi Commentry. 26th edition. Varanasi; Chaukhambha Sanskrit Sanathana; 1996.
- 2. Harrison, T.R., Anthony S. Fauci et al. Harrison's Principles of Internal Medicine. 14th edition. New York; Mc Graw-Hill; 1998.
- 3. Govindadassen, Mishra S. N. Bhaishaijya Ratnavali with Siddhiprada Hindi Commentary. 1st edition. Varanasi; Chaukhambha Surabharati Prakashan; 2005.
- 4. Govindadassen, Mishra S. N. Bhaishaijya Ratnavali with Siddhiprada Hindi Commentary. 1st edition. Varanasi; Chaukhambha Surabharati Prakashan; 2005.