

Research Article

ISSN: 2454-5023 J. Ayu. Herb. Med. 2018; 4(4): 180-184 © 2018, All rights reserved www.ayurvedjournal.com Received: 02-11-2018 Accepted: 09-12-2018

Clinical efficacy of *Ayurvedic* formulations used in *Amavata* (Rheumatoid arthritis): A critical review

Dr. Gauridutt Mishra¹, Dr. D.H. Pandya²

1 Ph.D. Scholar, Department of Roga Nidana Evam Vikriti Vijnana, IPGT & RA, GAU, Jamnagar, Gujarat, India 2 Assistant Professor, Department of Roga Nidana evam Vikriti Vijnana, IPGT & RA, GAU, Jamnagar, Gujarat, India

ABSTRACT

Background: Amavata is a disease of Ayurvedic perspective. The major complaints for which patients seeks medical supervision are moderate to severe pain, swelling, tenderness and morning stiffness which restrict joints movement. So the disease Amavata is correlated with Rheumatoid arthritis (RA) due to same presentation of symptoms. Aim: To Asses critically on the works carried out in different trials of Amavata. Material and Methods: From 2001 to 2017 there are some works have been done on Amavata at various departments of IPGT & RA, GAU, Jamnagar, which were tabulated below in detailed in respect to name of the drugs, their doses, mode of administration, time of administration, Anupana, duration of treatments and numbers of treated patients etc. Results: After the course of therapy vary from 2 weeks to 12 weeks, almost all the Ayurvedic formulations i.e. Amritadi Vati, Amrita Bhallataka Avaleha, Simhanada Guggulu, Erand Sneh, Shunthi Kwath, Amrita Bhallataka yoga and Shiva Guggulu used in different trials tabulated below showed highly significant/significant result in all/some subjective/objective criteria. Conclusion: Different Ayurvedic formulations used in different trials almost showed highly significant results in the subjective and objective criteria.

Keywords: Amavata, RA, Amritadi Vati, Erand Sneh, Sparshasahatva.

INTRODUCTION

Amavata can be correlated with Rheumatoid arthritis (RA) due to similarity in presentation of symptoms, Due to busy life style and intake of incompatible diet, life style disorders become more common in present era, Amavata is most common among these. Frequent indulgence of such factors leads to imbalance in Agni i.e. Jatharagni, Dhatvagni as well as Bhutagni. After treating the Ama with appropriate measures for a long duration disease goes to Nirama stage. In 21st century Rheumatoid arthritis (RA) has been more common & distressing among all joints problem. About 0.8% of world population is affected by RA. It is a chronic inflammatory joint disease with multi system involvement. The onset is usually during 4th and 5th decade of life; however people of any age group can get affected in any climate. Rheumatoid arthritis make the affected person unfit for an independent life. RA is a serious disease condition, it very rarely show complete cure [1].

Aim

To review various clinical trial carried out on Amavata.

MATERIALS AND METHODS

Some of clinical works, especially interventional therapy, carried out between 2001- 2017 at various departments of IPGT & RA, Jamnagar were compiled and analyzed to assess efficacy of different formulations in disease *Amavata*.

Inclusion Criteria

- The clinical trials on Amavata carried out in various department of IPGT between 2001 to 2017
- Trials having only classical formulations/single drug were included in present study.
- Trials having formulations with well-known safety and efficacy were included in the study.
- Trials which were carry out without support of modern medication are included in the study.

Corresponding author: Dr. Gauridutt Mishra

Ph.D. Scholar, Department of Roga Nidana Evam Vikriti Vijnana, IPGT & RA, GAU, Jamnagar, Gujarat, India *Email*: gauridutta[at]rediffmail.com

Exclusion Criteria

- Trials conducted in other than IPGT were excluded
- The clinical trials carried out before 2001 and after 2017.
- Trials without classical formulations/single drug were excluded.
- Trials carried out with support of modern medication were excluded.
- Trials having formulations without well-known safety and efficacy were excluded.

Table 1: Scholar name and drugs.

Sr.	Name of Scholar	No. of	Drug (with	mode of administration, time of administration and	Dose	Duration
no.	(with year)	treated pts.	Anupana)			
1	Kumar Rajesh 2001	14	Group A	Amritadi Vati [2], Orally, after meal with Luke warm water	4 <i>Vati</i> (500 mg each) TDS	6 weeks
		11	Group B	Virechana followed by Amritadi Vati as mentioned in group A	4 Vati (500 mg each) TDS	
2	Dash Babita 2005	10	Group A	Amrita Bhallataka yoga ^[3] , orally, after meal with Shunthi Siddha Godugdha	5 gms, BD	8 weeks
		10	Group B	Placebo tab (containing <i>Yava Churna</i>), orally, after meal with Luke warm water	2 tab (500 mg each) BD	
3	Sharma Preeti 2006	14	Group A	Amrita Bhallataka Avaleha ^[4] , Orally, after meal with Ghee	10 gms, OD	6 weeks
		11	Group B	Virechana followed by Amritabhallataka Avaleha orally after meal with Ghee	10 gms, OD	
4	Pandey Shweta 2011	10	Group A	Shiva Guggulu ^[5] , Orally, after meal with Luke warm water	3 Vati (500 mg each) BD	8 weeks
		10	Group B	Simhnada Guggulu ^[6] , Orally, after meal with Luke warm water	3 Vati (500 mg each) BD	
5	Kharadi S. Pravin 2012	50	Single Group	Simhanada Guggulu ^[7] , Orally, after meal with Luke warm water and <i>Brihata Saindhavadi Taila</i> ^[8] , Local Application	Guggulu 3 tabs (500 mg each), Taila 20ml BD	12 weeks
6	Mishra Gauridutt 2017	28	Group A	Erand Sneha with Shunthi Kwatha orally, in morning, empty stomach	Oil 10 ml + Decoction 20 ml=30 ml, OD	2 weeks
		25	Group B	Erand Sneha, orally, once in a day, in morning, empty stomach with Luke warm water	10 ml, OD	

Criteria for assessment

- 1) Subjective criteria:
 - Improvement in Sandhishoola
 - Improvement in Shandhishotha
 - Improvement in Sandhigraha
 - Improvement in Sparshasahatwa
- 2) Objective criteria:
 - Improvement in walking time: patients are advised to move 50 meters and time is recorded.
- Improvement in hand grip: patients are advised to hold well wrapped non- inflated cuff then air will be filled by pumping of sphygmomanometer up to holding capacity of patient and recorded.
- Improvement in foot pressure: patients are advised to stand on weighing machine putting their one leg and raising of opposite leg and vice versa thus weight will be recorded.

RESULTS

The significance/effect of the different trials on subjective parameters—

Table 2: Effect of therapies on Sandhishoola

Sr. no.	Group	Mean		Mean difference	Relief	SD	SE	't'	P	Remarks
		B.T.	A.T.	_	%	±	±			
1	Group A	2.51	0.86	1.65	65.73	0.36	0.09	16.72	<0.001	HS
	Group B	2.33	0.69	1.64	67.38	0.47	0.09	17.30	<0.001	HS
2	Group A	2.8	1.3	1.5	53.56	0.71	0.71	6.7	<0.001	HS
	Group B	2.1	1.6	0.5	24	0.53	0.16	2.98	<0.05	S
3	Group A	2.80	1.39	1.42	50.71	0.70	0.19	07.61	<0.001	HS
	Group B	3.73	1.10	2.63	70.51	0.74	0.22	11.77	<0.001	HS
4	Group A	1.43	0.57	0.86	60	0.38	0.14	6.0	<0.001	HS
	Group B	2.1	0.8	1.3	61.90	0.67	0.21	6.09	<0.001	HS
5	Single Group	4.0	2.96	2.04	26	1.63	0.23	6.02	<0.001	HS
6	Group A	3.00	1.88	1.11	37	1.05	0.20	5.49	<0.001	HS
	Group B	2.96	1.60	1.36	45.97	1.07	0.21	6.32	<0.001	HS

BT= before treatment, AT= after treatment, SD= Standard deviation, SE= Standard error, HS= highly significant, S= Significant, IS= Insignificant

 Table 3: Effect of therapies on Sandhishotha

Sr. no.	Group	Mean		Mean difference	Relief	SD	SE	't'	P	Remarks
		B.T.	A.T.	_	%	±	±			
1	Group A	1.73	0.60	1.13	65.31	0.32	0.08	12.82	<0.001	HS
	Group B	1.60	0.48	1.12	70.00	0.19	0.19	19.45	<0.001	HS
2	Group A	2.5	0.8	1.7	68	1.06	1.06	5.0	<0.001	HS
	Group B	1.2	0.8	0.4	8 33	0.48	0.15	1.96	<0.01	S
3	Group A	1.86	0.90	0.96	51.61	0.56	0.15	6.46	<0.001	HS
	Group B	2.17	0.31	1.86	85.71	0.96	0.29	6.43	<0.001	HS
4	Group A	1.6	0.6	1.0	62.5	0.70	0.31	3.16	<0.05	S
	Group B	1.66	0.55	1.11	66.6	0.33	0.11	10.0	<0.001	HS
5	Single Group	3.84	2.28	1.56	27.08	1.42	0.28	5.02	<0.001	HS
6	Group A	1.88	0.92	0.96	50.97	0.75	0.14	6.59	<0.001	HS
	Group B	1.78	0.91	0.87	48.79	0.81	0.17	5.11	<0.001	HS

BT= before treatment, AT= after treatment, SD= Standard deviation, SE= Standard error, HS= highly significant, S= Significant, IS= Insignificant

 Table 4: Effect of therapies on Sandhigraha:

Sr. no.	Group	Mean		Mean difference	Relief	SD	SE	't'	Р	Remarks
		B.T.	A.T.	_	%	±	±			
1	Group A	1.67	0.37	1.30	77.84	0.48	0.13	10.00	<0.001	HS
	Group B	1.52	0.28	1.24	81.81	0.43	0.14	9.40	<0.001	HS
2	Group A	1.9	0.6	1.3	6 52	1.16	1.16	3.5	<0.01	S
	Group B	1.4	0.9	0.5	36	0.52	0.21	2.45	<0.05	S
3	Group A	1.38	0.62	00.76	55.07	0.55	0.15	05.18	<0.001	HS
	Group B	2.50	0.69	1.81	72.40	0.61	0.18	9.87	<0.001	HS
4	Group A	1.7	0.57	1.13	66.67	0.69	0.26	4.38	<0.01	S
	Group B	2.0	0.8	1.2	60	0.42	0.13	9.0	<0.001	HS
5	Single Group	3.83	2.66	1.19	30.43	2.20	0.44	6.50	<0.001	HS
6	Group A	1.296	0.519	0.778	60.03	0.75	0.14	5.38	<0.001	HS
	Group B	1.200	0.400	0.800	66.66	0.57	0.11	6.92	<0.001	HS

BT= before treatment, AT= after treatment, SD= Standard deviation, SE= Standard error, HS= highly significant, S= Significant, IS= Insignificant

 Table 5: Effect of therapies on Sparshasahatva:

Sr. no.	Group	Mean		Mean difference	Relief	SD	SE	't'	P	Remarks
		B.T.	A.T.	_	%	±	±			
1	Group A	2.39	0.80	1.59	66.52	0.42	0.11	13.95	<0.001	HS
	Group B	2.20	0.66	1.54	70.45	0.52	0.15	9.77	<0.001	HS
2	Group A	1.9	0.6	1.3	62.5	0.67	0.67	4.74	<0.001	HS
	Group B	1.6	0.8	0.8	8.50	0.67	0.2	3.28	<0.01	S
3	Group A	1.80	0.88	0.92	51.11	0.62	0.17	5.56	<0.001	HS
	Group B	2.56	0.99	1.57	61.33	0.90	0.27	5.78	<0.001	HS
4	Group A	2.3	0.8	1.5	62.22	0.71	0.22	6.71	<0.001	HS
	Group B	2.0	0.71	1.29	64.28	0.48	0.18	6.97	<0.001	HS
5	Single Group	4.16	2.0	2.16	52	1.33	0.38	5.96	<0.001	HS
6	Group A	2.11	1.03	1.07	50.87	0.95	0.18	5.82	<0.001	HS
	Group B	1.60	0.80	0.80	50%	0.40	0.08	9.79	<0.001	HS

BT= before treatment, AT= after treatment, SD= Standard deviation, SE= Standard error, HS= highly significant, S= Significant, IS= Insignificant

The significance/effect of the different trials on objective parameters

Table 6: Improvement in walking time

Sr. no.	Group	Mean		Mean difference	Relief	SD	SE	't'	р	Remarks
		B.T.	A.T.	_	%	±	±			
1	Group A	27.42	22.85	4.57	16.66	2.87	0.76	5.95	<0.001	HS
	Group B	27.44	22.38	5.06	18.44	2.94	0.98	5.16	<0.001	HS
2	Group A	48.1	35.9	12.2	25.36	8.64	2.73	4.47	<0.01	S
	Group B	41.3	43.1	-1.8	5.32	7.3	2.31	2.1	<0.1	IS
3	Group A	17.50	14.43	3.07	17.54	2.13	0.57	5.38	<0.001	HS
	Group B	28.18	15.73	12.54	44.18	9.34	2.82	4.42	<0.01	S
4	Group A	2.0	1.0	1.0	50	1.0	0.57	1.7	<0.01	IS
	Group B	1.75	0.75	1.0	45.71	0.44	0.2	4.0	<0.05	S
5	Single Group	48.1	35.9	12.2	25.36	8.64	2.73	4.47	<0.01	S
6	Group A	42.00	38.78	3.214	7.5%	5.087	0.961	3.343	0.002	S
	Group B	40.26	36.50	3.769	9.35%	3.154	0.618	6.095	<0.001	HS

BT= before treatment, AT= after treatment, SD= Standard deviation, SE= Standard error, HS= highly significant, S= Significant, IS= Insignificant

Table 7: Improvement in hand grip

Sr. no.	Group	Mean		Mean difference	Relief	SD	SE	't'	р	Remarks
		B.T.	A.T.	-	%	±	±			
1	Group A	87.57	98.78	-11.21	12.80	12.31	3.29	3.40	<0.01	S
	Group B	62.9	77.4	-14.5	23.05	13.22	3.98	3.64	<0.01	S
2	Group A	120.7	159.7	-39.0	31.98	120.5	38.13	2.05	<0.1	IS
	Group B	156.75	149	7.75	5.20	25.67	8.12	1.38	<0.1	IS
3	Group A	66.95	127.2	60.29	47.38	42.26	11.29	5.34	<0.001	HS
	Group B	54.30	88.58	34.28	38.70	19.36	5.84	5.88	<0.001	HS
4	Group A	1.14	0.57	0.57	50	0.53	0.20	2.82	<0.01	IS
	Group B	2.4	1.5	0.9	37.5	0.31	0.1	9.0	<0.001	HS
5	Single Group	62.9	77.4	-14.5	23.05	13.22	3.98	3.64	<0.01	S
6	Group A	151.78	166.0	-14.21	9.36	19.84	2.65	-5.36	<0.001	HS
	Group B	168.40	186.6	-18.20	10.80	60.90	8.61	-2.11	0.040	S

BT= before treatment, AT= after treatment, SD= Standard deviation, SE= Standard error, HS= highly significant, S= Significant, IS= Insignificant

Table 8: Improvement in foot pressure

Sr. no.	Group	Mean		Mean difference	Relief	SD	SE	't'	р	Remarks
		B.T.	A.T.	-	%	±	±			
1	Group A	27.42	22.85	4.57	16.66	2.87	0.76	5.95	<0.001	HS
	Group B	13.3	16.8	-3.5	26.31	2.17	0.68	5.09	<0.001	HS
2	Group A	17.4	22.4	-5.0	28.7	8.27	2.61	3.8	<0.01	S
	Group B	17.6	18.2	-0.6	3.4	3.62	1.14	8.36	<0.05	S
3	Group A	25.96	30.50	4.54	14.89	2.71	0.72	6.27	<0.001	HS
	Group B	20.59	30.77	10.18	33.16	6.48	3.32	5.21	<0.001	HS
4	Group A	1.0	0.66	0.34	39.13	0.31	0.1	9.0	<0.01	S
	Group B	2.3	1.4	0.9	39.13	0.31	0.1	9.0	<0.001	HS
5	Single Group	2.96	4.46	-1.50	50.50	1.30	0.18	-0.73	0.003	S
6	Group A	62.25	63.00	-0.74	1.19%	1.82	0.24	-3.04	0.004	S
	Group B	60.30	59.60	1.40	2.32%	10.80	1.56	0.89	0.373	IS

BT= before treatment, AT= after treatment, SD= Standard deviation, SE= Standard error, HS= highly significant, S= Significant, IS= Insignificant

DISCUSSION

The spectral concept of health of an individual fluctuates within a range varying from optimum well-being to various degrees of dysfunction. The transition from good health to dysfunction is called disease. One such disease is *Amavata*, which is characteristically a chronic disorder chiefly associated with *Sandhishoola*, *Sandhishotha*, *Sandhigraha* and *Sparsasahatva*. The intensity of pain is of the high grade in comparison to other diseases in *Amavata* during a period of acute exacerbation. All symptoms mention are characteristic of *Ama* & without treating *Ama* it is not possible to treat the disease, so in this trial drugs having *Ushna*, *Tikshna*, *Deepan*, *Pachan*, *Vata-Kapha Shamak*, *Shothhara* properties were used and gave better result.

- Amritadi Vati showed highly significant result in all the subjective criteria like Sandhishoola, Sandhishotha, Sandhigraha, Sparshasahatva and objective criteria like walking time and foot pressure in both group whereas significant result in hand grip in both group which showed the effectiveness of the Amritadi Vati in this trial.
- Amrita Bhallataka Yoga showed highly significant result in subjective criteria like Sandhishoola, Sandhishotha, Sparshasahatva whereas significant result in Sandhigraha and significant result in objective criteria like walking time and foot pressure while insignificant result in hand grip which showed the effectiveness of the Amrita Bhallataka Yoga in this trial.
- Amrita Bhallataka Avaleha showed highly significant result in all
 the subjective criteria like Sandhishoola, Sandhishotha,
 Sandhigraha, Sparshasahatva and objective criteria like hand grip
 and foot pressure in both group and in walking time of group A
 whereas significant result in walking time of group B which showed
 the effectiveness of the Amrita Bhallataka Avaleha in this trial.
- Shiva Guggulu showed highly significant result in the subjective criteria like Sandhishoola, Sandhishotha and Sparshasahatva while significant result in Sandhishotha and Sandhigraha whereas insignificant result in objective criteria like walking time and hand grip while significant result in foot pressure which showed the effectiveness of Shiva Guggulu used in this trial.
- Simhanada Guggulu showed highly significant result in all the subjective criteria like Sandhishoola, Sandhishotha, Sandhigraha, Sparshasahatva and objective criteria like hand grip and foot pressure whereas significant result in walking time which showed the effectiveness of Simhanada Guggulu used in this trial (Trial conducted by Pandey Shweta in 2011 as mentioned above).
- Simhanada Guggulu showed highly significant result in all the subjective criteria like Sandhishoola, Sandhishotha, Sandhigraha and Sparshasahatva while significant result in all the objective criteria like walking time, hand grip and foot pressure which showed the effectiveness of Simhanada Guggulu used in this trial (Trial conducted by Kharadi Pravin in 2012 as mentioned above).
- Erand Sneh and Shunthi Kwath showed highly significant result in all the subjective criteria like Sandhishoola, Sandhishotha, Sandhigraha and Sparshasahatva while highly significant result in the objective criteria like hand grip whereas significant result in walking time and foot pressure which showed the effectiveness of Erand Sneh and Shunthi Kwath used in this trial.
- Shunthi Kwath showed highly significant result in all the subjective
 criteria like Sandhishoola, Sandhishotha, Sandhigraha and
 Sparshasahatva while highly significant result in the objective
 criteria like walking time whereas significant result in hand grip and
 insignificant result in foot pressure which showed the effectiveness
 of Shunthi Kwath used in this trial.
- So almost all the Ayurvedic formulations i.e. Amritadi Vati, Amrita Bhallataka Avaleha, Simhanada Guggulu, Erand Sneh and Shunthi Kwath, Amrita Bhallataka yoga and Shiva Guggulu used in different trials tabulated here showed highly significant/significant result in all/some subjective/objective criteria.

 All the above trials were carried out for short duration. The duration varied from 2 weeks to 12 weeks. This is not enough time to provide complete relief from disease Amavata.

CONCLUSION

Different Ayurvedic formulations used in different trials almost shows highly significant/ significant results in the subjective criteria like Sandhishoola, Sandhishotha, Sandhigraha and Sparshasahatva and objective criteria like walking time, hand grip and foot pressure, thus enhance the quality of life and give better cure to greater extend of patients of Amavata.

REFERENCES

- 1. http://www.rheumatology.org/Rheumatoid arthritis, dated 31/03/18.
- Chakradutta, Amavata Chikitsa Adhikara, chapter 25/14, edited with Vaidhyaprabha Hindi commentary, commented by Dr. Indradev tripathi, Chaukhambha Sanskrit series, Varanasi 1st edition, 2012, page no. 167.
- Siddha Yoga Samgraha, Vata Vyadhi Adhikara, chapter 20/12-14 by Ayurvedmartand Vaidhya Yadav ji Trikam Ji Acharya, Vidhyanath ayurved Bhavana, Napur, 11th edition, 2000, page no. 107-108.
- Bhavaprakash Madhyama Khanda, Kushtha Roga chikitsa Prakarana, chapter 54/75-83, edited with Vidhyotini Hindi commentary, commented by pandit shree Barahmashankar Mishra, Chaukhambha Sanskrit series, Varanasi 11th edition, 2009, page no. 535-536.
- Bhaishajya Ratnavali, Amavata Chikitsa Adhikara, chapter 29/196-199, edited with Vidhyotini Hindi commentary, commented by shree Ambikadutt Shastri, Chaukhambha Prakashana, Varanasi, 19th edition. 2008 page no.628.
- Chakradutta, Amavata Chikitsa Adhikara, chapter 25/31-36, edited with Vaidhyaprabha Hindi commentary, commented by Dr. Indradev tripathi, Chaukhambha Sanskrit series, Varanasi 1st edition, 2012, page no. 168-169
- The Ayurvedic Pharmacopoeia of India part 2, vol 2, published by the controller of publications civil lines Delhi, 1st edition, 2009 page no. 130.
- Chakradutta, Amavata Chikitsa Adhikara, chapter 25/45-48, edited with Vaidhyaprabha Hindi commentary, commented by Dr. Indradev tripathi, Chaukhambha Sanskrit series, Varanasi 1st edition, 2012, page no. 169-170.

HOW TO CITE THIS ARTICLE

Mishra G, Pandya DH. Clinical efficacy of *Ayurvedic* formulations used in *Amavata* (Rheumatoid arthritis): A critical review. J Ayu Herb Med 2018;4(4):180-184.