A Comparative Study on Efficacy of Erandamooladi Nirooha Yogabasti and Ajamodadi Choorna in the Management of Amavata

Dr. Seeta M. Biradar¹, Dr. Amit R. Nampalliwar², Dr. Sateesh S. Patil³, Dr. Shruti Hiremath⁴

¹M.D. (Ayu), Ph.D. (Scholar), Associate Professor & HOD, Department of Roganidana, BLDEA’S AVS Ayurveda Mahavidyalaya, Vijayapur, Karnataka, India. drseetabijapur[at]gmail.com
²M.D., Ph.D. (Ayu.), Reader & HOD, Department of Rognidan & Vikriti Vigyan, Government Ayurved College & Hospital, Bilaspur (C.G.), India
³Associate Professor, Department of Swasthvrta
⁴Assistant Professor, Department of Kriyashareer, BLDEA’S AVS Ayurveda Mahavidyalaya Vidyalaya Vijayapur, Karnataka, India

Abstract: Ayurveda being the age old science has taken foremost place in the management of Crippling diseases. Out of these Amavata is among them. Whereas Amavata can be compared to Rheumatoid Arthritis in clinical appearance, it is a chronic joint inflammatory disease where in joint becomes swollen, painful & stiff. Drugs like NSAIDS have side effects whereas DMARDS have renal and hepatic suppression. Nidanaparivarjana, Samshodhana and Samshodhana are principles discussed in Ayurveda for the management of all diseases. Keeping in the above view. The present study was undertaken to see the efficacy of Erandamooladi Niroohabasti & Ajamodadi choorna in the management of Amavata. For the study, 30 patients having symptoms of Amavata like joint pain, swelling, stiffness, etc were selected from IPD and OPD of Shri Mallikarjun Swamiji Post Graduate & Research Centre, Vijayapur. Here patients were randomly divided into 2 groups. Group-A, 15 patients were administered with Yoga basti that include Erandamooladi niroohabasti and Bhraasaindhavadi taila as anwasaana basti. In Group-B, 15 patients were administered with Ajamodadi choorna. Whereas RA factor, Hematological and Routine tests as Hb%, ESR are carried out. For the assessment of results, the clinical parameters were followed. The results obtained were statistically analyzed and the mean percentage, S.D, S.E, and ‘t’ value by using the paired ‘t’ test were calculated. After the study, it was observed that, Group-A of patients in which Yogabasti was given have significant results compared to the patients of Ajamodadi of Group-B.

Keywords: Ama, Agni, Amavata, Erandamooladiniroohabasti, Ajamodadichoorna

1. Introduction

Amavata, especially Rheumatoid arthritis is one of the chronic diseases, which has been causing immense suffering to the people throughout the world. In recent past tremendous progress has been made in the understanding of this disease. In spite of all such developments the problem of Amavata, Rheumatoid arthritis in modern parlance remains a big social problem, because of its chronicity & ignorance of its cause due to which no specific treatment could be evolved. There are various potent remedies in modern medicine capable of suppressing the disease activity but none c approach of them gives prominent cure. The most realistic approach today is to discuss the management of this disease in the context of words such as “control” and “relief” rather than the cause.

Ayurveda described aetiological factors with the reference of Agni, unique concept of Ayurvedic science, according to which hypofunctioning of agni is the root cause of disease, which results into the production of Ama. This Ama is stimulated by the aggravated vatadasha getting settled in trikas and his, characterized by pathogenesis immense pain in joints with inflammation; fever and ultimately stiffness of the joints. Causative factors Ama & Vata have equal importance in the pathogenesis of disease. The undigested ahararaasa or Ama acts like Visha in the body. In early stages, only the joint involvement can be seen with cardinal features like angamarda, aruchi, alasya, jvara, and angashoorna etc. but if it is not treated with systemic procedures, then through the madhayamrogamarga, it will lead to cardiac damage and further complications like the involvement of gastrointestinal, cardiovascular, nervous, urinary and respiratory system also. In its chronic phase, frequent aggravation of its entities concludes as cripplers for the human being. Amavata can be compared to Rheumatoid arthritis is one of the chronic diseases, which has been

Occurrence of RA with respect Female: Male is 3:1.0.8% of population are affected. Rate of prevalence increases with age & sex difference diminishes in the older age group. RA is seen throughout the world and affects all races. Here present study was undertaken to evaluate the comparative efficacy of Erandamooladinirooha (Yogabasti) & Ajamodadichoorna in the management of Amavata.

30 cases of Amavata were selected for the present study. 12 patients were of 20-30yrs, 14 patients were of 40–50yrs, in this study out of 30 cases more (17) females were Housewives, which only reflects the normal occupation of majority of females in this area. Maximum number of patients were of vatakaphapakruti, this prakruti play a major role in

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causation of disease. In this study it is observed that patients of madhyamsatva are maximum. Agnimandya is the major cause of the disease, here maximum number of patient presented with agnimandya. The effect of treatment was assessed in relation to cardinal signs & symptoms.

2. Aims & Objectives

1) To evaluate the efficacy of Yoga basti and Ajamodadichoorna in the management of Amavata.
2) To highlight the original approach of Ayurveda in understanding aetiopathogenesis of Amavata.
3) To workout the certain clinical & laboratory modern correlates of this disease like Rheumatoid Arthritis.

3. Materials & Methods

Selection of Patients
Patients were selected randomly irrespective of sex and religion from the O.P.D and I.P.D of Kayachikitsa Department of Dr. B. N. M. Rural Ayurvedic Medical College and Hospital, Vijapur. Patients diagnosed as Amavata were selected after preliminary examinations.

After screening them as per Ayurvedic and Modern criteria for Amavata disease, selection were carried out according to relevant history, signs & symptoms including laboratory investigation and the patients were given written informed consent to participate in the clinical trial selected for clinical study.

Inclusion criteria
1) Amavata was diagnosed according to classical and modern signs and symptoms.
2) Diagnosis of RA, guideline issued by American Rheumatism Association 1987.
3) Patients of both sex between the age group 20 to 50 years.
4) Patient is willing for Basti karma.

Exclusion criteria
1) Those who are suffering from a complication of Amavata.
2) Patients below 20 years and above 50 years.
3) Juvenile RA, septic arthritis, Rheumatic heart disease.
4) RA with the involvement of others.

Subjective Criteria

Diagnostic criteria:
In this study, the guideline laid down by the classical Ayurvedic texts as well as American rheumatism association in 1987 in the selection of patients
1) Sandhi Shula (Joint pain)
2) Sandhi Shotha (Joint swelling)
3) Sparshasahatwa (Joint tenderness)
4) Stabdata (Joint stiffness)
5) Angamarda (Bodyache)
6) Ariuchi (Anorexia)
7) Alarya (Laziness)

B) Objective Criteria:
Following Laboratory investigation were performed before treatment, after treatment and follow up to assess the severity and clinical improvements.

1) Blood – HB %, TLC, DLC, ESR, Rheumatoid Factor (RF)

Method of Yogabasti and Ajamodadichoorna administration

Group-A: 15 patients were administered the Yoga Basti in which 3ErandamooladiqwathaNiroohaBasti and 5 Anuvasana Basti by Brhatsaundhavatitaila.

Group-B: 15 patients were administered with Ajamodadichoorna 1gm three times a day with ushnajala before food for 4 weeks.

Withdrawal from the Study:
1) Discontinuation of treatment during trial.
2) Development of any complication at any point of time when treatment is continuing.

Period of Study – 1 month (4 weeks)

Follow Up - Patients are advised for follow up after 1 month.

Clinical assessment was made in two ways:
1) Severity: For the severity of individual signs and symptoms were assessed by adopting a suitable scoring method and overall assessment is given in clinical proforma.
2) Clinical improvement (CI) was graded as following, by assessing individual symptoms and overall performance as following

Gradation of Symptoms:
Following Ayurveda Clinical Symptoms of Amavata were observed with grading of 0 (Absent), 1 (Mild), 2 (Moderate), 3 (Severe) and 4 (Agonizing).

a) Sandhi Shula (Joint pain):
0) No pain
1) Mild Pain
2) Moderate pain but no difficulty in moving.
3) Severe pain with slight difficulty in joint movement remain throughout day & requires no medication
4) Agonizing pains with more difficulty in joint movement disturbing sleep & requires strong analgesics.

b) Sandhi Shotha (Joint swelling):
0) No swelling
1) Slight swelling
2) Moderate swelling
3) Severe swelling with diurnal variation
4) Severe swelling without diurnal variation
c) *Sparshasahatwa* (Joint tenderness):  
0) No tenderness  
1) Subjective experience of tenderness  
2) Wincing of face on pressure  
3) Wincing of face & withdrawal of affected part  
4) Resists touch  

d) *Stabdata* (Joint stiffness):  
0) No stiffness  
1) Stiffness lasting for 1/2hr (30min)  
2) Stiffness lasting for 30min-1hr  
3) Stiffness lasting for 1-4hr  
4) Stiffness lasting more than 4hrs  

e) *Angamarda* (Bodyache):  
0) no musculoskeletal pain  
1) Occasional musculoskeletal  
2) Continuous musculoskeletal pain but patient is able to do work  
3) Continuous diffuse musculoskeletal pain which hampers routine work  
4) Due to continuous diffuse musculoskeletal pain patient unable to do any work.  

f) *Aruchi* (Anorexia):  

4.1 Results after Treatment  

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<th>Mean</th>
<th>Sample Size</th>
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4. Observations and Results  
Total 30 patients were taken for the clinical study & were randomly allocated to Group-A and Group-B.  

The observations for the present study were done in 3 stages.  
1) General observations for overall patients.  
2) Observations for individual groups.  
3) Results related observations for individual groups.
Result: The two-tailed P value is < 0.001, for many symptoms, in the group-A. This concludes that difference between values Before & After treatment is considered to be Highly significant (HS). But in some symptoms like Sandhi Shula (Joint pain) and Sandhi Shotha (Joint swelling) of Group- A it is significant (S), whereas in symptoms Sandhi Shotha (Joint swelling), Angamarda (Bodyache) and Alasya (Laziness) of Group-B it is not significant (NS).

Table 3: Showing difference between total score of two groups symptomatically

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<tr>
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<th>Group-B</th>
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<td>Passed normality</td>
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Test applied unpaired ‘t’ test, Two tailed ‘p’ value =0.1849, considered not statistically significant.

Result: The results were obtained by considering the difference in symptoms for total score of the two group; the ‘p’ value is 0.1849 which indicates not significant difference between two groups.

5. Discussion

In present clinical study of 30 cases of Amavata were selected, while seeing Age factor, 12 patients were of 20 -30yrs, 14 patients were of 40-50yrs. True to the basic factor of disease, that is predominance in females, in this study out of 30 cases more (17) females were Housewives, which only reflects the normal occupation of majority females in this area. Maximum number of patients were of vatakaphaparaprakrutti, this prakrutti play a major role in causation of disease.

In clinical study it is observed that maximum number of patients were of Madhyam Satva suggesting as in any other disease greater susceptibility among those who are not in the peak of their health. Maximum number of patients noted Agnimandya symptoms suggesting that the mandagni is the major pact in the causation of disease. The effect of treatment was assessed in relation to cardinal signs & symptoms.

Sandhi Shula (Joint pain) variables:
The mean initial symptom score in pain was 2.87, which is reduced to 1.53 after the treatment in Basti group. By statically analysis this improvement proved to be highly significant. Ajamodadi group it give the significant results.

Sandhi Shotha (Joint swelling) variables:
In swelling 2.6 was the mean score before treatment which later reduced to 1.4 after the treatment. This is statistically significant in Basti group. Whereas non-significant in Ajamodadi group

Sparshasahatwa (Joint tenderness) variables:
In tenderness 2.6 was the mean score before treatment which later reduced to 1.06 after treatment in Basti group & statistically showed highly significant where in Ajamodadi group showed non significant. In the follow up, Basti group showed highly significant & Ajamodadi group showed significant results.

Stabdata (Joint stiffness) variables:
In stiffness 2.8 was the mean score before treatment which later reduced to 1.4 after treatment in Basti group where as in Ajamodadi group it is 1.3, inbasti group statistically showed highly significant where it showed significant in Ajamodadi group. In follow up statistically highly significant in Basti group & significant in Ajamodadi group.

Angamarda (Bodyache):
In Angamarda mean score was 2.8 before treatment which later reduced to 1.06 statistically showed highly significanct in Basti group. Where as in Ajamodadi group showed non-significant results. In follow up, statistically showed highly significant results in Basti group. Where as in Ajamodadi group showed statistically non-significant results.

Aruchi (Anorexia):
In Aruchi mean score was 2.4 before treatment which later increased to 0.80 statistically significant in Basti group & significant in Ajamodadi group. In follow up, statistically highly significant in Basti group & highly significant in Ajamodadi group.

Alasya (Laziness):
In Alasya, mean score was 2.46 before treatment which later increased to 0.80 statistically higher significantly after treatment in Basti group. Where as in Ajamodadi group showed non-significant. In follow up statistically showed highly significant in Basti group & significant in Ajamodadi group.

The difference between both groups makes it clear that the clinical efficacy of Group A (Yogabasti) with Erandamooladi nirooha basti was better than that of Group B (Ajamodadichooorna).

Probable mode of action of Erandamooladinroohabasti:
Erandamooldinroohabasti is highly effective in normalizing Apanavata dysfunctions & cures disease. It helps in enhancing the appetite & improves digestion. It is good for obese persons which helps or scraping of excessive fat in the body. This basti acts as Lekhaneyea basti and removes the blockage of fæces, urine & hence relieves pain.

Brhatsaindhavadi taila is selected for Anuvasanabhasthi, in this main ingredient is Erandataila, so the probable mode of action of Erandataila is kaphavatashamaka and ushnaveerya. It acts as deepanaalso clears microchannels (srotoshodhana). It is mentioned as the best vatahara. So by the virtue of all these property erandataila acts very effectively in the disease Amavata. So considering all the above properties of each drug preparations used work very effectively as a whole in disease Amavata.
The probable mode of action of *Basti* may be as follows: Whenever we administer *basti*, it is observed that first it acts as *snehana*, next as *vatadosha*, afterwards increases bala of patient later acts on *Rasadhatu, Raktha, Mamsa, Medha* and *Asthi*. *Eranda* is the drug of choice mentioned in *Yogaratnakar* in *Amavatichikitsa*.

*Bhratsaindhavadi taila* is selected for *Anuvasanbasti*, in this main ingredient is *Erandataila*, so the probable mode of action of *Erandataila* is *kaphavatashamaka* and *ushnaveerya*. It acts as *deepanaalso* clears microchannels (*srotoshodhana*). It is mentioned as the best *vatahara*. So by the virtue of all these property erandataila acts very effectively in the disease *Amavata*. So considering all the above properties of each drug preparations worked very effectively as a whole in disease *Amavata*.

Probable mode of action of *Ajamodadichoorna* Here as *kapha* and *vatahara* are predominant in *Amavata*. The combination has shown the main action against *kaphavatadoshas* by virtue of its veerya (81% of drugs have *ushnaveerya*). From the *samprapti* of *Amavata*, it is clear that the main *dushya* involved is *rasa, pippalimoola, chitraka* etc. show deepana, pachana property which improves the function of *Agni*. The choorna will stop further *ama* production & helps to break the basic pathology. *Ama* means unripe & undigested *annarasa*. It needs proper *paka*. By virtue of *ushnaveerya* (81% of total drugs) & *deepana, pachana* property *amapachana* will take place. Drugs like *shunti, pippali, pippalimoola, chitraka* etc. are proved as the best *amapachaka*, so the preparation will act on *Ama*. The combination shows 61% of total drugs have a *katurasana*. *Katurasa* improves digestion & made the first *dhatu* in proper form, so the combination will act on *Rasadhatu*. In the combination maximum percent of drugs like *shunti, pippali*.

6. Conclusion

Amavata is the due to the hypo-functioning of *Agni*, the tendency towards sedentary lifestyle & faulty dietary habits, leads to vitiation of *Vata* and *Kapha* in turn leading to the production of *Ama*. *Pathyapathya* played very important role in the present study. Maximum patients having *Vata-Kapha* in this study. The formulation used in this study contains drugs having *Katu, Tiktarasa, Ushnaveerya, Katuviropa*, and having a *Laghu, Raksha* properties. *Yogabasti* which contains *Niroohabasti* by *Erandamooladi gwatha* and *Anuvasana basti* by *Bhratsaindhuvadi taila* proved effective in the treatment of *Amavata*. *Ajamodadi choorna* proved effective as *Agnideepana* and *Amapachana*.

References


