

Clinical evaluation of Guduchi Kwatha in management of Amavata

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ABSTRACT-

Amavata is one of the diseases which badly captured the large number of population. From the modern point of view, this disease looks similar to rheumatoid arthritis in its clinical appearance. Management of Amavata is merely insufficient in other system of medicine & the world continuously looking with hope towards Ayurveda to overcome the challenge.

The main aim of this present study is to observe the role of Guduchi Kwatha in management of Amavata. In this study 30 patients were selected as per Proforma of inclusive criteria in study group and same way another 30 patients were selected in control group from I.P.D. & O.P.D. of Arogyashala Rugnalaya, Nashik. In control group patient treated with gandharvahastadi kashay. Medicines were given for 21 days with regular follow-up after every 7 days. Observations were done as per the criteria of

assessment. Significant relief observed in shool, shwayathu, kathinya, angamarda, kshudhamandya, sparshasahatva and Jwara. The results of study group were found better than the results of control group.

Key words- Amavata, Guduchi kwatha, Gandharvahastadi kashay.

INTRODUCTION

Amavata is one of the challenging disease for the physicians due to its chronicity, incurability, complications and morbidity. Modern medical science has concluded that even after administration of their best drugs. The disease has a tendency to persist progress and cripples the patient therefore they consider it as a disease of remission and replaces. Amavata the term desires from the words as "Ama" and "vata" the word ama is the condition which in various aliments in system due to its toxic effect. The Ama when combines with vata dosha and occupies in sleshma sthana(Asthi Sandhi) results painful

disease”Amavata” The disease is characterized by various features like sandhishoola in the nature of Toda, swelling inability of joints movements etc. The clinical presentation of Amavata closely mimics with rheumatoid arthritis, treatment provides the symptomatic relief but the underlined pathology goes on unchecked due to the absence of effective therapy. The Ayurvedic approach to the treatment is the need of our as no system is successful in providing the complete cure to this disease, so, Amavata is a challenging and a burning problem of medical science. According to the nature of disease it is essential to work on such therapy which has Ama and vatahara properties. In the present comparative study is an effort of Amavata, in which selected drugs are Guduchi kwatha & Gandharvahastadi kashay. Guduchii has been selected for making Guduchi kwatha because Guduchi is used traditionally and very effective and its Rasayana, Vatashamaka, Balya, vedana sthapana and Ama pachana properties will help to disrupt the Samprapti vighatana of Amavata. More than 120 research works on Amavata have been reported in different institution throughout India.

In this research work 60 patients were registered and were randomly divided into two groups. In Group-A: Guduchikwatha was given for 21 day while in Group-B: Gandharvahastadi kashay was given for 21 days.

Aim: To evaluate the efficacy of Guduchi kwatha in management of Amavata.

Objectives:

- To reduce the symptoms of Amavata such as; shoola, shotha, kathinya, angamarda, kshudhamandya, sparshasahatva & jwara.
- To conduct comparative study of Guduchi kwatha with Gandharvahastadi kashay in the management of Amavata.

Materials and methods:

Study type: Clinical study.

Study design: It was open, randomized, preliminary clinical study.

Source of Data: Patients were selected from OPD and IPD of A.S.S .Arogyashala Hospital, Nashik, having classical clinical features of Amavata. as well fulfilling inclusion and exclusion criteria.

Sample size: Total 60 patients were selected for the present study.

Inclusion criteria:

- Age: 18-60 years
- Sex: Both sex(mainly female as majority of occurrence)
- Socio Economical status: all
- Patients of Amavata presenting features as per Ayurvedic text such as Shula, Shwayathu (swelling), Kathinya (stiffness), Sparshasahatva (tenderness), angamarda (bodyache), Kshudhamandya (anorexia), Jwara (fever).

Exclusive Criteria:

- Tuberculosis (of any system)
- Infective pathology of any system.
- Renal diseases
- Chronic joint deformity
- Pregnancy
- Gout, SLE

- Steroid dependent

Grouping Of Patients:

In this study, selected 60 patients were equally divided into 2 groups.

	Group A (Experimental Group) treated with Guduchi kwatha	Group B (Control Group) treated with Gandharvahastadi Kashay.
Kala	Pragbhakta i.e. before meal (twice/day)	Pragbhakta i.e. before meal (twice/day)
Matra	40ml	40ml
Duration	21days	21days
Anupana	Koshna jala	Koshna jala
Follow-up	D7, D14, D21	D7, D14, D21

Clinical Assessment Will Be Done As Follow:**A) Subjective parameters:****1) Pain (Shula):**

Grade	Score	Feature
0	0	Nil
+	1	Pain felt only at time of movement
++	2	Persistent pain not affecting daily routine.
+++	3	Persistent pain that affect daily routine

2)Swelling (Shwayathu):

Grade	Score	Feature
0	0	Nil
+	1	Pain felt only at time of movement
++	2	Persistent pain not affecting daily routine.
+++	3	Persistent pain sensation, affect daily routine

2) Stiffness (Kathinya):

Grade	Score	Feature
0	0	Nil
+	1	Painful movement
++	2	Restricted movement
+++	3	Total loss of movement

4) Angamarda (Bodyache):

Grade	Score	Feature
0	0	Absent
+	1	Occasional
++	2	After extra work load
+++	3	After daily work
++++	4	Always

5) Kshudhamandya (Anorexia):

Grade	Score	Feature
0	0	Desire for food for 3 times a day
+	1	Desire for food for 2 times a day
++	2	Desire for food for once a day
+++	3	No desire for food

B) Objective Criteria:**1) Tenderness (Sparshaasahatva):**

Grade	Score	Feature
0	0	Nil
+	1	Tenderness on pressure
++	2	Tenderness on touch
+++	3	Patient will not allow the joint to be touched

2)Jwara (Fever):

Grade	Score	Feature
0	0	97 ⁰ fto 98.3 ⁰ f
+	1	98.3 ⁰ fto 100 ⁰ f
++	2	100 ⁰ fto 102 ⁰ f
+++	3	102 ⁰ fto 103 ⁰ f

Investigation:

CBC , ESR, RA TEST

Observation and Result:

All statistical analysis is done by χ^2 -test and t-test, where 'p' value <0.05 were considered to be statistically

significant. All the observations in reduction of symptoms and statistical analysis are given in table¹.

Symptoms	χ^2 value			Result
	D ₇	D ₁₄	D ₂₁	
Shoola	0.36	2.30	4.40	significant
Shotha	3.96	1.14	6.3	significant
Kathinya	5.23	4	5.44	significant
Angamarda	2.86	1.08	8.56	significant
Kshudhadhikya	0.08	0.15	1.06	Not-significant
Sparshasahatva	3.32	5.44	7.2	significant
Jwara	0.33	0.516	0.54	Not-significant

Objective parameters	Paired 't' value		Unpaired 't' value
	Group A	Group B	
Hb	3.29	5.29	0.5
TLC	1.71	1.84	0.39
ESR	8.85	6.82	4.53

Discussion:

The aim of the study is to do comparative clinical evaluation of Guduchi kwatha with Gandharvahastadi Kashay in Amavata. All the patients of study group and control group showed improvement in signs and symptoms of Amavata. These were assessed by statistical methods applied on subjective criteria like pain (shoola), swelling (shawayathu), kathinya (stiffness), Angamarda (Bodyache) & Kshudhamandya (Anorexia), as well as on objective criteria i.e. tenderness (sparshashatva) & Jwara (Fever).

The statistical analysis of the efficacies of study drug Guduchi Kwatha and Control drug Gandharvahastadi kashay in Amavata was done by applying 'Chi' Square and 't' test. This significant relief may be due to the Amapachana effect of Guduchi kwatha, It helps to digest the Ama and removing of the obstruction to the normal movement of Vata with vatashamana effect and anti inflammatory effect.

The prepared shamana yoga (Guduchi kwatha) possess shothahara and shula prashamana qualities and gives desired Rasayan effect. The drug suitably acts on vitiated vata & kapha and produce the ultimate effect. Samprapti Vighatana is said to be the treatment. Therefore the action of a drug means to dismantle the Samprapti Ghataka of the disease. Ama can be compared to the unstable reactive Free Radicals in the human body. Free radicals are the main cause of many disease and degenerative changes in the

body. Generally the body can handle free radicals, but if antioxidants are not available, or the free-radical production becomes much more excessive, then damage can occur. Oxidative stress plays important role in arthritis.

Osteoblastic effect- It affects proliferation, differentiation and mineralisation of bone matrix on osteoblast. Stimulates growth of osteoblast, increasing differentiation of cells into osteoblastic lineage & also increases the mineralization of bone matrix. B-ecdysone has anti-osteoporotic effect.

Antioxidant effect- Increase erythrocytes membrane lipid peroxide & catalyse activity. Also possess possible inhibitors of aldose reductase & antioxidant effect. Shows strong free radical scavenging properties.

Immunomodulator property- Active compounds- 11-hydroxymustakone, N-methyl-2-pyrrolidone, N-formylannonain, cordi-folioside A, magnoflorine, tinocordicide & synergin acts as a immunomodulator. They act by boosting the phagocytic activity of macrophages, production of reactive oxygen species (ROS) in human neutrophil cell. Enhancement in nitric oxide production by stimulation of spleenocytes and macrophages indication of antitumor effect. It influence the cytokine production, mitogenesis, stimulation & activation of immune effector cells. It helps in up-regulation of IL-6, cytokines resulting in acute reaction to injury, inflammation, activation of cytotoxic T-cell & B-cell differentiation. Activates human lymphocytes with down stream

synthesis of pro- & anti inflammatory cytokines.

Conclusion:

From the clinical trials conducted for the study "Clinical evaluation of Guduchii Kwatha with Gandharvahastadi kashay in Amavata" following conclusion are drawn:

On the basis of statistical tests of significance, Guduchi Kwatha is more effective than Gandharvahastadi kashay in reducing pain, swelling, stiffness and tenderness of the affected joints in Amavata. No significant changes in R.A.TEST in both the groups; Thus it can be concluded that Guduchi Kwatha is significantly effective in the management of Amavata.

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