

Research article**The role of Pathyadi Churna in Aamavata – a clinical study**Shrikant S. Kulat^{1*}, Varsha P. Desai²Assistant professor^{1,2}Department of Kayachikitsa¹, Department of Shalakyatantra²^{1,2}Dr. Vandanatai J. Dhone Gramin Ayurved College, Patur, Maharashtra, India-431536*** Corresponding Author:** Dr. Shrikant S. Kulat, E-mail: drsk888@gmail.com

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ABSTRACT:

Aamavata is defined as the state in which simultaneously *Vata* and *Ama* gets aggravated and localizes in the *Trik Sandhis* and produces stiffness all over the body. *Madhava* emphasizes that it is a systemic disorder where digestive and metabolic mechanism are involved. In modern science, it is been correlated to Rheumatoid arthritis. It is the most common form of chronic inflammation potentially crippling with multisystem involvement affecting approximately 1 % of adult population. Onset is between 30 and 50 years but can occur at any age and females are more prone. In present case study, years female came with the complaints of multiple joint pain especially in major joints, on and off swelling over ankle and wrist joint since a year, morning stiffness for 1 hour, loss of appetite and constipation since 6 months, able to walk with the help of walker since 1 month, difficulty in performing the daily routine activity. Assessment was done based on subjective parameters and the investigations. In the treatment intervention we advised oral medications *Pathyadi Churna* with *Koshna Jala* for therapy for 90 days duration. After the treatment marked result were obtained in the symptoms and patient was able to perform routine activities. Hence *Ayurvedic* intervention provided good results and enhanced the quality of life.

KEY WORDS: *Aamavata*, *Pathyadi Churna*, Rheumatoid arthritis, *Trik Sandhis***INTRODUCTION:**

व्याधीनां आश्रयो ह्येष आमसन्दन्यतिदारुणः ।

(मा. नि. आमवात २५/४)

Aamavata is disease of *Rasavaha*, *Majjawa* *Srotas* and is a *Madhyama Margagata Vyadhi*. According to *Acharya Madhavakar* in the above shloka it is said that all the *Vyadhis* take *Ashraya* of *Ama* and become *Atidarun* means become tough to cure. *Aamavata* is also caused due to *ama* so is a major disease and may not only render the patient bed ridden, but also loss of precious time in their life. *Ama* is considered as the major causative factor of the disease.

“उष्णोऽल्पबलत्वेन धातुमाद्यमपाचितम् ।

दुष्टमामाश्रयगतं रसमामं प्रचक्षते ॥” (अ. ह. सू. 13/25)

Due to *Agnidaurbalya* food is not digested properly and it converts in *Apachit aahar Ras*. This *Apakva Rasa* is called as *Ama*.

In today's fast globalised world and improper lifestyle leads to many health problems one of the major diseases which the world is facing is *Aamavata*.

Aamavata is chronic diseases and not only it affects the body and health but also affects day today activities of

human being so the patient is hampered physically as well as mentally. If the disease progresses permanent deformity can occur.

After keen observation when we study “*Aamavata*” this clinical picture clearly resembles with the disease *Rheumatoid Arthritis*. *Rheumatoid Arthritis* is a multisystemic disorder having the prevalence rate approximately 0.8% of population (Range 0.3-2.1) and woman are affected three time more often than man.

The morbidity and mortality rate also reported to be very high.

In between today's available, conventional management for *Aamavata* *Ayurvedic* treatment is the best among them.

Although lots of work has been done on *Aamavata*, still the disease challenges out medical sciences and still *Aamavata* is incurable diseases it requires further research and proper treatment by *Ayurvedic* medicine.

When I came across the reference of *Bhaishajay Ratnawali Adhyaya* No. 29. *Aath Aamrogadhikar*. We taking in to all consideration of above factors it was decide to study “*Role of Pathyadi Churna in Aamavata*”.

AIM AND OBJECTIVES**Aim:**

To assess the Role of Pathyadi Churna in Aamavata.

Objectives:

1. To study Aamavata according to Ayurvedic Literature.
2. To assess the role of Pathyadi Churna in Aamavata.

MATERIAL AND METHODS:**a. Criteria for Inclusion:**

1. Patient having the textual signs & symptoms of Aamavata.
2. The patients of Age group 20 to 60 years will be selected.

The patients will be selected irrespective of sex, religion.

b. Criteria for Exclusion:

1. Vatarakta, Sandhigatavata.
2. Aamavata Upadravas like Jwara (Rheumatic Fever), Hrudgraha(IHD), Bhrama, etc.
3. Garbhini.
4. Any other major illness like HTN, AIDS, TB, DM (Uncontrolled), Maliganacy.
5. The patient below 20 years and above 60 years.

c. Criteria for Withdrawal:

Those not giving proper follow up

Therapy:

Route of administration -	Oral
Dose -	5 gm Twice a day
Time -	Ananna Kal (Before lunch and Before Dinner)
Duration -	3 months
Anupan -	Ushanodak
Follow up -	After every 15 days

METHOD:**Criteria for assessment:**

Clinical assessment was done according to ARA criteria for the classification of Rheumatoid Arthritis, Symptoms, self- assessment and improvement on the basis of following gradation

1. Joint Score:

The no. of clinically involved joints was determined.

Score 3	: Involved more than 5 joints.
Score 2	: involved joints between 3-5.
Score 1	: at least 2 joints.
Score 0	: less than 2 joints.

2. Duration of morning stiffness:

Score 3	: above 60 min.
Score 2	: for 30-59 min.
Score 1	: for 0-29 min.
Score 0	: no stiffness

3. Severity of Pain: (by VAS)

Score 3	: Severe pain with restricted movement disturbing sleep
Score 2	: Moderate pain with slight difficulty in movement
Score 1	: Mild pain but no difficulty in movement
Score 0	: No pain

VAS - Visual Analogue Scale - There is a 10 cm horizontal line for pain assessment. Each cm indicates digit from 0 to 10.0 indicate no pain. 1 to 3 indicates mild pain. 4 to 6 indicates moderate pain & 7 to 10 indicate severe pain.

4. Tenderness:

Score 3	: Severe (Resist touching)
Score 2	: Moderate(wincing of face with drawl of affected part on pressure)
Score 1	: Mild (wincing of face on pressure)
Score 0	: Absent

• Objective parameters:**1. Swelling:**

Score 3	: Severely present covering surrounding structure
Score 2	: Markedly Present covering joint only
Score 1	: Slightly Present (on and off of swelling)
Score 0	: Absent

2. Local Temperature of affected joints:

Score 3	: Severe(surrounding joint structure)
Score 2	: Moderate(feeling of burning at joint and outside the joint)
Score 1	: Mild (feeling of burning at joint but not outside the joint)
Score 0	: Normal

3. Grip Strength:

Measured by recording the pressure that patients can exert by squeezing a partially inflated balloon (at a starting of 20 mm of Hg) of a standard sphygmo-manometer.

Score 3	: Poor (below 38 mm of Hg)
Score 2	: Moderate (40-140 mm of Hg)
Score 1	: Mild (142-280 mm of Hg)
Score 0	: Normal (above 282 mm of Hg)

4. Functional Score:

Score 3	: Unable to do
Score 2	: With the help of other person or device
Score 1	: Able to do with difficulty
Score 0	: Able to do without any difficulty

• Overall Score :

1 - 8	: Mild	Grade I
9 - 16	: Moderate	Grade II
17 - 24	: Severe	Grade III

Relief of Symptoms:

Patient will be assessed during treatment and result will be drawn.

Good Change : No any complaints.

Moderate Change: 2 steps down.

Mild Change : 1 steps down.

No Change : Any change in complaints.

Laboratory investigations:

Lab investigations were done before & after treatment.

1. R. A. Factor

2. E. S. R.

OBSERVATION AND RESULTS:**Table No. 1: Observations and Statistical results of symptoms**

Joint score	Day-0		Day-90		Relief%	ANOVA Bonferronis test	
	Mean score	SD	Mean score	SD		P value	Significance
	1.967	0.7649	1.567	0.7739	20.33	P>0.05	Not significant
Duration Morning stiffness	Day-0		Day-90		Relief %	ANOVA bonferonis test	
	Mean score	SD	Mean score	SD		P value	Significance
	2.6	0.5632	1.4	0.6215	46.15	p<0.001	Extremely significant
Severity of pain	Day-0		Day-90		Relief%	ANOVA bonferonis test	
	Mean score	SD	Mean score	SD		P value	Significance
	2.6	0.4983	1.2	0.4068	53.84	p<0.001	Extremely significant
Tenderness	Day-0		Day-90		Relief%	ANOVA bonferonis test	
	Mean score	SD	Mean score	SD		P value	significance
	2.6	0.4983	1.067	0.4498	58.96	p<0.001	Extremely significant
Swelling	Day-0		Day-90		Relief%	ANOVA bonferonis test	
	Mean score	SD	Mean score	SD		P value	Significance
	2.6	0.4983	1.003	0.4901	60.29	p<0.001	Extremely significant
Local temperature of joint	Day-0		Day-90		Relief%	ANOVA bonferonis test	
	Mean score	SD	Mean score	SD		P value	significance
	2.733	0.4498	1.067	0.4498	60.95	p<0.001	Extremely significant
Grip Strength	Day-0		Day-90		Relief%	ANOVA bonferonis test	
	Mean score	SD	Mean score	SD		P value	Significance
	2.6	0.4983	0.9	0.4807	65.38	p<0.001	Extremely significant
Functional score	Day-0		Day-90		Relief%	ANOVA bonferonis test	
	Mean score	SD	Mean score	SD		P value	Significance
	2.333	0.4795	0.9667	0.7649	58.56	p<0.001	Extremely significant
Total Score	Day-0		Day-90		Relief%	ANOVA bonferonis test	
	Mean score	SD	Mean score	SD		P value	Significance
	19.9	2.524	9.233	2.674	53.6	p<0.001	Extremely significant

- Overall effect of therapies -

The treatment of Aamavata with complied in 90 days. After this result has been assisted

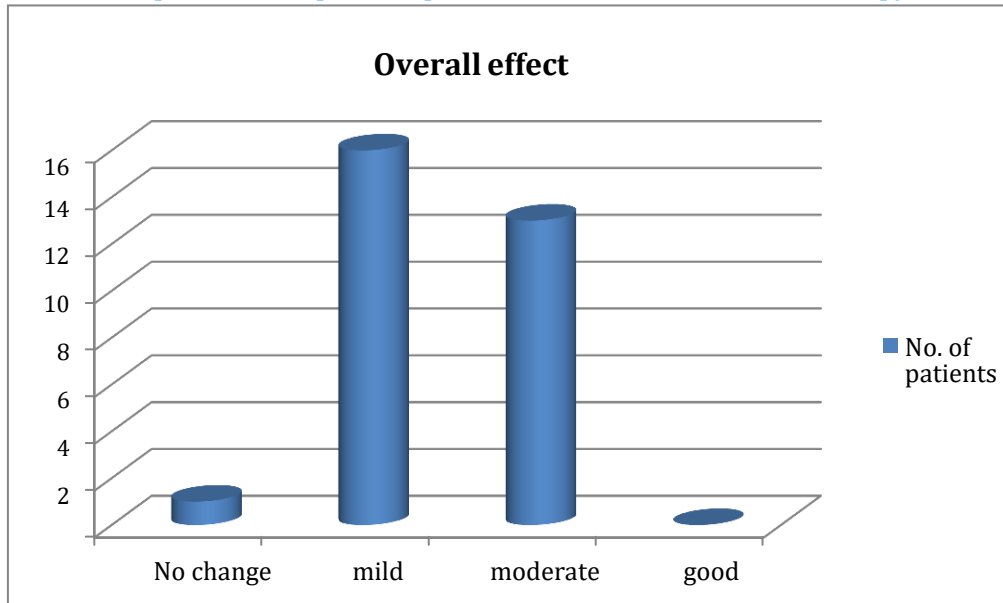
Table No. 2: Overall effect of therapies

Overall effect	Numbers of Patients
No change	1
Mild	16
Moderate	13
Good	0

- Effect of therapies on cardinal signs & symptoms-

All the patients in this study appeared with cardinal signs / symptoms of Aamavata. The therapies were found significant in relieving the symptoms.

Graph No. 1: Graphical representation of overall effect of therapy



- **On Duration of Morning Stiffness:**

In this study improvement was recorded in the duration of morning joint stiffness. The percentage was found to be 46.15%.

Vitiated vata propels ama to sandhis replacing shleshaka kapha. Hence, normal function of shleshaka kapha is hampered, leading to morning stiffness. As stambha is sheeta gunatmaka, ushna virya and katu rasa of Pathyadi Churna may have done vatashamana and amapachana. And thus Pathyadi Churna may have relieved morning stiffness.

- **On Severity of Pain :**

On the severity of pain the effect of Pathyadi Churna is extremely significant effective 53.84% Probably by means of ushna, katu rasa properties, Pathyadi Churna reaches up to the subtle levels and brings about both amapachana as well as removal of obstruction resulting in to vatanulomana. Thus, pain in aamavata might have been relieved.

- **On swelling :**

In this study 60.29% relief found in a patients When ama obstructs the micro channels of body, it causes accumulation of malabhavas i.e. kleda which leads to symptom sandhishotha. Due to katu-tikta rasa and shothahara properties of Pathyadi Churna it may result in to amapachana and kleda shoshana.

- **On tenderness:**

When assessed for tenderness 58.96% average relief was observed in all patients, which was found statistically extremely significant. ($P < 0.001$). Tenderness is mainly due to inflammation of joint capsule. Pathyadi Churna

might have subsided inflammation and thus tenderness might have reduced.

- **Effect on general symptoms:**

When the patients were assessed for the associated symptoms, it was observed that patients showed relief from angamarda, jvara, apaka, agnidaurbalya, bahumutrata, vidvibaddhata, aruchi, alaysa, and angagaurava.

Agnimandya, ama production at tissue level, dhatu kshaya, vitiation of vata due to ama, are the major events taking place in the pathogenesis, thus eliciting the above symptoms. Pathyadi Churna being agnivardhaka might have improved digestion thus overcoming agnidaurbalya.

Pathyadi Churna might have relieved the obstruction in rasavaha and swedavaha srotasas there by relieving angamarda and jvara.

Vidvibaddhata in Aamavata is due to obstruction of normal motion of apana vayu and improper differentiation of ahara (sara-kitta vidhajana). Pathyadi Churna might have improvised sara-kitta vibhajana and normalised the motion of apana vayu there by might have relieved vidvibaddhata.

Dhatvagnimandya in Aamavata leads to excess production of kleda and hence leads to symptom bahumutrata. Pathyadi Churna might have improved dhatvagnis and minimised kleda formation. Thus bahumutrata might have relieved.

Pathyadi Churna might have lead to production of samyak rasa dhatu by agnivardhana and pachana there by enhancing its "Prinana" karma. And hence might have relieved alaysa. In the general associated symptoms patients showed relief in angamarda, trishna, jvara, apaka, agnidaurbalya bahumutrata, kukshishoola, nidraviparyaya, vidvibaddhata and anaha.

DISCUSSION:

At the end of the study following discussion was made on the basis of observation and statistical analysis. Achieved result of this study support.

- The previously established fact of prevalent ratio of disease more in female than male. Aamavata is chronic in nature and it has insidious onset.
- It may aggravate within a very short time period. Predominance of vata, kapha & mandagni along with tridosha dusti was found. Maximum doshanubandha found as vata & kapha. All the 5 types of vata play a major role in the disease process.
- Maximum numbers of patients in the study sample were having Madhya kostha (70%) and krura kostha (20%) which shows the disturbance in kapha & vata dosha.
- From the dashavidha rogi pareeksha - we can conclude that - most of patients in the study sample were having madhya sara, samhanana, pramana with predominance of vata kapha prakriti, avara vyayama shakti & ahara shakti, irregular dietary pattern & bowel habit.
- The maximum joints involved in Aamavata is MCPJs, PIPJs, MTPs followed by knee, wrist & elbow joints. Since Sandhis are the sthanas of Shleshma Kapha, any joint of the body can be involved in Aamavata.
- Presence of Rheumatoid factor does not help in diagnosis of RA rather it helps to consider prognosis.
- The efficacy of Pathyadi churna proved in reducing cardinal signs and symptoms and general symptoms of Aamavata.
- We can say on the present study that, The drug in this study was very effective in agnivardhana and amapachana. It also improves dhatvagnis.
- It was a very good combination of Shoolaghana, Shothaghna and Amapachaka Dravyas. So Pathyadi churna is very effective in reducing pain, swelling and stiffness.
- Regarding the Nidana sevana - it is found that guru, shita, abhishyandi, ahara, vishamashana, diva swapna, nischestata, bhojanattara vyayama chinta, shoka are the most atiological aggravative factors of the disease Aamavata.
- The drug was effective in reducing the srota dusti lakshana i.e., Rasavaha, Annavaha, Asthivaha & Majjavaha srota dusti.
- On the basis of observations of the studies, administration of Pathyadi churna may be recommended for the management of Aamavata.

CONCLUSION:

At the end of the study, following conclusion can be drawn on the basis of observations made and results accomplished.

- It can be concluded that the pathyadi churna is effective in reducing lakshana of Aamvata
- It can be concluded that the drug taken for the trial Pathyadi Churna was found effective in destroying the pathogenesis of Aamavata.
- The main hetus were sedentary life, mix diet addiction like tea, alcohol consumption, and smoking.
- Disease becomes more active during 41-60 years. Females are more prone to Aamavata.
- 8 patients were drop out because of not giving proper follow-up.
- The 3 months span for treatment of Aamavata with Pathyadi churna was insufficient because Aamavata is chronic disease as the chronicity increases the patients will need more prolong treatment.

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