



## CLINICAL APPRAISAL ON YOGARAJ GUGGULU, MAHARASNADI KWATH, AND LAGHU VISHGARBA TAILA FOR MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)

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## ABSTRACT

A total of 56 patients had been enrolled from O.P.D. & I.P.D. of Central Ayurveda Research Institute, Kolkata according to the criteria for diagnosis of *Amavata* (Rheumatoid arthritis) for the clinical observation. 50 patients had completed the treatment schedule out of the enrolled 56 patients and 6 patients had dropped out from the clinical observation before the completion of treatment. Three Ayurvedic medicines i.e., *Yogaraj Guggulu*, *Maharasnadi Kwath*, and *Laghu Vishgarbha taila* have been selected for clinical observation on the management of *Amavata* (Rheumatoid arthritis). The treatment schedule was that 500 mg *Yogaraj Guggulu* should be taken orally twice daily after food with lukewarm water for 8 weeks, *Maharasnadi Kwath* 25 ml should be taken orally twice daily before food for 8 weeks and *Laghu Vishgarbha taila* applied locally twice daily over affected joints for 8 weeks. In this study it is observed that *Amavata* is more simulated to Rheumatoid arthritis as per its clinical features and pathogenesis; maximum 31 to 50 years age group of female patients was affected with *Amavata* (Rheumatoid arthritis); the majority of the *Amavata* (Rheumatoid arthritis) patients had been shown moderate remission and there was no complication during the observation.

**Keywords:** Amavata, Rheumatoid arthritis, Yogaraj Guggulu, Maharasnadi Kwath, Laghu Vishgarbha taila.

## INTRODUCTION

In Ayurveda *Madhavakar* (700AD) first mentioned *Amavata* as a special disease entity in his book *Mdhavnidan*. Amavata is a chronic systemic disease with especially involvement of multiple joints. *Ama* (biotoxin) and *Vata* (biophysical force) take an important role in the *samprapti* (pathogenesis) of *Amavata*<sup>1</sup>. Rheumatoid arthritis is a chronic, progressive autoimmune arthropathy characterized by bilateral symmetrical involvement of joints with some systemic clinical manifestations<sup>2</sup>. *Amavata* is closely resembled Rheumatoid arthritis according to its clinical manifestations and pathogenesis. Different kinds of Ayurvedic managements have been described in Ayurvedic classical books for the treatment purpose of *Amavata* (Rheumatoid arthritis). *Amavata* (Rheumatoid arthritis) is a painful disease, and it is a burning problem in society as till now suitable effective treatment for Rheumatoid arthritis is not available in modern medicine. Young, aged people are mainly suffered from this disease, and patients are gradually crippled both physically and psychologically due to its bad prognosis. It draws more attention to different research scholars for research purposes on this disease. Three Ayurvedic medicins i.e., *Yogaraj Guggulu*, *Maharasnadi Kwath*, and *Laghu Vishgarbha taila* have been selected for clinical observation on the management of *Amavata* (Rheumatoid arthritis).

### Materials and Methods:

A total of 56 patients had been enrolled from O.P.D. & I.P.D. of Central Ayurveda Research Institute, Kolkata according to the criteria for diagnosis of *Amavata* (Rheumatoid arthritis) for the clinical observation, and 6 patients out of 56 had dropped out from the observation before completion of treatment.

### Inclusion criteria:

1) Age of the patient should be 18 years to 60 years.

2) Patient who had clinical manifestations of *Amavata* (Rheumatoid arthritis) as per the Ayurvedic classics.

3) Patient who had clinical manifestations as per the American College of Rheumatology (ASIA), 1987-Reversed criteria for Rheumatoid arthritis<sup>3</sup>.

### Exclusion criteria:

1) Rheumatic arthritis, Osteoarthritis, Gouty arthritis, Traumatic arthritis, Psoriatic arthritis, Septic arthritis, SLE (Systemic lupus erythematosus).

2) Hypertension, Diabetes Mellitus, Liver problems, Cardiac problems, Renal problems, Thyroid problems, Tuberculosis, HIV, and any kind of Malignancy.

3) Patient age below 18 years and above 60 years.

### Plan of observation:

50 patients had completed the treatment schedule out of the enrolled 56 patients and 6 patients had left the treatment schedule before completion of the observation. The treatment schedule was that 500 mg *Yogaraj Guggulu*<sup>4</sup> should be taken orally twice daily after food with lukewarm water for 8 weeks, *Maharasnadi Kwath*<sup>5</sup> 25 ml should be taken orally twice daily before food for 8 weeks and *Laghu Vishgarbha taila*<sup>6</sup> applied locally twice daily over affected joints for 8 weeks.

During the observation period, some instructions had been advised to patients to avoid intake of black gram, curds, ice cream, banana, coconut, cold drinks, tobacco, smoking, alcohol, alcohol-containing beverages, cold water for bathing, sleep in the daytime and to use lukewarm water for bathing.

### Observations and Discussion:

A total of 56 patients were enrolled for the observation and drop out patients were 6. Hence observations on 56 patients and results of the overall effect of the treatment on 50 patients are described as follows.

**Table – 1: Age-wise distribution of 56 patients of Amavata**

| Age (in years) | Number of Patients | Percent (%) |
|----------------|--------------------|-------------|
| 18 – 30        | 10                 | 17.86       |
| 31 – 40        | 28                 | 50.00       |
| 41 – 50        | 12                 | 21.43       |
| 51 – 60        | 6                  | 10.71       |

**Table – 2: Sex-wise distribution of 56 patients of Amavata**

| Sex    | Number of Patients | Percent (%) |
|--------|--------------------|-------------|
| Male   | 15                 | 26.79       |
| Female | 41                 | 73.21       |

**Table – 3: Family history-wise distribution of 56 patients of Amavata.**

| Family History  | Number of Patients | Percent (%) |
|-----------------|--------------------|-------------|
| Positive (+ve.) | 16                 | 28.57       |
| Negative (-ve.) | 40                 | 71.43       |

**Table – 4: Onset-wise distribution of 56 patients of Amavata.**

| Onset     | Number of Patients | Percent (%) |
|-----------|--------------------|-------------|
| Gradual   | 37                 | 66.07       |
| Acute     | 03                 | 05.36       |
| Insidious | 16                 | 28.57       |

**Table – 5: Chronicity-wise distribution of 56 patients of Amavata.**

| Chronicity (in years) | Number of Patients | Percent (%) |
|-----------------------|--------------------|-------------|
| Less than 2 years     | 26                 | 46.43       |
| 2+ to 4 yrs           | 22                 | 39.29       |
| 4+ to 6 yrs           | 06                 | 10.71       |
| More than 6 yrs       | 02                 | 03.57       |

**Table – 6: Kala-wise distribution of 56 patients of Amavata.**

| Kala           | Number of Patients | Percent (%) |
|----------------|--------------------|-------------|
| Shita & Varsha | 56                 | 100         |
| Others         | 00                 | 00          |

**Table – 7: Agni-wise distribution of 56 patients of Amavata**

| Agni    | Number of Patients | Percent (%) |
|---------|--------------------|-------------|
| Manda   | 48                 | 85.71       |
| Vishama | 08                 | 14.29       |
| Tikshna | 00                 | 00          |
| Sama    | 00                 | 00          |

**Table– 8: DehaPrakriti wise distribution of 56 patients of Amavata**

| DehaPrakriti | Number of Patients | Percent (%) |
|--------------|--------------------|-------------|
| Vata-kapha   | 37                 | 66.07       |
| Vata-pitta   | 11                 | 19.64       |
| kapha-Pitta  | 08                 | 14.29       |

**Table – 9: ManasikPrakriti-wise distribution of 56 patients of Amavata.**

| ManasikPrakriti | Number of Patients | Percent (%) |
|-----------------|--------------------|-------------|
| Satvik          | 00                 | 00          |
| Rajasik         | 12                 | 21.43       |
| Tamasik         | 44                 | 78.57       |

**Table No.-10: Overall Effect of the Treatment on 50 patients of Amavata:**

| Overall Effect of the Therapy: Effects | No. of Patients | Percentage (%) |
|--|-----------------|----------------|
| Complete Remission                     | 00              | 00             |
| Major Remission                        | 14              | 28             |
| Moderate Remission                     | 28              | 56             |
| Minor Remission                        | 08              | 16             |
| No- Remission                          | 00              | 00             |

The majority of the patients i.e., 50% belonged to the 31 – 50 years of age group, and the maximum numbers of patients i.e., 73.21% were female. 71.43% of patients were having Negative Family history, 66.07% of patients were having Gradual Onset, and 46.43% of patients were having Chronicity of fewer than 2 years. Most of the patients i.e., 85.71% were of Mandagni. 66.07% of patients were *Vata-Kapha Prakriti* (Vata-Kapha physical constitution), and 78.57% of patients were *Tamasik Manasik Prakriti* (Tamasik mental constitution). Clinical features of all the patients had been aggravated in *Shitaritu* (winter season) & *Varsharitu* (Rainy season). The overall Effect of the Treatment on 50 patients of the clinical observation was evaluated in that majority of the patients i.e., 56% showed moderate remission, 28% of patients showed major remission, and 16% of patients showed minor remission. Complete remission and no-remission patients were nil in the study.

The complication was not found in patients during the observation.

## CONCLUSION

It is concluded that *Amavata* is more simulated to Rheumatoid arthritis as per its clinical features and pathogenesis. Maximum female patients and 31 to 50 years age group of patients were affected with *Amavata* (Rheumatoid arthritis). In this clinical observation majority of the *Amavata* (Rheumatoid arthritis) patients had been shown moderate remission and there was no complication during the observation. More research studies are necessary for more scientific acceptance of the Ayurvedic treatment of *Amavata* (Rheumatoid Arthritis).

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