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Upashayaatmaka Adhyayana of Amavata W.S.R to Rheumatoid Arthritis- by Pippalichurna

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ABSTRACT

Amavata is an *amapradoshajavatavyadhi* in which *hagnimandya* is the root cause. This can be closely correlated to Rheumatoid arthritis, which is a chronic immuno-inflammatory disease of unknown aetiology, marked by symmetric polyarthritis. This study was carried out to find the extent of *upashayaatmakatha* of *pippalichurna* in clinically diagnosed cases of *Amavata* and to observe the values of ESR (Erythrocyte sedimentation rate), CRP (C-reactive protein) and RF (Rheumatoid factor). In this study 30 patients, clinically diagnosed with *Amavata* was selected and administered 3gm *pippalichurna* with warm water before food twice a day for 7 days. The observations of the study indicated that *upashayatmakatwa* of *pippalichurna* shows significant levels of relief and therefore, it can be considered as confirmatory diagnostic tool and ESR, RF and CRP can be considered as supportive diagnostic tools for *amavata*.

KEYWORDS

Amavata, Rheumatoid arthritis, Upashaya, Pippalichurna, ESR, CRP, RF



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INTRODUCTION

Ayurveda, the ancient system of medicine which evolved through millennia, deals with the practices for healthy life and the measures for eradication of various ailments. But abnormal food habits and changes in life style have contributed to a number of diseases which have become a challenge to the human race as well as the medical community. *Amavata* is a *vatavyadhi* in which *Ama* (improperly digested food) has a major role and the root cause behind the pathogenesis of *amavata* is *agnimandya* (decreased digestive power). State of *agnimandya* leads to production of *ama* and further leads to *vataprakopa* (vitiating *vatadosha*) along with other *doshas* and gets lodged in *shleshmasthanas* especially *sandhibs* (joints), manifested as *Sandhishthabdhattha* (stiffness of joints), *Sandhishunatha* (swelling of joints), *Angamarda* (general body ache), *Alasya* (malaise), *Jwara* (fever),¹ etc, and these can be correlated with the features of Rheumatoid arthritis.

Rheumatoid arthritis is a chronic immunoinflammatory disease of unknown aetiology marked by symmetric and peripheral polyarthritis, which often results in joint

damage and physical disability² and it is the 2nd common arthritis after Osteoarthritis and is the most common inflammatory arthritis. The incidence of RA increases between 25 and 55 years of age, after which it plateaus until the age of 75 and then decreases². The incidence of female to male ratio is 6:1³. RA causes significant morbidity⁴.

Classical diagnosis of *Ayurvedic* diseases is obtained by thorough analysis of its *NidanaPanchaka*. The probable diagnosis of the disease can be achieved by the analysis of *Nidana* (aetiology), *Purvarupa* (prodromal symptoms), *Rupa* (clinical diagnostic signs and symptoms) and *Samprapthi* (pathogenesis) and the confirmation of the disease can be done by its *Upashayanupashaya*. *Upashaya* is not treatment, but more of a trial to confirm the diagnosis prior to treatment by the application of drug, food or regimen.

By considering the above factors, the present study was aimed at the *upashayatmaka adhyayana of Amavata* w.s.r to Rheumatoid arthritis by *Pippalichurna*, which is mentioned in *Bhavaprakasha Nighantu*, to establish the probable *Ayurvedic* confirmatory diagnostic tool for *amavata*.

MATERIALS AND METHODS



Source of data:

The details on literature of *Amavata* were incorporated from the *Ayurvedic Classics* and the literature of Rheumatoid Arthritis from contemporary texts. A minimum of 30 patients excluding dropouts of either sex diagnosed to be suffering from *Amavata* were selected from OPD, IPD and camps conducted at Shri J.G.C.H.S Ayurvedic Hospital, Ghataprabha. *Pippalichurna* prepared from *Rasashastra* laboratory of Shri J.G.C.H.S. Ayurvedic College, Ghataprabha had been used for *upashayatmaka adhyayana*.

(a) Diagnostic Criteria

Patients were diagnosed clinically on the basis of complete history taking and physical examination.

b) Inclusion Criteria

- Patients fulfilling the classical signs and symptoms of *Amavata*.
- Patients aged between 16-60 years.
- Patients of either sex.

c) Exclusion Criteria

- Patients with complications and other chronic systemic diseases.
- Pregnant women and lactating mothers

(d) Posology

Pippalichurna, 3gm⁵ will be administered twice a day with warm water before meals.

(e) Duration of the study

Duration of the study is 7 days.

(f) Follow up:

As it is an observational diagnostic study, on 8th day the clinical changes occurred in subjective parameters were assessed for the evaluation of *upashayaatmakatha* of *pippalichurna* in relation to *amavata*.

(g) Assessment Criteria

The assessment was made on the basis of the subjective and objective parameters and they were graded from minimum 0 to maximum 3. Conclusion was drawn on the basis of suitable analysis.

Observations and Results:

Critical Analysis of Subjective Parameters:

30 patients were divided into 3 groups according to the clinically diagnosed signs and symptoms exhibited by them. 13.33% were clinically diagnosed as *Amavata* with symptoms *Sandhishabdhattha*, *sandhitoda*, *sandhishula*, *angamarda*, *aruchi*, *gaurava* and *jwara*. 60% with *sandhishabdhattha*, *sandhitoda*, *sandhishunatha*, *aruchi*, *angamarda*, *gaurava* and *alasya*. 26.67% with *sandhishabdhattha*, *sandhitoda*, *apaka* and *trishna*.

Table 1 Critical Analysis of Subjective Parameters



Parameters	No of patients	Percentage
Group1: <i>Sandhisthabdhatha, sandhitoda, sandhishunatha, Angamarda, aruchi, gaurava, jwara</i>	4	13.33
Group2: <i>Sandhisthabdhatha, sandhitoda, sandhishunatha, aruchi, angamarda, gaurava, alasya</i>	18	60
Group3: <i>Sandhisthabdhatha, sandhitoda, apaka, trishna</i>	8	26.67

Overall Assessment of Symptoms

Out of 30 patients, 100% each having *sandhisthabdhatha and sandhitoda*; 73.33% each having *sandhishunatha, angamarda,*

aruchi and gaurava. 60% having *alasya*.

26.67% each having *trishna* and *apaka*.

13.33% having *jwara*.

Table 2 Overall assessments of Symptoms

Symptoms	No of patients	Percentage
<i>Sandhisthabdhatha</i>	30	100
<i>Sandhishunatha</i>	22	73.33
<i>Sandhitoda</i>	30	100
<i>Angamarda</i>	22	73.33
<i>Aruchi</i>	22	73.33
<i>Trishna</i>	08	26.67
<i>Alasya</i>	18	60
<i>Gaurava</i>	22	73.33
<i>Jwara</i>	04	13.33
<i>Apaka</i>	08	26.67

Assessment of ESR, CRP, RF.

Out of 30 patients, 43.33% having grade 2 ESR levels, 30% having grade 1 ESR levels and 26.67% having grade 3 ESR levels. 66.67% having grade 1 CRP levels,

23.33% having grade 3 CRP levels and 10% having grade 2 CRP levels. 60% having grade 2 RF results and 40% having grade 1RF results.

Table 3 Observed Values of ESR, CRP, RF

Parameter	Grading	No.of patients	Percentage
ESR	1	09	30
	2	13	43.33
	3	08	26.67
CRP	1	20	66.67
	2	03	10
	3	07	23.33
RF	1	12	40
	2	18	60

Role of Pippali Churna as Upashaya

The subjective parameters had been given grading from 0 to 3 according to their

severity. Then gradings had been taken and recorded before and after administration of *pippali churna*. And the statistical analysis



was done on the basis of paired 't' test. The

results are as follows:

Table 4 Upashayaatmakatha of Pippali Churna

Parameter	N	Mean score		% of relief	X	S.D	S.E	t	p
		BU	AU						
<i>Sandhisthabdhatha</i>	30	2.37	2.07	12.65	0.3	0.458	0.084	3.585	0.0012
<i>Sandhishunatha</i>	30	1.5	1.17	22	0.33	0.608	0.111	2.97	0.0059
<i>Sandhitoda</i>	30	2.37	2.07	12.66	0.3	0.458	0.084	3.585	0.0012
<i>Angamarda</i>	30	1.3	0.73	43.84	0.57	0.495	0.0904	6.30	<0.0001
<i>Trisna</i>	30	0.6	0.33	45	0.267	0.442	0.0807	3.307	0.0025
<i>Alasya</i>	30	1.23	0.83	32.52	0.4	0.49	0.089	4.47	0.0001
<i>Gaurava</i>	30	1.33	0.73	45.11	0.6	0.553	0.101	5.93	<0.0001
<i>Jwara</i>	30	0.33	0.07	78.78	0.233	0.615	0.1123	2.07	0.0475

After *upashaya*, the percentage of relief of subjective parameters were 12.65%, 22%, 12.66%, 43.84%, 49.62%, 45%, 32.52%, 45.11% and 78.78% respectively and the levels of significance were 0.0012, 0.0059, 0.0012, <0.0001, <0.0001, 0.0025, 0.0001, <0.0001 and 0.0475 respectively.

DISCUSSION

In this study, among the *nidanapanchakas*, *upashaya* had been chosen as the diagnostic tool, instead of a treatment modality. *Upashaya* in modern terms is nothing but therapeutic test. As per *Ayurveda*, use of medicaments, dietary regimens and *viharas* which bring lasting relief are known as

Upashaya. In *BhavaprakashaNighantu*, while discussing the therapeutic uses of *pippali*, *Amavata* has been mentioned. *Pippali* is having *agnideepana* property which will result in correcting *agnimandya* and thereby inducing *amapachana*. Also *pippali* is *vata- kaphahara, ruchya, tridosahara and rasayana*. Its also indicated in other symptoms of *Amavata* like *trishna, jwara, shula*, etc. By this study, an attempt had been made to observe the extent of *upashayaatmaka* property of *pippali* on the various symptoms of *Amavata* viz *Sandhisthabdhatha, Sandhitoda, Sandhishunatha, Angamarda, Aruchi, Apaka, Alasya, Trishna, Gaurava, Jwara*. Among 30 patients, all the patients ie



100% experienced Sandhishabdhattha and *sandhitoda*. *Sandhishunatha*, *angamarda*, *aruchi*, and *gaurava* experienced by 73.33% patients and *Alasya* by 60% patients. *Trishna* and *apaka* experienced by 26.67% patients and *Jwara* by 13.33%. Chronic cases had shown grade 1 and 2 ESR levels and acute cases had shown grade 3 ESR levels. *Amavata* patients with *jwara* and *sandhishunatha* were showing grade 3 CRP levels. In clinically diagnosed cases of *Amavata* 60% were seropositive and 40% were seronegative. *Rasa* predominance in *pippali* is *katu*, *tiktha* and *madhura*, *veerya* being *anushna* and *vipaka* *rasa* *madhura*. All this aids in alleviating both *vata* and *ama* (properties similar to vitiated *kapha*) without contradicting the other one. Its *deepana* in nature, and *Amavata* being an *agnimandyajanyavikara*, this is one among the best drug of choice. It increases the quality of *Agni*, thereby aiding *amapachana* and bringing down the *vata* vitiated due to *srothosanga* and the symptoms of the disease too.

CONCLUSION

Amavata is a *vatapradhana*, *amapradoshajanyavikara* mainly caused by *agnimandya*. Based on *nidan*, consumption of *virudhahara*, *divaswapna*

and *chintha* are more likely to cause *amavata*. Based on the incidence of subjective parameters, *sandhishabdhattha*, *sandhishunatha* and *sandhitoda* could be considered as *pratyatmalakshanas*, and *angamarda*, *aruchi*, *alasya*, *trishna*, *gaurava*, *jwara* and *apaka* could be the *anubandha lakshanas*. The values of ESR, CRP and RF of clinically diagnosed cases of *Amavata* showed marked variations so these can be considered as supportive diagnostic tool for *amavata*. Significant levels of relief had been observed in clinical features after *upashaya* with *pippali churna*. The mean scores changing from 2.37 to 2.07 in *Sandhishabdhattha*, 1.5 to 1.17 in *Sandhishunatha*, 2.37 to 2.07 in *Sandhitoda*, which is statistically significant. The mean score changed from 1.3 to 0.73 in *Angamarda*, 1.33 to 0.67 in *Aruchi*, 0.6 to 0.33 in *Trishna*, 1.23 to 0.83 in *Alasya*, 1.33 to 0.73 in *Gaurava*, 0.33 to 0.07 in *jwara* and 0.67 to 0.43 in *Apaka*, which is statistically extremely significant. So the conclusion is that *upashaya* by *pippalichurna* could be a confirmatory diagnostic tool for *Amavata*.

Suggestion: Based on the present observation, it can be concluded that *pippali churna* helps in the confirmation of diagnosis of *Amavata*, with duration of 7

days cost effectively. It is suggested that the *upashayatmaka adhyayana* of *pippali churna* can be carried out for less than 7 days to reduce the delay in the confirmation of *Amavata*.



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