Efficacy of Kulatthayusha on Samata With Reference of Amyata

Dr Pushpa Gawale.

Professor and HOD Dept of kayachikitsa. Dhanwantari Ayurved college ,Udgir. Email gawalepushpa@gmail.com

Dr Hemant Maske

Assist. Professor dept of Shalyatantra Government Ayurved college Nanded email <u>hemantmaske2010@gmail.com</u>

Abstract

The object of study is to evaluate the effect of Kulatthayusha on samata with reference Amavata. Samata is root cause of all diseases. In Amavata, samata is must. No Amavata occurs without Samata. Majority of Amalakshana are found in Amavata. In Samhitas Kulatthi is described as Laghu, Bhedak and Pachak. A comparative clinical study was done on 30 patients of experimental group and 30 patients of control group. Experimental group was given only Kulatthyusha avoiding meals while control group was given placebo medicines. The effect of Kulatthyusha was assessed on the basis of improvement obtained in terms of score given to signs and symptoms. The statistical data showed that Kulatthyusha reduces the symptoms of Samata so Amavata.

Keywords Ama, Amavata, Kulatthyusha

Introduction.

Majority of peoples in society are suffering

from joint pain. Severity of pain is different in each patients. Due to pain in joint, patients are unable for doing their daily routine. They become dependent on others. In Amavata large joints are mostly affected and pain at joint is very severe. In Ayurved Samhitas severity of pain is described as severe as scorpion bite. Inflammation and increased temperature at joints are also present in Amavata. Anorexia, mild to moderate fever, body ache are general symptoms found in amavata. These general symptoms are found due to samata.

Langhana is described as a best treatment for Sam Rasdhatu. Instead of langhana we decided to give Kulatthyusha instead of meals. Kulatthi is a legume in food grains. It is is used as a dietary content. Kulatthi is easily available and financially efficient also.

Aims and objects.

- 1) To evaluate the efficacy of Kulatthyusha on Samata in amavata.
- 2) To give very effective and financially efficient treatment without side effects.
- 3) To study the medical properties of dietary content.

Materials and methods

Material:- Kulatthi

Instrument.:-Equipments for making yusha.

Type of study :- Comparative study between experimental group and control group

Place of study: - Kayachikitsa OPD and IPD at Government ayurved college Nanded.

Sample size:- 60 patients out of which 30 patients are for experimental group and 30 patients for control group

Duration of treatmen: Up to receiving signs of niramata not more than 20 days

Follow up on 0,10,20,30 days

Inclusion criteria:- Patients between the age group 15 to 60 years having severe joint pain and swelling at joints with local increased temperature.

Exclusion criteria. Patients below 15 years and above 60 years.

Patients having joint pain but no symptoms of Samata.

- Patients with other complications.
- Patients who develop dhatukshaya.
- Clinical symptoms

General symptoms are joint pain, swelling at joint, local increased temperature, fever, anorexia, malaise, weaknes are present in Amavata. Among all the symptoms, joint pain swelling at joints and local increased temperature are taken into consideration for data collection.

Email id's:- aiirjpramod@gmail.com Or aayushijournal@gmail.com Chief Editor: - Pramod P. Tandale (Mob.08999250451) website :- www.aiirjournal.com

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Observation

Table.(study)

S r · N o	Parvasan dhi			Gulfsand hi			Janusan dhi			Maniban dhsandhi			Kurpurs andhi			S					
	S	S	U		S	S	U		S	S	U		S	S	U		S	S	U		
	h	h	S		h	h	S		h	h	S		h	h	s		h	h	S		
	О	О	h		О	О	h		О	О	h		О	О	h		О	О	h		
	О	t	m		О	t	m		О	t	m		О	t	m		О	t	m		
	1	h	a		1	h	a		1	h	a		1	h	a		1	h	a		
		a								a				a				a			
Sandhishoth. :- By measurement. Sandhishoola Severe. +++																					

According to joints involvement

Group	Nu mbe r of pati ents	Knee joints	Ankle joint	Elbow	Wrist
Experiment al	30	25 (86.33%)	16 (53.33%)	19 (83.5%)	16 (53.33 %)
Control	30	27(90%)	20 (66.66%)	17 (56.66%)	15 (50%)
Total	60	52 (86.86%)	36 (60%)	36 (60%)	31 (51.66%)

Right knee joint swelling statistical analysis

Sandhishoola Severe. Moderate. Mild. Absent. 0 Sandhiushma. Severe +++ Moderate. Mild. 0 Absent.

Investigations. CBC, R.A. test, ESR, BSL, X-RAY (if needed)

Dose of Kulatthyusha: - Daily 100 grams of Kulatthi for making Yush.

Statistical assessment :-

Symptoms like joint pain, joint inflammation and increase in the local temperature at joints are taken for observations from both experimental and control groups. After giving Kulatthyusha to experimental group and placebo with regular meals to control group we got some observations at 10days, 20 days, 30 days follow up.

Observations...According to age and sex

Age	Experimental group	Contro	ol group	Total		
15-30	9 (30%)	10(33	19(31.66%)			
32-45	16 (53.33%)	12(40	28(46.66%)			
45-60	05 (16.66%)	08(26	13(21.66%)			
Sex	Experimental group	Control group		Total		
Female	17(56.66%)	16(53.33%)		33(55%)		
Males		13 (43.33%)	14 (46.66%)	27 (45%)		

0 to 30 day Mean of SD SE t P difference **Experiment** 4.125 0.125 0.38 6.466 p<0.05 group Control -2.6253.499 0.670 -0.39p > 0.05

Discussion

- 1) This is a comparative study between experimental and control group. While doing study the experimental group was given only Kulatthyusha as a full diet and control group was given placebo drugs with routine Hospital diet.
- 2) During treatment period we got some observations, collected as data. application of paired t test to data we received the value of p. The value of p is < 0.05 in experimental group and p is >0.05 in control group. So the effect of Kulatthyusha is a significant in experimental group
- 3) Amayata is more found in age group of 15 to 45 years of age than the middle age group and more in females than males.
- During study, physical exertion done by patient just after meals is most frequently founded causative factor.
- 5) Ushahpan, Nishapan, Atijalapan are also found as a hetu in most of patients.

Conclusion

- 1) In this study ,in experimental group the value of p< 0.05 show the effect of Kulatthyusha is statistically significant while in control group the value of p > 0.05 which is non significant.
- 2) By the use of kulatthayusha other symptoms like Fever, Anorexia, Bodyache also found

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- decreased. By all above observations we got an conclusion that samata in amavata can be treated by kulatthayusha.
- 3) Kulatthi is dietary content which is financially efficient and easily available for patients.
- 4) This study presents a window of opportunity for further study.

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