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Randomized Clinical Study of Assess the Efficacy of Erandamul, Shunthi, Ajmoda Churna with Vaishwanar Churna in Management of Amavata

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Introduction

The changing life style of human being by means

of dietetic and behavior pattern plays a major role in the manifestation of several disorders. Thus, this type of pattern also leads to the development of various diseases like Amavata. Amavata is caused by mainly Ama and vitiated Vata. Ama is product of Angidaurbalya. The disease rheumatoid arthritis can be presented as very similar to Amavata. Due to their similar mode of presentation, the disease rheumatoid arthritis can be broadly grouped under the heading Amavata.

Due to wide spectrum of disease, much prevalence in the society and lack of effective medicament, the disease is being chosen for the study. Modern drugs are not for cure and directed towards improving quality of life only. They have various side effects on immune system and body. Considering the longer duration of therapy each and every patient surely can't afford its cost. Hence, herbal drug like Vaishwanarchurna which is cost effective was selected for trials in Amavata

Aims and Objectives

Primary aim was to evaluate efficacy of erandamul, shunthi and ajmoda churna in Amavata patients and secondary aim was to compare efficacy of erandamul, shunthi and ajmoda churna against vaishvanar churna.

Review of Literature

First of all, previous work done checked out. Literary data regarding Ama, Vata, Agni, Sandhi, Amavata, its Nidan Panchaka & Chikitsa was studied in detail from Ayurvedic classical texts. For further correlation Structure of Joints, Rheumatoid Arthristis, its Etiopathology & Line of treatment was studied in details from modern text books. Previous works done also referred time to time as guideline during the work.

Materials and Methods Contents Proportion: Trial Drug

- 1. Erandamul Churna 1 part
- 2. Shunthi Churna 1 part
- 3. Ajmoda churna 1 part

Vaishvanar Churna

- 1. Saindhav 2 Parts
- 2. Yavani 2 Parts
- 3. Ajvayan 3 Parts
- 4. Shunthi 5 Parts
- 5. Haritaki 12 Parts 🕥 BBR 4/66649

60 patients of Amavata were selected by Simple Randomized Sampling Technique irrespective of age, religion, socioeconomic status, education etc. Computer generated **Random number table** was used.

Patients, Literary data, Case Record Forms and Drugs were the main materials of the study. Study was carried out in Kayachikitsa OPD and IPD of Institute attached Ayurveda Hospital of our college. Study type was Randomized Controlled Trials. Study was carried out in two groups. Patients of Trial Group were treated with Trial Drug and patients of Control Group were treated with Vaishwanar Churna. Patients fulfilling inclusion were selected randomly. Subjective criteria (symptoms) parameters were noted in case forms before, during and after study as per certain gradations.

Inclusion Criteria

- 1. Patients suffering from Amavata.
- 2. Age >20 yrs. and <60 yrs.
- 3. Both sexes.

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4.]		re willing for trials and	to give					Jwaralakshana, without rise in temp.	1
	clusion Criter							Jwaralakshana, upto 100 ⁰ F	2
		oup <20 yrs. and >60yrs. ndhigataVata, STD, In	fectious					Jwara above 100 ⁰ F temperature	3
disea	se.				6	Apaka		Absence of indigestion	0
	egnant and Lact agnostic Crite	e						Feeling hungry 8hrs after intake of food	1
	0	oms of Amavata. (Figure -	4.2)					Feeling hungry 12hrs after intake of food	2
	riteria for Wit							Feeling hungry 24hrs after intake of food	3
	•	ling regular follow ups.			7	AngaShoo	nata	No swelling	0
		lverse effects of any of dr	ugs.er	d				Slight swelling	1
	Subjective	parameters were Ang	amarda,					Moderate swelling with pain during movement	2
Arucl Anga	, , , ,	Alasya, Jwara, ola, Raga, Daha and S	Apaka, tambha.					Severe swelling with immobilization of joints	3
-		ment (Marked, Moderate			8	Shoola		No pain	0
Poor)	were decided	to j <mark>udge efficacy.</mark>	,					Mild pain during movement	1
Sr.	sment criteria w Parameter	Description	Grade	1				Even in rest also pain present	2
No. 1	Angamarda	Nil	0					Unable to move body parts due to pain	3
	8				9	Raga		Nil	0
		Angamarda but able to	1					Mild discoloration	1
		do daily routinesAngamarda, restricts the	2					Moderate discoloration	2
		routines	<u> </u>					Marked discoloration	3
		Cannot move due to	3		10	Daha		Nil	0
2 A	Aruchi	Angamarda Equal willing towards	0					Feeling of daha on & off	1
_		all food substances Willing towards some	1					Feeling of daha more than 4 hrs	2
		specific foods Willing towards only	2					Feeling of daha whole day	3
		one rasa	2	P	11	Stambha		Nil	0
		Willing towards only most liking food	3	-				Stiffness only in early morning	1
3 7	Trushna	Water intake 1-2lit /24	0	ic				Prolonged stiffness for 2hrs	2
		Water intake 2-3lit/24	1					Stiffness restricts the daily routines	3
		Water intake 3-4lit / 24	2		Ohs	ervations 1	Resul	ts and Discussion	
		Water intake more than	3			-		a were classified in the f	orms
			1 C C C C C C C C C C C C C C C C C C C						

Collected data were classified in the forms of Master charts. Further it was tabulated and presented in the forms of Pie diagram and Bar diagrams. All data observed, presented and analyzed were undergone critical analysis and logical reasoning to test the hypothesis. Karyakaranabhava was used to do critical analysis. All dimensions of study were discussed under discussion section against observations. Parameters were analyzed by 1.

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1

2

3

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and

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delayed

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unsatisfactorily

unenthusiasm

Absence of fever

No feeling of laziness

works

Reduces work due to

4

5

Alasya

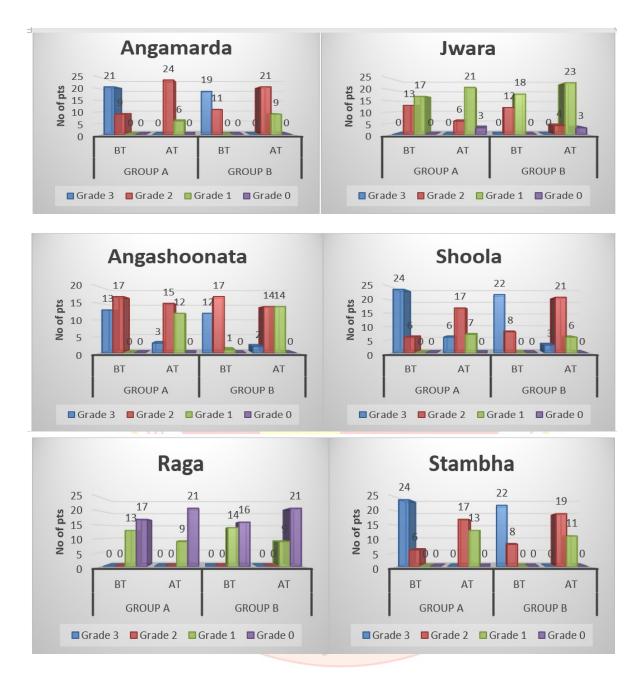
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Wilcoxon Sign Ranked test and 2. Mann-Whitney's t

test.



Both groups werecompared and analyzed statistically by Mann-Whitney's U test.

Sr.	Improvement Grade	Criteria	No. of patients		No. of Symptoms	
No.			Gr. A	Gr. B	Gr. A	Gr. B
1	Marked	76% - 100%	00	00	00	00
2	Moderate	51% - 75%	03	00	02	01
3	Mild	26% - 50%	27	29	08	10
4	Poor	00% - 25%	00	01	01	00

In Group A, 03 patients have shown Moderate improvement and 27 patients have shown Mild improvement.In Group B, 29 patients have shown Mild improvement, 01 patients have shown poor improvement.% Relief in Symptoms

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In Group A, 02 symptoms have shown Moderate improvement, 08 patients have shown Mild improvement and 01 symptom has shown Poor improvement. **In Group B,** 01 symptom has shown Moderate improvement and 10 symptoms has shown Mild improvement.

Hence **according to average % relief,** erandamul, shunthi and ajmoda churna and Vaishwanar Churna both are almost equally effective in Amavata.

Conclusion

After literary study, clinical trials, data collection, data classification, data presentation and data analysis in the dissertation work "Randomized Clinical study of assess the efficacy of erandamul, shunthi and ajmoda churna with Vaishwanar Churna in management of Amavata." here is time to conclude few interferences found from the study.

- 1. Erandamul, shunthi and ajmoda Churna reduced all Angamarda, Aruchi, Trushna, Alasya, Jwara, Apaka, Angashoonata, Shoola and Stambha significantly (Wilcoxon Signed Ranks test; P<0.05), but has shown insignificant effect on Raga and Daha symptoms, (Wilcoxon Signed Ranks test; P>0.05).
- Vaishvanar Churna reduced all Angamarda, Aruchi, Trushna, Alasya, Jwara, Apaka, Angashoonata, Shoola and Stambha significantly (Wilcoxon Signed Ranks test; P<0.05), but has shown insignificant effect on Raga and Daha symptoms, (Wilcoxon Signed Ranks test; P>0.05).
- **3.** When compared both were found almost equally effective in Amavata. (Mann-Whitney's U test; P>0.05)
- 4. Overall by study drugs, Moderate improvement was observed in 2 symptoms, Mild improvement was observed in 8 symptoms and Poor improvement was observed in 1 symptom. Overall by vaishvanar Churna, Moderate improvement was observed in 1 symptom and Mild improvement was observed in 10 symptoms.
- In Trial Group (erandamul,shunthi, ajmoda) average % relief was 38.03%. In Control Group (vaishvanar churna) average % relief was 38.63%.

6. No complications or adverse drug effects were observed during the study with both of the drugs.

Finally, we concluded, Both erandamul, shunthi, ajmoda churna Vaishwanar Churna are almost equally effective to reduce symptoms of Amavata.

References

1. Agnivesha, Charaka Samhita, Redacted by Charaka and Dridabala, with Ayurveda Dipika Commentary by Chakrapanidutta, Edited by Vaidya YadavjiTrikamji Acharya, 2005, Published by ChaukhambhaSurabharatiPrakashana Varanasi,

Uttar Pradesh.

- 2. AstangaHridaya (Hindi) by KavirajaAtrideva Gupta, Edited by VaidayaYadunandana Upadhyaya, Publisher- Chaukhambha Sanskrit Sssthan, 3rd Edition, 2005.
- 3. Madhavakara, Madhava Nidana, Uttaradha with MadhukokoshaVyakya by Vijayrakshita and Srikantadutta, VidyotiniTika by Ayurvedacharya Sri Sudarshana Shastri, 27th edition, 1998, Chaukhambha Sanskrit Santhana, Varanasi, Uttar Pradesh.
- 4. BhaishaijyaRatnavali, Govind Das Sen with Vidhyotini Hindi commentary by Ambika Dattashastri
- 5. Bhavamishra; Bhavaprakasha, Edited with the Vidyotini Hindi commentary, by Pandit Sri Brahma Shankaramishra, 9th Edition, Published by Chaukhambha publication.
- 6. Database on Medicinal Plants used in Ayurveda, Vol. 1,2,3,4,5,6, by C.C.R.A.S., New Delhi
- 7. British Medical Journal
- 8. Source of life
- 9. British Journal of Rheumatology
- 10. Planta Medica
- 11. Journal of Ethnopharmacology
- 12. Rheumatoid Arthritis From Wikipedia, the free encyclopedia
- 13. Journal of Bone Joint Surgery
- 14. European Journal of Medical Research
- 15. Journal of Indian Rheumatology Association
- 16. Indian Journal of Physiology and Pharmacology
- 17. Dabur Research Foundation and Dabur AyurvetLimites, 2002, Major Herbs of Ayurveda.
- **18.** Botanical Dermatology Database, December 2005.
- **19.** The Ayurvedic Pharmacopoeia of India Part- I, vol IV, Published by Government of India, Ministry of Health & Family Welfare, Department of AYUSH.