



**EFFICACY OF RASONADI KWATHA IN THE MANAGEMENT OF AAMAVATA W.S.R.
TO RHEUMATOID ARTHRITIS.**

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ABSTRACT

Aamavata is disease of madhyama roga marga, there is predominance of aama and vata which vitiates tridosha. The disease affects sandhi marma which leads to morbidity. In the present era life style has become so complex and busy that millions of people in develop and developing country have become prone to aamavata. In the developing country like India 100 million people are suffering from aamavata. It has peak incidence or onset in 25-55 years of age, 2-4 times more common in women. Worldwide prevalence of Rheumatoid Arthritis is approximately 0.8% with about 0.5%-0.75% in India. In modern science the treatment is all together focused on reducing inflammation with use of NSAIDs, DMARDs. On the contrary Ayurveda follows a treatment strategy with Langhana, Swedana, and Tikta-Katu –Deepan dravyas etc. which help in reduction of Aama to break pathogenesis of the disease. So the study is designed to assess the effects of Rasonadi kwatha individually.

KEYWORDS: Aamavata, Rheumatoid arthritis, cost effective opd procedure, Rasonadi kwatha.

INTRODUCTION

Ayurveda is the foundation of Indian medicine and is proved it's efficacy in many of human health problem. With the march of time most of the dietary habit's, social structure life style and environment have been changing and are contributing to cause a number of new diseases which have become a challenge for the human race. Amavata is such a disease which is not dealt with importance in ancient classics. It is well described in 7century by Madhav in 'Madhav Nidan'. Madhavkar being first described aamavata as independent disease along with it's etiology, pathogenesis, sign, symptoms and prognosis. 'Chakra Datta' was to 1st described line of treatment with ayurveda herb's. Aamavata is disease of madhyama roga marga, there is predominance of aama and vata which vitiates tridosha. The disease affects sandhi marma which leads to morbidity. In the present era life style has become so complex and busy that millions of people in develop and developing country have become prone to aamavata. In the developing country like India 100 million people are suffering from aamavata. It has peak incidence or onset in 25-55^[1] years of age, 2-4 times more common in women. Worldwide prevalence of Rheumatoid Arthritis is approximately 0.8% with about 0.5%-0.75% in India.^[2] In modern science the treatment is all together focused on reducing inflammation with use of NSAIDs, DMARDs.^[3] On the contrary Ayurveda follows a treatment strategy with Langhana, Swedana, and Tikta-Katu –Deepan dravyas

etc. which help in reduction of Aama to break pathogenesis of the disease.^[4] Hence present study is to comparative study of drug Rasnapanchak kwatha and Rasonadi kwatha in treatment of Aamavata is being selected.

Rationale of the study

1. Increase in incidence of the disease.^[5]
2. If not treated properly, may cripple the affected person.
3. In modern science the treatment used is anti-inflammatory drugs like Steroids, NSAIDs and DMARDs which either have side effects or needs a long term medication.^[3]
4. So use of Ayurvedic formulations which can provide cure and also helps to overcome side effects of modern treatment.
5. Though many ayurvedic formulations as described in Ayurvedic samhitas are being used in treating the disease in practice since a long time, a scientific data needs to be presented for their efficacy.
6. The drug chosen are with having best properties of Amapachana and Agnideepan, Also easily available and cost effective.
7. So the study is designed to assess the effect of Rasonadi kwatha individually.

MATERIALS AND METHODS

Aim

To study clinical efficacy of Rasonadi kwatha in Amavata w.s.r. to Rheumatoid arthritis.

Criteria for selection of patients

Inclusion criteria

- ✓ Patient with signs and symptoms of *Amavata* according to *Madhav nidana* will be selected.
- ✓ Age group 25 to 55 Years.
- ✓ Known case of Rheumatoid Arthritis.
- ✓ Patient will be selected irrespective of their sex, religion, geographical areas and economical condition.

Exclusion criteria

- ✓ Patient with arthritis of other origin (Osteoarthritis, Gout, Ankylosing spondylitis)
- ✓ Chronicity more than 10 years.
- ✓ Patient addicted to smoking, tobacco, alcohol.
- ✓ Other systemic disorders like Hypertension, Diabetes.

CASE REPORT

A 42 year female patient visited In Kayachiktsa OPD of Shree Saptshrungi Ayurved college and hospital, Nashik No H/o- DM / HTN

Had C/O- Ubhay janu sandhi shool shoth+

Sparshaasahatva

Sandhistabdhata

Angamard

Alasya

Gaurav

Aruchi

Jwara

Apaka

Trishna

Since 1 month

O/E- Temp- Febrile

PR- 84 / min

BP- 130 / 80 mmofhg

S/E- RS- AEBE Clear

CVS- S1S2+

CNS- Conscious and Oriented

P/A- Soft / NT

L⁰S⁰K⁰

Drug preparation

As per Sharangdhar Samhita Rasonadi Kwatha Prepared

Drug dose

Rasonadi kwatha 40ml 2 times a day before meal.

DISSCUSSION

Probable mode of action of study drug on Amavata

Rasonadi kwatha is predominant in katu, tikta, Madhura rasa, ushnvirya, Madhura vipak, Laghu, Tikshana, rukshagunas and Vatakaphahara, Agnivardhaka, Deepana, Amapachana, Shothahara, Bruhana, Vibandhahara and Rasayana actions. Action of

drug Deepanaand Ama pachana by Laghu, Ruksha, Tikshna Guna, Katu, Tikta Rasa and UshnaVirya. They are against the Guru, Snigdha, Pichchhila, Shitaproperties of Ama. Later avastha of vyadhi is YugapataPrakopa of Ama and Vata which is checked by VataKaphashamaka property of the drug. In the Srotoabhishyanda it does Srotoshodhana and relieves the symptoms of Sandhishoola, Shotha etc. by its Vedanaprashamana and Shothaharaaction. Laghu, Pathya, Anabhishyandi, Agnivardhaka, Vatapittaghna. According to modern point of view drug may acts as antioxidant, anti inflammatory, analgesic, anti-arthritic, immunosuppressive, immunomodulatory and free radical scavenging activities.

CONCLUSION

At the end of the case study, following conclusion can be drawn on the basis of Observations made, Results achieved and thorough Discussion in the present context as below.

- Amavata as a separate disease is not described in Brihatrayi, first time its detailed description is available in medieval period text Madhava Nidana.
- Amavata is Chronic disease in nature (Arthritis rank second as the most prevalent chronic ailment after heart disease) and has insidious onset.
- As the word suggests, in Amavata, the pivoting entities in disease process are Ama and Vitiated Vata.
- It is observed that Amavata and Rheumatoid arthritis is very closely resembles each other because of their symptomatology.
- Patient selected in the present study were between the 25 to 55 years, Patient were registered for the study were Kapha Vata Pradhana Prakriti.
- Rasonadi Kwatha provided better results in Sandhishoola, sandhishotha, sparshaasahatva, Sandhistabdhata, Angamard, Alasya, Gaurav, Aruchi, Jwara, Apaka, trishna, shoonata anganam, E.S.R. and Lymphocytes.
- No side effects were observed in this study.
- To achieve more significant results we can increase dose of drugs and duration of treatment. There is no side effect of present dose of Rasonadi kwatha observed so; we can increase it for more significant results.

Further Evaluation of this drug is still required for assessing the Side effects & exact mode of action on Large Sample.

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