



TO STUDY THE EFFECT OF PACHAN CHIKITSA IN AMAVAT

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ABSTRACT

Pachan is one of the type of saptvidha shaman chikitsa. Pachan dravya digest ama but usually does not cause agnideepan. Predominantly action of pachan dravya on agni and vayu. Pachan occurs due to Laghu, ruksha, ushan, teekshan guna, and katu, tikta, amla rasa. Tikta rasa act as a best amapachan and agnideepan. Pachan chikitsa is best in amaavastha. The main condition that responsible for amaavastha is excess, apachit, adhya ahaar ras Dhatu i.e. ama. It is produced in body due to hypofunction of agni. The first dhatu i.e. rasa dhatu is not properly formed, instead the annarasa is fermented. As it retains in amashay for longer time period and get putrefy, This state of rasa dhatu is called ama. In other words, it can be explained that there will be disturbance in the secretion of digestive juices & enzymes which make the intestinal movement sluggish such an environment is favourable for the fermentation in the intestine and form ama. Ama is the major morbid factor which play a vital role in causing amavata. Amavata is commonly occurring joint disorder. It is seen in both male and female and hence important cause of potential preventable disability.

KEYWORD: Pachan, Agni, Ama, Rasdhatu, Amavata.

INTRODUCTION

Pachan is one of the type of saptvidha shaman chikitsa. Pachan dravya mainly digest ama. Predominant action of pachan dravya is on agni and vayu. Pachan occurs mainly due to laghu, ruksha, ushan, teekshan, guna & katu tikta and amla rasa. Tikta rasa act as a best amapachan and agnideepan. Agnimandya is the main cause in formation of ama. This ama is the important causative factor for various disease. Another important component i.e. vata is most powerful among doshas. Therefore these two factors (ama+vata) simultaneously take part in the samprapti then the resultant disease becomes very difficult to treat. Amavata is one of the most challenging disease cause by ama with vatiated vata dosha. The samprapti start in annavaha srotas and then extend through madhyam rogmarg with special inclination for kapha sthan, especially sandhis (joints). In such condition patient weeps with agony of pain and reduced functional capacity with sever stiffness & crippling deformity of joint. Therefore these two factors (ama+vata) simultaneously take part in the samprapti then the resultant disease becomes very difficult to treat. Amavata is one of the most challenging disease cause by ama with vatiated vata dosha. The samprapti start in annavaha srotas and then extend through madhyam rogmarg with special inclination for kapha sthan, especially sandhis (joints). In such condition patient weeps with agony of pain and reduced functional

capacity with sever stiffness & crippling deformity of joint.

Amavat is one of the disease of Vata which has badly captured the large number of population. It is due to the change in life style. One of the attraction is body building. By joining various Gyms, the peoples do many exercises not necessarily in proper way at proper time and for proper period. In today's fast track world it has become necessary to earn money at the cost of ones health and hygiene. So the people do not get proper time to have their meals even and start working immediately. By this entire schedule they unknowingly invite Amavat. Joint pain, swelling, and various types of deformities are usually the main complains of the patients of Amavata, and relief from them is their basic expectation. This is a chronic disease which can cause the cardiac problem also. The patient is alive but unable to look lively endless pain. The patient has to depend on others for day to day work. The problem has no complete cure till date.

AIM AND OBJECTIVE

1. To study the effect of pachan chikitsa in Amavatas.
2. To study pachan chikitsa as per Ayurvedic text.
3. To study amavata as per Ayurvedic text.



MATERIAL AND METHODS

12 patients of were selected from OPD & IPD of Govt. Ayurved Hospital, Nanded.

Inclusion criteria

1. Selection of patients of any age group, of either sex, religion etc. having classical sign and symptoms of amavata.

Exclusion criteria

1. Patient suffering from systemic disorder like cardiac disease, DM, TB, Respiratory disorder.
2. Patient having chronicity of more than 1 year.

STUDY-DESIGN

The patient having classical sign and symptom of Amavata were selected randomly from the OPD & IPD of Govt. Ayurved Hospital, Nanded. A total 12 patients were taken for study all of them completed course. In present study after complete examination and investigation 12 patients have been administered "Panchkol churn" 3gm BD with Luke warm water Duration of treatment 7 days. Preparation of panchkol churn was done with mixing of individual churn of panchkol with equal parts, All these churn prepared in Government Ayurved college Nanded Pharmacy. Amavat.^[1]

In the disease Amavata two important entities are there, one is Aam, and other is Vata. Aam is undigested food material which reflects after certain time and also spread in the body, While Vata is one of the active elements that is dosha, rather Vata is the leader of dosha. It is the one who controls the body movements and help in moving other dosha, dhatu and mala. So two important entities one is toxic and other is movement, when these two comes together and attack on joints the disease formed will be worst one. That's why swelling, severe pain, and restricted movements are the main features of Amavata. Severe pain, difficulty in movements, and swelling on the joints along with fever etc. makes the patient's life miserable. The term "Ama" means unripe, immature and undigested. It is resulted as a consequence of impaired functioning of 'kayagni'. According to vagbhata due to the hypo functioning of ushma (Agni), the anna-rasa undergoes fermentation and or putrifaction (dushta). It is this state

of Rasa, which is known as 'Ama'. The vitiated doshas along with Ama causes Amavata.

Causes (Hetu)^[2]

- Indulgence in incompatible foods and habits.
- Excess of physical activity immediately after taking fatty foods.
- Those with poor digestive capacity.
- Use of food and drink, which are heavy to digest.
- Use of food, which is rough, cold, dry, unclean, antagonistic in nature.
- Emotional factors such as passion, anger, greed, confusion, envy; grief excitement, fear etc. Is responsible for Amavata.

Signs and symptoms of Amavata^[3]

1. (Vrischik dansha vata vedana) Morning pain severe in nature
2. (Sanchari Vedana) shifting pain
3. (Stambha) stiffness of joints
4. (Jwara) Increase temperature
5. (Karmahani) loss of movements
6. (Sandhi Vikruti) joint deformity.
7. (Kshudhamandya) Loss of appetite

Doshaj types of Amavat^[4]

Vitiated Vata produces colicky pain, body ache, abdominal distension, giddiness, stiffness of back and waist, constriction and spasm of blood vessels.

Vitiated Pitta produces fever, diarrhea, thirst, giddiness and delirium.

Vitiated Kapha produces vomiting, anorexia, indigestion, fevers with cold, lassitude and heaviness in body.

1. Vataj - Where vata is predominant (pain is severe in this type).
2. Pittanubandhi - Where pitta is predominant (burning sensation and redness of the affected joints is present).
3. Kaphanubandhi - Where kapha is predominant (loss of movement and itching is seen in this type).

Rheumatoid Arthritis^[5]



Rheumatic conditions are among the most prevalent chronic conditions in India and other parts of the world. They include type of Arthritis and autoimmune diseases that affects bones and joints and other components of musculoskeletal system causing morbidity and disability.

Rheumatoid arthritis perceived as a disease of the aged but is prevalent both in men and women younger than 65 years. Rheumatic conditions pose a major economic and health burden to society. Rheumatoid Arthritis is a disease of unknown etiology. It is a theory that that RA might be a manifestation of the response to an infectious agent in a genetically susceptible host. It proposed that HLA-DR antigens on the surface of T cells are responsible for RA. The necessary mechanism to trigger the auto immunological reaction of RA is the infectious agents. Other etiological factors are age, gender, and miscellaneous environmental factor. The disease is more dominant in females.

Indian Scenario^[6]

As the first step a survey of a rural population of Delhi was conducted. A response rate of 89.5 % was obtained and 3393 persons were listed as possible cases of RA of these 295 were satisfied the revised criteria for the diagnosis of RA giving the prevalence of 0.75 %. Projected to whole population this would give a total of about seven million patients in India. The prevalence of RA in India is quiet similar to that reported from the developed countries. It is higher than that reported from China, Indonesia, and Phillipines and rural Africa. In all countries, prevalence was higher in females as compared to males and prevalence increase with age.

Saptwidh Chikista^[7]

Saptwidh Chikista is practised mainly for chronic ailments. It refers to seven types of treatment in Indian Ayurveda. The methods of Saptvidh Chikista includes Pachan, Deepan, Shudha (hunger), Trisna (thirsty), Vyayam (exercise), Dhupsevan and Vayusevan Pachan- Pachan means digestion. Digestion is very important as a personal's health and process of the digestive system. Thus pachan treatment is done to digest the ama dosha which is a kind of toxins that originates in the body.

Deepan

To increase the jatheragni commonly known as digestive fire or appetite is known as deepan. It serves to regulates the adequate energy intake to maintain ne

Skhudha

In this method Saptwidh Chikista one is kept hungry through the method known a skhudh.

Trishna

Keeping oneself thirsty of small amount of drinking water is kown as vyayam or exercise. This procedure enhances or maintains physical fitness and overall health and wellness of the patient.

Dhupsevan

In dhupseven one is exposed to sunlight as confers enormous health benefits.

Vayusevan

Vayuseven is the procedure in Saptwidh Chikista that involves exposing the body to fresh and pure environment.

Ingredients of panchkol,



1. Pipali (*Piper longum*)
2. Pipalimul (Root of *p. longum*)
3. Chavya (*Piper retrofractum*)
4. Chitrak (*Plumbago zyleneica*)
5. Shunthi (*Zingiber officinale*)

1. Piper longum

Indian long piper is used to improve appetite and digestion. It is one of the best druge for improve digestion. Due to its katu ras, laghu, tikshna gun. Anushna veerya it acts as a pachan dravya as well as works on amawastha.

2. Piper longum (root)

It possess basic properly ooof ampachan as that of the pimpli.

3. Chavya (*Piper retrofractum*)

It is also one of the important ingredient of panchkol churna. Due to its katu rasa, katu vipak & ushan veerya it is helpful in ampachan by virchu of its ushana veerya it digest & absorbs the vitiated ama.

4. Chitrak

Chitrak act as a best deepan- pachan dravya. Due to its katu ras, katu vipak and ushana veerya, it is helpful in ampachan chikitsa. In vitiated ama chitrak acts as a best drug for pachan. So used in Amvata.

Criteria for assessment

After completion of therapy before and after treatments scores were assessed on the basis of symptoms of amavata. Scores were graded on three point scale with scoring from 0 to 3.

The objective parameter

1. Sandhishool (Joint pain)
2. Sandhishotha (swelling)
3. Sandhigraha (Stiffness)
4. Sandhisparsha- sahtva (Tenderness)
5. General functional capacity.
6. Grip power (By sphygmomanometer)
7. ESR In mm at the end of 1st hour.

Carried out before and after treatment

1. Sandhishool(Joint pain)

0-No pain

1. Pain complaints but tolerable.
2. Pain complaints difficult to tolerate and taking analgesic once per day.
3. Intolerable pain ,taking analgesic two times per day.

2. Sandhishotha (joint swelling)

0-No swelling.

- 1-Mild swelling.
- 2-Moderate swelling.
- 3-Severe swelling

3. Sandhi graha(Stiffness)

0- No stiffness.

- 1-Stiffness last for 5 min to 2 hours.
- 2-Stiffness last for 2 to 8 hours.
- 3-Stiffness last for more than 8 hours.

4.Sandhi sparsha-sahtva(Tenderness)

0-No tenderness.

- 1- Mild tenderness.
- 2-Moderate tenderness.
- 3-Severe tenderness

5. General function capacity

0- complete ability to carry on all routine duties.

- 1- Frequent normal activity despite slight difficulty in joint movement.
- 2- Activities are persisting but patient can take care of him or herself.
- 3- Patient is totally bed ridden.

6. Grip power (by sphygmomanometer)

0-> 70 mm of Hg.

- 1- 70-50 mm of Hg.
- 2- 50-30 mm of Hg.
- 3- <30 mm of Hg.

7. ESR In mm at 1st hour0- 0-20mm at end of 1st hour.

- 1- 20-40mm at the end of 1st hour.
- 2- 40-60mm at the end of 1st hour.
- 3-> 60 mm at the end of 1st hour.

Criteria for assessment of effect therapy

Detailed clinical observations were done after 7 day for the assessment of results, The final data divided into five group.

1. Complete improvement- 100% relief.
2. Marked improvement - >75% relief.
3. Moderate improvement>50% relief.
4. Mild improvement > 25-50% relief.
5. No improvement <25% relief

1. Subjective improvement

feeling of well being. Improvement of general functional capacity.

2. Clinical improvement

Reduction in sandhishool

Reduction sandhishoth,

Reduction in sandhigraha,

Reduction in sandhisparsha-sahtva. (tenderness)

3. Functional improvement

Increase in grip power.

4. Lab. Investigation.

Decrease in ESR

OBSERVATION AND RESULTS

Effect of therapy on chief complaints of Amavata such as sandhishool, sandhishoth, sandhigraha sandhisparsha-sahtva are as follow. The table showing difference in sandhishool, shoth, graha, sparshasahtva, gen. functional capacity, grip strength, esr score before and after treatment.

Table-1- Showing difference in Sandhishool (pain) before and after treatment.

B. T	A. T	Mean	S. D	S. E	Observed T value	P
77.77	27.77	1.5	0.522	0.15	10	0.05

Table 2- Showing difference in Sandhishoth (swelling) before and after treatment.

B. T	A. T	Mean	S. D	S. E	Observed T value	P
77.22	19.44	1.5	0.522	0.15	10	0.05

Table 3- Showing difference in Sandhigrah (stiffness) before and after treatment.

B. T	A. T	Mean	S. D	S. E	Observed T value	P
61.11	33.33	0.833	0.522	0.1509	5.52	0.05

Table: 4 Showing difference in Sandhisparshasahatva before and after treatment.

B. T	A. T	Mean	S. D	S. E	Observed T value	P
58.83	36.11	0.75	0.5838	0.1685	4.45	0.05

Table: 5 Showing difference in general functional capacity before and after treatment.

B. T	A. T	Mean	S. D	S. E	Observed T value	P
66.66	44.44	0.666	0.242	0.070	9.51	0.05

Table: 6 Showing difference in grip strength capacity before and after treatment.

B. T	A. T	Mean	S. D	S. E	Observed T value	P
72.72	33.33	1.166	0.715	0.206	5.66	0.05

Table: 7 Showing difference in E.S.R before and after treatment.

B. T	A. T	Mean	S. D	S. E	Observed T value	P
61.11	38.88	0.667	0.521	0.15	4.44	0.05

Statistical Measure

Statistical measure	Mean	S.D.	S.E.	Observed 't' value	P	% of treatment B.T. & A.T.
Disease measure						64.28
Sandhishool	1.5	0.522	0.15	10	< 0.05	73.07
Sandhishotha	1.5	0.522	0.15	10	< 0.05	45.45
Sandhigraha	0.833	0.522	0.1509	5.22	< 0.05	38.09
Sandhisparsha-sahatva	0.75	0.5838	.1685	4.45	< 0.05	33.33
Gen. function capacity	0.666	0.424	0.070	9.51	< 0.05	53.84
Grip strength	1.166	0.715	0.206	5.66	< 0.05	33.33
ESR	0.667	0.521	0.15	4.44	< 0.05	

At 11 degree of freedom 5% significant limit of 't' is 2.20. observed 't' values are ... times (calculate t values of each signs and symptoms) the standard error hence there no doubt, pachan chikitsa produce sandhishoolghna (t=10, p<0.05), sandhishothghna (t=10, p<0.05), sandhigraha (t=5.52 p<0.05), sandhisparsha-sahatva (t=4.45, p<0.05) increase gen. functional capacity (t=9.51, p<0.05) increase grip strength (t=5.66, p<0.05), increase ESR (t=4.44, p<0.05) effect by amapachan is significant.

DISCUSSION

The trial drug used for pachan chikitsa (panchkol) was selected from Ayurved samhita Bhavprakash panchkol churn contents Pipali, pipalimul, chavya, chitrak, shunthi churn with equal quantity. Pipali and pipalimul is mainly katu raspradhan and are effective amapachak, shunthi is also routinely used in pachan chikitsa, chavya & chitrak are katu, katu, ushan and are best amapachan. All these drug (panchkol) due to katu ras and ushan, veerya possess the basic quality of pachan properties, this function of panchkol improve jatharagni by amapachan.

When jatharagni improved it leads to the formation rasadi dhatus and hence check the formation of excess ama. By virtue of ushan veerya, it digest and absorbs the vatiated ama. As this ama is major and most important factor in formation of amavata. Statistical significance was observed in sandhishool, sandhishoth, sandhigraha, sandhisparsha sahata. Also trial therapy produced functional improvement which was observed in terms of grip power, even though a total mean reduction of esr value was seen in this study. Thus pachan by panchkol is

effective to correct the pathological condition of the disease amavata.

CONCLUSION

The pachan chikitsa is very useful for sandhi-shool (pain), sandhishotha (swelling), sandhi-sarshasatva (tenderness), sandhigraha (stiffness) which were the chief complaints of patients.

The drug used in this study is suppose to be good combination of vedanashamak, shothagna, and amapachan. The only unwanted effect of this drug is amashayadaha.

REFERENCES

1. Dr. Bramhanand Tripathi choukhamba surbharati prakashan madhav nidan chp. 25 shlok 1to5 Varanasi, 2007; 571.
2. Dr. Bramhanand Tripathi choukhamba surbharati prakashan madhav nidan chp. 25 shlok 1to5 Varanasi, 2007; 571.
3. Dr. Bramhanand Tripathi choukhamba surbharati prakashan madhav nidan chp. 25 shlok 6 Varanasi, 2007; 575.
4. Dr. Bramhanand Tripathi choukhamba surbharati prakashan madhav nidan chp. 25 shlok 1to5 Varanasi, 2007; 577.
5. Nicholus A.boon Devidsons principles and practice of medicine chapt 25 musculoskeletal system 20th edition. print 2006.
6. Malvia A.N. Kapoor S.K. Singh R.R, Prevalance of RA in Indian population,

<http://www.ncbi.nlm.nih.gov/pubmed/8310203>,
Assessed on 21/1/14.

7. <http;www.ayurvedinstitute.com/diseases-asp> create free website. amvata