A CLINICAL STUDY ON THE EFFICACY OF VAISHVANAR CHURNA IN CASES OF AMAVATA

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Vaishvanar Churna (Saindhow lavan, Ajwain, Ajmoda, Shunthi and Haritaki in the ratio of 2:2:3:5:12) was given to the 50 Ama-Vata patients in the dose of 3 gm. twice a day in the powder form for 8 weeks with warm water.

Introduction

Acharya Madhavkar was the first scholar who introduced the disease Amavata as an independent disease.

In the Brihattrai great emphasis has not been paid to disease Amavata to describe it independently. But some passing remarks has been mentioned by Carak and Vagabhatta in Shotha Chikitsa (Cha. Chi., 12/50-62, Ast. Hri., 16/10-12), Pandu Roga Chikitsa (Cha. Chi., 16/60-62, Ast. Hri., 17/14-16) and Vata Vyadhi Chikitsa (Cha. Chi., 28/19, Ast. Hri. 21/50), to show the prevalence of disease Amavata at that period also.

Amavata is a disease having three basic factors to manifest it’s existence. are Ama Dosha, vitiation of Vata and Khapha Dosha.

Concept of Ama due to the hypofunctioning of Agni, the first Dhatu viz. the Rasa is not properly formed, instead the Ama Rasa is not properly digested. It becomes Dushta (fermented and putrefied) and is retained in the Amashya. It is the state of Rasa which is spoken as Ama (Astang Hridya, Sutra Asthan, 13/25)

The root cause in the production of this Ama Dosha is the Agnimandya. The state of Agnimandya, the subnormal functioning of Jatharagni is not properly digest the food stuffs and if a person use the Naidanie Ahara Vihara of Amavata continuously, in this state the Apakwa Ahara Rasa is termed as Ama Rasa and it initiates the pathological process of this Amavata disease.

Materials and Methods

In order to establish the diagnosis of Ama-Vata and to study the clinical evaluation
of Vaishvanar Churna, the following measures were adopted.

The patients were selected from O.P.D./I.P.D. of State Ayurvedic College Lucknow. The criteria for selection and diagnosis of cases for the present series of work was as follows:

- Careful evaluation of medical history of patient e.g. age, sex, religion, occupation, marital status, diet residential areas, economic status, family past history, condition of the Agni, etc.
- Detailed clinicophysical examination of the patient on the basis of proforma especially prepared for the purpose.
- Laboratory investigation were undertaken before and after the treatment e.g. E.S.R., Hb gm.%, and rheumatoid factors, serum uric acid to exclude the cases of gout.

Criteria for the selection of cases: The following features were consider –

i. Jwara (fever)
ii. Koshth Baddhata (constipation)
iii. Gaurava (heaviness)
iv. Agnimandya (poor digestion)
v. Jadya Karmatva (stiffness)
vi. Sarujam Shontham (pain like Brishchik Dansvata Vedna or severe pain)
vii. Anfa Shoonta (swelling on the joins)

Parameters of assessment in clinical symptomatology: Each sign of symptoms was graded +, ++, +++ or 1, 2, 3 (mild, moderate, sever).

Observations

A clinico-therapeutic assessment was adopted in 50 established patients of Amavata. A careful watch was kept upon them before and after the scheduled phase of treatment. Any progressive change in clinical symptomatology and pathological findings have been carefully noted.

Serological test (latex fixation test): In all 50 trial patients 12 patients were positive and 38 patients were negative in rheumatoid factors. After eight weeks of drug, there was no change.

Result

Among 50 cases studied and analysed 31 (62%) of them were completely cured, 13 (26%) were highly improved and the rest 6 (12%) patients were slightly improved and there was no case which remain unchanged.

Discussion

In this present series of work a detailed classical approach regarding the normal and abnormal functioning of digestion have been described in relation to Agni Vyapar Kriya on different levels of digestive process.

When the functioning of Jatharagni is impaired as in case of Agnimandya, Ajeerna and similar clinical condition, the homeostasis or the equilibrium of Dosh, Dhatus and Mala are also deranged, resulting impaired nourishment of the Poshaka and Poshya Dhatus. This abnormal process of digestion initiates the production of excessive Malas in place of nourishing the subsequent Dhatus. Production of these excessive Malas resulting into Srotodushti and Srotosang if this process persist continuously, the manifestations of disease arises thereby.
SCHEMATIC REPRESENTATION OF QUALITIES OF VAISHVANAR CHURNA AND IT'S EFFECT ON AMAVATA ROGA

AMA-VATA ROGA NIDAN

AMA UTPATTI

AMA RASA NIRMAN

VATA BRIDHI

ANA VATA ROGA LAKSHAN

TRIAL DRUG

AJAMODA

KAPHA VATA SHAMAK
VEDANA STHAPAN
DIIPAN VATANULOMAN

YAWNI
VEDANA STHAPAN
SHOTHI HARA
ANULOMAN
DIIPAN PACHAN
JAWARAGHNA

SHUNTHI
SHOTHI HARA
VEDANA STHAPAN
JWARAGHNA
VATA SHAMAK
DIIPAN PACHAN
AMA PACHAN

SAIDHAVA LAVAN
TRIDOSHA SHAMAK
ROCHAN
DIIPAN

HARITAKI
TRIDOSHA HARA
(VATA SHAMAK)
DIIPAN PACHAN
MRIDU RECHAN
SHOTHI HARA
JWARAGHNA

SAMAGRA PRABHAVA

ROCHAN
DIIPAN
PACHAN
VATANULOMAN
KAPHA VATA SHAMAK
JWARAGHNA
SHOTHI HARA
VEDANA STHAPAN
RECHAN

NIRAMA

AMAVATA ROGA LAKSHAN SHAMYA
**Table 1**

Effects of *Vaishvanar Churna* in symptoms before and after treatment (after 8 weeks) in 50 patients

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>B.T. with grade</th>
<th>A.T. with grade</th>
<th>symptoms present A. T.</th>
<th>No. of cases cured</th>
<th>% of cured cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Surjum Shotham</em> (severe pain)</td>
<td>10 ++ 8 ++ 9 ++</td>
<td>19</td>
<td>31</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td><em>Anga Shoonya</em> (swelling)</td>
<td>5 34 11 0 5 9</td>
<td>14</td>
<td>36</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td><em>Jada Karmatva</em> (stiffness)</td>
<td>4 35 11 1 8 9</td>
<td>18</td>
<td>32</td>
<td>64</td>
<td></td>
</tr>
<tr>
<td><em>Gaurava</em> (heaviness)</td>
<td>4 36 10 1 6 8</td>
<td>15</td>
<td>35</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td><em>Agnimaudya</em> (poordigetion)</td>
<td>4 34 12 0 3 15</td>
<td>18</td>
<td>32</td>
<td>64</td>
<td></td>
</tr>
<tr>
<td><em>Koshtha Baddhana</em> (Constipation)</td>
<td>7 31 12 0 2 8</td>
<td>10</td>
<td>40</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td><em>Jwara</em> (fevre)</td>
<td>2 10 38 0 2 8</td>
<td>10</td>
<td>40</td>
<td>80</td>
<td></td>
</tr>
</tbody>
</table>

B.T. = Before treatment and A.T. = After treatment

**Table 2**

Effect of trial drug *Vaishvanar Churna* on Hb percentage.

<table>
<thead>
<tr>
<th>Range of Hb.</th>
<th>Number of patients and their percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before treatment</td>
</tr>
<tr>
<td>12-13</td>
<td>0 = 0</td>
</tr>
<tr>
<td>11-12</td>
<td>3 = 6</td>
</tr>
<tr>
<td>10-11</td>
<td>30 = 60</td>
</tr>
<tr>
<td>9-10</td>
<td>7 = 14</td>
</tr>
<tr>
<td>8-9</td>
<td>10 = 20</td>
</tr>
</tbody>
</table>

**Table 3**

Effect of trial drug *Vaishvanar Churna* in E.S.R.

<table>
<thead>
<tr>
<th>E.S.R. (mm) in 1st hour (Westerngran method)</th>
<th>Number of patients with their percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before treatment</td>
</tr>
<tr>
<td>0-11</td>
<td>0=0</td>
</tr>
<tr>
<td>11-20</td>
<td>0=0</td>
</tr>
<tr>
<td>21-30</td>
<td>18 = 36</td>
</tr>
<tr>
<td>31-40</td>
<td>22=44</td>
</tr>
<tr>
<td>41-50</td>
<td>10=20</td>
</tr>
</tbody>
</table>
Due to the Viruddha Ahara, Viruddha Chesta, Mandagni and Snigdha Ahara, leads the formation of Ama Rasa. This Ama Rasa retained in Amashya and becomes Dushta (Purified). this state of Ama-Rasa is converted into Ama Visha and it initiates the pathological process of this Ama Vata (rheumatoid arthritis).

This Ama Rasa has a resemblance with Kapha-Dosha, having such qualities, when circulates through out the body of means of various Srotas as with the help of Prerak Vayu, it affects the successive Dhatus. The Poshan Kriya is affected and formation of excessive Mala Kleda is deranged the function of various Srotas. This type of Srotodushhti results into Srota Sanga at the site of Sleshak Kapha (Sandhi Sthan). This state of Srota Sanga at the site of Sandhi Asthan block the function of Vata Dosha and thus Vata is more and it vitiated results the state of Kaphavrit Vata and manifestation of the disease. The vitiated Kapha-Dosha by the Ama-circulating through out the body gives rise to the constitutional symptomatology of Amavata.

Conclusion

The trial drug Vaishvanar Churna in patients of Ama-Vata, we tried our level best to justify its action on ayurvedic Siddhant as a whole on the basis of the innate properties.

It can be concluded from present research work that in patients of Ama-Vata (rheumatoid arthritis), the use of Vaishvanar Churna is capable of producing significant symptomatic improvement and can cured the disease in earlier stage.

REFERENCES

Carak - Charak Samhita, Hindi commentary by Dr. B Tripathi.

Davidson - Davidson's Principales and Practice of Medicine.

Dhanvantri - Dhanvantri Nighantoo, Printed by Anandashrama

Harita - Harita Samhita, Hindi commentary by K.P Tripathi.

Katiyar, V.R. - Ayurvedic Nidan.

Madhavakar - Madhawa Nidan, Madhakosh, Hindi commentary by S Shastri.

Misra Bhava - Bhava Prakas Nighantoo, Hindi commentary by Dr. K.C. Chunekar.
A CLINICAL STUDY ON THE EFFICACY OF VAISHVANAR CHURNA

Sen Govind Das - Bhaishajya Ratnawali, Hindi commentary by Shastri.
Sharangadhara - Sharangadhara Samhita, Hindi commentary by P.D Sharma.
Sharma, P.V. - Dravya Guna Vigyan.
Singh, R.H. - Ayurveda Nidna Chikitsa Ke Sidhanta.
Singh, Daljeet - Unani Dravya Guna Darsha.
Vagbhatta - Ashtang Haridaya, Hindi commentary by Kaviraj Gupta.
Yoga, Ratnakar - Yogaratnakar, Hindi commentary by L.P Shastri.

सारांश

वैशवानर-चूर्ण का आमवात रोग पर चिकित्सीय प्रभाव एक मूल्यांकन

फूल चंद्र चौधरी, मुकुट बिहारी एवं एम. पी. शुक्ला

वैशवानर चूर्ण 3 ग्राम प्रातः एवं सार्व उष्ण जल के साथ 8 सप्ताह तक 50 आमवात के रोगियों को दिया गया। अध्ययन के दौरान पाया गया कि आमवात रुग्णों में कुछ लक्षण समाप्त हो गये हैं तथा कुछ रुग्णों में अच्छा लाभ मिला तथा अन्य रुग्णों का हीमोग्लोबिन स्तर बढ़ा तथा ह. स्प. आर. में कमी पायी गयी।