

**EFFECTS OF SUNTI CHURNA AND VRUDHADARU MOOLA CHURNA IN AMAVATHA MANAGEMENT**

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ABSTRACT

The disease Amavata is the most common crippling and disabling disorder. The clinical research on Amavata has been under taken at different centers. Drugs are available to ameliorate the symptoms of inflammation in the form of NSAIDS (Non-steroidal anti inflammatory drugs) and long term suppression is achieved by DMARDS(Disease modifying anti rheumatic drugs). But most of them have gastro intestinal side effects and toxicity. Sunti and vrudhadarumoola churnas are very effective in pacifying digestive disorders simultaneously relieving pain. Amavata is a global problem which is increasing with the change of dietary habits, social structure and life style. The objective of this study is to find a cost-effective remedy to Amavata. Hence Sunti and Vrudhadaru churnas are selected for a comparative study of their efficacy in Amavata management. 30 patients were selected between 20-30 years of age out of whom 15 patients were taken for clinical trial with Suntichurna under group 'A' and the remaining 15 patients were taken for clinical trials with Vrudhadarumoolachurna under group 'B'. The laboratory investigations were done before and after treatment. Prepared churnas of 500gms each were given, thrice daily, with lukewarm water after light meal for 21 days. The drugs Sunti and Vrudhadaru churna showed encouraging results as the drugs are having deepana, and panchana karmas which improves agni and amapachana. During treatment no side effects were noted. The aim of treatment is to prevent the production of ama and to improve pachana at dhatu level. Both the drugs were found to be effective in relieving the symptoms of Amavata thus fulfilling the aim.

KEYWORDS: Amavata, Sunti, Vrudhadaru, Pain, Rheumatoid arthritis.**INTRODUCTION**

Plants and their parts have become indispensable unavoidable materials for survival of human being, its influence in extend from food to the prevention and are of diseases.^{1and2} Ayurveda, the pioneer of every medicinal science has its own views to mitigate on diseases as well as the prevention of them. The word Amavatha is a self explanatory term which indicates ama and Vata are the most important factors in etiopathogenesis of the disease.³ The disease Amalavatha is the most crippling and disabling disorder was first coined in Madhava Nidana only.⁴ As the dietary habits, social structure and life style has been changing, occurrence of disease prevailed more. In light of present day science Amavata appears to be a group of Rheumatic or inflammatory musculo skeletal disorders.⁵ The severity is based on condition of ama. Contemporary system of medicines are available to ameliorate the symptom due to inflammation in the form of NSAIDS and the long term suppression is achieved by DMARDS. But most of them create gastro intestinal problems, bone marrow suppression hepatotoxicity and nephro toxicity etc.⁶ In Ayurveda the treatment of the disease is aviate successful as it is more etiologically oriented and result producing with no side effects. The preparations are having properties of amapachana, agnideepana, Vatakaphahara, Vedanasthapana or Soolahara, Shothaharaandrasayana etc.^{7and 8} The Sunti and Vrudhadaru are most commonly used drugs in Amavatha which are the main ingredients of common available formulations.^{9 and10} To establish the efficacy of two herbal drugs individually on the disease of Amavatha the clinical study was done.

MATERIALS AND METHODS

Selection of Patients: - 30 Patients suffering with Amavatha were selected randomly between the age group of 20-50 years (irrespective of sex, diet and occupation) from the O.P.D. of APPRC-Secunderabad. 30patients were divided into two groups as 'A'and 'B'. 15patients in group-A were treated with Suntichurna for 21 days. In group-B 15 patients were treated with Vrudhadaruchurna for 21 days.

(a) Inclusion criteria: - Patients are having signs and symptoms of Amavata^{9and10}.

(b) Exclusion Criteria: -

- 1) Age below 20yrs and above 50yrs.
- 2) Chronicity more than 10yrs.
- 3) Other systemic diseases like DM, TB etc.
- 4) Patients with Malignancies.

(c) Investigations:-1) C.B.P and E.S.R

- 2) CUE
- 3) RA factor
- 4) ASO titer.

(d) Drugs: - Sunti churna and Vrudhadaru moola churnas. . Both drugs reference was taken from the text Bhava Prakasha¹¹.

(e) Dose and Anupana: - 500mg thrice daily with lukewarm water after light food.

OBSERVATIONS AND RESULTS: -

Table No.1. Based on Sex

SN	Male	Female
1.	10	20

Show that incidence of Amavatha in Females is greater than Male.

Table No.2. Based on age

Sl. No	Age	Medicine used		Total	Percentage
		Sunti	Vrudhadaru		
1.	21-30	4	6	10	33.33%
2	31-40	5	5	10	33.33%
3	41-50	6	4	10	33.33%

Total 30 patients were between the age 20-50 were recorded in different age groups.

Table No.3. Based on Sex

Sl. No	Sex	Medicine used		Total	Percentage
		Sunti	Vrudhadaru		
1.	Male	4	6	10	33.33%
2	Female	11	9	20	66.66%

Table reveals that majority of the patients were female.

Devulapally Anuradha: Sunti churna and Vrudhadaru moola churna in Amavatha

Table No.4. Based on occupation

Sl. No	Occupation	Medicine used		Total	Percentage
		Sunti	Vrudhadaru		
1.	Business	2	3	5	16.66%
2	Service	5	4	9	30%
3	Labor	3	2	5	16.66%
4	House Wife	5	6	11	36.66%

Majority was housewives and service man and equal number of patients were business man and laborers.

Table No.5. Based on Shareera prakruti

Sl. No	Prakruti	Medicine used		Total	Percentage
		Sunti	Vrudhadaru		
1.	Vata Kapha	8	8	16	53.33%
2	Vata	3	4	7	23.33%
3	Kapha	1	1	2	6.66%
4	Pitta Kapha	2	1	3	10.00%
5	VataPitta	1	1	2	6.66%

Maximum numbers of patients were detected as vatakaphaprakruti, next to that Vataprakruti. The remaining almost all equal percentage in Kapha, Pittakapha and Vatapitta prakruti.

Table No.6. Based on Lakshanas¹²

Symptoms	No. of Patients	Percentage
Hasta Sandhi Vedana/ Sotha	26	86.66%
Pada Sandhi Vedana/Sotha	28	93.33%
Sira Sandhi Vedana/Sotha	2	6.66%
Gulfa Sandhi Vedana/ Sotha	28	93.33%
Trika Sandhi Vedana/ Sotha	30	100%
Tanu Sandhi Vedana/Sotha	29	96.66%
Uru Sandhi Vedana/Sotha	19	63.33%
Vrischika dansavedana	15	50%
Agni dourbalya	30	100%
Lala prasekana	2	6.66%
Aruchi	30	100%
Gourvam	29	96.66%
Utsaha hans	29	96.66%
Vyrasyam	28	93.66%
Daham	17	56.66%
Bahumootrata	11	36.66%
Kakshi Shoola	7	23.33%
Nidralemi	24	80.00%
Trishna	20	66.66%
Bhrama	8	26.66%
Hridgraham	12	40.00%
Vidbandhata	27	90.00%
Tadyam	28	93.33%
Antrakoojana	13	43.33%
Manya Sandhivedana	28	93.33%
Jwara	19	63.33%

Table No.7. Based on Involvement of Various Joints.^{13and14}

Symptoms	No. of Patients	Percentage
Pada Sandhi	28	93.33%
Uru Sandhi	19	63.33%
Janu Sandhi	29	96.66%
Gulfa Sandhi	28	93.33%
Hasta Sandhi	18	60%
Karpoora Sandhi	15	50%
Manibandha Sandhi	18	60%
Prista Sandhi	28	93.33%
Hanu Sandhi	2	6.66%

Table No.8. Based on Treatment with Sunti Churna (Group 'A')

Result	No. of Patients	Percentage
Cured	8	53.33%
Relieved	7	46.66%

Table No.9. Based on Treatment with Vrudhadaru Churna (Group 'B')

Result	No. of Patients present	Percentage
Cured	9	60%
Relieved	6	40%

DISCUSSION

Amavata is a disease characterized by amalakshanas. All the factors which causes the Mandagni leads to the production of ama, which causes vitiation of the doshas and causes the disease.. This work is restricted mainly to the clinical study of comparative effect of the two drugs Sunti and Vrudhadaru. 9 patients were cured and 6 patients were relieved with suntichoorna. 8 patients were cured and 7 patients were relieved with Vrudhadaruchurna.

CONCLUSION


The aim of treatment in Amavata is to prevent the production of ama and Panchna of circulated ama at dhatu level. Both the drugs found effective in Amavatha in reliving symptoms. If used longer time prevents the ama formation and helps in prevention of Amavatha. Both proved effective in bringing leucocytes and E.S.R to normal range and no side effects were noted during the treatment period and showed exhalent symptomatic relief.

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