

A week trial of *Punarnava Kashaya* in *Amavata*- a case study.
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ABSTRACT

INTRODUCTION – *Amavata* is among the dreadful diseases. This is an attempt to introduce *Ayurveda* based medicine *Punarnava Kashaya* in *Amavata* which is described in the *Ayurveda* text of *Chakradatta*. The effects of *Punarnava Kashaya* are visible in *Amavata*. **AIM**- To Evaluate the effects of *Punarnava Kashaya* in *Amavata* w.s.t. *Sandhishoola* and *Sandhishotha* for a week. **OBJECTIVE**- To study the importance of *Punarnava Kashaya* in *Amavata*. **MATERIAL AND METHOD**- A patient suffering from *Aamvata* with signs and symptoms of *ubhay manibandha sandhishoola, shotha, avum sparshaasahatva, ubhay jaanusandhishoola, shotha avum sparshaasahatva, sharira gaurava, kshudha-haani, Jadya* was advised *Punarnava Kashaya* for a week with instruction of *Pathya-Apathya* in *Amavata*. Patient's signs and symptoms before and after treatment were noted. **RESULT**– There was significant reduction in pain, swelling and stiffness of joints. Thus, *Punarnava Kashaya* helps in relieving the signs and

symptoms of *Amavata*. **CONCLUSION**– *Punarnava Kashaya* has vast effect on *Amavata* as it improves and stimulates *Agni* leading to the *Pachana* of *Ama* that has been virtually deposited over vital body parts especially, *Sandhishthana*.

KEYWORDS - *Amavata, Puanarnava Kashaya, Amapachan, Sandhishoola, Sandhishotha*.

INTRODUCTION- *Ayurveda* has always emphasized on treating the disease as well as maintaining health of healthy individual¹. Now-a-days change in life style irrespective of diet and behavioral pattern is playing an important role in disturbing “*Agni*” which leads to “*Ama*” formation leading to several diseases. *Amavata* is one of such diseases with *Ama* as root cause which when carried by *Vata* targets *Shlesmasthanas* especially in *Sandhis* (synovial joint) and induce various symptoms of *Amavata*². The classical symptoms are *sandhi shoola* and *shotha* with systemic symptoms as *Daurbalya, Aruchi, Trishna* etc. and *Bahumutrata*,

Nidraviparyaya, *Hridgraha* as complications³. So early diagnosis and curative measures will help in symptomatic relief as well as belittle minimize the complications. On the basis of similarities in clinical manifestation, it is correlated with Rheumatoid Arthritis (RA) of the modern medicine^{4(a)(b)}. *Amavata* is considered to be one of the most fearful diseases. Use of Non-Steroidal Anti-Inflammatory drugs (NSAIDs) in treatment have both analgesic and anti-inflammatory properties but does not change disease outcome⁶. Therefore, people of present era are looking forward to *Ayurveda* for betterment. *Chakradatta* mentioned *Chikitsa Siddhanta* for management of *Amavata* in which he said that the use of drugs having *Tikta*, *Katu Rasa* and *Deepana* property, help in *Amapachana*, *Vatashamana*, *Strotoshodhana* and *Sthana Balya*. *Punarnava Kashaya* is used in a case of *Amavata* was successfully treated. Marked improvement was observed in signs and symptoms after treatment. No any complication was found during the treatment.

AIM- To evaluate the effect of *Punarnava Kashaya* in *Amavata* for a week.

OBJECTIVE- To study the importance of *Punarnava Kashaya* in *Amavata*.

A CASE REPORT- A 54 years male patient working as a farmer visited having complaints of Pain, Tenderness and Swelling in both knee joints since 3 months, Pain and Tenderness in both wrist joints and Loss of appetite since a month and morning stiffness more than 60 min since a month. The patient was

alright before 3 months. Gradually Pain, Stiffness and Swelling started in both knee joints. There after he developed Pain in both wrist joints. For that he took allopathic treatment but did not get satisfactory results and for further management he came to study centre. There was no history of Diabetes, Hypertension or any other major illness in the past.

EXAMINATION- Vitals of patient were within Normal limits. Systemic Examination showed no any abnormal findings. *Jivha* was *Saam*. Rest of the *Ashtavidha Pariksha* was within normal limits.

LOCAL EXAMINATION

Swelling presents on both knee and wrist joints.

Tenderness presents on both knee and wrist joints.

Local temperature-Raised

Range of movement-Restricted and Painful movement of both knee and wrist joints.

DIFFERENTIAL DIAGNOSIS- *Amavata* (Rheumatoid arthritis), *Sandhivata* (Osteoarthritis), *Vatarakta* (Gout).

INVESTIGATIONS DONE- CBC, ESR, CRP, RA test

DIAGNOSIS: *Amavata* (Rheumatoid arthritis) was diagnosed on the basis of signs and symptoms described in the classics of *Ayurveda* and criteria fixed by the American Rheumatology Association (2010)⁷.

TREATMENT PLAN (Table no.1)

SR. NO.	MEDICINE	ROUTE	DOSE	SEVANKAAL	DURATION	FOLLOW UP
1.	<i>Punarnava Kashaya</i>	Oral	40 ml (bid)	<i>Adhobhakta</i>	7 days	Daily for a week

PATHYA-APATHYAS (do's and don'ts) (Table no.2)- Advised to patient as follow


	<i>Pathya</i>	<i>Apathya</i>
<i>Aaharaja</i> (Food)	<i>Yava</i> (barley), <i>kulatth</i> (horse gram), <i>raktashali</i> (rice), <i>Nachani</i> ,	Flour of <i>mash</i> (black gram), <i>Rajmah</i> (kidney beans),sweets
	<i>shigru</i> (drum sticks), <i>punarnava</i> , <i>karvellak</i> (bitter gourd), <i>parawar</i> , <i>adrak</i> (ginger)	Fast food, uncooked food, salty, spicy, oily food
	<i>Rasona</i> or ginger (<i>shodhit</i> with <i>takra</i>)	
	<i>Jangal mansa</i> (meat).	Fish
	Hot water	Cold water, Curd, jaggery, milk, cold beverages , ice creams
<i>Viharaja</i> (Behaviors)	Sunlight exposure for at least 15 minutes in a day. <i>Pranayam</i> , <i>yoga</i> , meditation	Daytime sleeping, <i>vegavadharana</i> (suppression of natural urges); exposure to cold, wind, A.C., excess of stress

CRITERIA FOR ASSESSMENT**CLINICAL PARAMETER (Table no.3.1)**

SR. NO.	PARAMETER	DESCRIPTION	GRADE
1.	<i>Sandhishoola</i> (Pain)	No pain	0
		Mild pain during movement	1
		Moderate, even in rest also pain present	2
		Unable to move body parts due to pain	3
2.	<i>Sandhishotha</i> (Swelling)	No swelling	0
		Swelling not covering the bony prominence	1
		Swelling covering the bony prominence	2
		Swelling covering the above bony prominence	3

3.	Sparshashtwa (Tenderness)	No tenderness	0
		Subjective experience of tenderness	1
		Wincing of face on pressure	2
		Wincing of face after withdrawal of pressure on affected part	3
4.	Jadya(Stiffness)	No Stiffness	0
		Stiffens >30 min but <4hr	1
		Stiffness >4hr but <8hr	2
		Stiffness thoroughness the day	3

B). FUNCTIONAL PARAMETER (Table No.3.2)

SR.NO.	PARAMETER	DESCRIPTION	GRADE
	FOOT PRESSURE(In Kg)		
1.	The functional capacity of the affected leg especially affected ankle with meta-tarso-phalangeal joints will be assessed by the foot pressure and it will be recorded by pressing a weighing machine before and after the treatment.	more than 25	0
		25-21	1
		20-16	2
		less than 15	3
2.	WALKING TIME(In Sec)		
	The patient will be asked to walk for 25 feet and the time taken will be recorded in each follow up 	less than 20sec	0
		21sec - 30sec	1
		31sec - 40sec	2
		more than 41sec	3
3.	GRIP STRENGTH(mm of Hg)		
	Grip strength will be measured by recording the pressure that patients can exert by squeezing a partially inflated bag(at starting of 20 mm of hg) of a standard sphygmomanometer.	more than 70	0
		70-51	1
		50-31	2
		31-20	3

OBSERVATION AND RESULT

ASSESSMENT OF CLINICAL PARAMETER (Table No.4.1)

SR.NO.	OBSERVATION	KNEE JOINT				WRIST JOINT			
		Right Joint		Left Joint		Right Joint		Left Joint	
		BT	AT	BT	AT	BT	AT	BT	AT
1.	<i>Sandhishotha</i>	2	0	3	1	2	0	2	0
2.	<i>Sandhishoola</i>	2	0	3	1	2	0	3	1
3.	<i>Sparshashtwa</i>	3	0	3	0	3	0	3	0
4.	<i>Jadya</i>	2	0	2	1	2	1	2	0

ASSESSMENT OF FUNCTIONAL PARAMETER (Table no.4.2.)

Sr.No.	Functional Parameters	BT	AT
1.	Walking Time	2	1
2.	Grip Strength	2	0
3.	Foot Pressure	2	0

LABORATORY VALUE BEFORE AND AFTER TREATMENT (Table no.4.3)

SR. NO.	INVESTIGATION	BT	AT
1.	HB%	10.1	11.3
	TLC	8,300	7,800
	<i>Neutrophils</i>	91%	67%
	Lymphocytes	32%	25%
	<i>Monocytes</i>	2%	1%
	Eosinophils	1%	1%
	Total Platelet Count	2.63 Lacs/cumm	1.40 Lacs/cumm
2.	ESR	43mm/hr	16mm/hr
3.	RA Test	Negative	Negative
4.	CRP	24 mg/L	08 mg/L



DRUG INFORMATION-

KASHAYA –*Kwatha / Kashaya* is a category of *Ayurvedic* medicines which are actually decoction. The water soluble extracts are obtained through boiling water with a single or group of drugs⁸. *Punarnava Kashaya* was prepared in *Ayurvedic* pharmacy of study centre as stated in *Chakradatta* and described in *Sharangdhara Samhita*.

Contents of *Punarnava Kashaya*⁹ (Table no.5)- 1. *Punarnava* 2. *Shunthi* 3. *Kachora*

Sr. no.	Drug	Latin name	Rasa	Vipak	Virya	Guna
1	<i>Punarnava</i> ¹⁰	Boerhavia Diffusa	Madhur, Tikta, Kashaya	Madhura	Ushna	Laghu, Ruksha
2	<i>Shunthi</i> ¹¹	Zinziber Officinale	Katu	Madhura	Ushna	Laghu, Shnigdha
3	<i>Kachura</i> ¹²	Curcuma Zedoaria	Katu, Tikta	Katu	Ushna	Laghu

DISCUSSION- *Ayurveda* classics provide a clear Therapeutic Guidelines for the treatment of *Amavata*. Namely *Langhana*, *Swedana*, *Tikta – Katu – Deepana* drugs, *Virechana* etc¹³. The treatment is based on *Amapachana* and amelioration of vitiated *Vata*. It relieves obstructed *Strotas* hence promoting *Amapachan*. *Punarnava Kashaya* by its *Laghu guna*, *Katu rasa* and *Ushna veerya* is effective *Amapachaka*. By its *Kledaghna* and *Agnideepak* properties it decreases *Ama*, and helps in *Sampraptibhanga* in *Amavata* and resulting in relieving symptoms in *Amavata*. All the ingredients of it are easily available and cost effective. *Punarnava*, *Sunthi*, *Kachura* are ingredients of this formulation being *Laghu*, *Ruksha*, *Ushna veerya*, *Tikta-Katu rasa*, *Katu vipaka* helps in *Amapachan*. It is *Shothaghna* (anti-inflammatory), *Shoolahar* (analgesic). By *Shoshan guna* mainly *Shunthi* decreases *Kleda*. Considering the chronic nature of disease, it is very useful in treating the disease and also maintaining the health of the patients. It is having *Tikta pradhan rasa* acts as *Shreshtaamapachak*. *Tikta rasa* is mainly digestive (*pachana*) in property and it is *Asthimajjgami*. Therefore, the overall effect of this *Tikta rasatmaka* drug can be seen on *Asthi-majjavaha Strotas* as which are the main *Abhivyaktisthana* of the disease *Amavata*.

CONCLUSION- Finally it can be concluded that the drug *Punarnava Kashaya* was found very effective in alleviating the pain, stiffness and tenderness in *Amavata*. For improving other signs and symptoms treatment should be continued for longer duration

because *Amavata* is a chronic disease as the chronicity increases the patients will need more prolonged treatment.

REFERENCES-

1. Maharshi Shushruta ,Shushrutsamhita , Purvardha edited with Ayurvedatatvasandipika Hindi commentary, Scientific Analysis, Notes etc. by kaviraj Dr. Ambikadattashashtri, A.M.S., Chaukhamba Sanskrit Sansthan , Varanasi. Vedotpatti Adhyaya,1/22 Pg.7
2. Madhavakar, Madhavnidan, The madhukosha Sanskrit Commentary by shri. Vijayrakshita and srikanthatt and the vidyotinihindi commentary by sudarshanashastri edited by prof. yadunandan upadhyaya chaukhamba prakashana revised edition Reprint 2009 varanasi(M.N.25/2)Pg.509
3. Madhavakar, Madhavnidanam, with the Madhukosha Sanskrit Commentary By Srivijayaraksita and Srikanthadatta with The Vidyotini Hindi Commentary and Notes by Sri SudarsanaSastri chaukhamba prakashana, Varanasi edition Reprint 2013(M.N.25/6-10)Pg.511
4. (a) Nicki R. Colledge, Brian R. Walker, Stuart. H. Ralston, Rheumatoid arthritis, Davidsons's Principals and practice of medicine, Churchill Livingstone Elsevier 21st edition Pg.1088.
(b) Chopra A, Saluja M, TilluG ; Ayurveda-modern medicine interface: A critical appraisal of studies of Ayurvedic medicines to treat osteoarthritis and rheumatoid arthritis; J Ayurveda Integr Med. 2010Jul-Sep;1(3): 190-198. PMID:21547047.

5. Chakrapanidatta, Chakradatta, Vaidayaprabha Hindi Commentary by Dr.Indradeva Tripathi, AmavatachikitsaAdhyaya, 25/4. Edited by Prof. RamanathDwevidy, Chaukhambha Sanskrit Sansthan Varanasi -221 001, First edition 1992 Pg.166
6. Drug Healthc Patient Saf. 2015; 7: 31- 41.Published online 2015 Jan 22. doi:10.2147/DHPS.S71976 PMID: PMC4310346 PMID: 25653559
7. Aletaha et al.2010 Rheumatoid arthritis classification criteria: an American College of Rheumatology / European League Against Rheumatism collaborative initiative. Ann Rheum Dis 2010;69:1580-1588
8. Sharangdhar, Shrangdharsamhita, krushnanamakhindibhashatikasahit, Bhashatikakara,AcharyaShirkrushnaP arashara,Ayurvedacharya, SarvadhikaraPrakashana, Madhyamakhand, kwathakalpanaPrakarana, edition-2012, Pg.186
9. Chakrapanidatta, Chakradatta, Vaidayaprabha Hindi Commentary by Dr.Indradeva Tripathi, AmavatachikitsaAdhyaya, 25/4. Edited by Prof. RamanathDwevidy, Chaukhambha Sanskrit Sansthan Varanasi -221 001, First edition 1992 Pg.166
10. AcharyaPriyavata Sharma, Dravyagun Vigyan, Vol II (Vegetable Drugs), Adhyaya 8 MutraladiVarga 267. Punaranava by Prof. P. V. Sharma V.Ayurvda Series 3, Choukhamba Bharati Academy Varanasi, Reprint : year 2013. Pg 630
11. AcharyaPriyavata Sharma, Dravyagun Vigyan, Vol II (Vegetable Drugs), Adhyaya 5 DipanadiVarga ,Truptighna 134.Shunthi by Prof. P. V. Sharma V.Ayurvda Series 3, Choukhamba Bharati Academy Varanasi, Reprint : year 2013. Pg 331
12. AcharyaPriyavata Sharma, Dravyagun Vigyan, Vol II (Vegetable Drugs), Adhyaya 4 ChhedanadiVarga, Shwasahar 117.Karchura by Prof. P. V. Sharma V.Ayurvda Series 3, Choukhamba Bharati Academy Varanasi, Reprint : year 2013. Pg 294.
13. Srimadvagbhata, Astanghridayam, edited by 'Nirmala' Hindi Commentary, SutrasthanamDoshopkramniyadhyaya 13/28-32page no. 188-189 by Dr. Brhmanand Tripathi, Chaukhamba Sanskrit Pratishthan Delhi Pg 193.



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