

CLINICAL STUDY ON PAANA OF LAGHU GUDUCHI THAILA IN THE MANAGEMENT OF VATHASHONITHA

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Abstract

A medicine which is clinically viable, cost effective, easy to administer, that gives early recovery and minimize the discomfort to the patient is in high demand. Laghu Guduchi thailam is one of the preparations especially mentioned by Chakradatta and Bhaishajyaratnavali for Vathashonitha chikitsa. The drug Guduchi has raktha dushti hara, deepana, anulomana and pittahara properties. Moreover Guduchi is the agraushadhi for Vathashonitha. Acharya Charaka has clearly mentioned the relevance of Paana with thaila in vathashonitha chikitsa. So, in the present study, Shamananga snehapana with laghu guduchi thaila was selected to find its efficacy in vathashonitha clinically.

Key words: Vathashonitha; Guduchi; Sneha pana; Laghu guduchi thaila.

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INTRODUCTION

The clinical features of Vatashonitha have been recognized in Ayurvedic medicine for thousands of years. The two oldest texts on Ayurvedic medicine, the Charaka Samhita^[1] and Sushruta Samhita,^[2] describe the features of vataraktha as a diverse group of symptoms that are organized according to the systemic and local manifestations of Vata and Raktha. Much later Vatashonitha is described in the Ashtanga Hrudaya.^[3] In many places vataraktha and Vatashonitha are uttered synonymously. The synonyms of vataraktha are adhyaroga, adhyavata, khuda, vatabalasa and vatashonitha.^[4] In modern the Vatashonitha can be correlated with Rheumatoid arthritis.

Among the joint disorders Vataraktha is considered to be serious, owing to its chronicity, crippling nature and pain. Vataraktha is distressing and frustrating ailment both for the patient and the physician as well. The disease is widely prevalent. Due to exacerbation and remission, the serious nature of the disease is not appreciated initially which leads to the occurrence of deformities. Thus it has possessed a challenge and has created a universal interest among physicians and research workers. Many formulations as well as single drugs have been tried by many research workers for the management of Vataraktha but still the search of such drug is awaited which can completely eradicate the disease. For the present clinical study a formulation named Laghu guduchi thaila was selected from Bhaishajya Ratnavali and Chakradatta to prove its effect on vatashonitha.

MATERIAL AND METHODS

The aim of this study was to find out the effect of Shamana Snehapana (pacifying oleation therapy) in Vatashonitha with Laghu Guduchi thaila. Patient suffering from Vatashonitha were selected from O.P.D and I.P.D. of K.V.G. Ayurveda Medical College, Sullia,

Karnataka duly following the Inclusion and Exclusion criteria. The sample size for the present study was 20 patients suffering from Vatashonitha as per the selection criteria. The inclusion criteria followed in the present study were patients having the classical lakshanas (signs and symptoms) of Vatashonitha and who are sneha yogya (oleation formulation) according to Ayurveda classics irrespective of sex, age, chronicity, occupation and socio economic status were selected. Exclusion criteria followed in the study were the patients who are sneha ayogyaa (not fit for oleation therapy) according to Ayurveda classics. Therefore the patients who are unfit for snehapana were excluded from the study.

Study duration

Treatment with the trial drug laghu guduchi thaila i.e. Shamana Snehapana was done for 7 days and Follow up for 8 days. Shamana snehapana was administered for Seven days with Laghu guduchi thaila 25 ml depending upon the patient nirama avasta (digestion capacity).

Data Collection

Patients were thoroughly examined according to Ayurvedic methodology. Detailed history pertaining to the mode of onset, previous ailment, previous treatment history, family history, habits etc taken. Routine investigations were done to exclude other serious systemic disorders. Radiological features were also investigated.

Procedure followed while administering shamana snehapana with Laghu guduchi thaila

Poorvakarma

Chitrakadi vati was administered orally till the Nirama dosha avastha and for enhancement of Agnibala (digestive fire).

Pradhanakarma

After attaining the nirama avastha, the patient was asked to wash his mouth with warm water and administered with 25 ml of laghu guduchi thaila during the morning hours approximately in between 8-9 at the regular time of food intake when the patient is hungry. One glass of hot water was given to the patient to drink a little by little. In the same manner Shamananga Snehapana with Laghu guduchi thaila was administered for 7 days.

Pashchatkarma

The patient was advised to drink hot water once in half an hour. When Sneha is digested (only after the development of the hunger) the patient was advised to take hot water bath. Then the Patient is allowed to take gruel. Also patient is advised to take light food for dinner and to avoid day sleep.

Methods of assessment

Specific parameters were made out according to Ayurvedic science to assess the Clinical response. Shoola (pain), Daha (burning sensation), Shopha (swelling), Sthabdhatha (stiffness), Tvakvaivarnya (discolouration of skin), Sparshakshamatvam (tenderness), Asthisandhivakratha, Gourava (heavyness), Supthi & Kandu are the parameters taken for the study. Grading were formed according to severity of the parameters as Pravara (Severe), Madhyama (Moderate) and Avara (Mild). (Table 1)

OBSERVATION

Observation of demographic data

Out of total twenty patients, 02 (10%) were belonging to 20-29 age group, 08 (40%) was from 30-39 age group, 07 (35%) were 40-49 aged and 03 (15%) were 50-59 years. 13 patients (65%) were males and 07 (35%) were female. Among 20 numbers of patients 18

(90%) were married and 02 (10%) were unmarried. 9 patients (45%) were having education upto Primary School, 07 (35%) were having Secondary level and 04 (20%) were having Graduation and above. None were illiterate. 09 patients (45%) were having occupation which needs hard work, 06 (30%) were having Moderate and 06 (30%) were having Sedentary.

Out of Twenty patients 03 (15%) were belonging to poor status, 13 (65%) were of lower middle class, 4 (20%) were of upper middle class and none were rich. Out of Twenty, 14 (70%) belonged to rural area and 6 (30%) belonged to urban area. Out of Twenty, 04 (20%) were consuming madhura rasa pradhana ahara (sweet food), 04 (20%) amla rasa pradhana ahara (sour taste), 12 (60%) katu rasa pradhana ahara (pungent food). while none of the patients were habituated to lavana (salty), Tiktha (bitter), kashaya rasa (astringent taste) predominantly in their food. Out of Twenty patients, 16 (80%) were having Samagni (normal digestive fire), 04 (20%) were having Vishamagni (impaired digestive fire), none had Teekshna and Mandagni (more and poor digestive fire respectively).

Out of Twenty patients, 11 (55%) were not had any Vyasana, 09 (45%) were had the habit of Smoking or Alcohol intake and no one had habit of excess intake of Coffee/Tea. Out of Twenty patients 05 (25%) had Avara Satvabala, 11 (55%) had Madhyama and 04 (20%) had Pravara Vyadhibala. Patients (50%) were Vata-Pitta Prakruthi, 2 patients (10%) Pitta-Kapha Prakruthi, 7 patients (35%) Vata-Kapha Prakruthi and 1 (5%) Kapha-Pitta Prakruthi. Out of Twenty patients, 10 (50%) were had the chronicity in between 2-6 months. 05 (25%) were had the chronicity in between 6 months - One Year, 04 (20%) patients had chronicity in between 1-2 years. Only one (5%) having above 2 years but none had chronicity less than One month.

Table 1: Grading of assessment criteria

Symptoms	Absent -0	Avara-1	Madhyama-2	Pravara-3
Shoola(pain)- Graded according to the patient's description of intensity	No pain	pain of bearable nature, but no difficulty in movement of joints, appears frequently	Slight difficulty in joint movements due to pain or severe pain throughout the day.	More difficulty in moving the joints, pain is severe disturbing the sleep
Daha(burning sensation) - Graded according to the patient's description of intensity	No burning sensation	Occasional burning sensation	Frequent burning sensation	Continuous burning sensation throughout the day
Shopha - Graded according to the patient's description of intensity and Darsana Pareeksha.	No swelling	Slight Swelling	Moderate Swelling	Severe Swelling
Sthabdhatha(stiffness) - Graded according to the patient's description of intensity.	No stiffness	Sthabdhatha lasting for 5 minutes to 2 hours	Sthabdhatha lasting for 2-8 hours	Sthabdhatha lasting for more than 8 hours
Tvak vaivarnya(discolouration of skin)- Graded according to the patient's description of intensity and Darsana Pareeksha.	No Tvak vaivarnya	Mild discolouration	Much discolouration	Severe discolouration
Sparshakshmatvam - Graded according to the patient's description of intensity and Sparshana Pareeksha.	No tenderness	Mild tenderness	Medium tenderness	Severe tenderness
Asthisandhi Vakratha - Graded according to the patient's description of intensity and Darsana Pareeksha	No deformity	Mild deformity	Medium deformity	Severe deformity
Gourava(heaviness) - Graded according to the patient's description of intensity	No heaviness	Mild heaviness	Medium heaviness	Severe heaviness
Supthi (numbness)- Graded according to the patient's description of intensity	No numbness	Mild numbness	Medium numbness	Severe numbness
Kandu (itching sensation) - Graded according to the patient's description of intensity	No itching sensation	Occasional itching sensation	Frequent itching sensation	Continuous itching sensation throughout the day

Distribution of patients by Symptomatology

All the patients in the study were complaining of Shoola 100%, while 19 (95%) patients had daha, 12 (60%) patients had Shopha, 10 (50%) patients have Sthabdhatha, 6 (30%) patients have Tvak vivarnatha, 12 (60%) have Sparshakshmatvam, 1 patients each have

kandu, Gourava and Asthisandhivakratha, no patient had Supthi. Among 20 patients, 5 were Vathadhika and 15 were Raktadhika. While speaking about Vatharakatha according to Site of pathogenesis, in the present study, Out of Twenty, 17 (85%) were belonged to Uthana Stage, 3 (15%) were suffering with Gambheera Stage.

Distribution of patients by Vyadhibala shows Out of Twenty patients 03 (15%) were had Avara Vyadhibala, 14 (70%) were had Madyama and 03 (15%) had Pravara Vyadhibala.

RESULTS

Statistical analysis on the effect of the drug showed that the mean score which was 2.35 before the treatment was reduced to 1.9 after the treatment and after follow up became 1.2 with 49% improvement and there is a statistically significant change in the symptom shoola. Magnitude of burning sensation in patients of Vatharaktha before and after the treatment was assessed and analysed statistically. The patients showed highly significant improvement in mean score ($P \leq 0.001$). The mean score which was 2.0 before the treatment was reduced to 1.05 after the treatment and after follow up it became 0.3 with 85% improvement in the symptom daha. The mean score which was 1.0 before the treatment was reduced to 0.9 after the treatment and after follow up it became 0.75 with 25% improvement in the symptom Shopha. The effect of the drug on the symptom Sthabdhatha was 7% improvement only. In this work of 20 patients studied in Vatharaktha, Statistical analysis showed that the mean score which was 0.45 before the treatment was reduced to 0.4 after the treatment and after follow up 0.35 with 22% improvement in Tvakvaivarnya, but statistically no significant change. (Table 2) Statistical analysis showed that the mean score which was 0.95 before the treatment was reduced to 0.9 after the treatment and after follow up 0.65 with 32% improvement in Sparshakshamatva. An assessment of itching in patients of Vatharaktha before and after the treatment showed no change in the mean score from 0.01 to 0.01 after follow up with no improvement. After the follow up also there was no change observed. So statistical calculation is not possible. An assessment of Gourava in patients of Vatharaktha before and

after the treatment showed no reduction in the mean score from 0.01. After the follow up also there was no change observed. An assessment of Asthisandhivakratha in patients of Vatharaktha before and after the treatment showed no change. After the follow up also there was no change observed. No patient was reported with the complaint of Supthi in the present study.

DISCUSSION

Mode of action of Laghu Gudoochi Thaila on Vataraktha may be as follows, it is having Tiktha as pradhana rasa and Sheetha guna. Due to this qualities it helps to relieve Rakthadushti and as it is in Sneha form it also helps to relieve Vata.

Acharya charaka on Sutrasthana Vidhishonyheeya Adhyaya says that any of the disease which does not subside by guru, snigdha, sheetha and ushna guna independently that disease is known as Rakthaja vikara. Vatharaktha is one of the rakthaja vikara. More over dominant dosha is concerned in it is vata. Here vata and raktha possess different qualities. Raktha having asraya of pitta have snigdha, visra, drava, ushna gunas etc. While vata having opposite qualities like ruksha, seethe etc.

To subside Vataraktha the drug should have the qualities to relieve both the factors. Guduchi is having these qualities. Tiktha rasa have ability to give knowledge about inclusion of ruksha guna. On other end guduchi is having snigdha guna that helps to subside ruksha guna of vata. Usually tiktha rasa converts into katu vipaka which cause vibandha, but guduchi exceptionally having madhura vipaka which expel pureesha etc. Tiktha rasa subsides raktha & madhura paka subside vata. Tiktha rasa gives meaning about sheetha guna. Ushna veerya subsides vata also. In short mode of action of Laghu Gudoochi Thaila may be as follows; Vata Shamaka and Raktha dushtihara

Table 2: Effects of Shamana Snehapana

Effect on SIGN	Measures		%	S.D (±)	S.E (±)	t value	p value		
	BT	BT-AT							
Shoola	2.350	AT	1.900	0.450	19.000	0.438	0.245	1.840	0.004
		FU	1.200	1.150	49.000	0.613	0.343	3.355	0.000
Daha	2.000	AT	1.050	0.950	48.000	0.530	0.296	0.296	0.000
		FU	0.300	1.700	85.000	0.935	0.523	3.251	0.000
Shopha	1.000	AT	0.900	0.100	10.000	0.198	0.111	0.904	0.163
		FU	0.750	0.250	25.000	0.303	0.169	1.476	0.021
Sthabdhatta	0.750	AT	0.700	0.050	7.000	0.141	0.079	0.632	0.330
		FU	0.700	0.050	7.000	0.141	0.079	0.632	0.330
Tvakvaivarnya	0.450	AT	0.400	0.050	11.000	0.141	0.079	0.632	0.330
		FU	0.350	0.100	22.000	0.198	0.111	0.904	0.163
Sparshakshamatvam	0.950	AT	0.900	0.050	5.000	0.141	0.079	0.632	0.330
		FU	0.650	0.300	32.000	0.385	0.215	1.392	0.030

Mode of Action of Snehapana

Arunadatta commenting on Shamana Snehapana that “shamano hi sneho yatratastratham dosham kupitham sarvashareeravyapitvat shamanaroopatvat”.^[5] As the sneha is given when the person is hungry the body channels are said to be open facilitating the easy and quick spread of the sneha in the body. Thus the sneha reaches the site of lesion and rectifies the morbid dosha. Ayurveda explains as Sneho Anilam Hanti, Mrdu Karoti Deham, Malanam Vinihanti Sangam.^[6]

Cakrapani clarifies that these are functions of Shodhana Snehana. On the basis of above version actions of Snehana may be analysed as follows- Sneho Anilam Hanti -Vata Nigraha is one of the criteria mentioned by Caraka to bring Doshas back to Koshta. As Sneha is having exactly opposite Guna to Vata Dosha, Sneha allots the proper Gati to Vata. Mrdu Karoti Deham- Sneha by virtue of its Snigdha, Mrdu qualities brings softness in Dosha Sanghata, Srotas and Deha,. Malanam Vinihanti Sangam - Mala Sanga generally occurs due to Rukshata, Sneha overcomes this Rukshata by its Snigdha and Vishyanda properties and the Sanga sets right.

Laghu guduchi thaila Snehapana on empty stomach especially when the patient is hungry may help the srothases for facilitating the easy and quick spread of the sneha in the body. Thaila is having the guna of vatha shamaka and the main content in Laghugudoochi thaila is gudoochi which is the agroushadhi for vatharaktha. May be due to all these factors Shamananga Snehapana had got good result.

Discussion on Dose

Acharya Shargdhara had mentioned the dose of Snehapana as Uthama mathra one pala, Madhyama mathra 3 karsha and Avara mathra 2 karsha.^[7] Here for the present study thaila was used. Thaila is having more Guru Guna than ghritha. Considering these point avara matra was taken for the study ie approximately 25ml. Shamana Snehapana should be continued up to Vyadhi mardhava. But for the study purpose seven days Snehapana was administered to assess the result.

Effect on symptoms

The percentage of severity of pain showed a reduction by 49%. Further, the reduction in the pain score was statistically significant as assessed by the paired ‘t’ test. This observation proves that the medicines are effective in

relieving pain. The magnitude of burning sensation showed marked improvement. The percentage of magnitude of burning sensation has reduced to 85% and is statistically significant. This decrease in the magnitude of burning sensation after the treatment in the patients of Vatharaktha is suggestive of the efficacy of treatment. Guduchi is having the property of dahaghna and this may be the reason for getting good results in this study. The percentage of severity of Shopha showed a reduction by 25% only and is not a good reduction in severity of shopha. The percentage of severity of Sthabdhattha showed a reduction by 7%. The percentage of severity of discolouration of skin showed a reduction by 22% and is statistically not significant as assessed by the paired 't' test. This observation proves that the medicines are not much effective in relieving Tvakvaivarnya. The percentage of severity of tenderness showed a reduction by 32% and was statistically not significant as assessed by the paired 't' test. This observation proves that the medicine is not much effective in relieving Sparshakshamatva. Only two patients were having Kandu and Gourava. So that results cannot be assessed statistically. Only two patients were having deformity of bones. Since that the patients were having the disease more than two year. By giving medicines for seven days doesn't give any change. Also a result in permanent deformity cannot be expected in short treatment duration. But both that patients had got good results in shoola and daha by Snehapana. In such conditions better to continue the medicines for long time to get some conclusion.

CONCLUSION

Laghu Guduchi thaila Snehapana can be practiced safely without any adverse effect. The drug is more effective clinically and statistically. Shamana Snehapana can be considered for future studies in Uttama Matra.

Laghu Guduchi Thaila can be used in practice as a Sahapana with other shamanoushadhi's in Vataraktha. More over Laghu Guduchi Thaila Snehapana has got good result in Raktha Pradhana Vatharaktha. In chronic stage giving medicine for seven days is not enough. The therapy can be done O P D level itself. So that it is convenient for the patient. The medicine and Procedure are cheaper and cost-effective.

Further scope of the study

This study should be done on large sample and for long duration. So that definite conclusions can be drawn as the present study is limited to small sample of 20 patients.

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