

A COMPARATIVE CLINICAL STUDY ON PAANA AND MATHRABASTHI OF LAGHUGUDUCHI THAILA IN THE MANAGEMENT OF VATHASHONITHA

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Abstract

Among the joint disorders, Vathasonitha is considered to be serious, owing to its chronicity, crippling nature and pain. Vathasonitha 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 present study a formulation named Laghuguduchi thaila is selected from the text book of Bhaishajya Ratnavali and Chakradatta. A comparative clinical study on paana and mathrabasthi of laghuguduchi thaila in the management of vathashonitha was carried out to prove the efficacy of the drug.

Key words: Paana; Mathrabasthi; Laghuguduchi thaila; Vathashonitha.

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INTRODUCTION

No doubt allopathic system of medicine has got an important role to play in overcoming agony of pain, restricted movement and disability caused by the articular diseases. Simultaneously prolonged use of allopathic medicines are not only giving rise to many side effects, toxic symptoms and adverse reactions but also more serious complications like organic lesions etc. are caused by them. Hence the management of this disease is merely insufficient in other systems of medicine and patients are continuously looking with a hope towards Ayurveda to overcome this challenge. Thousands of years back itself the clinical features of Vathasonitha are well established in Ayurvedic medicine for. Charaka Samhita^[1] and SushrutaSamhita,^[2] the two oldest texts on Ayurvedic medicine describe features of Vathasonitha with a group of symptoms that are systemic and local manifestations of Vata and Raktha. Much later the description about Vathasonitha was found Ashtanga Hrudaya.^[3] Shodhana (bio-purification), Shamana (pacification) and Nidana Parivarjanam (opposite to causative factor) are the main line of treatment for any disease in Ayurvedic system.^[4]

In this present century also a medicine which is cost effective, easy to administer, that gives quick action to reduce the symptoms is in high demand. Laghuguduchi thaila is one of the preparations mentioned by Chakradatta^[5] and Bhaishajya ratnavali^[6] for Vathashonitha chikitsa. The drug Guduchi has rakthadushti hara (alleviates the blood impurity), deepana (appetizer), anulomana (laxative) and pittahara (alleviates pitta) properties. Moreover Guduchi is the agraoushadhi (choice of drug) for Vathashonitha.^[7] Acharya Charaka has clearly mentioned the relevance of Paana (drinking) and Basthi (enema) with taila in vathashonitha chikitsa.^[8] So, in the present study, Shamananga snehapana and Mathrabasthi with laghuguduchi taila was

selected. With this Nidana Parivarjanam and Pathya Apathya (wholesome and unwholesome diet) had been advised to the patients. The present study was carried out to evaluate the efficacy of Shamananga Sneha Paana and Matrabasthi of Laghuguduchi thaila in the management of different conditions of Vathashonitha.

MATERIALAND METHODS

The aim of this study was to find out the effect of Shamana Snehapana (pacifying oleation therapy) and matravasti in Vathashonitha with Laghuguduchi thaila. Patient suffering from Vathashonitha 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 40 patients suffering from Vathashonitha as per the selection criteria and divided into two groups. The inclusion criteria followed in the present study were patients having the classical lakshanas (signs and symptoms) of Vathashonitha and who are snehayogyaa (oleation formulation) and vastiyogyaa (fit for enema therapy) 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 snehaayogyaa (not fit for oleation therapy) and vastiyogyaa according to Ayurveda classics. Therefore the patients who are unfit for snehapana and vasti (enema) were excluded from the study.

Study duration

In group A treatment with the trial drug Laghuguduchi thaila i.e. Shamana Snehapana was done for 7 days and Follow up for 8 days. Shamana snehapana was administered for Seven days with Laghuguduchi thaila 25 ml depending upon the patient niramaavasta (digestion capacity). In Group B Matrabasthi with Laghuguduchi thaila was carried out for 7days and follow up for 8 days. The quantity

of the trial drug Laghuguduchi thaila was in fixed dose of 75ml for group B. Therefore total study duration in each group was 15 days.

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 for Group-A

ShamanaSnehapana

Shamana Snehapana was done after the Nirama Dosha Avastha and enhancement of Agnibala with chitrakadi vati orally. Then the patient was administered 25 ml Laghuguduchi thaila during the morning hours approximately in between 8-9 at the regular time of food intake when the patient is hungry. The patient was advised to drink hot water once in half an hour. When Sneha was digested (only after the development of the hunger) the patient was advised to take hot water bath. After bath the patient was allowed to take gruel and to take light food for dinner if the patient feels hunger. The patient was strictly advised to avoid day sleep. Shamana Snehapana with Laghuguduchi thaila was administered for 7 days.

Procedure for Group-B - Mathrabasti

Poorvakarma

The patients were instructed to come after taking light diet (neither atisnigdha nor atiruksha) and after elimination of stool and urine. The patients were also advised not to take diet more than 3/4th of routine quantity. The patients were subjected to sthanika mridu

abhyanga (mild local oil application) and Swedana (sudation therapy) prior to the administration of Matrabasti. The Sthanika Abhyanga over abdomen, buttock for 10 minutes was done by sukoshna Laghuguduchi thaila. After Snehana, the patients were subjected for Nadi Sweda for 5 minutes.

Pradhanakarma

After this Purvakarma the patient was advised to lie down on left lateral position without pillow on the Vasti table with left lower extremity straight and right lower extremity flexed at knee and hip joint. The patient was asked to keep his left hand below the head. Anal region was anointed with small quantity of Laghuguduchi thaila. Exact quantity of Laghuguduchi thaila 75 ml was taken in a Vasti syringe. The nozzle of Vasti syringe was oiled with Laghuguduchi thaila. After removing the air from enema syringe, nozzle was inserted into the anus of the patient up to the length of 4 inches. The patient was asked to take deep breath and not to shake his body while introducing the catheter and the drug.

Pashchatkarma

After the administration of Vasti, the patient was advised to lie in supine position with hand and legs freely spread over the table. There after both legs were raised and slightly flexed in knee joint few times and gently tapped over the hips. After 10 minutes patient was advised to get up from the table and take rest in his bed. The patients were advised not to sleep.

Methods of Assessment of Clinical Response

Specific parameters were made out according to our Science to assess the Clinical response. Shoola, Daha, Shopha, Sthabdhattha, Tvakvaivarnya, Sparshakshamatvam, Asthisandhivakratha, Gourava, Supthi & Kandu are the parameters taken for the study. Grading was formed according to severity of

the parameters as Pravara (Severe), Madhyama (Moderate).

OBSERVATIONS

In this study on vatarakta 40 patients fulfilling the inclusion criteria were registered and they are divided randomly into two groups Group A – Shamana Snehapana and Group B – Matrabasthi with Laghuguduchi thaila.

Observation of demographic data

Out of Forty patients 05 (13%) were belonging to 20-29 age group, 15 (38%) was from 30-39 age group, 16 (40%) were 40-49 aged and 04(10%) were 50-59. Distribution of sex in the present study was; male were 31 (78%) and females were 09 (22%) in 40 patients. Regarding the marital status, married were 33 (83%) and unmarried were 07 (18%). Among Forty number of patients, 17 (43%) were having education upto Primary School, 15 (38%) were having Secondary level and 08 (20%) were having Graduation and above. None were illiterate. Out of forty patients 17 (42.5%) were hard workers, 13 (32.5%) were moderate and 10 (25%) sedentary style of occupation. Regarding the economical status, out of Forty patients 08 (20%) were poor, 24 (60%) were of lower middle class, 08 (20%) were of upper middle class and none were from rich status. Out of Forty patients, 29 (73%) were belonged to rural area 11(28%) were belonged to urban area

Out of Fourty patients, 07 (17.5%) were consuming madura rasa pradhanaahara, 06 (15%) amla rasa pradhana ahara, 27 (67.5%) katu rasa pradhanaahara. Out of forty patients, 27(67.5%) were had Samagni, 05(12.5%) were had Mandagni, 01(2.5%) had Teekshna and 07(17.5%) had Vishamagni.

Out of Forty patients, 20(50%) were not had any Vyasana, 20(50%) were had the habit of Smoking or Alcohol intake and no one had habit of excess intake of Coffee/Tea.

Out of Forty patients 11(28%) were having Avara Satvabala, 23(58%) were having Madyama and 06(15%) having Pravara Satvabala. Out of Forty patients, 19 (48%) were Vata-Pitta Prakruthi, 6(15%) Pitta Kapha Prakruthi, 12(30%) Vata-Kapha Prakruthi and 3(8%) Kapha-Pitta Prakruthi.

Group A: Out of Twenty patients, 10 (50%) were had the chronicity in between 2-6 months. 05 (25%) were had the chronicity in between 6months-One Year, 04(20%) patients were had chronicity in between 1-2 years. Only one (5%) having above 2 years but none were had chronicity less than One month.

Group B: Out of Twenty patients, 11 (55%) were had the chronicity in between 2-6 months. 07 (35%) were had the chronicity in between 6 months-One Year, 01(5%) patients were had chronicity in between 1-2 years. Only one (5%) having above 2 years but none were had chronicity less than One month. Overall: Out of Forty patients, 21 (53%) were had the chronicity in between 2-6 months. 12 (30%) were had the chronicity in between 6 months - One Year, 05(13%) patients were had chronicity in between 1-2 years. Only Two (5%) having above 2 years but none were had chronicity less than One month. All the patients in the study were complaining of Shoola 100%, while 36 (90%) patients had daha, 22 (55%) patients have Shopha, 19(48%) patients have Sthabdhatha, 10(25%) patients have Tvak vivarnatha, 17 (43%) have Sparshakshamatvam, 2 patients each have kandu, Gourava and Asthisandhivakratha, One patient have Supthi. Overall: Out of Forty patients 80% were suffering with Rakthadhika Vatharaktha.

Group A: Out of Twenty, 17 (85%) were belonged to Uthana Stage, 3(15%) were suffering with Gambheera Stage. Group B: Out of Twenty, 18 (90%) were belonged to Uthana Stage, 2(10%) were suffering with Gambheera Stage. Overall: Out of Forty patients, 35 (88%) were suffering with Uthana

stage and 5(13%) were having Gambheera Stage.

Group A: Out of Twenty patients 03(15%) were had Avara Vyadhibala, 14(70%) were had Madyama and 03(15%) had Pravara Vyadhibala. Group B: Out of Twenty patients 06(30%) were had Avara Vyadhibala, 12(60%) were had Madyama and 02(10%) had Pravara Vyadhibala. Overall: Out of Forty patients 09(30%) were had Avara Vyadhibala, 26(60%) were had Madyama and 05(10%) had Pravara Vyadhibala.

RESULTS

Effects of (Group-A) ShamanaSnehapana

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.

Effects of (Group-B)-Mathrabasthi

Statistical analysis showed that the mean score which was 2.4 before the treatment was reduced to 2.0 after the treatment and after follow up it became 1.8 with 25% improvement and there is a statistically significant change in the symptom pain. Magnitude of burning sensation in patients of Vatharaktha before and after the treatment was assessed and analysed statistically. In patients registered in Group-B showed significant improvement in mean score ($P \leq 0.001$). The mean score which was 1.75 before the treatment was reduced to 1.3 after the treatment and after follow up it became 1.15 with 34% improvement. Statistical analysis showed that the mean score which was 0.95 before the treatment was reduced to 0.95 after the treatment and after follow up it became 0.9 with 5% improvement and there is no statistically significant change in the symptom shopha. (Table 4)

Table 1: Overall effect of Group-A and Group B

Category	Group A		Group B	
	No. of patients	Percentage	No. of patients	Percentage
Shamana	0	0	0	0
PrayikaShamana	5	25	0	0
AmshikaShamana	11	55	8	40
KimchitShamana	3	15	6	30
GunaAlabha	1	5	5	25

In one patient symptom aggravated after the study.

Table 2: Showing response in patients of Groups A

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
Sthabdhattha	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

Table 3: Showing response in patients of Groups B

Effect on SIGN	Measures		%	S.D (±)	S.E (±)	t value	p value
	BT	BT-AT					
Shoola	2.400	AT 2.000 0.400	17.000	0.370	0.207	1.932	0.002
		FU 1.800 0.600	25.000	0.431	0.241	2.488	0.000
Daha	1.750	AT 1.300 0.450	26.000	0.388	0.217	2.074	0.000
		FU 1.150 0.600	34.000	0.431	0.241	2.488	0.000
Shopha	0.950	AT 0.950 0.000	0.000	0.000			
		FU 0.900 0.050	5.000	0.141	0.079	0.632	0.330
Sthabdhattha	0.900	AT 0.850 0.050	6.000	0.141	0.079	0.632	0.330
		FU 0.600 0.300	33.000	0.328	0.184	1.635	0.010
Tvakvaivarnya	0.350	AT 0.350 0.00	0.00	0.00			
		FU 0.350 0.00	0.00	0.00			

Statistical analysis showed that the mean score which was 0.9 before the treatment was reduced to 0.85 after the treatment and after follow up it change to 0.6 with 33% improvement only in symptom Sthabdhattha.

In this work of 20 patients studied in Vatharaktha, with Group-B on Tvakvaivarnya doesn't have any change. Out of 20 patients studied in Vatharaktha, with Group-B on Sparshakshamatva revealed no change.

An assessment of itching in patients of Vatharaktha before and after the treatment with Group-B showed no reduction in kandu. An assessment of gourava in patients of Vatharaktha before and after the treatment with Group-B showed no reduction in the Lakshana. An assessment of Asthisandhivakratha in patients of Vatharaktha before and after the treatment with Group-B showed no changes in the Lakshana. An assessment of Supthi in patients of Vatharaktha before and after the treatment with Group-B showed no reduction in Supthi. Symptoms in one patient aggravated after the study. (Table 4)

Discussion on Results

Incidence of 40 patients suffering from Vathashonitha showed more number of patients between the age group of 40-49(40%) and 30-39 (38%) i.e. more number of patients is between the age group of 30-50. This suggests that disease is more common in middle age group. In the sample taken for the study, 78% of males were registered in comparison to 22% of females. This suggests incidence of disease is come more common in male. 83% patients registered in the study were married and 18% were unmarried. As this disease more common in age group of above 30 years & most of people get married. Among Forty number of patients, 43% were having education up to Primary School , 38% were having Secondary School level and 20% were having Graduation and above. None were illiterate. Most of the patients are having School level education only. 33% of the patients had moderate nature of work, 10% had sedentary nature of work and 43% had strenuous work. Prevalence of disease is more in people with hard work. This shows that Vataraktha is prevalent in patient who does more work throughout the day by standing or walking. Maximum number of patients belonged to lower middle class i.e. 60 %, 20% were belongs to low socio-economic status and 20% were belonged to upper middle class

ie higher socio economic status, this evidenced that Vatharaktha is more prevalent in lower middle class and poor people. There were nearly 73% of people were from rural area & only 28% of patients from urban area were registered in the study. This once again suggests Vatharaktha is more common in peoples of rural area as they come from low socio economic status. Maximum patients i.e. 73% were taking mixed diet and rest 28% were Vegetarians. The disease is more prevalent in mixed diet people. Majority of patients had a diet of consuming Katu rasa pradanaahara 68%. Katurasa is one of nidana for vata prakopa. 18% prefers madhura rasa pradhana Ahara and 15% consuming Amla rasa pradanaahara. Amla rasa is also a nidana for vatharaktha. Majority of the patients 68 % were having Samagni followed by Vishamagni in 18%. Mandagni is found to be in 13 % and teekshnagni in 3% of the patients. Proper deepana pachana had done before the Snehapana to achieve good result and to avoid complications. 50% patient had habits of either smoking or alcohol consumption. Remaining 50% had no such habits. Nobody had the habit of excess consumption of tea or coffee. In this study 78% males are registered. Considering this point if we excluding females from this calculation then 65% had habits of Smoking/Alcohol consumption. This shows the significance of such habits to cause the disease in males. Out of Forty patients 28% were had Avara Satva bala, 58% were had Madyama and 15% had Pravara Satva bala. Majority of patients were belong Vata Pitta Prakruthi i.e. 48%. Vatakapha Prakruthi persons are 30%, Pitta Kapha 15% and 8% Kapha Pitta Prakruthi. Vatharaktha is a disease in which Vata have a predominant role and that may be the reason for longstanding nature of the disease. Maximum number of patients gave a history of between 2-6 months (53%). 35% patients were in between 6-1yr. 13% patients had chronicity in between 1-2 years and 5% have above 2 years. No patients were reported with chronicity less than one month.

As Vataraktha is a chronic disease getting result is also not easy. All the patients in the study were complaining of Shoola 100%, while 90% patients had daha, 55% patients have Shopha, 48% patients have Sthabdthatha, 25% patients have Tvak vivarnatha, 43% have Sparshakshamatvam, 5% of patients each have kandu, Gourava and Asthisandhivakratha. 3% patients have Supthi.

Out of Forty patients 80% were suffering with Rakthadika Vatharaktha. Most of them were having Daha and Shoola. Out of Forty patients, 88% were suffering with Uthana stage and 13% were having Gambheera Stage. Vyadhibala had assessed considering Nidana Panchaka, Chronicity and Severity of the disease. Out of Forty patients 30% were had Avara Vyadhibala, 60% were had Madyama and 10% had Pravara Vyadhibala.

Effect on severity of Shoola

The percentage of severity of pain in Group-A showed a reduction by 49% as against 25% in Group-B. Further, the reduction in the pain score in both the groups was statistically significant as assessed by the paired 't' test. This observation proves that both the medicines are effective in relieving pain. The comparison of the therapeutic effects in these two groups reveal that, the effect in relation to severity of pain is better in Group-A rather than Group-B. Laghuguduchi thaila is having sheetha guna. That may be the reason for doesn't help to relieve Shoola as effectively even though guduchi is having the property of Shoolahara.

Effect on Daha

The magnitude of burning sensation showed marked improvement in both the groups. In Group-A, the percentage of magnitude of burning sensation has reduced to 85%. Similarly in the Group-B this percentage has come down to 34%.

This decrease in the magnitude of burning sensation after the treatment in the patients of Vatharaktha is suggestive of the efficacy of treatment. This affirms that Group-A and Group-B are effective in reducing the severity of Burning sensation. Guduchi is having the property of dahaghna. May be due to that action thaila had got good results in both treatment groups even though route of administration is different. Further, the comparison of the effect in two groups indicates that better response is obtained in the Group-A. Laghuguduchi thaila is having sheethaguna. Moreover gudoochi is having the property of Dahaghna karma. That may be the reason for getting good results in both the groups. Both groups have got statistically significant result also.

Effect on Shopha

The percentage of severity of Shopha in Group-A showed a reduction by 25% whereas in Group-B it was only 5%. Data showed that patients of both the groups had not much reduction in severity of shopha. Further, the comparison of two group denotes that Group-A is superior than Group-B.

Effect on Sthabdthatha

The percentage of severity of Sthabdthatha in Group-A showed a reduction by 7% whereas in Group-B it was 33%. Data showed that patients of both the groups had not much reduction in severity of sthabdthatha. Still Group B is statistically significant. Further, the comparison of two group denotes that Group-B is superior than Group-A to relieve Sthabdthatha.

Effect on Tvakvaivarnya

The percentage of severity of discolouration of skin in Group-A showed a reduction by 22% as against 0% in Group-B. Further in both the groups was statistically not significant as assessed by the paired 't' test.

Table 4: Comparative results of Group-A and Group-B

Characteristics / Lakshana	Group-A			Group-B		
	Mean score		% of relief	Mean score		% of relief
	BT	FU		BT	FU	
Shoola	2.35	1.2	49%	2.4	1.8	25%
Daha	2	0.3	85%	1.75	1.15	34%
Shopha	1	0.75	25%	0.95	0.9	5%
Sthabdhatta	0.75	0.7	7%	0.9	0.6	33%
Tvakvaivarnya	0.45	0.35	22%	0.35	0.35	0%
Sparshakshamatvam	0.95	0.65	32%	0.4	0.4	0%
Kandu	0.1	0.1	0%	0.05	0.05	0%
Gourava	0.1	0.1	0%	0.1	0.1	0%
AsthiSandhivakratha	0.1	0.1	0%	0.1	0.1	0%
Supthi	A	A	A	0.05	0.05	0%

Table 5: Comparative results of Group-A and Group-B with Unpaired t test

Mean		Mean Difference	S.E (±)	t value	p value
Group A	Group B				
46.825	21.568	25.257	6.816	3.705	0.00058907

This observation proves that both the medicines are not much effective in relieving Tvakvaivarnya. The comparison of the therapeutic effects in these two groups reveal that, the effect in relation to Tvakvaivarnya is better in Group-A rather than Group-B.

Effect on Severity of Sparshakshmatva

The percentage of severity of tenderness in Group-A showed a reduction by 32% as against 0% in Group-B. Further in both the groups was statistically not significant as assessed by the paired 't' test. This observation proves that both the medicines are not much effective in relieving Sparshakshamatva. The comparison of the therapeutic effects in these two groups reveal that, the effect in relation to Sparshakshamatva is better in Group-A rather than Group-B.

Effect on Kandu

Only two patients were having Kandu. So that results cannot be assessed statistically. Both patients didn't have any relief.

Effect on Gourava

Only two patients were having Gourava. So that results cannot be assessed statistically. Both patients didn't have any relief.

Effect on AsthiSandhi Vakratha

Only two patients were having deformity of bones. Since that patients were having the disease more than two year. By giving medicines for seven days doesn't give any change. Also we cannot expect a result in permanent deformity. But both that patients had got good results in relieving shoola and daha by Snehapana. In such conditions better to continue the medicines for long time to get some conclusion.

Effect on Supthi

Only one patient was complaining about Supthi. So that results cannot be assessed statistically. Patient didn't have any relief by Mathrabasthi.

Overall Effect of Group-A and Group-B on Vathashonitha is narrated in Table 1.

Comparison of total effect of two groups had analysed statistically through unpaired t test. The test revealed that Group A – Shamananga Snehapana had got highly significant result than Group B Mathrabasthi. Details are given in the Table 5.

CONCLUSION

Observation proves that both the treatment modalities were effective in relieving pain. The trail drug was effective in reducing the severity of Burning sensation in both the groups. Statistical analysis proved that the group-A is more effective than group-B. Yet

the study should be conducted in large sample size to find out the efficacy in symptoms like supathi, Tvakvivarnatha etc.

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