Published online in http://ijam.co.in ISSN No: 0976-5921

International Journal of Ayurvedic Medicine, Vol 15 (4), 2024; 996-1002

Management of Amavata through *kati vasti* and *matra vasti* with Eranda-beeja ksheera paka – A single arm open-label trial

Research Article

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Abstract

Introduction: In *Amavata*, the Vata Dosha is vitiated and Ama accumulates in the sandhi. When *ama* localises in the body's tissues or joints, it may cause the afflicted joints to experience pain, stiffness, swelling, soreness, and other symptoms. *Eranda Paka*, a remedy for *Amavata* that includes *Eranda Bija* as one of its constituents, has been employed. Materials and Method: Based on the inclusion criteria, a total of 50 patients visited the outpatient department of Krishna Ayurved hospital, Ahmedabad Ayurved hospital, HPC Engineering Co, Krish Engineers, for this study. Individuals with traditional manifestations of *Angamarda, Aruchi, Trishna, Hrullasa, Gaurava, Jwara, Shula, Shotha,* and so forth were chosen. Results: *Eranda paka* significantly (p=<0.0001) improved the objective parameters, after the treatment 28% patients were without *Angmardana*, 30% patients were without Aruchi, 52% patients *Trishna* condition was normal, 30% patients *Hrullasa* condition was normal, 20% patients were without *jwara, Apaka and Gaurava* condition, 24% patients were without *Agnimandya* and 30% patients *Daurbalya* condition improved. In addition, after the treatment a significant improvement also reported in ESR, eosinophil and Rh factor. Conclusion: *Amavata* can be correlated with modern medicine Rheumatic arthritis. Ayurveda explains it as an imbalance of *Ama* and *vata*. *Eranda Paka* significantly improved the both subjective and objective parameter. Along with disease symptoms, a significant improvement reported in biochemical parameter i.e., Rh factor. After the treatment a significant improvement reported *Amavata* condition.

Keywords: *Amavata, Rheumatoid arthritis, Eranda Paka.*

Introduction

Amavata, a condition described in Ayurveda, is often compared to rheumatoid arthritis in modern medicine.(1) The term '*Amavata*' comes from two Sanskrit words: (2) 'Ama,' referring to toxins generated from incomplete digestion, and 'Vata,' one of the body's fundamental energies. (3) In Ayurveda, *Amavata* occurs when *Ama* combines with aggravated *Vata*, leading to joint inflammation, pain, and discomfort. (4) This condition highlights the interplay between digestion, metabolism, and joint health. (5) Contributing factors include poor dietary habits, a sedentary lifestyle, stress, and genetic predisposition. (6) Ayurveda treats *Amavata* by rebalancing digestion, eliminating *Ama*, and pacifying *Vata* through a personalised approach that includes dietary changes, herbal remedies, detox therapies, and mind-body practices like yoga and meditation. (7)

Cuases of *Ama* (8): Aaharaj Amavata; Viharaja Amavata; Manashika Amavata

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Samprapti (9)

Samprapti ghataka

Dosha: *Tridosha (Vata, Pitta, Kapha), Dushya: Rasa,* ***Agni:*** *Mandata,* ***Ama:*** *Mandata, Sanchara Sthana: sandhi's,* ***Roga marga:*** *Madhyama Roga Marga, Adhisthana: Sandhi (*joints*), Vyakta Sthana: Sandhi* (joints).

Poorva Roopa(10)

Daurbalya (general weakness or fatigue), *Aruchi (loss of appetite), Alasya* (lethargy or lack of enthusiasm), *Gaurava* (feeling of heaviness in the body), *Trishna* (excessive thirst), *Angamarda* (body aches or generalised discomfort*)*.

Roopa (11)

Gaurava (feeling of heaviness in the body), *Aalasya* (lethargy or lack of enthusiasm), *Angamarda* (body aches or generalised discomfort), *Jwara* (fever), *Aruchi* (loss of appetite), *Trishna* (excessive thirst), *Apaka* (indigestion).

Pratyatma lakshanas

Sandhi Shotha (swelling in the joints), *Sandhi Shool* (pain in the joints), *Gatrasthabdhata* (stiffness in the body).

Upadrava

Sankocha, Khanjata, Vataroga, Hridaya vikruti

Drug Review

Table 1: Ingredients of Eranda Pak

It consists of a total of 39 ingredients as mentioned below

Plant	Botanical name	Family	*Rasa*	*guna*	*Virya*	*Vyapakta*	*Karma*
Eranda	*Ricinus communis* L.	Euphorbiaceae	*Madhura, Katu, Kasaya,*	*Snigdha, Suksma, Tiksna*	*Madhura*	*Usna*	*Dipana, Medohara, Amapacana, Vidbhedana,*
Godugdha			*Madhura.*	*Snigdha, Mridu, Shlakshana and Picchila.*	*Sheeta*	*Madhura*	*Vrishya, Balavardhaka, Brumhana, Medhya, Jeevaniyaand Asthisandhanakara.*
Goghrita	-	-	*Madhura.*	*Snigdha*	*Sheeta*	*Madhura*	*Vata pitta shamaka*
Khanda-Sharkara			*Madhura*	*Snigdha*	*Sheeta*	*Madhura*	*Vata pittahara*
Shunthi	*Zingiber officinale* Roscoe	Zingiberaceae	*Madhura*	*Laghu, Snigdha,*	*Usna*	*Madhura, Katu*	*Anuloman, Asmadosahara, Bhedana, Dipana, Hrdya, Pacana, Kaphahara, Rocana,*
Kalimirch	*Piper nigrum* L.	Piperaceae	*Katu, Tikta*	*Laghu, Ruksa, Tiksna,*	*Katu,*	*Usna*	*Anuloman, Asmadosahara, Bhedana, Dipana, Hrdya,*
Cardamom	*Elettaria cardamomum* (L.) Maton		*Madhura, Katu,*	*Laghu*	*Madhura*	*Sita*	*Anulomana, Dipana, Hrdya, Mutrala, Rocana.*
Dalchini	*Cinnamomum zeylanicum* Blume	Lauraceae	*Madhura, Katu, Tikta*	*Laghu, Ruksa, Tiksna*	*Usna*	*Katu*	*Kaphavatahara, Rucya, Visaghna, Kanthasuddhikara*
Tamala patra	*Cinnamomum ta mala*	Lauraceae	*Madhura, Katu*	*Laghu, Picchila, Tiksna*	*Katu*	*Usna*	*Rucya, Arsoghna*
Nagkesara	*Mesua ferrea* L.,	Calophyllaceae/ Guttiferae	*Katu, Tikta, Kasaya*	*Ruksa, Laghu*	*Katu*	*Usna*	*Urdhajatrugatarogahara, Kaphahara, Varnya, Vastivatamayghna.*
Piparamula	*Piper longum* L.	Piperaceae	*Katu*	*Laghu, Ruksa*	*Katu*	*Usna*	*Deepana*
Chitrak	*Plumbago zeylanica* L	Plumbaginaceae	*Katu*	*Laghu, Ruksa, Tiksna*	*Katu*	*Usna*	*Sothahara, Dipana, Grahi, Pacana, Kaphavatahara, Arsohara, Sulahara.*
Chavya	*Piper retrofractum* Vahl .	*Piperaceae*	*Katu*	*Laghu, Ruksa, Tiksna*	*Usna*	*Katu*	*Bhedana, Dipana, Kaphahara, Pacana, Recana, Vatahara.*
Dhanyak	*Coriandrum sativum* L.	Apiaceae	*Madhura, Katu, Tikta, Kasaya*	*Laghu, Snigdha*	*Snigdha*	*Madhura*	*Madhura, Virya: Usna, Karma: Caksusya, Dipana, Grahi*
Mishreya	*Foeniculum vulgare* Mill.,	Apiaceae	*Madhura, Katu, Tikta*	*Laghu, Ruksa*	*Madhura*	*Sita*	*Anulomana, Amadosahara, Balya, Dipana, Vatapittahara.*
Shati	*Hedychium spicatum* Ham. ex-Smith	Zingiberaceae	*katu. tikta. kashay*	*laghu. tikshna*	*katu*	*ushna*	*Amadosahara, Balya, Dipana,*
Bilva	*Aegle marmelos* (L.) Correa	Rutaceae	*Katu, Tikta, Kasaya*	*Laghu, Ruksa*	*Katu*	*Usna,*	*Balya, Dipana, Grahi, Pacana, Pittakrt, Vatakaphahara*
Yavani	*Trachyspermum ammi* (L.) Sprague	Apiaceae (Umbelliferae)	*Katu, Tikta*	*Laghu, Tiksna, Ruksa*	*Katu*	*Ushna*	*Sulahara, Anulomana, Dipana, Krmighna, Pacana, Rucya*

Shwet Jirak	*Cuminum cyminum* L.	Apiaceae / Umbelliferae	*Katu*	*Laghu, Ruksa, Tiksna*	*Katu*	*Usna*	*Dipana, Grahi, Krmighna, Kaphavatahara, Pacana, Rucya.*
Krishna jirak	*Baccharoides anthelmintica* (L.) Moench	Asteraceae	*Katu, Tikta, Kasaya*	*Laghu, Tiksana*	*Katu*	*Usna*	*Dipana, Kaphahara, Mutrala, Stambhana, Vatahara, Jantunasaka, Netrya*
Haridra	*Curcuma longa* L.	Zingiberaceae.	*Katu, Tikta*	*Ruksa*	*Katu*	*Usna*	*Krmighna, Kushaghna, Kaphapittanut, Pramehanasaka, Varnya, Visaghna*
Daruharidra	*Berberis aristata* DC	Berberidaceae	*Tikra*	*Ruksa*	*Katu*	*Usna*	*Kushaghna, Kaphapittanut, Pramehanasaka, Varnya,*
Aswagandha	*Withania somnifera* (L.) Dunal.	Solanaceae	*Tikta, Kasaya*	*Laghu, Vipaka*	*Madhura*	*Usna,*	*Balya, Rasayana, Vatakaphapaha, Vajikarana.*
Bala	*Sida cordifolia* L.	*Malvaceae*	*Tikta Madhura*	*Guru Snigdha*	*Madhura*	*Shita*	*Nervous, reproductive, urinary, circulatory, respiratory.*
Patha	*Cissampelos pareira* L.,	Menisperrnaceae	*Katu, Tikta*	*Laghu, Tiksna*	*Katu,*	*Usna*	*Bhagnasandhanakrt, Grahi, Raktasodhaka, Visaghna, Tridosasamana, Stanyasodhana.*
Hapusa	*Juniperus communis* Linn.	cupraceae	*Katu, Tikta, Kasaya*	*Guru, Mrdu*	*Usna*	*Katu*	*Kaphanasaka, Visaghna, Agnidipaka, Vatanasaka*
Pippali	*Piper longum* L	Piperaceae	*Katu,*	*Laghu, Ruksa*	*Katu,*	*Usna,*	*Dipana, Kaphahara, Pacana, Rucya, Vatahara, Vatanulomana, Vulaprasamana.*
Vidanga	*Embelia ribes* Burm.f.	Myrsinaceae.	*Katu, Tikta*	*Laghu, Ruksa, Tiksna*	*Katu*	*Usna*	*Anulomana, Dipana, Krminasana, Vatakaphapaha*
Pushkarmool	*Inula racemosa* Hook.f.,	Asteraceae	*Katu, Tikta*	*Laghu*	*Usna*	*Katu*	*Kaphavatajit*
Gokharu	*Tribulus terrestris* L	Zygophyllaceae	*Madhura*	*Guru, snigdha*	*Madhura,*	*Sita*	*Vrsya, Brmhana, Vatanut, Vastisodhana, Asmarihara.*
Kustha	*Saussurea lappa*	Asteraceae	*Tikta*	*snigdha*	*Madhura,*	*Sita*	*Vrsya, Brmhana, Vatanut, Vastisodhana, Asmarihara.*
Haritaki	*Terminalia chebula* Retz	Combretaceae	*Madhura, Amla, Katu, Tikta, Kasaya*	*Laghu, Ruksa,*	*Madhura,*	*Usna*	*Caksusya, Dipana, Hrdya, Medhya, Sarvadosaprasamana, Rasayana, Anulomana*
Bibhitak	*Terminalia belerica* (Gaertn.) Roxb.	Combretaceae	*Kasaya,*	*Laghu, Ruksa,*	*Madhura*	*Usna*	*Caksusya, Kesya, Kaphapittajit, Bhedaka, Krminasana, Kasahara.*

Amalki	Phyllanthus emblica L.	Phyllanthaceae	*Amla, Katu, Tikta, Madhura, Kasaya*	*Laghu, Ruksa*	*Madhura*	*Sita*	*Rasayana, Caksusya, Vrsya*
Devadaru	**Cedrus deodara (Roxb.) Loud**	Pinaceae	*Tikta*	*Laghu, Snigdha*	*Katu*	*Usna*	*Kaphahara, Vatahara, Dustavrana, Sodhaka.*
Vellari	*Callicarpa macrophylla* Yahl	Verbenaceae	*Tikta, Kasaya*	*Ruksa*	*Katu*	*Sita*	*Pittahara, Vatahara, Rakta, Prasadana, Daurgandhyahara*
Abha	***Acacia nilotica* (L.) Delile**	Leguminosae	*Kashaya*	*Guru*	*Katu*	*Sita*	*Kaphahara*
Shatavari	Asparagus racemosus Willd	Liliaceae	*Madhura, Tikta*	*Guru, Snigdha*	*Madhura*	*Sita*	*Sukrala, Balya, Hrdya, Vrsya, Sukraja, Medhya,*
Aluka	Dioscorea bulbifera L.	Dioscoreaceae	*Kasaya, Tikta,*	*Ruksa*	*Katu*	*Sita*	*Pittahara, Vatahara, Rakta,*

Source of Data (Literary)

Collected from Parul Central Library, Limda, Vadodara

Sample Size

50 Patients suffering from *Amavata* from OPD (Krishna Ayurved Hospital, Ahmedabad Ayurved Hospital, HPC Engineering Co, Krish Engineers) randomly selected.

Source of Data (Clinical)

50 patients diagnosed with *Amavata* selected at random from OPD (Krishna Ayurved Hospital, Ahmedabad Ayurved Hospital, HPC Engineering Co, Krish Engineers) and divided into two groups.

Inclusion Criteria

- Patients with *Amavata*'s classical *lakshanas*.
- Rheumatoid factor positive and negative cases.
- Chronicity of more than 10 years.
- Patients aged between 25-60 years.

Exclusion Criteria

- Patients with serious, incapacitating malformations.
- Pregnant women, patients with pulmonary tuberculosis, or heart disease.

Age Range

Under 25 years to over 60 years.

Parameters for assessment

Subjective Parameters

Table 2: Grading of *Sandhishoola* (pain)

Sr.no	Severity of Pain	Grade
1	No pain	0
2	Mild pain	1
3	Moderate, but no difficulty in moving	2
4	Much difficulty in moving the body parts	3

Table 3: Grading of *Sandhishotha* (swelling)

Sr.no	Severity of swelling	Grade
1	No swelling	0
2	Slight swelling	1
3	Moderate swelling	2
4	Severe swelling	3

Table 4: Grading of *Sparshasahatwa* (tenderness)

Sr.no	Severity of tenderness	Grade
1	No tenderness	0
2	Subjective experience of tenderness	1
3	Wincing of face on pressure	2
4	Wincing of face and withdrawal of the affected part on pressure	3

Table 5: Gradation of Foot pressure

Sr.no	Foot pressure (In kg)	Grade
1	25-21 kg	0
2	20-16 kg	1
3	15-10 kg	2
4	<10 kg	3

Table 6: Gradation of Walking time

Sr.no	Walking time (for 25 feet in number of seconds)	Grade
1	15-20 sec	0
2	21 – 30 sec	1
3	31-40 sec	2
4	>40 sec	3

Objective parameters

Table 7: Objective criteria

Parameter	Grade
Angamarda	
No *Angamarda*	0
Occasional *Angamarda* but patient is able to do usual work	1
Continuous *Angamarda* but patient is able to do usual work	2

Continuous *Angamarda* which hampers routine work	3
Patient is unable to do any work	4
Aruchi	
Normal desire for food	0
Eating timely without much desire	1
Desire for food, little late than normal time	2
Desire for food only after long intervals	3
No desire for food at all	4
Trishna	
Normal feeling of thirst	0
Frequent feeling of thirst, but satisfaction with normal amount of liquid intake	1
Satisfaction after increased intake of fluids, but no awakening during night	2
Satisfaction after increased intake of fluids with regular awakening during nights	3
No Satisfaction after heavy intake of fluids	4
Gauravta	
No feeling of heaviness	0
Occasional heaviness in body but can-do usual work	1
Continuous heaviness in body but can-do usual work	2
Continuous heaviness that hampers usual work	3
Unable to do any work due to heaviness	4
Apaka	
No *Apaka* at all	0
Occasional indigestion once or twice a week in one meal	1
Occasional indigestion 3-5 times a week in one meal	2
Indigestion 3-5 times week in both meals	3
Indigestion after every meal	4
Agni Daurbalaya	
No ***Agni****mandya*	0
Occasional ***Agni****mandya* 1-2 times a week	1
Agni*mandya* 3-4 times a week	2
Agni*mandya* 4-6 times a week	3
Continuous ***Agni****mandya*	4
Sandhishula	
No pain	0
Pain only on movement	1
Pain on rest but no disturbance on routine	2
Severe pain, disturbance on routine activity	3
Sandhijadyata	
No stiffness	0
Stiffness persistently only for half an hour to one hour in the morning	1
Stiffness persisting for a long time (>1 hour)	2
Stiffness for whole day and night	3
Sandhishotha	
No swelling	0
Mild swelling	1
Moderate swelling	2
Marked swelling	3
Jawara	
No *Jawara*	0
Mild *Jawara*	1
Moderate *Jawara*	2
Severe *Jawara*	3
Laboratory investigations	
Test Name	**Type**
CBC (Complete Blood Count)	Blood Test
R.A. Factor Test (Rheumatoid Arthritis Factor)	Blood Test
ESR Test (Erythrocyte Sedimentation Rate)	Blood Test
Serum Uric Acid	Blood Test
X-Ray Both Joints	**Imaging Test**
Urine Examination (Routine and Microscopy)	Urine Test

Observations and Results

Age Distribution: Most patients (46%) were between 45-60 years, followed by 32% in the 35-45 age group.

Gender: A higher proportion of males (64%) compared to females (36%).

Religion: The majority (96%) were Hindu.

Socioeconomic Status: 48% belonged to the middle class, with 38% from the poor class.

Education: 38% of patients had completed high school.

Occupation: 60% were working.

Diet: 56% had a mixed diet.

Disease History: 36% had been affected for 12 years.

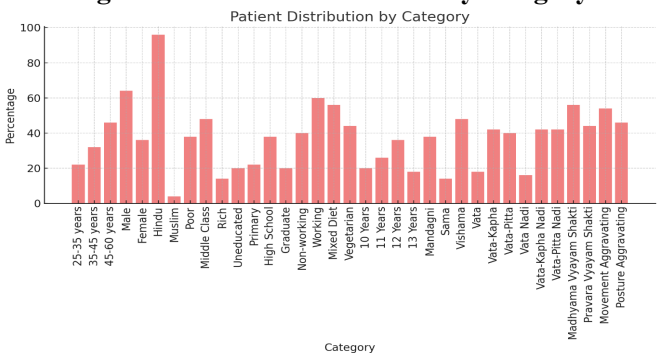
Agni: 48% had *Vishama Agni*.

Prakriti and Nadi: A large number showed *Vata-Kapha* combinations.

Vyayam Shakti: 56% had moderate exercise capacity.

Aggravating Factors: 54% reported movement as the primary aggravating factor for their condition.

Figure 1: Patient distribution by category



Results

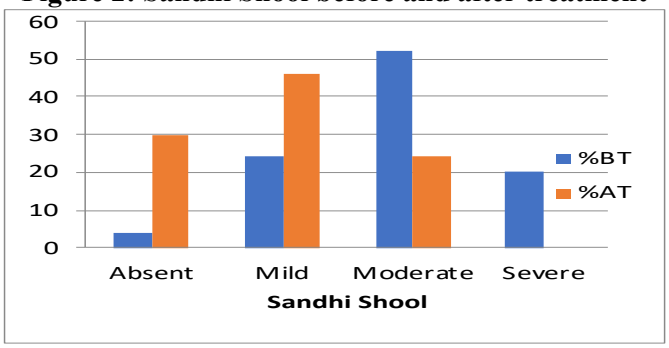
Subjective parameters

Sandhi Shool (Joint Pain) Before Treatment (BT): 52% had moderate pain, 20% had severe pain. **After Treatment (AT):** 46% experienced mild pain, and 30% were pain-free. *Eranda Paka* reduced inflammation and improved joint lubrication by pacifying *Vata* and eliminating *Ama*, leading to significant pain relief.

Sandhi Shotha (Joint Swelling) BT: 54% had moderate swelling, 24% had severe swelling. **AT:** 50%

had mild swelling, and 24% were free from swelling. The trial drug acted as an anti- inflammatory agent, reducing swelling by removing accumulated toxins (*Ama*) and balancing *Kapha*.

Figure 2: Sandhi Shool before and after treatment



***Sandhistabdhata* (Joint Stiffness) BT:** 42% had moderate stiffness, 24% had severe stiffness. **AT:** 38% had mild stiffness, 32% were stiffness-free. By improving joint mobility and reducing the accumulation of *Ama*, the drug enhanced flexibility and reduced stiffness.

***Sandhiprasra Ashayta* (Joint Instability) BT:** 42% had moderate instability, 28% had severe instability. **AT:** 40% had mild instability, 26% were instability-free. Strengthening and nourishing the joints, the drug provided structural support and reduced instability.

***Angamardana* (Body Aches) BT:** 46% had moderate body aches, 26% had severe body aches. **AT:** 46% had mild body aches, and 28% were free of aches. Its analgesic properties and *Vata* balancing effects relieved general body pain.

***Aruchi* (Loss of Appetite) BT:** 40% had moderate loss of appetite, 28% had severe loss. **AT:** 40% had mild loss of appetite, 30% had normal appetite. By improving digestive fire (*Agni*), the drug helped in clearing *Ama*, restoring normal appetite.

***Trishna* (Excessive Thirst) BT:** 52% had mild thirst, 20% had severe thirst. **AT:** 52% had normal thirst levels, 28% had mild thirst. The drug improved overall metabolic balance and hydration, reducing excessive thirst.

***Hrullasa* (Nausea) BT:** 42% had moderate nausea, 24% had severe nausea. **AT:** 46% had mild nausea, and 30% were nausea-free. By balancing *Vata* and improving digestion, the drug alleviated nausea.

***Jawara* (Fever)** BT: 50% had moderate fever, 26% had severe fever. AT: 54% had mild fever, and 20% had no fever. The anti-inflammatory and Ama-removing properties of the drug reduced systemic inflammation, lowering fever.

***Apaka* (Indigestion) BT:** 54% had moderate indigestion, 26% had severe indigestion. **AT:** 54% had mild indigestion, and 20% had normal digestion. By enhancing digestive fire (*Agni*) and clearing toxins, the drug improved digestion and reduced indigestion.

***Gaurava* (Heaviness in the Body) BT:** 52% had moderate heaviness, 28% had severe heaviness. **AT:** 52% had mild heaviness, and 20% felt no heaviness. It lightened the body by reducing *Ama* accumulation and balancing *Kapha*.

***Agnimandhya* (Weak Digestion) BT:** 52% had moderate digestive impairment, 22% had severe impairment. **AT:** 54% had mild digestive impairment, 24% had normal digestion. By stimulating digestive fire (*Agni*), the drug enhanced digestion and metabolic functions.

***Daurbalya* (Weakness) BT:** 40% had moderate weakness, 28% had severe weakness. **AT:** 42% had mild weakness, and 30% had no weakness. By nourishing the body and balancing *Vata*, the drug restored strength and reduced weakness.

Objective parameters

Gripping Strength (mmHg) BT: 18.41 mmHg AT: 21.07 mmHg. It improved joint function and muscular strength, significantly increasing gripping power.

Foot Pressure (mmHg) BT: 19.7 mmHg. AT: 22.42 By reducing inflammation and improving joint stability, foot pressure increased, indicating better foot strength.

Walking Time (seconds) BT: 63.84 seconds, AT: 58.52 seconds. By reducing joint stiffness and pain, the drug improved mobility and walking speed.

Hemoglobin (Hb) Levels (g/dL) BT: 10.85 g/dL. AT: 11.13 g/dL. The drug's nourishing properties enhanced hemoglobin levels, indicating improved overall health and oxygenation**.**

ESR: Decreased from 29.4 mm/hr (BT) to 28.77 mm/hr (AT), suggesting reduced inflammation. Significant improvement ($p < 0.0001$).

RBC: Slight increase from 5.03 to 5.1 million cells/µL, but not statistically significant (p 0.1354).

WBC: Decreased from 8.87 to 8.4 thousand cells/µL, showing improved immune response. Significant improvement ($p < 0.0001$).

Platelets: Slight decrease from 221057 to 219500 cells/µL, statistically significant ($p = 0.0008$).

Eosinophils: Reduced from 4.2% to 3.2%, indicating fewer allergic reactions. Significant improvement ($p < 0.0001$).

Neutrophils: Decreased from 72.4% to 69.86%, showing reduced inflammation. Significant improvement ($p < 0.0001$).

Uric Acid: Data incomplete, only BT value (5.46 mg/dL) provided.

RA Factor: Reduced from 15.73 IU/mL to 14.48 IU/mL, suggesting lower rheumatoid activity. Significant improvement ($p < 0.0001$).

Eranda Paka significantly improved both subjective symptoms like joint pain, swelling, and body aches, and objective parameters like gripping strength, haemoglobin, and inflammatory markers. Its ability to reduce Vata and eliminate Ama resulted in better overall joint health, digestion, and systemic balance. These improvements show that *Eranda Paka* is highly effective in managing and treating *Amavata*.

Discussion

***Sandhi Shool*:** Significant reduction in pain severity in the AT group, with the chi-square test confirming. Early intervention and pain management were key factors.
***Sandhi Shotha*:** AT group showed lower swelling severity, with statistically significant differences confirmed. Effective management improved outcomes.
***Sandhistabdhata*:** AT group had reduced stiffness severity. Statistically significant differences were noted, highlighting the impact of proper treatment.
***Sandhiprasra Ashayta*:** Lower instability in the AT group. The findings were statistically significant, emphasising the need for focused intervention.
***Angamardana*:** Pain reduction in the AT group was statistically significant, showcasing better management.
***Aruchi*:** The AT group had less appetite loss, with .
***Trishna*:** Reduced thirst severity in the AT group, with significant improvements.
***Jwara*:** The AT group experienced lower discomfort, with statistically significant results.
***Apaka*:** Indigestion severity was lower in the AT group, with statistically significant differences.
***Gaurava*:** Heaviness severity was reduced in the AT group, with .
***Agnimandya*:** Digestive fire impairment was less in the AT group, with statistically significant results.
***Daurbalya*:** Weakness severity was reduced in the AT group, with statistically significant outcomes.
Hematological and Biochemical Parameters: The AT group showed significant improvements in blood and biochemical markers, confirming treatment efficacy without adverse effects.
Mode of Action of *Eranda Paka*: *Eranda Paka,* containing *Erand bija* (castor beans), is an Ayurvedic preparation from the *Avaleha* Kalpana category. It balances *Vata dosha*, which governs bodily movements, muscles, and nerves. By addressing *Vata* imbalance, *Eranda Paka* effectively reduces symptoms in neuromuscular and *Vata Roga* conditions. (12)

Conclusion

The earliest mention of the term *Eranda Paka* is found in *Yogaratnakara Vatvyadhi chikitsa* 468. According to this study, *eranda paka* works wonders for treating arthritic conditions like *amavata. Eranda Paka* considerably raised the parameter's subjective and objective values. There has been a notable improvement in the disease's symptoms as well as the biochemical parameter, or Rh factor. The objective parameters were significantly (p=<0.0001) improved by the application of *Eranda paka*; following treatment, 28% of patients had no *angamardana*, 30% had no Aruchi, 52% had normal Trishna condition, 30% had normal *hrullasa* condition, 20% had no *jawara*, *apaka*, or *Gaurava* condition, 24% had no *Agnimandhya*, and 30% had improved Daurbalya condition. Furthermore, there was a noteworthy enhancement observed in ESR, eosinophil, and Rh factor during the course of therapy. Following the therapy, there was a noteworthy (p=<0.0001) improvement in the *Amavata* condition. Specifically, 24% of patients had no sandhi *Soth*, 32% had no *sandhistabdhata*, and 26% had no *sandhiprasra Ashayta*. Drug therapy also resulted in improvements in foot pressure (22.42 mmHg), grip strength (21.07 mmHg), and walking time (58.52 sec). Following therapy, Amanitas' condition was found to have significantly improved.

Conflict of Interest: Nil
Source of support: None

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