

## SAINDHAVA LAVANA SWEDA IN AMAVATA

\*<sup>1</sup>Dr. Suvir Singh Shishodia and <sup>2</sup>Dr. Sushma Sharma

<sup>1</sup>Associate Professor, Dept of Swasthavritta & Yoga, Vaidya Yagya Dutt Sharma Ayurveda Mahavidyalaya, Khurja. UP-203131.

<sup>2</sup>P.G Scholar, Dept of Swasthavritta & Yoga, Vaidya Yagya Dutt Sharma Ayurveda Mahavidyalaya, Khurja. UP-203131.

**Corresponding Author: Dr. Suvir Singh Shishodia**

Associate Professor, Dept of Swasthavritta & Yoga, Vaidya Yagya Dutt Sharma Ayurveda Mahavidyalaya, Khurja. UP-203131.

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### ABSTRACT

In Ayurvedic classics we found the detail explanation about the Ruksha swedana in Amavata roga. Acharya Charaka also explains rukshanna chikitsa in treatment of ama. As Saindhava Lavana is best in Ama, Vata and kapha condition because it has having Quality like Ushana, Tikshna, Vyavayi. Swedana is indicated in vata roga. So the use of saindhava as swedana material instead of valuka, give better result in Amavata.

### INTRODUCTION

Since life in man, every organ, tissue, cell has to undergo process of constant changes to meet the survival, need & ambition in the world. This constant process of change either for yielding energy (catabolic) or synthesize the tissue (anabolic), an inherent factor exists, termed as Agni in Ayurveda. Agni is a prime and also ultimate in the process of maintenance of life. In the body, Agni plays the role of an important converting force of food into body tissues. This is called dhatu 'parinama vaada'. Concept of ama is as old as concept of Agni, where the concept of Agni is physiological approach, the concept of Ama is a pathological one. Hence the concept of Ama is a unique one which helps in understanding the disease and classifying all the disorders into two categories i.e. Sama and Nirama roga. Ama is considered as one of the vital vyadhi ghataka responsible for the initiation of disease process in the body. Its role in certain disease entities is as significant as that of dosha, Amavata is the classical example. The term Amavata is self explanatory Ama + Vata indicate the prime component of disease. Amavata is a clinical condition where in Ama is stimulated by the aggravated vata dosha and Ama settles in trika sandhis and is characterized by immense pain in joints with inflammation, fever and ultimately stiffness of the joints, causing the temporary or permanent disability of Joints and it hampers daily life activities.

**Age** - Approximately in 70 percent of patients the onset of the disease occurs between third and seventh decade, with the peak occurring among the age group of 35 years to 45 years.

**Sex**- develops 3 to 7 times more common in women in their life time then men.

**Occupation** – Doing heavy work out just after food or sitting long time in one position.

**Genetic factor** - There is a tendency for the disease to be aggregated in families. Clinical evidence for the importance of genetic factors comes from an increase in the frequency of disease in first degree relatives of patient with RA and a higher concordance rate of disease in identical twins (12-15%) compared with that in non-identical twins (3%).

**Trauma** - Many patients have mentioned traumatic incidents as a precipitating cause.

**Infectious agents** - Renewed interest in this subject has resulted in isolation of a variety of organisms from synovial tissue, synovial fluid & blood.

These include diphtheroid bacilli, mycoplasma bacteria and viruses.

**Vascular Changes** - Alteration of the normal peripheral vascular bed, perhaps by autonomic influence, has been suggested as the primary abnormality. This has been implicated to explain the striking symmetry of the arthritis in many patients.

**Treatment** - Swedana is explained in the chikitsa sutra of Amavata by Chakradatta. The procedure which alleviates Stambha, Gaurava, Shoola and Sheeta and which is Swedakara is Swedana. It is having Ushna,

Tikshna, Sara, Snigdha, Ruksha, Sukshma, Drava, Sthira and Guru Properties. The Swedana brings about Pachana, clears and dilates the channels. Ruksha Sweda that is given by means of sand is considered best for Amavata. Taking of hot water (Ushna Jala Paana) is also a kind of internal Swedana. It is Deepana, Pachana, Jwaraghana, SrotoShodhana, Balya, Ruchi Kara and Swedana. As saindhava Lavana having Snigdha, Laghu, Sukshma guna, Tridoshaharam properties, Deepana-pachana, Ruchivardhak, Anulomak, shroto shodhaka, Vranaropaka, Vranashodhaka, Mootral, Sweda vardhak.

### Methodology

All the patients were screened for Amavata by following method.

#### A. Source of data

Patients suffering from Amavata were selected from Vaidya Yagya Dutt Sharma Ayurveda Mahavidyalaya and Hospital, Khurja by pre-set inclusion and exclusion criteria.

#### B. Method of collection of Data

**1. Study Design:** The study design set for the present study is 'Open clinical trial'.

**2. Sample Size:** This study was under taken on 08 patients; among them 06 were included and 2 dropout.

#### 3. Selection Criteria

Patients suffering from Amavata were selected from Vaidya Yagya Dutt Sharma Ayurveda Mahavidyalaya and Hospital, Khurja. The criteria for inclusion and exclusion were as follows.

##### a. Inclusion Criteria

1. Age of patients between 25 to 65 years
2. Patient with Classical symptoms of Amavata.
3. Patient of Amavata irrespective of gender, cast, occupation and economical status.
4. No discriminations of chronicity and severity of disease.

##### b. Exclusion Criteria

1. Patient below 25 and above 65 years of age.
2. Patient with other systemic disorders and malignancy.
3. Patient with complications like deformity of bone and loss of function of joints.
4. Exclusion of Rheumatic fever, Rheumatoid arthritis of juvenile, spine and Felty syndrome
5. Pregnant women and lactating mother.
6. History of major trauma causing fractures.

##### c. Diagnostic Criteria





1. Alasya, Aruchi, Apaka, Gourava, Angamardana.
2. Sandhi graham
3. Sandhi shool / Vrushchikdaumshavata vedana
4. Sparsha asahishnuta.
5. Sandhi shotha.

### Grading of parameters

The results were evaluated by observing subjective and objective parameters by grading method. The grading was done in the following manner.

#### Subjective parameters

##### A) Ruk (pain)

| Parameter                              | Grade |   |
|--|-------|---|
| No Pain                                | 0     |  |
| Patient tell about on frequent inquiry | 1     |  |
| Patient frequently complaints          | 2     |  |
| Excruciating condition                 | 3     |  |

##### B) Bahusandhigraha (Morning stiffness)

Grade 0 = No complaints

Grade 1 = up to 30 min.

Grade 2 = up to 60 min.

Grade 3 = More than 60 min.

##### C) Bahu sandhi sotha (Swelling)

Grade 0 = No complaints

Grade 1 = slightly obvious

Grade 2 = covers well the bonny prominence

Grade 3 = much elevated so that joints seems grossly deformed.

##### D) Sparsha asahishnuta (Tenderness)

Grade 0 = No complaints

Grade 1 = Says Tender Joints

Grade 2 = winces the affected joints

Grade 3 = winces and withdraws the affected joints

### Objective Parameters

**1. Grading for Grip strength-** 200 mmhg = 0 grade, 195-120 mmhg = 1 grade, 115-70 mmhg = 2 grade, under 70 = 3 grade.

**2. Grading for Range of movements-** From 101° to 130° = 0, 70° to 100° = 1,

**3.** 30° to 69° = 2, from 0 to 29° = 3.

**4. Grading for Walking time-** Up to 20 second = 1, 21 to 30 second = 2, 31 to 40 second = 3, 41 to 50 second = 4, 51 to 60 second = 5.

**5. Grading for Local temperature-** Normal temperature = 0 grade, Fall in local temperature = 1 grade, Raised temperature when compared to the normal body = 2 grade.

**6. Grading for E.S.R-** 0 to 20 = 0, 21 to 35 = 1, 36 to 50 = 2, Above 50 = 3.

**Ingredients:- Sandhav lavan, sarshap choorna, brihatsaindhavadi tail**

**Procedure:** all patients were subjected to ruksha swedan by sandhav lavan potli sweda.

**Observations**

During treatment all patients were observed for following points

- No patient developed complication during Swedan.
- In 3 patients cardinal symptom- morning stiffness, pain, swelling, tenderness was not decrease during first two days, but resolved later.
- All subjective and objective parameters were assessed before and after treatment.

**RESULTS**

|                          |   |
|--------------------------|---|
| <b>Good response</b>     | 1 |
| <b>Moderate response</b> | 4 |
| <b>Poor response:</b>    | 1 |

**DISCUSSION****Probable mode of action**

- ✓ It increase the local temprature
- ✓ Srotovishodhan
- ✓ Liquefication of Ama.

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