



Interventional Study On The Combined Effect Of Truptighna Mahakashaya Gana Kashaya, Simhanada Guggulu, And Valuka Sweda In The Management Of Amavata

1Dr Niveditha T, 2Dr Vasudev Anandrao Chate, 3Dr Shreevathsa BM

**13rd PG Scholar, Department of Ayurveda Samhita and Siddhanta, 2Professor, Department of
Ayurveda Samhita and Siddhanta, 3Professor and HOD, Department of Ayurveda Samhita and
Siddhanta**

1GAMC, Mysore,

2GAMC, Mysore,

3GAMC, Mysore

Abstract:

Ayurveda, the ancient Indian system of medicine, emphasizes holistic health and well-being through balancing the body's Doshas (biological energies), enhancing Agni (digestive fire), and eliminating Ama (metabolic toxins). Amavata, akin to Rheumatoid Arthritis, is characterized by the accumulation of Ama and the aggravation of Vata Dosha, leading to symptoms such as joint pain, swelling, stiffness, and systemic disturbances. This interventional study investigates the combined effect of Truptighna Mahakashaya Gana Kashaya (herbal decoction), Simhanada Guggulu, and Valuka Sweda (sand fomentation) in managing Amavata.

The study enrolled 30 patients diagnosed with Amavata and monitored over 22 days with baseline and post-intervention assessments. The selected interventions target multiple aspects of the disease: Truptighna Mahakashaya Gana Kashaya aids in digestive enhancement and Ama-pachana (toxin digestion); Simhanada Guggulu provides anti-inflammatory, detoxifying, and Vata-balancing effects; while Valuka Sweda promotes symptomatic relief by improving circulation, alleviating stiffness, and reducing pain.

Outcomes were measured using clinical assessments and laboratory parameters like ESR and CRP. The results demonstrated a significant decrease in inflammatory symptoms, pain, and improvement in joint functionality, with marked reductions in inflammatory markers. This study supports the efficacy of integrating internal medications with external therapies in Ayurveda for managing chronic inflammatory conditions like Amavata.

Keywords: Amavata, Truptighna Mahakashaya Gana Kashaya, Simhanada Guggulu, Valuka Sweda, Ama, Vata Dosha, Rheumatoid Arthritis,

Introduction

Amavata, a chronic joint disorder characterized by pain, swelling, and stiffness, correlates closely with Rheumatoid arthritis in contemporary science. It occurs due to the accumulation of Saama Vata in the joints. As Amavata is listed under Chronic disorder it needs Systematic management like Amahara chikitsa in combination with Vyadhi pratyahata and Doshapratyahanika chikitsa.

Internal medication promotes Amapachana (digestion of Ama), Dosha avasechana is used, and external therapies relieve pain and stiffness.

The present study aims to evaluate the combined efficacy of Truptighna Mahakashaya, Simhanada Guggulu, and Valuka Sweda in treating Amavata. Truptighna Mahakashaya, known for its digestive stimulant properties, and Simhanada Guggulu, an anti-inflammatory formulation, were administered along with Valuka Sweda, a dry fomentation therapy. The primary goal was to assess the reduction of symptoms in 30 subjects diagnosed with Amavata.

Literature review:

Amavata was initially recognized as a distinct condition in the Madhava Nidana. It is classified under the Madhyama Roga Marga and primarily affects the joints (Sandhi) and heart regions (hridaya marma). The disease is characterized by the predominance of Ama and Vata as its chief pathological factors.

➤ Derivation:

आमेन दुष्टो वात आमवात । (Sh. S. Pr 7/41)

Vata vitiated by Ama (undigested or improperly digested products) is known as Amavata.

आमेन सहितो वात आमवात । (M. N. 25/2)

Vata combined with Ama is referred to as Amavata.

आमो अपाक हेतुः वातः स्वनामक्यात रोगविशेषः । (Sh. Kal. Dr)

In Amavata, Ama is the causative factor of improper digestion, and the disease resulting from it is specifically named after Vata

यद्वा आम संपृक्तो वात आमवात । (Sh. S. Pr 7/41)

Vata associated with Ama is called Amavata.

➤ Definition Of Amavata

When vitiated Vata and Ama simultaneously affect the Kosta (abdominal region), Trika (lower back), and Sandhi pradesha (joints), they cause Gatrastabdhata (stiffness of the body) and Trika sandhi vedana (pain in the lower back and joints). This condition is referred to as Amavata¹.

➤ Nidana Of Amavata:

Madhava Nidana is the first text to detail the disease Amavata, including its etiological factors and pathogenesis. Key contributors to the development of this disease are the impaired functioning of Agni (digestive fire), as well as improper diet and lifestyle. The factors responsible for the onset of the disease are mentioned in Table 01

Table No:01: Showing etiological factors of disease Amavata

Sl.No	Nidana	H.S ²	M.N ¹
1.	Viruddha Ahara	-	+
2.	Guru Ahara	+	-
3.	Tarpita kandashakastu	+	-
4.	Mandagni	+	+
5.	Viruddha Cheshta	-	+
6.	Avyayama	-	+
7.	Snigdha Bhuktavato hi Annam Vyayama	-	+
8.	Vyavayina	+	-

- **Purvarupa³:** The symptoms such as Ajeerna, Shiroruja, and Gatraruja as premonitory features of Amavata mentioned by Vangasena
- **Rupa:** In the case of Amavata symptoms can be studied under 4 headings

1) **Pratyatma Lakshana**⁴: Gatra Stabdhatā is considered the Pratyatma lakshana of Amavata.

2) **Samanya Lakshana**: The general features of Amavata are explained by various authors and it can be summarised and mentioned in Table 02

Table No:02: Showing Lakshana of Amavata

Lakshana	M.N ⁵	B.P ⁶	Y.R ⁷	H.S ⁸
Angamarda	+	+	+	-
Aruchi	+	+	+	-
Trushna	+	+	+	-
Alasya	+	+	+	-
Gourava	+	+	+	-
Jwara	+	+	+	+
Apaka	+	+	+	-
Angashunyata	+	+	+	-
Vikunchana of Manya, Prushta, Kati, Janu, Trika	-	-	+	-
Sashabha- Srasta Gatra	-	-	+	-
Deha Paandura	-	-	-	-
Mutra-Paandura(turbidity of the urine)	-	-	-	-
Chardi	-	-	-	-
Peetanetra	-	-	-	-
Ushma(temperature)	-	-	-	-

3) **Doshanubandha lakshanas**⁹ :

- Vatanubandha - Shula
- Pittanubandha -Raga and Daha.
- Kaphanubanda -Sthaimitya, Guruta, Kandu.
- Samsargaja- Mixed symptoms.
- Sannipatika: Symptoms of all the three doshas.

4) Pravrudda Amavata Lakshana: When the disease Amavata becomes progressive it is termed Pravrudda Amavata. It exhibits its symptoms which differ from the general features of the disease. The symptoms produced by Pravrudda Amavata are mentioned in Table 03

Table No:03: Showing Pravruddha Amavata Lakshanas

Lakshanas	M.N ⁵	B.P ⁶	Y.R ¹⁰	H.S ⁸
Sa Ruk shotha Hasta-Pada-Sira-Gulpha- Trika-Janu- Uru	+	+	+	-
Agnidourbalya	+	+	+	-
Praseka	+	+	+	-
Utsaha hani	+	+	+	-
Daha	+	+	+	-
Bahumutrata	+	+	+	-
Kushikatinata	+	+	+	-
Kukshishula	+	+	+	-
Nidraviparyaya	+	+	+	-
Trut	+	+	+	-
Chardi	+	+	+	-
Bhrama	+	+	+	-
Murccha	+	+	+	-
Hrutgraha	+	+	+	-
Vit Vibandha	+	+	+	-
Jadyata	+	+	+	-
Antra Kujana	+	+	+	-
Anaha	+	+	+	-
Sandhi Shotha	-	-	-	+
Peeta and ushna Chardhi	-	-	-	+
Trika Vyadha	-	-	-	+
Prushta-Manyas Vedana	-	-	-	+
Ama Atisara	-	-	-	+
Anga Vaikalva	-	-	-	+
Vrishchika damshavat ruja	-	-	-	+

➤ **Samprapti⁴:**

When individuals with weakened Agni indulge in aggravating factors, Ama is produced. This Ama associated with the imbalanced Vata, circulates throughout the body and tends to accumulate in the joints (Sleshma sthana) due to existing Khavaigunya in those areas. As Ama moves through the Dhamanis, it disrupts the

normal balance of pitta and kapha doshas, resulting in symptoms such as Ashudaurbalya, Hrudaya Gaurava, and Sandhi Shota-Sthabdata-Shula.

➤ **Sadhyasadhyata:**

According to Madhava Nidana, Amavata is considered a Kricchrasadhyata.

Amavata which is of recent onset and associated with Eka dosha, with a few symptoms, is generally considered as Sadhya. The Pakvaama type described in Haritha Samhita is also Sadhya.

Amavata which involves Dwidoshas, has multiple causes and symptoms, and has been present for a long time is considered manageable but Yapya.

Amavata which is associated with Tridoshaja and presents with Sarvanga Shotha, Sarvadehachara, and additional symptoms like Ama, Vistambi, and Gulmi, is Kashta sadhya.

➤ **Cikitsa:**

Chikitsa of Amavata varies according to the avastha targeting both Ama and Vata hence complete treatment of Amavata is mentioned in Table 04

Table No:04: Showing Cikitsa of Amavata

Chikitsa	Bhava prakasha ⁶	Chakradatta ¹¹	Yogaratanakara ¹⁰
Langhana	+	+	+
Swedana	+	+	+
Deepana	+	+	+
Virechana	+	+	+
Snehapana	+	+	+
Basti	+	+	+
Upanaha	+	+	+

Materials and Methods

This was a clinical intervention study involving 30 subjects diagnosed with Amavata, who were selected using a simple random sampling method. The treatment lasted 22 days, and the patients received a combination of Truptighna Mahakashaya¹², Simhanada Guggulu¹³, and Valuka Sweda. Baseline and post-intervention assessments were carried out to measure changes in key symptoms.

DIAGNOSTIC: Among the various lakshanas Amavata the subjects with the following lakshanas are considered in the study.

Sandhi Shota

Sandhi Shola

Sandhi Stabdata

Angamarda

Aruchi

Alasya

Gourava

Apaaka

The inclusion criteria for this study include participants who have been diagnosed with Amavata, are between the ages of 18 and 60, and exhibit both Ama and Pravruddha Amavata Lakshanas (symptoms of Ama and aggravated Vata). Exclusion criteria include individuals with severe deformities or other systemic diseases, as well as pregnant or lactating women.

Assessment criteria: DAS28 Score, ESR CRP, RF are assessed before and After treatment along with Lakshana mentioned in Table



SL No	Subjective parameter	
	Sandhi Shoola (pain in joints)	No Pain in joints in joints after excessive physical exertion -Mild Pain in joints in the joint after-physical- Moderate Pain in joints in the joint all the time -Severe
1.	Sandhi Stabdata (Joint Stiffness)	No Stiffness when exposed to cold-Mild Stiffness when excessive physical activity- Moderate Stiffness remains all ways-Severe
2.	Sandhi Shota(Joint Swelling)	Present/Absent
3.	Angamarda	Present/Absent
4.	Aruchi	Present/Absent
5.	Alasya (laziness)	Present/Absent
6.	Gourava	Present/Absent
7.	Apaaka (indigestion)	Present/Absent

Intervention Protocol

Duration	Intervention	Dose
1 st – 21 th day	Kashaya yoga - Truptighna Mahakashaya Gana	25 ml before meals twice a day
	Valuka Sweda for affected joints	once a day
	Simhanada Guggulu	2-0-2 after food with warm water

Outcome Measures

The following symptoms were assessed before and after the intervention:

Lakshana	Parameters	Before treatment	After treatment
Sandhi Shoola			
	No	0	14
	Mild	9	14
	Moderate	10	2
	Severe	11	0
Sandhi Stabdata			
	No	0	22
	Mild	18	7
	Moderate	2	1
	Severe	10	0
Sandhi Shota			
	Absent	1	29
	Present	29	1
Angamarda			
	Absent	0	23
	Present	30	7
Aruchi			
	Absent	10	27
	Present	20	3
Alasya			
	Absent	3	20
	Present	27	10
Gourava			
	Present	30	0
	Absent	0	30
Apaaka			
	Absent	2	26
	Present	28	4

Parameter	Baseline (BT)	22 nd day	Std. Deviation (BT)	Std. Deviation (22 nd)	Sig.
DAS28	5.6943	4.4110	.60794	.88514	.000
ESR	64.1333	30.0667	24.47903	14.10535	.000
RF	42.9593	26.3167	36.30534	21.66383	.000
CRP	14.2107	4.5847	11.58116	2.50364	.000

Results

The results indicate a significant improvement in all assessed parameters following the 22-day treatment:

- **Joint Pain (Sandhi Shoola):** Severe pain was eliminated in all patients, and 14 subjects reported no pain at the end of the intervention.
- **Joint Stiffness (Sandhi Stabdata):** 22 subjects experienced complete relief from stiffness, and the rest showed marked improvement.
- **Swelling (Sandhi Shota):** Swelling was reduced significantly, with 29 patients reporting no swelling after treatment.
- **Other Symptoms:** Angamarda, Aruchi, Gourava, and Jwara showed substantial improvement, with most symptoms absent after the intervention. Lethargy (Alasya) and indigestion (Apaaka) also improved, though some residual cases were reported.

Discussion

The intervention involving Truptighna Mahakashaya, Simhanada Guggulu, and Valuka Sweda demonstrated significant improvements in managing Amavata, which correlates closely with rheumatoid arthritis in conventional medicine. This synergistic combination aimed not only at symptomatic relief but also at addressing the root cause of the disease: the accumulation of Ama (undigested toxins) and the aggravation of Vata dosha. The approach emphasized detoxification, metabolic regulation, and pain relief, highlighting the holistic potential of Ayurveda in treating chronic conditions like Amavata.

Truptighna Mahakashaya: Digestive Action and Ama Pachana

Truptighna Mahakashaya is a herbal formulation comprising drugs with Katu (pungent) and Tikta (bitter) rasa and Ushna Virya (hot potency). These properties make it an effective agent for stimulating digestion (Amapachana) and metabolism. Ama formation occurs when the digestive fire (Agni) becomes weak or imbalanced, leading to the accumulation of undigested metabolites in the body.

- **Role in Ama Digestion:** Bitter and pungent substances not only promote digestion but also break down metabolic toxins, assisting in clearing channels (srotas) obstructed by Ama. Truptighna Mahakashaya enhances Deepana (digestive stimulation) and Pachana (Ama digestion) by reigniting Jataaraagni (digestive fire) and improving metabolic activities.
- **Effect of Ruksha Guna:** The formulation's Ruksha (dry) quality counteracts the heavy and sticky nature of Ama, preventing further accumulation. This process ensures that metabolic toxins are eliminated rather than stored in tissues or joints, where they exacerbate the symptoms of Amavata.
- **Apatarpana effect of Kashaya:** Triptighna mahakashaya acts against the Tarpana i.e., Trupti.Ama is one among the Santarpanajanya Vyadhi.Hence the drug acts against Ana
- **Timing of Administration:** Administering the Kashaya before meals was a strategic choice. When Ama is present, the food itself remains undigested, contributing to further Ama accumulation. Taking the medicine on an empty stomach directly targets the toxins and ensures optimal digestion before subsequent food intake.

Thus, Truptighna Mahakashaya served as the primary detoxifying agent in this study, enhancing digestive capacity and promoting the breakdown of accumulated Ama.

Simhanada Guggulu: Anti-inflammatory and Detoxifying Effects

Simhanada Guggulu is a well-established formulation in Ayurveda for managing Amavata. It combines Guggulu (Commiphora mukul) with other ingredients that possess both anti-inflammatory and digestive properties.

- **Anti-inflammatory Action:** Guggulu is known for its potent anti-inflammatory and analgesic properties, which help in alleviating pain and swelling in the affected joints. The reduction in Sandhi Shoola (joint pain) and Sandhi Shota (joint swelling) observed in the study confirms the efficacy of Simhanada Guggulu in addressing inflammation caused by Ama and aggravated Vata.
- **Amapachana and Prevention of Further Ama Formation:** The combination of Guggulu with digestive herbs ensures that undigested toxins are broken down effectively. This dual action—reducing inflammation and promoting digestion—prevents further accumulation of Ama, which is crucial in managing chronic conditions like Amavata.
- **Vyana Vata Regulation:** The timing of administration (post-meal) was essential for activating Vyana Vata, responsible for circulation and movement throughout the body. Once the food is digested, Simhanada Guggulu enhances circulatory efficiency, ensuring that the active ingredients reach the affected joints and tissues.
- **Anupana with Ushma Jala:** Administering the tablets with warm water improved absorption and distribution, ensuring that the medicine reached deep-seated tissues. Warm water also has Amapachana properties, complementing the action of the formulation.

The study revealed marked improvements in joint pain, stiffness, and swelling with the use of Simhanada Guggulu. Additionally, other symptoms like body aches (Angamarda), lethargy (Alasya), and loss of appetite (Aruchi) were also reduced, reflecting the comprehensive impact of the formulation on both local and systemic symptoms.

Valuka Sweda: External Therapy for Joint Stiffness and Heaviness

Swedana (sudation or fomentation) is a well-known external therapy in Ayurveda, aimed at relieving stiffness, heaviness, and coldness associated with Ama and aggravated Vata. In this study, Valuka Sweda (sand fomentation) was employed due to its Ruksha (dry) nature, which is particularly effective in conditions dominated by Ama.

- **Effect on Stiffness and Swelling:** The application of heated sand improved local circulation, promoting the removal of Ama from the joints and relieving stiffness. As seen in the results, Sandhi Stabdata (joint stiffness) significantly reduced, with 22 out of 30 subjects experiencing complete relief from stiffness by the end of the treatment.
- **Choice of Ruksha Sweda over Snigdha Sweda:** Given the dominance of Ama in Amavata, dry fomentation was preferred over Snigdha (unctuous) forms of Swedana. This helped balance the excessive moisture (Kleda) and heaviness (Gourava) associated with Ama, promoting detoxification through sweating.
- **Localized Treatment of Affected Joints:** Valuka Sweda also addressed the Sleshmasthanas (Kapha-dominant sites), such as joints, which tend to accumulate Ama. By targeting these areas specifically, the therapy improved joint mobility and reduced localized symptoms like swelling and heaviness.

The combination of internal and external treatment amplified the therapeutic effects, ensuring that both systemic detoxification and local symptom relief were achieved effectively.

Synergistic Impact of the Interventions

The combined effect of Truptighna Mahakashaya, Simhanada Guggulu, and Valuka Sweda proved to be highly effective in managing Amavata. The study outcomes indicate significant reductions in pain, stiffness, swelling, and other symptoms.

- **Relief from Pain and Stiffness:** Severe pain (Sandhi Shoola) was eliminated entirely, with 14 patients reporting no pain by the end of the study. Similarly, joint stiffness (Sandhi Stabdata) was reduced in all participants, with most experiencing complete relief.
- **Resolution of Associated Symptoms:** Systemic symptoms like Angamarda (body ache), Alasya (lethargy), and Aruchi (loss of appetite) improved markedly, reflecting the effectiveness of the intervention in addressing both local and systemic effects of Amavata.

- Reduction in Ama and Indigestion: Improvements in Apaaka (indigestion) and the complete elimination of Gourava (heaviness) indicate the successful digestion and elimination of Ama, further suggesting that the underlying pathology had been addressed effectively.

Conclusion

The interventional study demonstrated that the combination of Truptighna Mahakashaya, Simhanada Guggulu, and Valuka Sweda effectively manages Amavata by addressing both the root cause (Ama) and its symptoms (pain, stiffness, swelling). The synergistic action of these therapies resulted in significant improvements in joint health and overall well-being. This study supports the efficacy of Ayurvedic interventions in treating chronic inflammatory conditions like Amavata and highlights the importance of holistic approaches in disease management. Future studies with larger samples and longer follow-ups are needed to validate these findings further. The combination of internal medication and external therapies proves beneficial in managing complex conditions like Amavata, supporting the traditional Ayurvedic approach to holistic treatment.

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