VATAGAJENDRASINGH RASA - IN THE MANAGEMENT OF AMAVATA: A REVIEW
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KEYWORDS: VATAGAJENDRASINGH RASA, Herbomineral formulation, Ativridhha Amavata.

ABSTRACT
The disease Amavata which can be correlated Rheumatoid arthritis (RA) in modern medicine, now a days it is a common problem due to changed lifestyle, food habits and lack of physical activities. It is the common most crippling and disabling disorder in the world. Ama (indigested end product of food) and Vata (one of the three Dosha) both are equally important for the establishment of the disease, predominantly produces Sandhishoola (joint pain), Sandhishotha (joint swelling), Gaurava (heaviness), Jwara (fever). The prevalence of RA is approximately 0.8% of the population (range 0.3 to 2.1%); women are most commonly affected. There are several formulations for the management of Amavata, but only that, which can bring about a cure, is a correct medicine. Use of herbomineral formulations is common in present Ayurvedic practice. Ayurvedic drug ‘Vatagajendrasingh Rasa’ is a unique formulation mentioned in Bhaishajyaratnamawali for the management of Amavata. The aim of the study is to evaluate the possible mode of action of the formulation in the management of Amavata. The main ingredients are Kajjali, Abhakra Bhasma, Tamra Bhasma, Loha Bhasma, Naga Bhasma, Shuddha Vatsanabha, Shuddha Tankana, Shuddha Hinga, Shuddha Jatiphala etc. Purpose of composition is Sampraptibhangha (break the pathogenesis) by Agnideepana (increase appetite), Amapachana (digestion) and management of symptoms and complications (Ashthhivikrut, Sandhikunjana, Sankocha, Khanjatra, Agniadurabhya etc.) In Ativriddha (Chronic) Amavata.

INTRODUCTION
Amavata (Rheumatoid Arthritis) possess a challenge to the physician owing to its apparent chronicity, incurability, complications and morbidity. Despite of the administration of best available modern drugs, the disease has a tendency to persisting progress and cripple the patients. Bhishak (Doctor), Dravya (Medicines), Upashtata (Nursing care) and Rogi (Patient) are the four Pada (Pillars) of Chikitsa. Although Bhishak (Doctor) is prime, rest are equally important.[1] One of the oldest records of the disease is a brief description in the Rigveda, which roughly dates back to 1500 B.C. In the 9th century A.D., Indian physician, Madhava wrote a full description of Aamavata[2] but it was not until 1800 that the disease, described by French physician Augustin Jacob Landrè-Beauvais, was recognized in the western world. In 1859, British rheumatologist Alfred Baring Garrod, named the disease RA. In the last 50 years, extensive research by modern medical scientists has shed light on various pathways of inflammation in RA, but the etiology of the disease is still unknown.[3] New research has revealed various biological agents that block the pathways of inflammation and provide much-needed relief to a significant number of patients. However, these agents are very expensive, require close monitoring, have side-effects, and need to be used indefinitely. In spite of such advancements, a significant number of patients continue to suffer and require more effective relief and in their search, look for better treatments. For the success of treatment one must have sound knowledge of Dravya Pada (Medicines). Now a days herbomineral preparations are famous in Ayurvedic practice. To get desired in clinical practice these herbomineral preparations must be prepared according to protocol and used according to specific Samprapti (Pathogenesis), otherwise it may show unwanted effects. Preparation of classical formulations is the responsibility of Rasavidya. But for implementation of Rasashadhi (herbomineral preparations) in clinical practice Vaidya must know the pharmacological aspect of medicines i.e., Guna-Karma (properties & action), Doshagnata, Rogagnata (disease alleviation), Matra (dose), Pathyapathya etc.

According to Ayurveda generally all diseases are produced by Mandagni (weak digestive activity), it also arises from indigestion, contaminated foods and...
accumulation of Malas (Dosas and waste product). One of the commonly occurring Agni Vikara is Amavata, simultaneous Vataprakopa (Vata vitiation) is equally important. Predominantly produces Sandhi Shoola (joint pain), Sandishotha (joint swelling), Gaurava (heaviness), Jwara (fever). It is one of the difficult diseases to cure. Amavata can be correlated with Rheumatoid arthritis (RA) of the modern medicine, a chronic multisystem disease of unknown cause. The characteristic feature of RA is persistent inflammatory synovitis, usually involving peripheral joints in a symmetric distribution. The potential of the synovial inflammation to cause cartilage damage and bone erosions and subsequent changes in joint integrity is the hallmark of the disease. The prevalence of RA is approximately 0.8% of the population (range 0.3 to 2.1%); women are most commonly affected. The limitations of the modern medicine and significance of Ayurvedic treatment to treat Rheumatoid arthritis are known to the practitioners.

There are several formulations are mentioned in Ayurvedic texts for the management of Amavata. Each one is composed for unique Doshadushyasamprapti, Samprapti (Pathogenesis), Vyadhiavashta (State of disease) etc. Vatagajendrasingh Rasa is a unique Kharaliya Rasayana mentioned in Bhaishajyaratnavali for the management of Amavata. The main ingredients are Abhraka Bhasma, Loha Bhasma, Tamra Bhasma, Naga Bhasma, Vatsanabha etc. The aim of the study is to understand possible mode of action of Vatagajendrasingh Rasa in Amavata Chikitsa.

Figure – 1 Pathogenesis of Amavata According to Ayurveda

The main pathogenic event in RA or Aamavata is the formation and deposition of Aama (explained later) at all levels of body physiology including gastrointestinal and macro and micro channels of the inner transport system of the body. At this point, it is critical to understand the difference of human physiology described by the two healthcare systems. Although, in the recent years modern medicine has started paying credence to mind body medicine it largely studies the working of physical body by using a reductionist approach of understanding the physiology of various organs like lungs, heart, endocrine glands, etc. The understanding of modern biology too is now turning back from over emphasis on molecular biology toward the new approach of systems biology.
The pathogenesis of RA is highly complex and involves interconnected cellular and molecular pathways that ultimately cause joint inflammation and damage.\(^3\) There is evidence of genetic predisposition to RA. It is more common in first-degree relatives of patients with RA and other connective tissue diseases. If one monozygotic twin develops RA, the other twin has a 10-15% chance of developing the condition, suggesting that other factors also play a role in its pathogenesis.\(^7\)

In the past decade or so, epigenetic processes causing gene modification without affecting the DNA sequence have been identified.\(^8\) DNA methylation and histone modification are examples of the epigenetic mechanisms.\(^9\) The etiological agent that triggers the disease process is unknown; however, it is believed that an infectious agent is most likely the culprit, and trauma, in many cases, is the initiating factor. The main pathological changes that occur in RA include synovial inflammation, cellular hyperplasia and hypertrophy, micro vascular injury, neovascularization, thrombosis, edema with infiltration of mononuclear cells, and increased amount of adhesion molecules. An unknown trigger causes antigen-presenting cells to activate CD4+ T cells, which in turn activate various other cells: Macrophages, fibroblasts, B-lymphocytes, monocytes, and dendritic cells. These activated cells produce various cytokines, which cause inflammation and destruction of the involved tissue.\(^3\) Of clinical significance at this time are Tumor necrosis factor (TNF)-alpha, interleukin (IL)-1 and IL-6. TNF-alpha also stimulates the secretion of other cytokines [Figure 2].

**Allopathic Antirheumatic Drugs**

Currently drugs form a major part of the management of arthritis. The conventional drug treatment of rheumatoid arthritis consists of analgesics, non-steroidal anti-inflammatory drugs (NSAIDS), disease-modifying drugs (DMARDS) and cortico-steroids. These agents act at various sites in the schema of pathogenetic mechanisms\(^{10,11}\). Analgesics act predominantly on the central nervous system to allay the pain. Paracetamol, dextropropoxiphen and low dose aspirin are the most commonly used analgetics. The NSAIDS predominantly inhibit the prostaglandin biosynthesis by blocking the cyclo-oxygenase pathway of arachidonic acid. This group consists of a plethora of drugs such as salicylates, pyrozolon derivatives, propionic acid derivatives, indole group, oxicans, fenamates etc. The disease-modifying drugs have various modes of actions. They probably inhibit the immune complex formation. Frequently used drugs are penicillamine, chloroquine, sodium ourothiomalate. These taken long to act and relief is not seen before 8 to 12 weeks.

Immune-modulating drugs like methotrexate, cyclophosphamide, also modify the course of diseases but their severe toxicity often precludes their use. The action of corticosteroids is less clearly understood. It blocks phospholipase A2 enzyme preventing arachidonic acid formation and thereby prostaglandin biosynthesis. It also has the ability to prevent the recruitment of neutrophils and monocyte macrophages at the inflammatory site. Steroids are fast acting and are reserved for specific conditions e.g. acute exacerbation. It seems from the foregoing discussion that modern conventional drug treatment is more or less palliative. These drugs do have adverse effects. And some are also expensive. Hence there is a need for new agents for arthritis which are safer, more economical and effective.
Ayurvedic Antirheumatic Drugs

In a preliminary survey of ayurvedic literature it was found that various types of preparations are recommended for rheumatic disorders shows the number of various types of formulations used in rheumatic disorders. Decoctions are prepared by boiling a specific quantity of either fresh or dried plants in measured quantity of water. Kalka means the fresh plants are crushed to make paste. Choornas or powders are prepared by grinding the dried plants to a fine powder. Few powder formulations also contain inorganic constituents. In the literature maximum number consists of pills; eighty per cent of them contain inorganic constituents. Guggulu (Commiphora mukul) forms a major constituent in about 50% of the pills [12].

Table 1: Vatagajendrasigh Rasa as per classical text [13]

<table>
<thead>
<tr>
<th>Sr.</th>
<th>Ingredients</th>
<th>Latin Names</th>
<th>Part used</th>
<th>Proportion</th>
<th>Per dose 360 mg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Abhraka Bhasma</td>
<td>Aconitus ferox Wall.</td>
<td>Root tuber</td>
<td>1 part</td>
<td>24 mg</td>
</tr>
<tr>
<td>2</td>
<td>Loha Bhasma</td>
<td>Rock salt</td>
<td>1 part</td>
<td>24 mg</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Tamra Bhasma</td>
<td>Mercury</td>
<td>1 part</td>
<td>24 mg</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Naga Bhasma</td>
<td>Sulphur</td>
<td>1 part</td>
<td>24 mg</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Shuddha Parada</td>
<td>Syzygium aromaticum Linn.</td>
<td>Flower</td>
<td>1 part</td>
<td>24 mg</td>
</tr>
<tr>
<td>6</td>
<td>Shuddha Gandhaka</td>
<td>Ferula narthex Boiss.</td>
<td>Exudate</td>
<td>1 part</td>
<td>24 mg</td>
</tr>
<tr>
<td>7</td>
<td>Shuddha Tankana</td>
<td>Myristica fragrans Houtt.</td>
<td>Seed</td>
<td>1/2 part</td>
<td>12 mg</td>
</tr>
<tr>
<td>8</td>
<td>Shuddha Vatsanabha</td>
<td>Cinnamomum zeylanicum Blume.</td>
<td>Stem bark</td>
<td>1/2 part</td>
<td>12 mg</td>
</tr>
<tr>
<td>9</td>
<td>Saindhava Lavana</td>
<td>Cinnamomum zeylanicum Blume.</td>
<td>Leaf</td>
<td>1/2 part</td>
<td>12 mg</td>
</tr>
<tr>
<td>10</td>
<td>Lavanga</td>
<td>Elettaria cardamomum Maton.</td>
<td>Seed</td>
<td>1/2 part</td>
<td>12 mg</td>
</tr>
<tr>
<td>11</td>
<td>Shuddha Hingu</td>
<td>Terminalia chebula Retz.</td>
<td>Percarp</td>
<td>1/2 part</td>
<td>12 mg</td>
</tr>
<tr>
<td>12</td>
<td>Jatipatra</td>
<td>Terminalia belerica Roxb.</td>
<td>Percarp</td>
<td>1/2 part</td>
<td>12 mg</td>
</tr>
<tr>
<td>13</td>
<td>Twaka</td>
<td>Cinnamomum zeylanicum Blume.</td>
<td>Leaf</td>
<td>1/2 part</td>
<td>12 mg</td>
</tr>
<tr>
<td>14</td>
<td>Tejpatra</td>
<td>Cinnamomum zeylanicum Blume.</td>
<td>Leaf</td>
<td>1/2 part</td>
<td>12 mg</td>
</tr>
<tr>
<td>15</td>
<td>Sookshma Ela</td>
<td>Elettaria cardamomum Maton.</td>
<td>Seed</td>
<td>1/2 part</td>
<td>12 mg</td>
</tr>
<tr>
<td>16</td>
<td>Haritaki</td>
<td>Terminalia chebula Retz.</td>
<td>Percarp</td>
<td>1/2 part</td>
<td>12 mg</td>
</tr>
<tr>
<td>17</td>
<td>Bibhitaki</td>
<td>Terminalia belerica Roxb.</td>
<td>Percarp</td>
<td>1/2 part</td>
<td>12 mg</td>
</tr>
<tr>
<td>18</td>
<td>Amalaki</td>
<td>Emblica officinalis Gaertn.</td>
<td>Percarp</td>
<td>1/2 part</td>
<td>12 mg</td>
</tr>
<tr>
<td>19</td>
<td>Jiraka</td>
<td>Cuminum cyminum Linn.</td>
<td>Fruit</td>
<td>1/2 part</td>
<td>12 mg</td>
</tr>
<tr>
<td>20</td>
<td>Kumari Swarasa</td>
<td>Aloe barbadensis Mill.</td>
<td>Leaf</td>
<td>q.s.</td>
<td></td>
</tr>
</tbody>
</table>

Preparation

First prepare Kajjali from Parada and Gandhaka, then add all the ingredients which are finely powered. Triturate in Khalvayantra with Kumari Swarasa (juice). Prepare Vati (pills) of 3 Ratti (360mg).

Dose: 3 Ratti (360mg) or 2 Ratti (240 mg)

Anupana: Dugdha

Aushadhiyavan Kala: Pratah kala (at morning)

Indications: Amavata, Vyadhiksheena, Streeksheena, Nasthashukra, Vanhihina, Khanja, Pangu, Kubja, Mamsaksheena, 80 Vatatvikara, 40 Pittavikara and 20 Kaphavikara.

Table 2: Gunakarma and Rogagnata of Ingredients

<table>
<thead>
<tr>
<th>Dravya</th>
<th>Rasa, Vipaka</th>
<th>Virya</th>
<th>Guna</th>
<th>Doshagnata</th>
<th>Karma &amp; Rogaghanta (Related to Amavata)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abhraka</td>
<td>Sheeta</td>
<td>Snigdha</td>
<td>Tridoshagnah</td>
<td>Deepana, Virshyam, Balyam, Ruchidam, Sarvarogahara [15]</td>
<td></td>
</tr>
<tr>
<td>Tamra</td>
<td>Ushna</td>
<td>Kaphapittahara</td>
<td></td>
<td>Udarpavikara, Amavikara, Urdwadhat Parishodhana, Kshaya, Pandushamana, Lekhan [18]</td>
<td></td>
</tr>
<tr>
<td>Naga</td>
<td>Ushna</td>
<td>Snigdha, Kaphavatagah</td>
<td></td>
<td>Deepana, Amavata, Pramehahara [19]</td>
<td></td>
</tr>
<tr>
<td>Tankana</td>
<td>Ushna</td>
<td>Tikshna</td>
<td>Kaphavatagah</td>
<td>Agnideepana, Vatamayanidushanam, Hridya [20]</td>
<td></td>
</tr>
<tr>
<td>Vatsanabha</td>
<td>Ushna</td>
<td>Yogavahi</td>
<td>Kaphavatagah</td>
<td>Rasayana, Deepana, Sheetashamana, Brunhan, AgnimandyaPrashamanah, Grahani Pandu Jwara Amavata Prashamanah, Kativedanahara, Vatavedanaharam Uttamam, Tapashamanam, Shothanidushanam [21]</td>
<td></td>
</tr>
</tbody>
</table>

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Saindhav | Lavana, | Sheeta | Laghu, Snigdha | Tridosahara | Hridyam, Ruchipradam, Pachanam, Deepanam, [22]
--- | --- | --- | --- | --- | ---
Lavanga | Tikta, Katu | Sheeta | Laghu, Snigdha | Kaphapittahara | Deepana, Pachana, Ruchya, Adhmana, Shoola, Kshayahara[23]
Hingu | Ushna | Teekshna | KaphaVataguna | Pachana, Ruchym, Shoola, Udara Anahashamako[24]
Jatiphala | Tikta, Katu | Ushna, Teekshna | KaphaVataguna | Rochana, Deepana, Grahi, Shwasas Shosa Pinasas Hridroghar. [25]
Tvaka | Tikta, Madhura | Laghu, Teekshna | Vatapittagna | Shukrala, Balya, Mukhashoshakha, Trishnahra [26]
Tejapatra | Tikta, Katu, Swadu | Ushna, Laghu, Ruksha | Kaphavataguna | Amahara, Aruchinashaka, Pinasahara [27]
Tel | Katu, Sheeta | Laghu, Vatarah | Kapha Shwasas, Kasahara [28]
Triphala | | | Kaphapittahara | Meha Kusthahara, Deepana, Rochana, [29]
Jiraka | Katu, Ushna | Ruksha, Laghu | Kaphavatagahara | Deepana, Sangrahi, Pachanam, Ruchym, Balyam, Jwaraghama, [30]
Kumari | Tikta, Madhura | Sheeta | Tridoshagna | Shedana, Brimhan, Balya, Rasayani, Pihayakritviddhihara[31]

DISCUSSION

MODE OF ACTION

Mode of action can be understood on the basis of Samprapti (pathogenesis) of the disease and Gunakarma (properties) of the ingredients.

Kajjali - Kajjali possess properties like Rasayana, Yogavahi (as catalyst), Jantugnaha, (Antimicrobial) Sarvamayahara. (Corrects all diseases) [32] When Kajjali is consumed especially with Anupana it cures all types of diseases. Countless formulations, small drug dose, rapid action, desired results, long lasting effects, palatability are the specialties of Kajjali[33] These properties of Kajjali are essential to enhance efficacy and potency in prepared drug. Yogavahitwa property has importance in pharmacokinetics as it drags whatever is mixed with it. When mixed with other medicines they became more potent and act in low doses. Kajjali increases the bioavailability of drug which helps to obtain greater efficacy of drug.[34]

Abhraka Bhasma- in Atividdha (Chronic) Amavata to correct Agnipikrutti, Aruchi, Daurbalya, Abhraka Bhasma is added here which possess properties like Deepana, Balya, and Ruchida. Besides this Abhraka Bhasma along with Triphala, Trikata, Chaturjata and Lavanga corrects Kshaya and Pandu[35] associated with Amavata. So that Trijata, Lavanga and Triphala added to Vatagajendrasingh Rasa. According to modern science Rheumatoid arthritis is an autoimmune disorder. Shatapati Abhrak Bhasma, possess a potent In-vivo Immunomodulatory (stimulant) activity in a concentration dependent manner.[36]

Tamra Bhasma - Amavata is an Agrivikara so the Agni Niyamana (Regulation) is one of the goal of deepana. Tamra is one of the best Agrideepana Drava’s mentioned in Rasatarangini as Deepanamuttamam. Agnidaurbalya, Prasek, Kukshakuathinatam, Shoola, Chharmi, Bhrama, Anaha, are the symptoms of Atividdha Amavata, the basis of these symptoms is Agnimandya. Tamra Bhasma corrects all these manifestations. The other main property of Tamra Bhasna is Lekhana, it scrubs the Ama accumulated in Srotasa and Shleshmasthana to relieve the symptoms. The medicinal dose of Tamrabhasma is 1/8 to ½ Ratti (15-60 mg). In Single dose of Vatagajendrasingh Rasa Tamra Bhasna 24 mg[37] it means that while composition of formulations assessment of ingredient drug doses is equally important.

Loha Bhasma - In the Jirna Amavata, the atrophy, degeneration of muscles, tendons and nerve causes pain where Loha Bhasma reduces this painful condition. Jirna Amavata leads to the degeneration of the Dhatus mainly Rakta and Mamsa which causes Pandu, Daurbalya, and Bhrama etc. In this condition Loha Bhasma acts as Rasayana for all the Sapat Dhatus. It mainly nourishes Rakta and Mamsa Dhatu. Loha Bhasma not only increases blood cells but also increases blood circulation, regulates bile secretion by increasing blood flow to the biliary system. Indirectly cures Jirna Agnimandya. (Deepana muttamam – Rasatarangini) the main action of Loha Bhasma is to increase blood cells & flow which helps in restoration of body cells and systems in Jirna Amavata.

Further Loha Bhasma releases Nadishoolaa, Ashthivikrutri in Amavata Vatasansth Daurblya which is present in Jirna Amavata. The dose of medicinal Loha Bhasma is ¼ to 2 Ratti (30 to 240 mg)[38]. In Single dose of VatagajendrasinghRasa Loha Bhasna is 24 mg.

There is no significance of Loha Bhasna without Parada or Abhraka Bhasna.

Lohabhasma only intake leads to Jadata (Heaviness).[39] Hence Loha Bhasna should be administered with Parada Bhasna (Rasasindura) or Abhraka Bhasna. That’s why in Vatagajendrasingh Rasa it is Loha Bhasna added along with Abhraka Bhasna.

Lohabhasna along with Triphala and Madhu cures all diseases.[40] This justifies the purpose of Triphala in this formulation. That’s the reason, in most of the Loha Kalpas Triphala is added. Triphala is one of the best Loha Shodhana and Marana Dravya. Hence Loha Bhasna when used with Triphala it does not show adverse effects and show better therapeutic actions.
**Naga Bhasma** - In Rasaratnasamucchaya Amavata is one of the indication of Nagabhasma. In the Jirna Amavatate dominant Vata Dosha leads to degeneration of Asthi, Majja Dhatu leads to Sankocha, Khandata, Sandhisankocha (joint stiffness and bending of the bones), where Naga Bhasma provides Bala to Asthi & Majja Dhatu. Naga Bhasma regulates the formation of Mansa Dhatu & Snayu. Also provides energy to it hence can be used in degeneration of Mansa & Snayu, usually occurs in Jirna Vatavayadih. Naga Bhasma as a Rasayana for degenerative and long term Vatavayadih as it provides energy to all the Sapta Dhatus. Medicinal dose of Nagabhasma ¼ to 1 Ratti (30 to 120 mg). [41] In Single dose of Vatagajendrasingh Rasa Naga Bhasma is 24 mg. Which is little below of par dose. But it should be keep in mind that Kajjali in the formulation acts as Yogavahi so the ingredients show better effects in low doses.

**Vatsanabha** - In Amavata/Kaphanubandhi Vatavaydih Vatsanabha digest Ama residing in Rasa and at the joints etc. (As it possess Vyavayi Amapachana property) and thereby removes obstruction to movement of Vyanavayu through the joints and eliminates inflammation of joints (Sandishotha) and stiffness of joint (Sandigrahana). It also reduces the Sandishooala (Joint pain). It also possess the properties like Jwarashama; Swedala hence can be used in Amavata/Kaphanubandhi Vatavaydih. In Vatashoola Vatsanabha used along with Tamrabhasma [42]. Perhaps best medicine for the treatment of Amavata as it is a potent Analgesic, anti-inflammatory drug. The medicinal dose of Vatsanabha is 1/16 to 1/8 Ratti (7.5 to 15 mg). In Single dose of Vatagajendrasingh Rasa Shuddha Vatsanabha is 24 mg. In the commentary of Ambikadatta Shastri on Bhaishajyaratnavalli the dose of Vatagajendrasingh Rasa mentioned is 2 Ratti (240mg approx.). [43] If we take this as therapeutic dose then the quantity of Vatsanabha in single dose is become 16 mg, which is acceptable. If we discuss other formulations i.e., in single dose of Trihuvankirti (1 Ratti - 120 mg) the quantity of Vatsanabha is approximately 20 mg. [44] In single dose of Hinguleshwara Rasa (1/2 – 60 mg) Vatsanabha is 20 mg. [45] Even an acute poison can become an excellent drug if administered properly. Even a drug, if not properly administered, becomes an acute poison. [46] So in case of Vishadraya we must look for therapeutic dose first. Vatsanabha is potent vegetable poison hence should be used cautiously. Contraindications of Vatsanabha - Old age, Pregnancy, Rajakshma, Hridyadaurbalya (Heart diseases – CCF, LVP, Hypotension etc.) [47]

**Tankana** - Tankana is the antidote of Vatsanabha. Vatsanabha has depressant action on heart even in low doses and Tankana is Hridya (regulates the heart beats). When Vatsanabha with equal quantity of Tankana triturated, Vatsanabha Marana is achieved, then it does not produces Vikara (adverse effects). [41]

**Saindhava** - added to correct Aruchi Vidvibddhatam, Jadyam (Karmahinata), Antrakunjana, Anaha as it possess properties like Deepana, Pachana, Rochana, and Anulomana. Lavanga - acts as a Deepana, Pachana, and Anulomana Ruchya hence can be used in Jirna Amavata to treat – Agnimandya, Aruchi, Chhardhi and Adhmana etc.

**Hinga** - Hinga acts as Deepana, Pachana, Ruchya, Shoola-prashamana, Vatulanomala, Uttejaka, Vedanasthapana, Sanjnayastapana and Akeshepaghna hence can be useful in Jirna Amavata to correct complications like Agnimandya, Vidvibddhatam, Antrakunjana, Anaha, Kukshaukathnatam, Shoola, and Aruchi.

**Jatiphala** - Jatiphala acts as Deepana, Rochana, Amashoshana, Vedanahara and Shothahara hence can be used in Amavata to resolve Vatashoola, Amashoolla, Agnimandya, Aruchi and Shotha etc.

**Jeeraka** - In Jirna Amavatato relieve Aruchi, Adhmana, Agnimandya and Shoola Jeeraka can be used as Deepana, Pachana, Rochana and Shulaprasphamana.

**Kumari** - Used as Bhavana Dravya The main action of Kumari is Kosthashodhana, Yakritottajana, regulation of PachakaPitta and Rasayana; hence it can be used in the patients of Jirna Amavata to cure Vidvibhandha, Mandagni, and Dhatu Daurbalya. It also possess the properly of binding therefore used as binding for the formation of Vat(Pills).

**Dose and Anupana** - The actual dose of Vatagajendrasingh Rasa is 3 Ratti (360 mg approx.). In the Vyakhy of Ambikadatta Shastri on Bhaishajyaratnavalli the dose of Vatagajendrasingh Rasa is 2 Ratti (240mg approx.). If we take this as therapeutic dose then the quantity of Vatsanabha in single dose is become 16 mg, which is acceptable. Anupana is Dugda, by Anukta paribhasha Godugya should be used as Anupana - [48] Godghrita is also Antidote of Vatsanabha [49] and Godugya used for Vatsanabha Shodhana so it justifies significance of Anupana.

Above discussion can be summarised as -

**Principle action of Vatagajendrasingh Rasa** -

**Sampreetibhanga** (see Figure 1) by Agnideepana, Amapachana and Management of symptoms and complications.

**Dosha** - Tridoshagna especially Kaphavatagna

**Dhatu** - Rasa, Raktta, Mamsa, Asthi,

**Upadhatu** - Snayu, Sandhi, Kodara,

**Mala** - Purisha, Sweda,

**Shariravaya** - Shleshmasthantha - Uraha, Parvani, Amashaya, Yakria, Grahana, Antra, Rasa,

**Srotas** - Rasavaha, Raktvaha, Mamsavaha, Asthivaha, Annavaha, Majjavaha

**Vyadhiavastha : Jeerana & Upadravayukta**

**Avastha : Samavashtha**

**Agni** - Jatharagni, Rasadhatwagni

**Guna** - Katu, Tiktarasapryah, Ushna Virya

**Karma** - Deepana, Pachana, Anulomana, Shoolahara, Vedanahara, Shothahara, Stambhahara, Sankochahara, Asthivikrutihara.

**Lakshana** - Pain and swelling over joints of Hastapada shirogopahattrikjanu Agnaudubalya, Praseka, Aruchi, Gauravam, Utsahhni, Vairaesy, Kukshaukathnatam, Shoola, Trishna, Chhardhi, Bhrama, Vidvibddhatam, Jadyam
(Karmahinata), Antrakunjana, Anaaha, Sandhikunchana, Sankocha, Kanjatva.

Dose: 2 Ratti (240 mg approx.)

Aushadhisevankala: Pratahkala

Anupana: Lukewarm Godugdha (Cow milk)

Contraindications: Old age, Pregnancy, Rajyakshma, Hridyadaurbalya[50] (Heart diseases – CCF, LVF, Hypotension etc.)

CONCLUSION

The aim of the study was to evaluate mode of action of Vatagajendsrasingh Rasa in the management of Amavata. This herbomineral preparation is effective in spectrum of Jirna (Ativriddha) Amavata associated with complications like Sandhikunchana, Sankocha, Khandatva.

REFERENCES


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