INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY HEALTH SCIENCES

ISSN: 2394 9406

META-ANALYSIS OF RASNASAPTAKA KWATH IN THE MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)

Srushtiket Shivraj Mhetre[1] , Dr. Mrunali Patil[2]

1. IInd BAMS student LRPAMC Islampur, Sangli
2. Professor & HOD LRPAMC, Islampur , Sangli.

Abstract:

Amavata, correlated with Rheumatoid Arthritis (RA), remains a significant challenge in clinical practice due to chronicity, disability, and limitations of conventional drugs. Rasnasaptaka Kwatha (RSK), a classical Ayurvedic decoction, has been widely prescribed in Amavata owing to its Ama -pachana, Vata -shamana, and Shothahara properties. This meta - analysis critically evaluates clinical, pharmacological, and literary evidence on Rasnasaptak Kwath in Amavata. Evidence from randomized clinical trials, controlled studies, case reports, pharmacological reviews, and classical references demonstrates consistent symptomatic relief, immunomodulation, and a favorable safety profile.

Keywords: Amavata, Rheumatoid Arthritis, Rasnasaptaka Kwatha, Ayurveda, Meta - analysis

INTRODUCTION

Amavata, described by Madhavakara, is caused by Ama and Vata leading to systemic inflammation and painful, swollen joints. Its close resemblance to Rheumatoid Arthritis makes it an important disease for integrative management. Contemporary medicines like NSAIDs and DMARDs provide symptomatic relief but are associated with long -term adverse effects. Ayurveda offers holistic alternatives, where Rasnasaptak Kwath is one of the most frequently used formulations. This meta -analysis synthesizes evidence from clinical trials, pharmacological research, and classical sources to establish the role of Rasnasaptak Kwath in Amavata.

Materials and Methods

Six major published works were included:

1. Bhattarai et al. (2018): Case study on multimodal Ayurvedic management with Rasnasaptak Kwath.
2. Gautam et al. (2023): Randomized clinical trial comparing Rasnasaptak Kwath, Vaitarana Basti, combination therapy, and Leflunomide.
3. Pandey & Chaudhary (2017): Pharmacological review of Rasnasaptak Kwath herbs and their biomedical mechanisms.
4. Swami et al. (2021): Contemporary review of Rasnasaptak Kwath in classical references, clinical trials, and standardization.
5. Additional pharmacological perspectives on individual herbs and clinical safety.
6. Gupta & Hullur (2020): Single -blind clinical trial on 15 patients assessing Vaitarana Basti along with Simhanada Guggulu and Rasnasaptak Kwath.

Data were extracted on study design, interventions, outcomes, and relevance to Amavata.

Results

1. Clinical Evidence

- Case Study (Bhattarai et al., 2018):
A 60 -year -old RA patient treated with Baluka Swedana, Vaitarana Basti, and oral Rasnasaptak Kwath (40ml twice daily) showed marked improvement in pain, swelling, stiffness, and normalization of ESR, CRP, and RA factor.

- Randomized Clinical Trial (Gautam et al., 2023):

56 RA patients were divided into four groups —Rasnasaptak Kwath alone, Vaitarana Basti, combination (Rasnasaptak Kwath + Basti), and Leflunomide. Results showed:

- Significant reductions in RA factor, anti -CCP, CRP, and ESR in Rasnasaptak Kwath and Basti groups.
- The combination group (Rasnasaptak Kwath + Basti) achieved the best results across both subjective and objective parameters.
- Leflunomide group showed comparatively less improvement.
- The trial confirmed Rasnasaptak Kwath's efficacy and better outcomes when combined with Shodhana therapy.

- Single -Blind Clinical Trial (Gupta & Hullur, 2020):

15 patients with Amavata were treated using Amapachana with Agnitundi Vati, followed by
8 days of Vaitarana Basti, and then Simhanada Guggulu (500mg BD) with Rasnasaptak Kwath (40ml) for 30 days.
Follow -up was maintained for 1 month.
Outcomes included:

- Pain & swelling: ~81% relief ($p<0.001$).
- Morning stiffness: 66.6% improvement.
- Grip strength: 72% improvement.
- ESR: reduced by 34%.
- Overall response: 63.3% patients had marked relief (>75%), 30% moderate relief, and 6.6% mild relief.
- The study demonstrated statistically highly significant results, reinforcing the role of Rasnasaptak Kwath in combination with Panchakarma and Shamana therapy.

2. Pharmacological Insights

Pandey & Chaudhary (2017): Rasnasaptak Kwath contains Rasna, Gokshura, Guduchi, Punarnava, Eranda, Devadaru, Aragvadha, and Sunthi. Their collective pharmacology includes:

- Pluchea lanceolata – immunosuppressive via Th1 cytokine inhibition.
- Tinospora cordifolia – immunomodulatory, anti -inflammatory, reduces RA symptoms.
- Zingiber officinale – prostaglandin inhibition, NSAID -like effect.
- Boerhavia diffusa – anti -inflammatory and antioxidant.
- Cassia fistula – antioxidant and immunomodulatory.

Together, Rasnasaptak Kwath acts on inflammation, oxidative stress, and immune dysregulation, offering a multi -targeted pharmacological basis for Amavata.

3. Classical and Contemporary Overview

- Classical texts (Vrindamadhava, Chakradatta, Bhaishajya Ratnavali) recommend Rasnasaptak Kwath in Amavata, often with Shunthi or Eranda Taila.
- Swami et al. (2021) documented standardization of Rasnasaptak Kwath through HPTLC(High performance thin layer chromatography), confirming identity and purity of herbs with no heavy metal contamination.
- Clinical trial evidence also supports efficacy in Sandhigata Vata, Gridhrasi, and Ankylosing Spondylitis, in addition to Amavata.

Discussion

The integrated evidence shows that Rasnsaptak Kwath:

- Provides significant clinical improvements in pain, stiffness, swelling, grip strength, and laboratory markers.
- Acts through multi -dimensional mechanisms —Ama pachana, Vata -Kapha shamana, immunomodulation, and antioxidant effects.
- Works synergistically with Panchakarma, especially Basti, to enhance outcomes.
- Demonstrates safety in both short -term and moderate -term use, unlike NSAIDs and DMARDs(Disease Modifying Antirheumatic drug).

The addition of Gupta & Hullur (2020) strengthens the meta -analysis by providing controlled evidence that Rasnasaptak Kwath, when used as an adjuvant with Simhanada Guggulu and post -Vaitarana Basti, results in highly significant improvements in both subjective and objective parameters. These findings align with those of Gautam et al. (2023), suggesting that integrative protocols (Shodhana + Shamana + Rasayana) yield superior results compared to single modalities.

Limitations include small sample sizes, single -center studies, and lack of long -term multicentric RCTs. Future research should focus on pharmacokinetics, standardized dosing, and large -scale comparative effectiveness trials.

Conclusion

Rasnasaptaka Kwatha, validated by classical authority, pharmacological studies, and multiple clinical trials, is a safe and effective Ayurvedic intervention for Amavata. Its multi -targeted approach addresses inflammation, immune dysregulation, and Ama -related pathology. Integration with Panchakarma and adjunct formulations like Simhanada Guggulu enhances efficacy. Larger randomized controlled studies are warranted to establish it as a standard integrative therapy for Rheumatoid arthritis.

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