



Emphasizing The Role of Amapachana Effect of Three Forms Of Laja (Parched Rice) Manda along with Panchakarma in The Management of Amavata

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ABSTRACT

Healthy diet, Healthy Physical activity level and Healthy Body Weight is what the youth of this generation is missing out. The major flaw lies in our mentality wherein we tend to spend outlandishly on developing fancy drugs and other treatments for diseases, rather than trying to prevent them. If we would have been a little attentive on what we eat, how we live and most importantly the status of our bio fire (Agni), Ama (undigested or unmetabolised toxin) would never have become the spotlight in many auto immune disease pathologies. The entire range of digestive and metabolic activity of the body takes place with the help of the biological fire of the body called Agni. Agni has been classified as Jatharagni, Bhutagni and Dhatvagni. As a general rule whatever food is consumed, is firstly acted upon by jatharagni in the GIT, thereafter it is transported to the liver for bhutagnipaka and thereafter the product of nutrition is processed in the tissues by Dhatvagni. The inert functioning of the agni (mandagni) leads to the production of vitiated adhyaahara rasa dhatu called Ama. Herein the unique ability of agni to digest ahara and oushadha becomes problematic. The possible way to procrastinate ama formation is langhanachikitsa (controlled fasting) along with therapeutic diets having amapachana property. A single case study of amavata has been undertaken to prove the amapachana effect of laja (parched rice) manda.

Keywords: Agni, Ama, Amavata, Langhana, Lajamanda, Amapachana

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INTRODUCTION

Amavata

Ama and Vata are the two chief perpetrators in the disease pathogenesis of Amavata. Ama is an undigested or unmetabolised toxic waste produced due to the hypofunctioning of the agni at the level of jatharagni or at the level of dhatvagni [1]. The atmagunas of Ama and vata are antagonistic to each other. Ama is Guru, Snigdha, Pichila, Abhishyandi, and Sthira [2] while that of Vata is of Rooksha, Laghu, Khara, Vishada and Chala [3]. The Sandhis (joints) being the seat of Kapha, then Asthis (bones and cartilages) being the seat of Vata and Vata having Ashrayiashraya relationship with Asthi, henceforth in Rheumatology as per Ayurvedic aspects Vata should be compatible and in harmony with Kapha for the concordant functioning of Asthi-Sandhis. The Aetiology and Pathogenesis (Nidana-Samprapti) of Amavata is laid down by Madavakara in 25th chapter of Madhava Nidana [4], the treatment line is exclusively mentioned by Chakrapani Acharya in the Amavataadhikara of Chakradutta [5]. The step by step treatment approach enlisted by Chakrapani Acharya explains first Amapachana should be entertained, then the pachanavyavastha of Agni should be restored and then deranged Vata should be pacified.

Langhana

Langhana chikitsa is one among the dvididhaupakrama, one among the shadvidhaupakrama and prime most important line of treatment of Amavata. It can be shodhanarupilanghana and shaman rupilanghana. The 10 fold langhana types mentioned by Charaka [6] can be incorporated into these as in the chatushprakarosamshuddhi (vamana, virechana, niruhabasti and nasya) can be classified in shodhanarupilanghana and last six types namely pachana, upavasa, maruta, atapa, pipasa and vyayama can be classified into shaman rupilanghana. Further in Ashtangahrdaya sutrasthana Vagbhata elaborates [7] *tatraalpelanghan ampatyammadhye langhana pachanam prabhu te*

shodhanam tadhimulanunmulayetmalan|| w.r.t degree of vitiation of tridosha. Langhana is the first line of treatment in Rasa pradoshajavyadhis[8]. Langhanain the form of upavasa is to be understood as controlled fasting and not complete starvation that is giving proper time for the body to restore the jatharagni and enhancing its function with the help of drugs and diets having pachana(digestive) and dipana (carminative) properties. Since the functioning of agni is compromised , it can be brought back to normal by first digesting the undigested ama , hence upavasa along with use of medicines having laghuguna and langhana property can bring about the pachana of ama and correct the mandagni. Hence laja which satisfies the above said property is used in the form of manda to study the amapachana effect and bringing about langhanain the patient of amavata.

LAJA:

Fried rice grains or parched rice is called as laja.[9]*Brishtanamshalinamtandula: laja:*|| Laja is obtained by roasting undried and unhusked paddy. In other words Husked rice grains that burst open when fried are called laja. It is prepared by frying the unhusked paddy at a high temperature in an iron or mud pan. On stirring, rice begins to crackle and swell. Then the content of the pan are removed and sieved to separate the parched rice from other impurities. Parboiled rice is used for making grayish to brilliant white colour parched rice and sold either salted or unsalted.

Its vernacular names

English: Parched Rice,
Malayalam: Malar,
Kannada: Bathatharalu
Tamil: Nelpori



FIG.1 LAJA(PARCHED RICE)

PROPERTIES OF LAJA[10]

*Laja: syuscharadyatisaramehameda:kaphaschidha:|
Kasapittopashamanadeepanalaghavohita||
Laja:syu:madhura:sheeta:laghavodeepanashchathe|
Swalpamutraalparukshabalya:pittakaphaschidha||
Charadyatisaradahaasramehameda: trishapaha| (Bhojanakuthuhalam)*

AS PER NIGHANTUS

*Lajaschayavadhanaschatarpana:pittanashana: |
Godhumayavanaalotha:kinchitushnaschadeepana: ||*

It is of madhura rasa, sheeta, laghuguna, alparuksha, It mitigates vomiting, diarrhoea, meha, obesity, cough, vitiated kapha and pitta, stimulate digestive fire, light to digest, increases appetite, reduces urine output, imparts strength.

As per nighantus, the laja of rice and barley nourish dhatus and alleviate pitta, whereas the laja of wheat and fried yavanala (great millet) are slightly hot and impart appetite.

PROPERTIES OF MANDA[11]

*Mandasthudeepayathyagnimvatamchaapyanulomayet||
Mrdukarotisrotamsisvedamsamjanayatyapi |
Langithanamviriktanamjeernesnehe cha trushyatham||
Deepanatvathlaghutvath cha manda: syatpranadharana:|(charaka)*

It enhances agni, vatanulomaka, softens srotas (body channels), induce sweat. manda is advisable to patients undergone virechana, langhana and those afflicted by thirst due to indigestion of sneha owing to its laghu and pachana property.

MATERIAL AND METHODS

PATIENT INFORMATION

A 50 year old female patient hailing from Gundashettyhalli village of Hassan district of Karnataka visited Panchakarma Opd of SDMCAH Hassan . She c/o pain and swelling over B/l Knee joints and Ankle joints , Pain over neck and B/l shoulder joints since 1 year . General body weakness with local raised temperature over multiple joints and unable to walk since 1 week. It was associated with Morning stiffness in multiple joints, disturbed sleep and loss of appetite. She was a known case of diabetes mellitus since 1 month. She had a history of *Virudhaaharasevana* {daily consumption of curd especially at night, more of curd rice, masha (dosa, idli, vada), mamsa, sweets, bakery items}, *Akalabhajana* (untimely and delayed consumption of food), *bhuktavatohyannam vyayamam kurvathastatha* (working in field after taking heavy meals) for the past 30 years. There was no significant past medical history or no positive Family history.

PERSONAL HISTORY

Occupation: Agriculture worker

Bad Habits: nil

O/E

• Temperature: febrile 100.2°F (Axial), ☐ Pulse: 76bpm (regular, full volume), ☐ RR: 24cpm, ☐ BP: 140/90mmHg (sitting)

Blood reports suggests Hb: 10.4g%, ESR: 98, RA: positive

• Nadi (pulse) = 76/min. • Mala = vit bandha • Mutra = bahumutrata. • Jihwa = lipta. • Agni = jataragnimandya • Shabda = prakrita • sparsha = Febrile, dry skin • Druk = prakrita. • Akrti = krusha. • Bala = avara.

TABLE NO.1 AFFECTED JOINTS EXAMINATION

0	WARMTH	SWELLING	TENDERNESS	CREPITUS	ROM
KNEE (RIGHT)	Present	Present	Present grade1	Present	All movements painful and partially restricted
(LEFT)	Present	Present	Present grade 1	Present	All movements painful and partially restricted
ANKLE (RIGHT)	Present	Present	Present Grade 1	Present	All movements painful and partially restricted
(LEFT)	Present	Present	Present Grade 1	Present	All movements painful and partially restricted
SHOULDER (RIGHT)	Present	Absent	Present Grade 1	Absent	All movements painful and partially restricted
(LEFT)	Present	Absent	Present Grade 1	Absent	All movements painful and partially restricted

SAMPRAPTI GHATAKA

- Dosha : Vata : Vyana And Samana
Pitta: Pachaka
Kapha: Kledaka And Sleshaka
- Dushya : Rasa , Asthi, Majja, Sandhi, Snayu, Purisha, Mutra
- Srotas : Rasavaha , Asthivaha, Majjavaha, Purishavaha, Mutravaha
- Srotodushti : Sanga And Vimargagamana
- Ama : Agnidushtijanya
- Agni : JataragniMandya ,
Dhatwagni Mandhya.
- Udbhava Sthana : Amashaya ,
- Sanchara Sthana : SarvaShareera
- Vyakta Sthana : Sleshma Sthana Mainly Sandhi
- Adhishtana : Sleshma Sthana- Sandhi
- RogaMarga : Madhyama

TABLE NO.2 :TREATMENT PLAN

Date	Day	Treatment	Observations
6/1/2021	Day1	1.Sarvanga Udwartana 2.Sarvanga Parisheka With DashamoolaKwatha 3.Niruha Basti: ChurnaBasti AnuvasavaBasti :BrihatSaindhavadiTaila In Modified Kala Basti Schedule 4.Valuka SvedaAt Night 5.Chitrakadi Vati 2tid B/F 6.M.N.J Rasa 2bd A/F Diet Given : Morning :Laja Manda Afternoon :AshtaGuna Manda Night : Shuddha Manda	Condition Unchanged Patient Feeling Fatigued And Exhausted. Temp.100.2°F BP : 140/90mmhg Appetite : Reduced Sleep : Disturbed Bowel : Altered, Constipated Micturition: 5/Day 3/Night
7/1/2021	Day 02	Repeat All Diet : Same As Above	No Remarkable Changes Temp: 99.9°F Temperature Slightly Reduced
8/1/2021	Day 03	Repeat All Diet As Above	Temp 97.3°F Bowel : 1/Day, Normal Consistency Appetite : Reduced Sleep : Disturbed Micturition: 3/Day, 1/Night
9/1/2021	Day 04	SadyoVirechanaWithAvipattikaraChoorna 40g Along With Hot Water In Empty Stomach (Administered At 9 Am) Diet : Advised Laja Manda Once The Motion Stops And Feels Hungry	1 st Vega : 9:15 Am Vega Pravrutti : 18 Times KsutPravrutti : 2:30pm C/O Heaviness Over B/L Knee Joints
10/1/21	Day 05	1.Sarvanga UdwartanaF/B 2.Sarvanga ParishekaWith Dashamoola Kashaya 3. ChoornaBastiAs Per Modified Kala Basti Schedule 4.Sarvanga ValukaSvedaAt Night 5. Jaloukavacharana Over B/L Knee And B/L Ankle No. Of Jalouka Used =4 6. ChitrakadiVati 2tid B/F 7. M.N.J Rasa 2bd A/F Diet As Above	Swelling Over Knee And Ankle Joints Decreased Appetite : Improved Sleep : Disturbed Bowel : 1/Day Micturition : 3/Day 1/Night
11/1/21	Day 06	Repeat 1-4 5. SiravedhaTo B/L Lower Limbs On Alternate Days Repeat 6 And 7 Diet As Above	Swelling Fully Subsided Feeling Of Lightness Of The Body And Increased Appetite C/O Increased Pain Over Knee Joints Especially During Flexion
12/1/21	Day 07	Repeat 1 To 3 Stop ValukaSveda 4. SiravedhaTo Alternate Leg Repeat 6 And 7 Diet As Per Above	Bowel : Unaltered Appetite: Increased Sleep : Disturbed Micturition : 3/ Day C/O Increased Pain Over Knee Joint Esp At Night And During Walking
13/1/21	Day 08	1.Sarvanga AbyangaWithMahavishagarbaTaila F/B 2. SarvangaJambeeraPindaSveda Day 01 3. ChoornaBastiAs Per Schedule Diet Modified 7am Laja Manda 50ml 8:30 Am MudgaYusha 1:00 Pm Yava Roti 2 + Palya 4:30 Pm Laja Manda 50ml 8:30pm Khichdi	Patient Feeling Lively And Active Appetite Improved Sleep Improved (7hrs Undisturbed) No Pain While Walking No Fresh Complaints

14/1/21	Day 09	1.Sarvanga Abyanga With MahavishaGarbaTaila F/B 2.SarvangaJPS Day 02 3. ChoornaBastiAs Per Schedule Diet As Per Advice	No Fresh Complaints
15/1/21	Day 10	1. SarvangaAbyangaWithMahaVishaGarbaTaila F/B 2. SarvangaJPS Day 03 3. ChoornaBastiAs Per Schedule Diet As Per Advice	Patient Discharged

LAJA MANDA PREPARATION

The diet given in three instances were different types of manda prepared out of laja. Acharya Sarangadhara in his madhyamakhandha has explained different types of pathyakalpanas out of which manda stands out to be unique owing to its properties.

LAJA MANDA [12]

Lajairvatandulairbhrshtairlajamanda: prakeertitha: ||

Sleshmapittaharograhhipipasajwarajinmatha: ||

Lajamandoagnijanahamamoorchanivarana||

Mandagnivishamagninambalasthavirayoshitam/

Deyaschasukumaranamlajamanda: susamskrta: /

1 part of laja(parched rice) and 14 parts of water are boiled together.The supernatant fluid (without grains) emerging thereby is called manda.

It is kapha pitta hara, grahi , relieves thirst and fever, Apart from these its indicated in mandagni and vishamagni, for bala, stri,vriddha and sukumarapurusha.[13]

SHUDHA MANDA[14]

Neerechaturdashagunesidhomandasthuasiktaka: /

Shuntisaindhavasamyukta: pachanodeepanosmrita: ||

Lajamanda prepared as above is mixed with shunti and saindhava (quantity sufficient). This preparation is a good pachana (digestive) and deepana (carminative)dravya.

TABLENO.3 SHUDHAMANDA CONTENTS

Laja	Parched rice	30g
Water		420ml (14parts)
Shunti	<i>Zingiber officinalis</i> Zingiberaceae	QS
Saindhava	Rock salt	QS

ASHTAGUNAMANDA[15]

Dhanyatrikatusindhuthamudgatandulayojitha: /

Bhrshtaschahingutailabhyamsamandoashtaguna: smrta||

Deepana: pranadhobastishodhanoraktavardhana: /

Jwarajitsarvadoshagnomandoashtagunauchyate ||

The above lajamanda prepared with dhanya, trikatu, saindhava,mudga and added with fried hingu. It is Carminative , restorative, clears urinary bladder, improves blood, relieves fever and pacifies all three doshas.

TABLE NO.4 ASHTAGUNAMANDA CONTENTS

Dhanya	<i>Coriandrum sativum</i>	QS
Shunti	<i>Zingiber officinalis</i>	QS
Maricha	<i>Piper nigrum</i>	QS
Pippali	<i>Piper longum</i>	QS
Saindhava	Rock salt	QS
Mugda	Vignaradiate	QS
Hingu	<i>Ferula asafoetida</i>	QS
Laja	Parched rice	30g
Water		420ml

DISCUSSION

The symptoms of Rheumatoid Arthritis comes and goes depending upon the degree of tissue inflammation. When the body tissues are inflamed, the disease is active and when the body tissue inflammation subsides, the disease is inactive (in remission). When the disease becomes active again (relapse), symptoms return. The return of disease activity and symptoms is called a flare. The periods of flares and remissions are typical in the course of the disease.

Amavata is a common debilitating disease by virtue of its chronicity. It comes and goes depending upon the degree of ama which is adhered to dhatu and koshta that in turn provokes vata causing srotorodha and tiryakgati of vitiated doshas. The patient presented with increased temperature, loss of appetite, fatigue and heaviness which is clearly mentioned as amavatalakshanas by madhavakaraas **angamardoaruchisthrshnaalasyamgouravojwara:**

apakoshoonathaanganaamamavatasyalakshanam||^[16]

Since the patient clearly shows the presence of koshtagata and dhatugataama, langhana with amapachana diet and drugs is the first and foremost line of treatment choosed. Manda having laghu, deepana and bastishodhana property and lajaowing to its properties like *stimulate digestive fire, light to digest, increases appetite, reduces urine output, imparts strength and nourish dhatusis* used for amapachana and correct the mandagni. Once the koshtagataama was addressed it was observed that the peripheral temperature reduced and the pachaka pitta was driven back to its seat. Shuddhamanda and ashtaganamanda was processed with amapachana and agni deepana drugs with the same vision.

Bahir parimarjanachikitsas like udwartana, Kashaya parisheka and valukasveda was carried out to the whole body in view of their rookshana, langhana property, kledamedoshoshana and amasamsthambana property. Choornabasti was given in a modified kalabasti schedule which comprises of Dhanyamla 200ml, Rasnasaptakam kashayam 200ml and Vaiswanarachoorna 50g. Anuvasanabasti was given with Brihatsaindhavaditaila 80ml which is processed with usna, teeksa and ruksha drugs which also will take care of dhatugataama and improves jatharagni. Sadyovirechana (rookshavirechana) was given as a measure of koshtashodhana and vata anulomana.

Once the koshtagataama was treated it was found that the patient had remarkable changes like feeling lightness, improved appetite, proper bowel evacuation and reduced swelling over the joints. The disturbed sleep and appearance of pain over knee joints and shoulder is indicative of vataprakopa due to increased rookshaguna and niramalakshanas being attained. henceforth udwartana was changed to sarvangaabyanga with rooksha, usnataila like mahavishagarbataila and jambeerapindasveda which reduce stiffness and pain due to the amlaguna of jambeera. Valukasveda was stopped and diet was further modified owing to the increased appetite and making sure no apathyas are involved. At the time of discharge patient was fully active and pleasant. Once the nidanaparivarjana is not followed there are high chances of recurrence of the disease. so the patient was advised to follow all pathyas and avoid apathyas as far as possible.

CONCLUSION

Amavata is thus a comorbid disease condition which is the offspring of odd lifestyle modifications and incompatible food habits. Hence the first initiative should be to discourage these apathyas so as to avoid the impregnation of the disease pathology. Since Vitalpata and Bahumutrata are the main salient features of amavata along with aruchi and agnimandya, lajamanda having actions like reducing urine output, increasing appetite, stimulating digestion, bastishodhana can be effectively practised as the initial langhana therapy alone or along with other bahirparimarjana chikitsas. The study should be undertaken in larger samples of amavata to yield better outcome.

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