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Role of *Vaitarana Basti* in the Management of *Amavata* w.s.r. to Rheumatoid Arthritis – A Case Study

Jyoti Kaushik,¹ Ajay Kumar,² Pratima Yadav³

- 1. MD Scholar, Dept. Of Panchakarma Government PG Ayurveda College & Hospital, Varanasi
- 2. Assistant Professor, Dept. of Kayachikitsa & Panchakarma Government PG Ayurveda College & Hospital, Varanasi
- 3. MD Scholar, Dept. of Panchakarma Government PG Ayurveda College & Hospital, Varanasi

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Corresponding author-

Dr. Jyoti Kaushik MD Scholar, Dept. Of Panchakarma Government PG Ayurveda College & Hospital, Varanasi Mob-9991709069

Email- drkaushikjyoti@gmail.com

ABSTRACT:

Musculoskeletal problems are a rapidly increasing issue for adult population. It not only affects the human's body movement but also quality of lifetime of a well-being. Aamvata is disease of Ama and vata where vitiation of vata with accumulation of Ama is main pathogenesis. In modern science Aamvata is much similar to Rheumatoid Arthritis due to similarity of some signs and symptoms. Ayurveda is taken into account because the science which not only cure the disease but also stop the reoccurrence of disease. Ayurveda has become the most effective measure for treatment of Amavata as the other system don't have any complete cure for this disease. In the present study a 17-year-old boy having complaint of bilateral Knee Joint pain, bilateral fingers joint pain, left elbow pain, left shoulder pain, anorexia, malaise, morning stiffness and difficulty in walking for 6 months. Patient having RA factor positive. Vaitarana basti with nearly vata shamana aushadhi is given to patients. He got relief in pain and stiffness within 5 days of basti and within 16 days he got marked improvement in symptoms. As earlier said Amavata is because of accumulation of Ama and vitiation of vata in our body and also said by Acharya Charak, basti is best treatment for vata dosha. So, here basti is suggested to patient.

KEYWORDS:-

Aamvata, Vaitarana Basti, Rheumatoid Arthritis, Panchakarma

INTRODUCTION

Rheumatoid arthritis (RA) is an autoimmune and inflammatory disease in which your immune system mistakenly assaults healthy cells in your body, resulting in inflammation (painful swelling) in the affected areas¹. Approximately 1.71 billion people have musculoskeletal disorders worldwide. It is extremely dangerous disease as seen about 40% of RA patient registered get disabled

within 3 years, around 80% are moderately to severely disabled within 20 years and 25% will require a large joint replacement². Aamvata is additionally one in every of them. It is common in females as compared to males with ratio of 3:1. RA primarily affects the joints, which are frequently attacked at the same time. Approximately 1.71 billion people have musculoskeletal disorders worldwide. Aamvata is additionally one in every of them. It is common



in females as compared to males with ratio of 3:1. The hands, wrists, and knees are the most common joints affected by RA³. The lining of a joint affected by RA becomes inflammatory, causing joint tissue destruction. Long-term or chronic pain, unsteadiness (loss of balance), and deformity can all result from tissue injury (misshapenness)⁴. The most frequent type of autoimmune arthritis is rheumatoid arthritis (RA). It is caused by a malfunction of the immunological system (the body's defensive mechanism). The wrist and tiny joints of the hand and feet become swollen and painful as a result of RA⁵. Joint discomfort and inflammation can be reduced with RA treatments. Joint injury is also avoided with treatment. Early therapy will result in greater long-term results.

Amavata is first described by Madhav Nidana⁶. Aacharya Chakradutta describe chikitsa siddhant of Amavata. Accumulated ama and vitiated vata dosha enters in kostha, trik pradesh and sarva sandhi leads to stiffness and pain is the main pathogenesis of Amavata⁷. In many cases of Amavata, where pain and stiffness in neck region occurs, Greeva basti helps to control the symptoms⁸. In modern science there is not any specific treatment for Amavata except steroids and pain killers. In samhitas pain of Amavata is compared with "Vrischik dansh vata vedana" because of severity of pain during this disease. In Amavata movement of patient is restricted because of swelling and inflammation of joints. So, some deepana pachan aushadhi, Langhan and Basti is suggested to patient for removal of ama dosha⁹.

Also, *basti* acts on *vata dosha* and some *vatahara aushadhi* is advised to removal of vitiated *vata dosha*.

Patient information: -

A 17-Year-old male patient came to OPD complain of

- Ubhaya jannu shoola (bilateral knee joint pain)
- Ubhaya parvasandhi shoola (bilateral fingers joint pain)
- Left kurpar sandhi shoola (left elbow joint pain)
- Left ansha sandhi shoola (left shoulder joint pain)
- Aruchi (anorexia)
- Angamard (malaise)
- Difficulty in walking due to stiffness and severe pain
- Morning stiffness

Patient have above complained for 6 months.

History of present illness: -

According to the patient he was alright before 6 months but suddenly onset of bilateral knee joint pain starts first which increases day by day and involves other joint of body like bilateral fingers joint pain, left elbow pain, left shoulder pain with stiffness in all involved joints. His gait also disturbed day by day due to severe pain and stiffness. Patient take modern treatment also but got no any satisfactory result so, he came to our OPD for Ayurvedic treatment.

History of past illness: -

- 1. Patient haven't any history of DM/HTN/Thyroid disease/any major surgery.
- 2. History of fever before 2 months relieved by conservative treatment.

Personal history: -

- Occupation Student
- Appetite Decreased
- Addiction No any addiction
- Allergy No history of any food or drug allergy
- Gait Disturbed

Asthavidh pariksha: -

- Nadi (pulse)- 74/min
- Mala (stool)- vibandha (constipated)
- Mutra (urine)- prakrut (natural)
- Jihwah (tongue)- sama (coated)
- Shabda (voice)- prakrut (natural)
- *Drik* (eyes)- *prakrut* (normal)
- Akriti (built)- krish (lean and thin)

Dashavidha pariksha: -

- *Prakriti* (constitution)- lean body (*vata pradhan pitta anubandh*)
- Vikruti (morbidities)- dosha (vata pradhan tridosha), dooshya (rasa,meda,asthi)
- Satwa (phychic condition)- avara
- Sara (excellence of tissue elements)- asthi sara
- Samhanana (compactness of organs)- madhyam
- Pramana (measurement of organs)- madhyam
- Satmya (homologation)- sarva rasa
- Aharasakti (power of intake and digestion of food)- avara (have decreased appetite)
- Vyayamsakti (power of performing exercise)- avara
- Vaya (age)- 17 year

Clinical findings: -

In physical examination

• Tenderness and pain in B/L knee joint, B/L fingers joint, left elbow joint and left shoulder joint

- Early morning stiffness present in whole joint involved for 30 minutes.
- Fatigue felt whole day

Lab investigations

- i. RA Factor- positive,
- ii. CRP Positive,
- iii. Serum uric acid- within normal range

MATERIAL AND METHODS: -

In this case *Vaitarana basti* (Table-1) as *shodhana* is given for 16 days along with *Vatahara aushadhi* as *shamana* yoga(Table-2).

Methods of preparation of vaitarana basti: -

This is prepared as per the classical method of preparation of *Niruhana Basti*.

- Step 1 Initially 24gm (1 Shukti) of Jaggery (Guda) was mixed uniformly with 12 gm (1 Karsha) of Saindhava Lavana
- Step 2 48 gm (1 Pala) of *Chincha Kalka* was taken and added to above mixture.
- Step 3 Saindhavadi Taila was added till the mixture become homogeneous.
- Step 4 Gomutra 192 ml (1 *Kudava*) was added slowly and mixing continued so on have uniform *Basti* Dravya.
- Step 5 *Basti* Dravya was filtered and made lukewarm by keeping it into hot water.

Time of administration: -

It is a *Niruhana Basti* that can be given after meal as per Chakrapanidatt.

Method of administration of basti10: -

- Patient having symptoms of proper digestion and not having very much hunger after performing Abhyanga and Vashpa Sweda should be brought to Basti room.
- Then advise the patient to lie in the left lateral position on the *basti* table, keeping his left hand below the head as a pillow, extend the left leg completely and flex the right leg at the knee joint, keeping on the left leg by flexing the hip joint.
- Then *Sukhoshna Sneha* is to be applied in the anal region and on the *Basti netra*.
- Introduce the *Bastinetra* slowly in the direction of the vertebral column up to 1/4th part of the *Netra* and press the *basti Putaka* gradually with the uniform pressure.

• Then advised the patient to lie down in the supine position till he gets the urge for defecation.

Assessment criteria: -

Aacharya Charak said that in Amavata characteristics features are Aruci, Asyavairasyata, Gaurava, Angamarda, Jvara, Srotorodha(Sotha), Krisangata, Agnimandya etc. So, according to these features the sign and symptoms present in this case are taken as assessment criteria (Table-3). Detailed clinical observation were done before and after treatment for assessment of result obtained.

OBSERVATION AND RESULT: -

Patient got relief in pain and swelling within 5 days of treatment and after 16 days of *Vaitarana basti* marked improvement is seen in sign and symptoms of the patient. (Table-4,5,6)

DISCUSSION

Amavata occur due to vitiation of vata dosha and accumulation of Ama in our body. Vriuddh aahar and vihara sevana leads to agnimandhya in our body. Aacharya Charaka said that agnimandhya is the main cause of every disease11. This agnimandhya leads to Ama dosha accumulation in our body. Ama dosha and aggravated vata goes to kapha sthana like sandhi, aamashya, hridya etc. leads to sarvadehik symptoms like goravata, daurbalya, swelling, stiffness and pain in whole joints especially smaller joints¹². So,in that case improving jatharagni and removal of Ama from body is the main aim of treatment¹³. We gave some vatahara aushadhi to contol vitiated vata and also some deepana pachana aushadhi to remove Ama dosha. Basti also a good procedure for vitiated vata as said by Aacharya Charaka plays an important role in removal of vitiated vata and Ama dosha14.

Vaitarana basti by their laghu(lightness), ruksha(dryness), ushna(hotness), and tikshna(sharpness) guna reaches to pakwasaya which is the main seat of vata dosha and destroys vata dosha¹⁵. From their it reaches to whole body and destroy the doshas accumulated in the whole body. Sneha dravya present in basti by its sukshma(subtle) guna enters into sukhsma srotas to reach the grahani. Here, it acts on samana vayu, which lies in the near the seat of the jatharagni leads to ignition of jatharagni. So,Vaitarana basti performs the function of Apana anulomana and hence increases the jatharagni which are the main cause of Amavat¹⁶.

Aamvatari Rasa has been cited for treating Amavata in

Bhaishajya Ratanawli. This medicine contains Shuddha Parada, Shuddha Gandhaka, Triphala, Chitrakmoola and Guggula. It has anti-inflammatory effects and it also abolish the tingling sensations which occurs as a result of vata prakopa thus help in breakdown of Pathogenesis of Amavata.

Sanjeevani Vati contains Vayvidang, Pippali, Patha, triphala, Vacha, Giloya, Shuddha Bhilava, Shuddha Vatsanabha. It helps in digestion of Ama and breaks the cycle of Ama Sanchaya. It also acts by removing or eliminating the accumulated Ama Dosha through urine and sweat. Vatsanabha having property of Ushna(hotness), Swedana(sweating), Mutral(diuretic) properties help in proper digestion of Ama thus help in breakdown of Pathogenesis of Amavata.

Tribhuvan Kirti Rasa contains Shuddha Hingula, Shuddha Vatsanabha, Sotha, Pippali, Kali Mirch, Suhaga and Pippalimoola. These all drugs are ushna virva and having deepana pachana properties and are vata kapha nashaka so help in digestion of Ama dosha, ignition of jatharaagni and regulation of vitiated vata dosha thus help in breakdown of Pathogenesis of Amavata. Godanti Bhasma acts on tridosha specially Pitta dosha help in ignition of jatharaagni and malaise occur in Amavata. It also improves muscle strength and immunity. Shuddha Kupilu is used as brillant drug after purification. Seeds of this herb are aphrodisiac, appetizers, digestive, purgative and stimulant in nature. This helps in balance of *vata* and *kapha* dosha, improve taste and also improve digestive strength by ignition of jatharaagni and eliminates ama sanchaya by its ushna virya and kapha nashka property thus help in breakdown of Pathogenesis of Amavata. Swarna Makshik **Bhasma** is an updhatu of *loha dhatu*, but it does not contain kathor, ushna and triva guna of loha dhatu.Instead it is tikta, vrashya, rasayana and yogavahi, shita in virya and madhur in vipaka. Due to its guna it enters in the minute srotas and eliminates the accumulated Ama from the body. Ajmodadi Churna contains ajamoda, vacha, kutha, amalvetas, saindha namak, sajjkshar etc. All medicines have ushna virya and having deepana pachana properties help in ignition of jatharagni and elimination of ama sanchaya in whole body. Also help in removal of vitiated vata dosha thus help in breakdown of pathogenesis of Amavata.

Aarogyavardhni Vati contains parada, gandhaka, loha bhasma, abharak, tamra bhasma, shilajeeta, guggulu, chitakmoola, triphla and kutki. Its major role is srotoshodhak by which it helps in eliminating excess Ama in Amavata. It is best deepana pachana also. Hence by its

ultimate role on srotas, it has best role to play in Amavata by breaking its pathogenesis at the foremost step i.e., agnimandhya and srotoavarana. Yograj Guggulu is well known drug for *vata vikara*. Major content of this drug is guggulu and triphala. Guggulu has vatahara, shodhak, saraka, rochaka and poshtik guna. so, by its gunas it eliminates the vata dosha, eliminates the accumulated Ama and ignites the *jatharagni*, hence assist in breaking down the pathogenesis of Amavata. The action of triphala is to lessen the ushna and ugara guna of guggulu and to enhance its roganik guna. Dashmool Kwath contains panchang of choti and badi kateri, shalparni and prishnaparni panchang, bilwa, gambhari, sonapatha, arni and gokshura. This drug mainly act in vata and vata-kapha disease. It is anti-inflammatory as its content dashmoola is shothhar in properties. It is basically used as anupana in vata vikara. Triphala Churna It contains harada, baheda and amla. It is mridu virechak and hence eliminates the excess Ama which has accumulated in Amavata. It also ignites our jatharagni which is the initial management of Amavata, because agnimandhya leads to Amaaccumulation and hence deposit of this Ama in sandhi of Amavata patients.

CONCLUSION

Ayurveda is considered as the science which not only cure the disease but also lessens the reoccurence of any disease. *Shodhan chikitsa* in ayurveda is considered as the process of detoxification not only physical and chemical toxic material eliminated but also make this toxic material to useful biochemical form which is easily absorb by the body. In this case vitiated vata dosha and accumulated *Ama* dosha in Amavata is expelled outside by help of *Vaitarana basti* and *vatahara aushadhi* with marked improvement is seen. This single case study give a belief that ayurveda can be the best treatment for chronic disease.

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17.

Table.1- Contents of Vaitarana Basti

S.No	Name	Quantity
1	Saindhav Lavan	1 Karsha (12gm)
2	Guda (Jaggery)	1 Shukti (24gm)
3	Chincha (Tamarindus)	1 Pala (48gm)
4	Gomutra (Cow's Urine)	1 Kudava (192ml)
5	Saindhavadi Tail	50 ml

Table.2- Drugs used in Shamana Aushadhi

S.No	Dravya	Dose	Duration
1	Aamvatari Rasa	250 mg	3 times a day
2	Sanjeevani Vati	250 mg	3 times a day
3	Tribhuvan Kirti Rasa	125 mg	3 times a day
4	Godanti Bhasma	500 mg	3 times a day
5	Shuddha Kpilu	60 mg	3 times a day
6	Swarna Makshik Bhasma	60 mg	3 times a day
7	Ajmodadi Churna	2 gm	3 times a day
8	Aarogyavardhni Vati	2 BD	Twice a day
9	Yograj Guggulu	2 BD	Twice a day
10	Dashmool Kwath	50 ml	Twice a day
11	Triphala Churna	3 gm	Twice a day

Table.3- Grading of Assessment criteria

Particulars	Grading			
Sandhishoola (Pain)				
No Pain	0			
Mild Pain	1			
Moderate Pain, but no difficulty in moving	2			
Severe Pain in moving body Part	3			
Sandhi stabdhta (Stiffness of Joints)	•			
 Free movement of joints 	0			
Mild restriction of Movement	1			
Moderate restriction of Movement	2			
Severe restriction of Movement	3			
Sandhi Shoth (Swelling of Joints)				
No Swelling	0			
Mild Swelling	1			
Moderate Swelling	2			
Severe Swelling	3			

Table.4- Assessment of Pain

Name of Joint	Left		Right	
	Before	After	Before	After
Knee Joint	3	1	3	1
Elbow Joint	2	0	-	-
Shoulder Joint	2	0	-	-
Phalangeal Joint	3	1	3	1

Table.5- Assessment of stiffness of Joint

Name of Joint	Left		Right	
	Before	After	Before	After
Knee Joint	3	1	3	1
Elbow Joint	1	0	-	-
Shoulder Joint	1	0	-	-
Phalangeal Joint	2	0	2	0

Table.6- Assessment of swelling of Joints

Name of Joint	Left		Right	
	Before	After	Before	After
Knee Joint	2	0	2	1
Elbow Joint	-	-	-	-
Shoulder Joint	1	0	-	-
Phalangeal Joint	1	0	1	0