

A COMPARATIVE STUDY TO EVALUATE THE EFFECT OF VAISHWANARA CHURNA BASTI AS STANDARD AND CLASSICAL METHOD OF PREPARATION AND ADMINISTRATION IN AMAVATA W.S.R TO RHEUMATOID ARTHRITIS

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ABSTRACT

Ayurveda – the Indian System of Medicine – have very unique methodologies for treatment of diseases. *Basti Karma*, is explained as half of treatment, it is one among the *Panchakarama*, it is a *Pradhana Karma*. It is one among the major treatments of *Vata Dosha*. *Āmavāta* is initially linked to the gut. Who have lower digestive ability and do not indulge in physical exercise, this condition is favour to the factor for producing the *Ama*. And this *Ama* is responsible to vitiate the *Vata Dosha*. *Vata* mixed with *Ama* get aggravated and get seated in the *Trika Sandhi* (Sacroiliac joint or Cervical to shoulder joint). Then these two (*Ama* and *Vata*) make the body rigid. here, joints and soft tissues are affected by *Ama*, which is produced in the gut due to weekend *Agni*, taken food are not dissimilated and disturbed *Dosha* equilibrium, resulting in inflammatory and obstructive processes. *Vishama Agni* of *Vata Prakriti* person and *Manda Agni* of *Kapha Prakriti* person are more prone for production of *Ama*. In general people with *Vata Prakriti* are more prone to develop joint disease with severe pain. Recent investigations suggest inflammatory and oxidative stress pathway genes have provided evidence that the development of rheumatoid arthritis and severity was most pronounced in *Vata Prakriti* group of people.

Present trial is a comparative clinical study carried out on 40 diagnosed patients of *Amavata* who were randomly divided into two groups. GROUP A (*Vaishwanara Churna Basti* as Standard Method) and GROUP B (*Vaishwanara Churna Basti* as Classical Method). *Sandhishoola* (Pain in joints), *Sandhishotha* (Swelling in joints), *Sandhigraha* (Stiffness in joints), and *Sparshasahatva* (Tenderness) were considered the subjective parameters and *Angamarda* (Bodyache), *Aruchi* (Tastelessness), *Trishna* (Polydypsia), *Aalasya* (Malaise), *Gaurava* (Feeling of heaviness), *Apaka* (Indigestion) and *Jwara* (Fever) were taken as objective parameters. Both the groups showed highly significant results in all the parameters

Key words: *Basti Karma, Amavata, Vaishwanara Churna Basti.*

INTRODUCTION

Our body is the outcome of food. Even so, disease is the outcome of food. The distinction between ease and disease arises on account of wholesome nutrition or the lack of it respectively.¹ Food is the factor which sustains and supports the *Dehadhatus*, *Ojas*, *Bala* and complexion among others. This food depends upon *Agni* to contribute to the nourishment of the body. It is obvious that the body-elements or *Sharir Dhatus* cannot be nourished and developed when food is not properly digested by *Agni*.² The *Samprapti* of almost all the diseases begins with the *Agnimandya* “*Rogah sarve api mandagnau*”. Bad dietary habits and sedentary lifestyles affect *Agni*. *Agnimandya* leads to formation of *Ama*. *Ama* is indigested *Aadya Rasa Dhatu*.³ This *Ama* produces various *Amaprodoshaja Vikara*. Among these, *Amavata* is most challenging for physician. In *Amavata* *Ama* gets lodged in *Kapha Sthanas* with the help of vitiated *Vyana Vayu*. Thus *Prakupita Ama* and *Vata* both lodged in *Kostha*, *Trika* and *Sandhi* produce *Shotha*, *Shoola* and *Stabdhatta*. The similarities of clinical features, like pain and swelling in multiple joints, stiffness in the joints, fever, redness in the joints, general debility are almost identical to that of *Amavata*. Due to their similar mode of presentation, a disease, rheumatoid arthritis can be broadly grouped under the heading.

From the modern point of view, this disease looks similar to rheumatological disorders called Rheumatoid Arthritis. It is the second most common type of arthritis and first among inflammatory diseases. It is characterized by inflammation of synovial membrane of the joints. It is a systemic disease. The R.A. exists all over the world & affects women more than men of all races. In India, the prevalence of R.A. is 0.75%.⁴ The aetiology of R.A. is still unknown but most theories today either advocate an autoimmune mechanism or an infectious agent which is indirectly caused by erroneous life style. Onset is in the fourth and fifth decades of life. It is a chronic inflammatory disease in which patient gets difficulty in day to day activity. International Association for the study of pains has defined pain as “Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.”⁵ Thus, Pain is an agonizing symptom experienced by human beings which is many a time inducing distress. It is a major symptom and can interfere with a person’s quality of life, one’s job, general functioning, relationships and ultimately independence. Pain that goes untreated for a long period can alter one’s mood and wellbeing. *Amavata* is one such disease where in, our *Aacharya Madhav* categorized the pain as *Vrischika Damshavata Vedana*.⁶ R.A. is a chronic condition involving loss of mobility and enduring pain of the joints with some swelling of synovial joints. Rheumatoid arthritis is painful condition in which pain may persist for years. These lead to difficulty in routine work and make the person crippled and unfit for an independent life.

So relieving pain is the first step of treatment along with principle of treatment according to *Ayurveda*. It is a challenging and burning disease for the physicians and medical field. There are many medications for rheumatoid arthritis, but painful flare-ups are still a fact of life. Simple pain medications are useful in 20 to 70 % cases. Despite significant advances in treatment over the past decades RA continues to be an incurable disease. Modern management includes analgesics, NSAIDS, immunomodulator drugs and surgical treatment. These drugs have adverse effects on GI tract, Renal and Cardiovascular system. They also have negative impact on immune system and gives only temporary relief. Day to day patients get habitual to NSAIDS. So here *Ayurveda* especially *Panchkarma* plays good role as a safe and effective management.

Ayurveda has taken the foremost place in the management of crippling diseases. In *Ayurveda* the treatment is divided into two parts, 1). *Shodhana* and 2) *Shamana*. *Sodhana* are those procedures that remove excess *Dosha* from the body, while *Shamana* methods pacify aggravated *Dosha* at their place. As aggravated *Dosha* is the primary cause of disease, this method is the most direct for curative purpose. It consists of the five purification practices of *Panchkarma* therapy. These are *Vamana*, *Virechana*, *Nasya*, *Basti* and *Raktamokshana*. Vitiating of *Doshas* beyond a particular level produces endotoxins which tend to accumulate in the *Srotasa* (minute channels) of the body which are to be removed for maintaining disease free health which is done by *Panchkarma*. *Basti Karma* is considered as *Ardha Chikitsa* in *Ayurvedic texts*⁷ and is doing wonders in the treatments of *Ayurveda*. Though it has been indicated for almost all the diseases, the prime importance of *Basti Karma* has been specified in the management of *Vatvyadhis*. Control of *Vata* by *Basti Karma* cures majority of disease. In the present research work *Dashamooladi Basti* mentioned by *Acharya Bhavamishra*⁸ is selected for the short term management of *Amavata*. It has effect on *Vata Dosha* as well as *Ama*. So it is useful in this disease and also prevents side

effects which are probable in NSAIDS and other DMARDS. In this research work 40 patients were registered and *Vaishonara Basti* was given for 5 days as short term management.

METHODOLOGY

SOURCE OF DATA:

A) Sample source:

Subjects were recruited from the In Patient Department of Ashwini Ayurvedic Medical College, Hospital and Research Centre, Tumkaru.

B) Literary source:

All the classical, modern literature, contemporary texts including journals and websites will be studied and documented for the intended study

C) Sample size:

Total number of patients taken for the study will be 40 excluding dropouts.

D) Source of Material:

The raw drugs for *VAISHWANARA CHURNA* collected from the market and identified by the botanist.

DIAGNOSTIC CRITERIA:

Diagnosis will be done according to the signs and symptoms as per *Ayurvedic* classics & contemporary medical text books and modern reference books

INCLUSION CRITERIA:

- *Samanya Lakshana's* of *Amavata*
- Patients between the ages of 18 to 60 years.

EXCLUSION CRITERIA:

- Patients unfit for *Basti karma*
- Patients with age less than 16 years and more than 60 years.

DIAGNOSTIC CRITERIA:

- *Samavata Lakshana's* are *Vibanda, Agni sada, Stambana, Antrakujana, Vedana, Shopha, Nistoda* and *Kramashoanga pidana*¹⁶.
- 1987 American Rheumatism Association Revised criteria

INVESTIGATION

Relevant laboratory investigations were undertaken to assess the present condition of the patient.

Blood-Hb%, T.C, D.C, E.S.R, R.A. Factor, C Reactive Protein, Sr. Uric Acid

OBSERVATIONS

In my study females were dominant. It is due to the occupational speciality and their sedentary life. Most patients in this study in the age group of 40 to 50 were under the clutches of *Amavata*. The sedentary life of the housewife's leads to *Amavata* and the married people were more affected.

DATA ANALYSIS

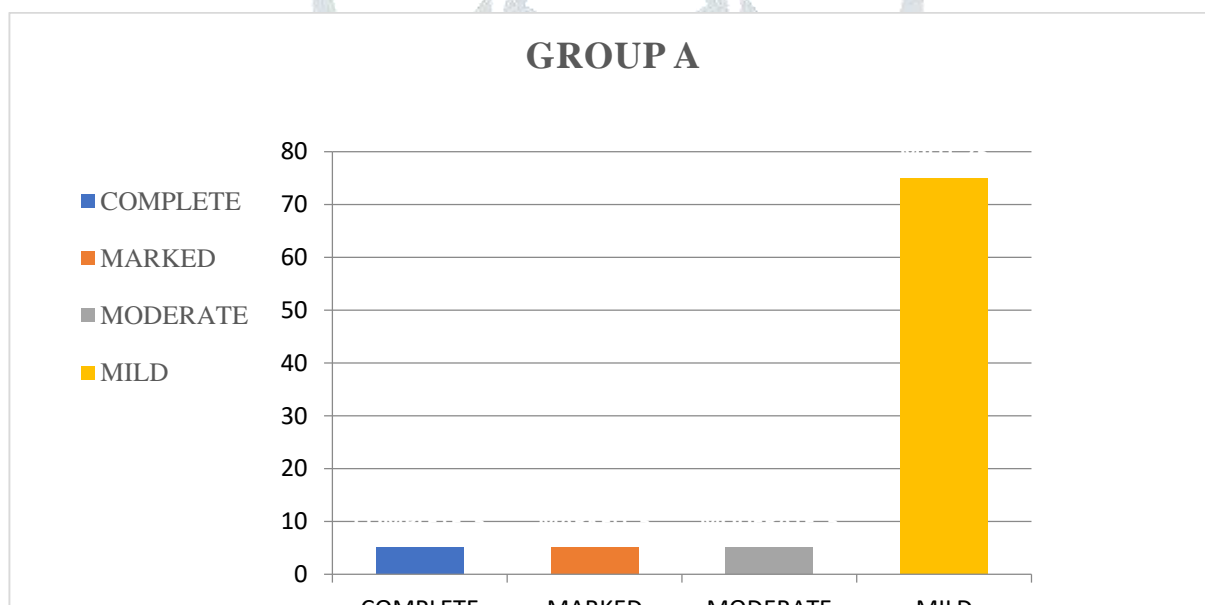
Data will be collected using case report form designed by incorporating all aspects (*Ayurveda* & modern medicine) for the study. Such collected data will be tabulated and analyzed using SPSS (Statistical

package for social sciences) version 20 by using appropriate statistical test. Demographic data and other relevant information will be analyzed with descriptive statistics. Continuous data will be expressed in mean \pm standard deviation, and nominal and ordinal data will be expressed in percentage. Obtained data will be analyzed statistically with Un Paired T test.

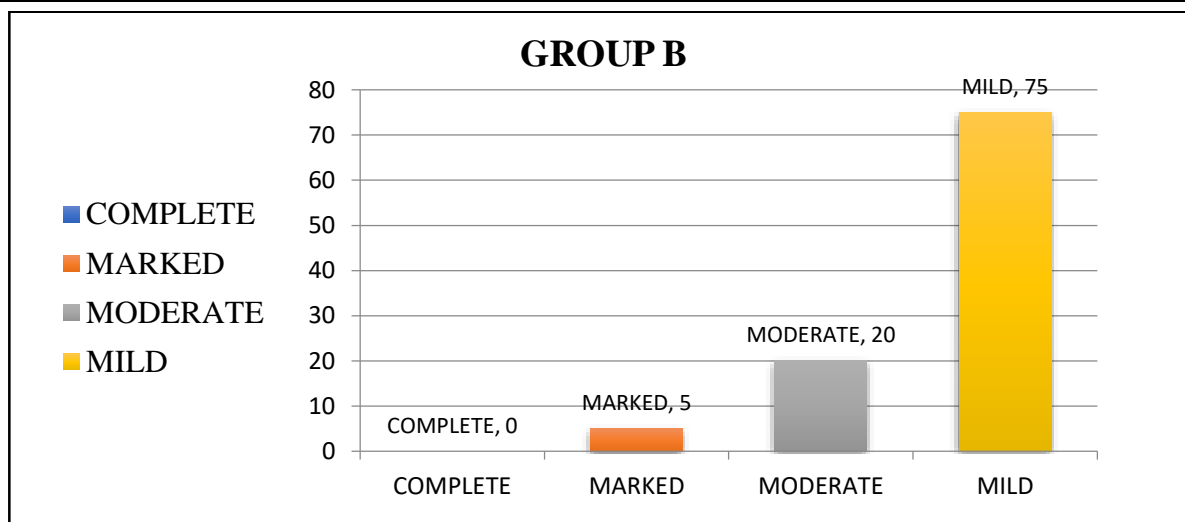
RESULTS

Effect of *Vaishwanara Churna Basti* as Standard Method (Group A) and *Vaishwanara Churna Basti* as Classical Method (Group B) in Amavata

EFFECT OF TREATMENT IN GROUP – A		
Class	Grading	No of patients
0-25%	No improvement	0
25%-50%	Mild improvement	15
50%-75%	Moderate improvement	3
75%-100%	Marked improvement	1
100%	Complete improvement	1



EFFECT OF TREATMENT IN GROUP – B		
Class	Grading	No of patients
0-25%	No improvement	0
25%-50%	Mild improvement	15
50%-75%	Moderate improvement	4
75%-100%	Marked improvement	1
100%	Complete improvement	0



Overall Effect of Therapy

In group A 75% of patients had mild improvement, 15% patient had moderate improvement, 3.33% had marked improvement and 3.33% had complete improvement.

In group B 75% of patients had mild improvement, 20% patient had moderate improvement, 3.33% had marked improvement and no patients had complete improvement.

Here the duration of trial was short so, that could be a reason. Moreover the disease is *Krucchrasadhya* according to *Ayurveda*. This could be another reason for not getting complete remission.

DISCUSSION

Probable mode of action of the *Basti Dravyas*-

Chikitsa of *Amavata* comprises of *Langhana*, *Swedana*, *Deepana*, *Pachana*, *Snehapana*, *Virechana*, *Basti*.

Among the *Tridoshas* *vata* is predominant and *Basti* is the only proper treatment to pacify it. In *Amavata* main factors are *Ama* and *vata*. So *Chikitsa* should be such that pacifies *vata* and at same time performs *Amapachana* action. *Basti* is best *chikitsa* for *vata* keeping this in mind "*VAISHWANARA CHURNA BASTI*" was selected for *Amavata chikitsa*. The possible mechanism through which *VAISHWANARA CHURNA BASTI* helped in *samprapti vightana* of *Amavata*.

Vata is *Pradhan Dosha* in *Amavata* & *Kapha* is associated *Dosha*. *Vata Kapha Doshanubandha* was present in all patients. *VAISHWANARA CHURNA BASTI* *amla* and *ushna veerya* helped in counteracting *vata* and *kapha dosha*. More over *Basti* directly controlled *vata dosha*. *Basti* with its *veerya* showed it's effect upon *Tridosha*.

Vaishwanara Churna Niruha Basti main ingredients are *saindhava*, *sneha*, *churna*, *usnajala* and a large. *Churna* consists of following drugs are *saindava lavana*, *yavani*, *ajamoda*, *haritaki*, which are having *vata kapha hard, deepaniya sothahara* and *amahara* properties. All these drugs performed *Amapachana*.

Vaishwanara Churna Basti contains *Drugs* having *ushna virya*(72%) *laghu guns* (64%) *ruksha guna*(40%). So these *gunas* act against *Ama*. The *sukshma tikshna ushna gunas* provide it the property of *srotoshodhana*.

Effect of therapy-

Highly significant result was found in all the cardinal symptoms- *sandhishoola*, *sandhishotha*, *sandhi graha*, *sparshasahatva*. In associated symptoms like *angamarda*, *alasya*, *gaurava* and *Jwara* were found highly significant result.

Moreover the disease is *krucchra sadhya* according to *Ayurveda*. This could be another reason for not getting complete remission.

CONCLUSION

The clinical study in the light of demographic data brought to light that *Vaishanara churna basti* as **standard method** is effective in the treatment of *Amavata*. The test reveals that there is statistical difference between the two groups with comparatively better results in Group A. Both interventions did not produce any complications during the treatment period.

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