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A CASE STUDY TO EVALUATE THE EFFICACY OF *VAITARANA BASTI* IN *AMAVATA* (RHEUMATOID ARTHRITIS)

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ABSTRACT

Amavata is the most crippling and disabling joint disorder that affects the general population. Patients complains of pain, stiffness, and swelling in multiple joints, which makes it difficult for them to do daily work. According to clinical presentation, *Pravriddha Amavata* closely resembles with Rheumatoid arthritis (R.A) in accordance with their similarities on clinical features like pain, swelling, stiffness, fever, redness, general debility. Now a days Rheumatoid arthritis has been more common and distressing among all joints problem. It affects approximately 0.8% of the population (ranges from 0.3-2.1%) worldwide.[1] The prevalence of RA in India is 0.7%.[2] *Acharaya Chakradutta* has described the principles of treatment for the disease *Amavata,* which includes *Langhana, Swedana*, use of *Tikta, Katu*, and *Deepaniya* drugs, *Virechana, Snehapana*, and administration of *Anuvasana* as well as *Kshara Basti*.[3] *Acharaya Yogaratnakar* have added *Ruksha Sweda* with *Baluka Pottali* and *Upanaha* without *Sneha* along with these measures[4]. The case presented here is a 27-year-old female who came with complaints of Pain and Swelling in multiple joints and Stiffness in whole body from 2-3 months. *Vaitarana Basti* was given to the patient for about 2 months. The response to this treatment was recorded and therapeutic effects were evaluated through symptomatic relief.

KEYWORDS: *Amavata,* Rheumatoid arthritis, *Vaitarana Basti*

AIM: To assesses the efficacy of *Vaitarana Basti* in the management of *Amavata.*

MATERIAL AND METHOD: A 27-year-old female patient came to OPD of *Panchakarma* came with complaints of *Sandhishoola* (pain in joints), *Sandhishotha* (swelling in joints). *Stabdhata* (Stiffness in body). *Aruchi* (anorexia) and *Aalasya* (lethargy).

INTRODUCTION

Amavata is a systemic, disabling disease occurring due to *Mandagni* and *Mithyahara Vihara* leading to formation of an unripe, slimy substance *'Ama'*, which circulates in body channels along with vitiated *Vata* and adversely affects whole body, particularly joints**.** *Amavata* is initially linked to the gut. Person who has lower digestive power and do not indulge in physical activity, this condition favours the production of *Ama*. And *Ama* is responsible to vitiate the *Vata Dosha*. When *Ama* and *Vata* collectively goes to *Sleshma Sthana* causes rigidity in body and results in *Amavata*. Symptoms of *Amavata* are identical to Rheumatoid Arthritis. RA is a multisystem disease of unknown cause. Although there are variety of systemic manifestations, the characteristic feature of RA is persistent inflammatory synovitis, usually involving peripheral joint in symmetrical distribution. The potential of the synovial inflammation to cause joint destruction is the hallmark of the disease.[5] In Contemporary system of medicine non-steroidal anti-inflammatory drugs (NSAIDs), disease modifying anti-rheumatic drugs (DMARDs) and Steroids are the main line of treatment in RA. These provides temporary relief to the pain and control possibility of further damage to the joint but the root cause of disorder remains unattended. So, we have the need to opt for *Ayuvedic* management in these types of diseases. Here is an attempt to evaluate the effectiveness of *Vaitarana Basti* in management of *Amavata.*

PATIENT PROFILE

Name: X

Age/Sex: 27 year/ F

OPD No.: 7824/41701

Occupation: Housewife

Religion: Hindu

Address: Haridwar

CASE DESCRIPTION

Chief Complaints

- Pain and swelling in multiple joints (proximal interphalangeal PIP joints of bilateral hands, metacarpophalangeal joints of bilateral hands, wrist joints, elbow joints, interphalangeal joints of feet, ankle joints) from last 2-3 months.
- Stiffness in whole body (specially in morning hours) from 3 months
- Lethargy and loss of appetite from 3 months

Past History

No history of any major illness such as Hypertension, Diabetes, Thyroid Disorder and Bronchial Asthma was found. No drug allergy or previous surgery was reported.

Family History

No family history of any rheumatological disorder were found.

Personal History

Appetite: Decreased

Thirst: Normal

Bowel: Irregular habit

Micturition: Normal

Sleep: Sound

Diet: Vegetarian

Vital Examination

Blood Pressure: 110/70 mmHg

Pulse rate: 92 bpm

Respiratory rate: 15cpm

Temperature: 99.2 F

ASHTAVIDHA PARIKSHA

Table No. 1

1.	***Nadi***	*Kapha Pradhan Vata Anubandha*
2.	***Mala***	*Malabadhata*
3.	***Mutra***	*Prakrut*
4.	***Jivha***	*Sama* (coated)
5.	***Shabda***	*Prakrut*
6.	***Sparsha***	*Ushna* (warm)
7.	***Drika***	*Prakrut* (No pallor, no icterus and normal vision)
8.	***Aakriti***	*Madhyam Sharir*

DASHVIDHA PARIKSHA

Table No. 2

1.	***Prakriti***	*Vata-Kaphaja*
2.	***Vikriti***	*Kapha-Vata Pradhan*
3.	***Sara***	*Rakta Sara*
4.	***Samhanana***	*Madhyam*
5.	***Pramana***	*Madhyam*
6.	***Satva***	*Madhyam*
7.	***Satmya***	*Madhyam*
8.	***Ahara shakti***	*Alpa*
9.	***Vyayama shakti***	*Alpa*
10	***Vaya***	*Bala*

LOCAL EXAMINATION

Inspection- No visible deformity was present. Swelling present in PIP, MCP of bilateral hands, left wrist, MTP and ankle joint of bilateral feet.

Palpation- Tenderness present on multiple joints

Range of motion- Painful adduction of bilateral hands, painful flexion and extension of bilateral wrist, painful dorsiflexion and plantarflexion of bilateral feet.

TREATMENT

After proper history taking and examination, *Vaitarana Basti* was planned. *Vaitarana Basti* was given in 2 sittings of 21 days with a 7-day interval in between. On the previous night, before administration of *Vaitarana Basti*, 25 ml of castor oil was given to the patient for *Koshtha Shodhna*. After every 7th day of *Vaitarana Basti*, 1 *Anuvasana Basti* of *Murchhita Tila Taila* (60 ml) was administered to the patient so as to balance the *Vata Prakopa* due to *Niruha*.

Preparation of *Basti*

Vaitarana Basti was prepared as per the classical method used for the preparation of *Niruha Basti*. According to *Acharya Vagbhatta,* order of mixing of *Niruha* is *Madhu*, *Lavana*, *Sneha*, *Kalka*, and *Kwatha*.[6] In *Vaitarana Basti,* Jaggery (*Guda*) is used instead of *Madhu,* and for *Kalka*, *Chincha Kalka* is taken. And *Gomutra* here is the *Kwatha Dravya*. Jaggery and *Saindhava Lavana* are taken in mortar and mixed well with the help pestle. After that *Tila Taila* is added to it and mixed well until it become homogenous. Thereafter, *Chincha Kalka* is added to above and again mixed well. Lastly, *Gomutra* is added slowly and mixing is continued so as to have uniform *Basti Dravya*. Finally, after filtering, *Basti Dravya* is filled in *Putaka* made lukewarm by keeping it into hot water.

Table No. 3

INGREDIENTS	QUANTITY
Amalika	50gm
Saindhava	5gm
Gomutra	150ml
Tila-Taila	25ml
Guda	25gm

Total **255ml** of *Vaitarana Basti* was prepared.

ASSESMENT CRITERIA

Sandhishoola **(Pain in Joints)**	**Score**
No pain	0
Mild pain	1
Moderate Pain but no difficulty in moving	2
Slight difficulty in moving due to pain	3
Much difficulty in moving bodily parts	4

Sandhishotha **(Swelling in Joints)**	**Score**
No swelling	0
Minimal (Very slight swelling, indistinct border)	1
Mild swelling (Defined swelling, distinct border)	2
Moderate swelling (About 1mm raised skin)	3
Severe swelling (Raised skin >1mm)	4

Sparshasahyata **(Tenderness in Joints)**	**Score**
No tenderness	0
Mild tenderness without grimace of face	1
Wincing of on pressure	2
Wincing of face & withdrawal of the affected part on pressure	3
Resist touching	4

Sandhigraha **(Morning stiffness)**	**Score**
No stiffness	0
lasting <15min	1
15min to 1hr	2
1 hr to 2 hr	3
>2 hr	4

***Aruchi* (Anorexia)**	**Score**
No anorexia (Take full diet on proper gap)	0
Take moderate diet on proper gap between meals	1
Decreased amount of diet & increased gap between meals	2
Appetite toward only favourite food	3
No feeling of appetite	4

***Aalasya* (Lethargy)**	**Score**
No Aalasya	0
Starts work in time with efforts	1
Unable to starts work in time but completes the work	2
Delay the start of work and unable to complete	3
Never able to start the work and always likes rest	4

OBSERVATION AND RESULT

Subjective Parameters

SYMPTOMS	**B.T.**	**A.T.**
Sandhishoola	3	1
Sandhishotha	3	1
Sparshasahyata	3	1
Sandhigraha	3	0
Aruchi	2	1
Aalasya	2	0

Objective Parameters

Parameters	**B.T.**	**A.T.**
Rheumatoid factor	132 IU/ml	132 IU/ml
Anti-CCP	>500 U/ml	>500 U/ml
CRP	9.6 mg/L	8.2 mg/L
ESR	32 mm1st hr	22 mm1st hr

DISCUSSION

Acharya Chakradutta have explained *Vaitarana Basti* in management of *Amavata*. The ingredients of *Vaitarana Basti* mainly possess *Deepana*, *Pachana*, *Ushna*, *Sukshma*, *Laghu*, *Teekshna,* and *Lekhana* properties. Due to these properties, *Vaitarana Basti* help to alleviate *Ama* and *Vata* in the body.

Purana Guda is taken as it is *Laghu*, *Pathya*, *Anabhishyandi*, *Agnivardhaka* and *Vata-Pittaghna*. It also helps in carrying the drug up to micro-cellular level. *Saindhava* is *Sukshma, Tikshna, Snigdha*. Due to its *Sukshma Guna,* it reaches up to the micro channel of body and its *Tikshna Guna* breaks down the morbid *Mala* and *Dosha Sanghata*. *Basti Dravya* reaches minute channels due to its *Sukshma Guna* and liquefies the *Dosha*. *Sneha dravya* reduces *Vata Dushti*, softens micro-channels, destroys the compact *Mala*, and removes the obstruction in the channels. In this *Basti*, *Tila Taila* mixed with the mixture of *Guda* and *Saindhava* helps in forming the uniform mixture. It also protects the mucus membrane from the untoward effect of irritating drugs in the *Basti Drava*. *Amleeka* is having *Vata–Kaphashamaka*, *Ruksha* and *Ushna* properties. *Ruksha Guna* helps in counteracting the *Ama* which is chief pathogenic factor of the disease. *Gomutra* is the main content of the *Basti*, it has *Katu Rasa*, *Katu Vipaka*, *Ushna Virya*, *Laghu*, *Ruksha*, *Tikshna Guna,* because of these *Guna* it is helpful in reducing the *Sandhigraha* and *Shopha*. It also does the *Srotoshodhana* thereby decreasing the *Srotobhisyanda* which leads to *Vatanulomana.*

Thus, *Vaitarana Basti Dravya* after reaching to large intestine and small intestine get absorbed from intestine, due to *Laghu*, *Ushna*, *Tikshna,* and *Rukha Guna*. It breaks the obstructions and expels out the morbid material from the all over the body thus help in breaking down the pathogenesis of the disease.

CONCLUSION

It is concluded that *Vaitarana Basti* is beneficial in relieving the symptoms in *Amavata.* Although there were minimal to no changes in objective parameters but patient got significant relief in symptoms. So, it is proposed that for better management, *Vaitarana Basti* with *Samana Chikitsa* can be used.

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