**A CLINICAL STUDY TO EVALUATE THE EFFICACY OF SADYO VIRECHANA AND VAITARANA BASTI AS YOGA BASTI SCHEDULE IN AMAVATA W.S.R TO RHEUMATOID ARTHRITIS**

**Balaji Singh N Badal1**

**Corresponding Author/Guided by: Dr. Madhu Ranjan2**

1 Intern Student, SPSAMC, H R & C, Nelamanagala.

2 Assistant Professor, Dept of Panchakarma, SPSAMC, H R & C, Nelamangala.

**ABSTRACT**

Rheumatoid Arthritis is most common and distressing joints problem of 21st century affecting 0.7% of world population. It is chronic inflammatory auto immune joint disorder characterised by pain, swelling, early morning stiffness and tenderness. Morning stiffness lasting more that one hour is characteristic feature. Based on presentation of disease Rheumatoid Arthritis can be co related to Amavata in Ayurveda. Amavata manifest symptoms like Sandhishoola, Sandhishotha and Sandhigraha affecting Asthi and Sandhi. Ama and Vata plays dominant role in Samprapti along with all three Doshas. Modern medical science have no permanent cure or effective medicine for this disease and provides jus symptomatic relief. All that modern medicine used DMARD, steroids and NSAID frequently which have negative impact on immune system and gives only temporary relief. Hence patients are continuously looking with a hope towards *Ayurveda* to overcome this challenge. Hence an effort is done to compare the efficacy of *Vaitarana Basti* following *Sadyo Virechana* in *Amavata* (Rheumatoid Arthritis)

**METHOD**:

It is single blind Pilot clinical study with pre-test and post- test design wherein 3 patients suffering from Rheumatoid Arthritis are selected. Patients are administered *Virechana* *Karma* with *Gandharva Hastadi Eranda Taila* followed by *Vaitarana Niruha Basti* during morning in empty stomach (*Niranna*) daily as *Yoga Basti* procedure. *Anuvasana Basti* is administered same day evening after food with *Bruhat Saindhavadya Taila* (50 ml)

**RESULT**:

In present study there were significant improvement symptomatically after treatment with significant improvement were seen in Laboratory investigations.

**KEYWORDS**

***Amavata,* Rheumatoid Arthritis*, Virechana Karma, Vaitarana Basti***

**INTRODUCTION**

Ayurveda is not only a system of medicine rather it is the way of life. It includes physical, mental and spiritual wellbeing.. Among Tridosha, Vata is responsible for all Cheshta and all disease. The affliction of Asthi and Sandhi by Prakupita Vata with Ama is the chief phenomena in Samprapti of Amavata resulting in symptoms like Gatra Stabdhata, Vikunchana of Manya, Trika, Prustha, *Kati and Janu etc*1,2. As per symptoms described for Rheumatoid Arthritis it resembles as that of *Amavata* with vitiation of *Asthi* and *Sandhi* especially. Sandhi are one of the types of Marma and form a part of *Madhyama Roga Marga3*. Thus, involvement of Marma, *Madhyama Roga Marga, Vata Dosha* and *Dhatu Kshaya* make disease *Kashta Sadhya4*. More than a year of active disease without remission and early development of functional disability are of poor prognostic value.

Sedentary life style, food habits and genetic predisposition are the major predisposing factor in the causation of Rheumatoid Arthritis. It is a chronic inflammatory Auto Immune joint disease5. Rheumatoid arthritis make the affected person unfit for an independent life. RA is chronic systemic, inflammatory disorder of unknown cause that is characterized by symmetrical polyarticular pain, swelling, morning stiffness and fatigue . The aim of treatment in RA is to reduce joint inflammation, to restore joint mobility and thus to prevent tissue destruction and deformity. As per the data available 5% among the total world population is said to be affected by RA with male female of ratio 1:36. In India prevalence rate is 0.75% among the people over the age of 16 years. Persistently active RA often results in articular cartilage and bone destruction thus leading to functional disability, it is vital to diagnose and treat this disease early and aggressively before damage ensures.

Acharya Chakrapani describes the principles of treatment of Amavata which are Langhana, Swedana, drugs having Tikta-Katu Rasa and Dipana property, Virechana, Snehapana and Basti6. *Panchakarma* is a very unique therapeutic procedure, because of its preventive, promotive, prophylactic and rejuvenate properties as well as providing a radical cure. Among these *Panchakarma*, *Basti Karma* is such a *Chikitsa* that is applicable in all the *Vata Vyadhi7*. *Amavata* is a *Vatika* disorders and *Vata* is also controls and regulator of other two *Dosha, Dhatu* and *Mala* and also all the body activities8. Therefore, once *Vata* is controlled by *Basti*, all these factors are automatically regulated and total body equilibrium is achieved. Acharya Charaka, has indicated *Basti* prepared with *Guda, Saindhava, Amlika* and *Gomutra* which are having *Ushna, Tikshna* and *Pachana* effect to deal with *Ama* and *Taila* to deal with *Vata Dosha9*. *Shodhana Karma* is having importance especially in *Bahudosha Avastha* of any disease. Among them *Virechana Karma* have been mentioned in different classics for the treatment of *Amavata10*

Taking this in account it was thought that *Sadyo Virechana Karma* followed by *Vaitarana Basti* would be more useful in disintegration of pathogenesis (*Samprapti Vighatana*) of *Amavata*. These drugs are proved to have *Ama Pachana, Vatahara, Shothahara, Vedanasthapana* etc properties by various research workers.

**AIMS AND OBJECTIVES**

* To study in detail about *Amavata*.
* To study in detail about *Rheumatoid Arthritis*
* To study in detail about S*adyo Virechana* and *Vaitarana Basti* in *Amavata*.

**SOURCE OF DATA:**

* **Literary Source:** All the classical Ayurvedic, Modern Literature, Journals and Contemporary texts including the websites about the disease and treatment are reviewed n documented for the intended study.
* **Sample Source:** Patients attending OPD and IPD, Department of *Panchakarma*, Sri Paripoorna Sanathana Ayurveda Medical Hospital, Nelamangala are randomly selected.
* **Drug Sources:** Basti and Virechana Dravya like Guda, Saindhava Lavana, Bruhat Saindhava Taila, Chincha and Gomutra are collected from Pharmacy attached to the Bhaishaja Kalpana Department, , Sri Paripoorna Sanathana Ayurveda Medical Hospital, Nelamangala

**METHOD OF COLLECTION OF DATA:**

A proforma will be prepared for history taking, physical signs, symptoms of Ayurveda and lab investigations will be carried out. Patients will be selected and will be subjected to detailed clinical history and complete examinations.

**DIAGNOSTIC CRITERIA:**

Patients diagnosed on the basis of *Pratyatma Lakshana* of *Amavata* like *Angamarda, Aruchi, Alasya, Gaurava, Shunata, Saruja Shopha* etc.

**INCLUSION CRITERIA:**

* Patients presenting with *Pratyatma Lakshana* of *Amavata*.
* Subjects are selected irrespective of caste and sex.
* Patients between the age of 16-60 yrs.
* Patients indicated for *Virechana Karma*, *Niruha* and *Anuvasana Basti* procedure.

**EXCLUSION CRITERA:**

* Patients suffering from systematic diseases like uncontrollable diabetes mellitus, uncontrolled hypertension, TB of spine, psychiatric illness will be excluded from study.
* Patients suffering from grave conditions like Malignant tumours and other severe illness like HIV, HbsAg will be excluded.
* Congenital Joint deformity.
* Patients suffering from Rheumatoid Arthritis during Pregnancy.
* Patients with age less than 16yrs and more than 60yrs.

**STUDY DESIGN:**

It will be a single blind Pilot study with pre-test and post- test design where in 3 patients suffering from *Amavata* will be selected irrespective of their gender, cast or creed. The parameter of signs and symptoms will be scored on the basis of standard method and will be analysed statistically.

**INTERVENTIONS:**

3 patients with *Pratyatma Lakshana* of *Amavata* w.s.r. to Rheumatoid Arthritis approaching O.P.D./I.P.D./ Camp section of Sri Paripoorna Ayurveda Medical College, Hospital & Research Centre will be selected randomly irrespective of their sex, religion and cast. Administration of *Sadyo Virechana followed by Vaitarana Basti* is planned

*Anuvasana basti*-5 in no with *Bruhat Saindhava Taila*.

*Vaitarana Basti*- 3 in no with the quantity of 400 ml (approx. 4 *prasrutha)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DAYS** | **1** | **2** | **3** | **4** | **5** | **6** |
| **Morning (Pratah)****Before food** | Sadyo Virechana |  | N.B.-VB. | N.B.-VB. | N.B.-VB. |  |
| **Evening (Sayam)****After food** |  | A.B- BS Taila | A.B- BS Taila | A.B- BS Taila | A.B- BS Taila | A.B- BS Taila |

**DURATION OF STUDY:**

Pilot study to evaluate the effect of *Sadyo* *Virechana Karma and Vaitarana Basti* as *Yoga Basti* schedule is for 6 days.

**Follow up:** 12th day after completion of treatment.

**Study Duration**: 18 days

**ASSESSMENT CRITERIA:**

Assessment was done before treatment, after treatment and during follow-up on basis of clinical symptoms i.e. subjective and objective parameters to assess the overall effect of therapy.

**PARAMETERS OF STUDY (OBJECTIVE PARAMETERS)**

**ACR 2010 TO DIAGNOSE RA**

|  |  |
| --- | --- |
| CRITERION | SCORE |
| Joint affected:1 large joints2-10 large joints1-3 small joints4-10 small joints>10 joints | 01235 |
| SerologyNegative RFLow positive RFHigh Positive RF | 023 |
| Duration of Symptoms:<6 weeks>6 weeks | 01 |
| Acute Phase ReactantNormal ESRAbnormal ESR | 01 |

**Patients with a score >6 are considered to have definite RA**

**PARAMETERS OF STUDY (SUBJECTIVE PARAMETERS)**

* *Sandhi shoola*
* *Sandhi shotha*
* *Sparshasahyata*
* *Sandhi graha*
* **Associated symptoms** like *Jwara, Alasya, Gaurava, Asyavairasya, Daurbalya, Akarmanyata, Utsahahani, Angamarda, Daha, Trishna*
* Ruchirahara kala (Taste and appetite**)**
* Abhyavaharanabhilasha (Revival and improvement in hunger)
* Ahara Kala Samyagajaranam (Digestion of ingested food within time)

Details of the scores adopted for main signs and symptoms in present study were as follows:

**SCALE FOR ASSESSMENT**

These points are discussed in detail as follows :

**A. 14 score – To cessation of cardinal symptoms like**

a) **Sandhishoola (Pain in joints)**

* 0- No pain
* 1- Mild pain
* 2- Moderate pain, but no difficulty in moving
* 3- Slight difficulty in moving due to pain
* 4- Much difficulty in moving the bodily parts

b) **Sandhishotha (Swelling in joints)**

* 0- No swelling
* 1- Slight swelling
* 2- Moderate swelling
* 3- Severe swelling

c) **Sparshasahyata (Tenderness in joints)**

* 0- No tenderness
* 1- Subjective experience of tenderness
* 2- Wincing of face on pressure
* 3- Wincing of face and withdrawal of the  affected part on pressure
* 4- Resist to touch

**d) Sandhigraha (Stiffness in joints)**

* 0- No Stiffness or Stiffness lasting for 5 mins.
* 1- 5 min to 2 hrs
* 2- 2 to 8 hrs
* 3- More than 8 hrs

**B. 10 score to –** Associated symptoms like Jwara, Alasya, Gaurava, Asyavairasya, Daurbalya, Akarmanyata, Utsahahani, Angamarda, Daha, Trishna were scored as mentioned below – ­

* 10- Symptoms observed before treatment
* 05- Some relief after treatment ­
* 00- Complete relief after treatment ­
* 10- No improvement after treatment

**AGNI BALA**

It has been given 22 score out of 56 which has been further divided into (4+8+10).

**A. 4 score ­ To Ruchirahara kala (Taste and appetite)**

* Equal willing towards all Bhojya Padartha 0
* Willing towards some specific Ahara or Rasavishesha 1
* Willing towards only most liking food and not to other 2
* Unwilling for food, but takes meal 3
* Total unwilling for meal 4

**B. 8 score to Abhyavaharanabhilasha (Revival and improvement in hunger)**

* Person taking food in normal quantity twice a day 0
* Person taking food in moderate quantity twice a day 2
* Person taking food in less quantity twice a day 4
* Person taking food in less quantity once a day 6
* Person not at all taking food 8

**C. 10 score to Ahara Kala Samyagajaranam** (Digestion of ingested food within time) – If proper at the end of digestion will give Jirna Ahara Lakshana – they are

1) Utsaha

2) Laghuta

3) Udgar Shuddhi

4) Kshutta Pravritti

5) Trishna Pravriti

6) Yathochhita Malotsarg

Scoring according to Jirna Ahara Lakshana

* Presence of all (six) symptoms after 6 hrs ­ 0
* Presence of five symptoms after 6 hrs ­ 2
* Presence of four symptoms after 6 hrs 4
* Presence of three symptoms after 6 hrs 6
* Presence of two symptoms after 6 hrs ­ 8
* Presence of one symptom after 6 hours 10

**RESULTS**

The basis of assessment of results, the response shown by the patients to Sadyo Virechana followed by Vaitarana Basti in Amavata, finally the overall effect of the procedure are computed. The results observed are arranged in a systematic manner in the form of tables and graphically.

|  |  |
| --- | --- |
| **CRITERIA** | **3 PATIENTS** |
| **SYMPTOMS PRESENT BEFORE TREATMENT** | **SYMPTOMS PRESENT AFTER TREATMENT** |
| **Grade**  | **%** | **Grade**  | **%** |
| **JOINTS AFFECTED** | Grade 1 | 100 | Grade 0 | 100 |
| **RF** | Grade 2 | 100 | Grade 0 | 100 |
| **DURATION** | Grade 1 | 100 | Grade 0 | 100 |
| **ESR** | Grade 1 | 100 | Grade 1  | 100 |
| **SANDHISHOOLA** | Grade 3 | 100 | Grade 0 | 100 |
| **SANDHISHOTHA** | Grade 3Grade 2 | 33.3366.66 | Grade 0 | 100 |
| **SPARSHASHAYTA** | Grade 3 | 100 | Grade 0 | 100 |
| **SANDHIGRAHA** | Grade 2 | 100 | Grade 0 | 100 |
| **ASSOCIATED SYMPTOMS** | Grade 10 | 100 | Grade 0 | 100 |
| **RUCHIAHARA KALA** | Grade 2 | 100 | Grade 0 | 100 |
| **ABHYAVAHARANA****ABHILASHA** | Grade 2 | 100 | Grade 0 | 100 |
| **AHARA KALA SAMYAG-JARANAM** | Grade 6Grade 4 | 33.3366.66 | Grade 2 | 100 |

**DISCUSSION**

The earliest references of *Amavata*  can be found in Atharva Veda in terms of Sandhi Vikriti11. Detail description about *Amavata* is found in Hareeta Samhita about its etiology, clinical manifestation, types, prognosis, treatment and dietary regimen12.

RA is a chronic inflammatory Auto Immune joint disease. RA is chronic systemic, inflammatory disorder of unknown cause that is characterized by symmetrical polyarticular pain, swelling, morning stiffness and fatigue.

Acaharya Madhaakara gives details of Samprapti of Amavata: Because of Nidana Sevana in Mandagni, leads to Ama in Amashaya along with vitiation of Vata Dosha13. Propelled by this Prakupita Vata, Ama circulates all over the body exhibiting an affirmity to Sthana Samshraya in Shleshma Sthana i.e. Sandhi. This Ama later travels in Dhamani and vitiate all 3 doshas leading to variegated color to the virulent Ama. It becomes more and more Guru and Picchila, facilitating Sroto Abhishyandana and Srotorodha. Further these vitiated Ama and Vata will lodge in the Trika and Sandhi i.e., Shleshmasthana leading to the symptoms like Gatra Sthabdhata, Sandhi Shula, Sandhi Shotha, etc. Acharya Chakrapani has described treatment of Amavata in detail which are Langhana, Swedana, drugs having Tikta-Katu Rasa and Deepana property, Virechana, Snehapana and Basti14

In this work an effort has been made to study the efficacy of the Sadyo Virechana followed by *Vaitarana* *Basti Karma* treatment by observing and comparing the effects before and after the treatment. All the 3 cases selected for pilot study approached for the treatment for Amavata wsr to Rheumatoid Arthritis. The same treatment protocol can be adopted for the large group sample for evaluating the effect of Ayurvedic Management.

**CONCLUSIONS**

The changes in lifestyle, food habits and specially stress have kept on contributing several new diseases which have become a challenge for the human race. *Amavata* is one among such diseases which affect the life of the human being. The initiative factors for this pathogenesis are *Ama* and *Vata. Amavata* represents the vitiation of *Tridosha*. Ama is the result of Agnimandhya and causes the derangement of Agni. This research may support the pivotal of Ama explained by Acharyas in causing the disease.

*Sama Lakshanas* were present in majority of the patients, *Sadyo Virechana* use for *Kostha* *Shodhana* and *Vatanulomana* also it was observed that, it has increased the appetite by acting on the *Agni* which does *Amapachana*.

*Vaitarana Basti* is a simple combination of commonly available drugs, which are also cost effective. It is a type of *Niruha Basti* with some changes in the drug combination. As a whole the content of *Vaitarana Basti* has *Laghu, Sukshma, Ushna* and *Teekshna* properties which can act on both *Vata* and *Kapha Dosha. Gomutra* being the chief content of *Basti* which does the *Pachana* of the *Ama* and removes the *Srotoavarodha*

Hence it can be concluded that integrated approach can give maximum benefit in suffering to patients. And Virechana Karma and Basti Karma can be given to patients suffering from Amavata.

**REFERENCES**

1. Shabda Kalpa Druma Sanskrit dictionary compiled by Raja Radahakanta deb(1783-1867); edited by Karunasindhu Vidhyanidhi; Volume1;p-221.
2. Shodhala, Gadanigraha,Vidyotini commentary by Sri Indradeva Tripathi, Part 2; Amavata Chikitsa ;Chapter 22,Verse 4-6, Varanasi, Choukambha Sanskrit Samsthan,Reprint 2016; pp871;pg no-544.
3. Charaka Samhita, by Agnivesha, revised by Charaka and Dridhabala of Chakrapanidatta, edited by Vaidya Jadavaji Trikamji Acharya chapter 11, Sutrasthana, 48-49 verse; Varanasi, Choukhambha Sanskrit Bhavan, pg no 77
4. Madhavakara; Madhava Nidana (29th ed); Poorvardha with Madhukosha Sanskrit commentary by Vijayarakshita and Srikanthadatta, Vidyotini hindi commentary by Sri Sudarshana Shastri; Chapter 25, Amavatanidana, Verse 12; Varanasi: Choukambha Sanskrit Samsthan,1999; pg no-512.
5. Davidson Principles and Practice of Medicine ed.by, Christopher R.W Edward, Ian A.D Bouchier, 23rd edition 2018; pg no-1022
6. Harrison T. R et.al;( 20TH edition) Harrison’s principles of Internal medicine; Ed by Eugene Brawnwald, Anthony S.stephen l.hausar dan L.Longo, Jameson; Published by McGraw Hill Book Co, Singapore, pg no-2528.
7. Charaka Samhita, by Agnivesha, revised by Charaka and Dridhabala of Chakrapanidatta, edited by Vaidya Jadavaji Trikamji Acharya chapter 1, Siddhisthana, 38-39 verse; Varanasi, Choukhambha Sanskrit Bhavan, pg no 653
8. Dr Brahmanand Tripathi, Sharangadhara Samhita, Chaukambha Surbharati Prakashana, Varanasi, Poorva Khnada 5th chapter, 25th Shloka, 2013;pg no18
9. Chakrapanidatta, Chakradatta, Hindi commentary Vaidyaprabha by Dr. Indradev Tripathi, Edited by Dr. Satyadev Dube; Reprint 2018; Amavata Chikitsa, Chapter 25, Verse 1; Varanasi, Choukhambha Sanskrit Bhavan, pp-534; pg no-166
10. Agnivesha, Charaka, Dridhabala, Chakarapanidatta, Vaidya Trikamji, Charaka Samhita, Reprint 2009, Sutra Sthana, Chapter 16, Verse 20; Varanasi: Chaukamba Orientalia, pp-738; pg no-97.
11. Anonymous; Atharva Veda;12/9/3
12. Acharya Harita, Harita Samhita, Sanskrit Text with English commentary; by Prof. Dr Gyanendra Pandey, Volume 2; Triteeya Sthana.Chapter 21, Verse 6-12; Varanasi: Chaukambha Samskrit Series office; pg no-839-840.
13. Madhavakara; Madhava Nidana (29th ed); Poorvardha with Madhukosha Sanskrit commentary by Vijayarakshita and Srikanthadatta, Vidyotini hindi commentary by Sri Sudarshana Shastri; Chapter 25, Amavatanidana, Verse 1;Varanasi:Choukambha Sanskrit Samsthan,1999;pg no-508.
14. Chakrapanidatta, Chakradatta, Hindi commentary Vaidyaprabha by Dr. Indradev Tripathi, Edited by Dr. Satyadev Dube; Reprint 2018; Amavata Chikitsa, Chapter 25, Verse 1; Varanasi, Choukhambha Sanskrit Bhavan, pp-534; pg no-166.