

APPROACH TOWARDS THE MANAGEMENT OF AAMVATA WITH THE YOGA BASTI OF PRASARINI TAILA ANUVASAN BASTI AND DOSHAHARA NIRUHA BASTI – A CASE STUDY

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ABSTRACT

In the Ayurvedic classics the aetiopathogenesis and symptomatology of *Amavata* is described in detail form. Clinically the description of *Amavata* explained in the classical texts is similar to the condition Rheumatoid Arthritis in modern science. By *Basti Chikitsa* can give relief to such diseases. By considering this fact, this case of *Amavata* was the successfully treated by *yoga basti* of *Prasarini taila anuvasan Basti* and *Doshahara Niruha Basti*. With the help of *Amapachana*, *Dipaniya*, *Strotoshodhana*, *Vedana Prashamana*, *Shothahara karma* of both the formulation, the cardinal and associated symptoms of *Amavata* gets pacify and it gives significant effect in *Amavata* condition.

KEYWORD: *Yoga Basti, Aamvata, Prasarini Taila, Doshahara basti, etc.*

INTRODUCTION

Ayurveda – The science of life deals *shodhana* & *shaman* as treatment entities. *Panchakarma* - The prime *shodhana chikitsa* not only helps to cure the disease from its root level but also prevents its reoccurrence. Rapid urbanization, sedentary life style and stress are the causes of various diseases. Incompatible foods and activities lead to formation of *Ama* as well as vitiate *vata* by which the diseases like *Amavata* are manifested.

Some signs and symptoms of *Amavata* are described in modern text books under the heading of Rheumatoid Arthritis in which systemic features such as symmetrical joint pain, fatigue and diffuse musculoskeletal pain are manifested associated with swelling of joints. The

prevalence of R.A. is estimated to be 1.2%. Out of 60% of the population having some form of arthritis by the age of 60.^[1] It is three times more common in women than in men. R.A is very common in India, particularly in Northern states like Punjab and Haryana. Osteoarthritis, usually seen in old age but RA affects younger people also. It has been seen that people between the ages of 20-50 years are susceptible to the disease.

In Ayurveda for the management of *Amavata* several medicaments are mentioned. As *Amavata* is pain dominating and movements restricting disease, it hampers the normal activities of person. The modern medicines like NSAIDS, Steroids, sedatives etc gives temporary relief from pain and stiffness but some side effects are manifested. So there is need to research for a effective long lasting treatment. Ayurvedic treatment fulfills these criteria. By basti *Chikitsa* which is considered as *ardhachikitsa* of *chikitsa*,^[2] can give relief to such diseases. That's why the present study based on role of basti in the management of *Amavata*.

CASE REPORT

The present case study is successful Ayurvedic management of a case of *Amavata*. A 37 year old female patient came to SHIVMALHAR Ayurvedic Clinic who presented with the classical signs and symptoms of *amavata* which were told in classics like, *Angamarda* (Pain all over the body), *Jwara* (Fever), *Aruchi* (loss of taste), *Trishna* (Thirst), *Gauravta* (feeling of heaviness of the body), *Shoth* (swelling of the body parts), *Agnimandya* (indigestion of food), etc. for 5 years was selected for the study.

HISTORY OF PRESENT ILLNESS

The patient was normal before 5 year. But then patient was gradually got symptomatic appearance of *Amavata* and diagnosed during routine check-up. Patient was also psychological upset since last few years. For which she used many local as well as oral medication. But there was no any significant relief. Hence, she came to SHIVMALHAR Ayurvedic Clinic for better management.

PAST HISTORY: Not significant

PERSONAL HISTORY

Name-	xyz	Addiction -	Tea
Age-	37 years	Bowel habit-	Irregular
Sex-	Female	Appetite-	Poor

Marital status- Married

Sleep-

Inadequate

Occupation- Housewife

Table 1: Ashtavidh Pariksha.

<i>Nadi</i> (Pulse)	80/min
<i>Mala</i> (Stool)	<i>Saam</i>
<i>Mutra</i> (Urine)	<i>Niram</i>
<i>Jivha</i> (Tongue)	<i>Saam</i>
<i>Shabda</i> (Speech)	<i>Spashth</i>
<i>Sparsha</i> (Touch)	<i>Anushna</i>
<i>Drika</i> (Eye)	Pallor+
<i>Akriti</i> (Built)	<i>Madhyam</i>

Table 2: Other.

BP	130/90 mmhg
<i>Bala</i>	<i>Hina</i>
<i>Prakriti</i>	<i>Vata-Pittaj</i>
Height	162 cm
Weight	69 kg

PARAMETERS FOR ASSESSMENT**1) Pain in joint score (*Shoola*)**

- No pain 0
- Mild pain of bearable nature, comes occasionally 1
- Moderate pain, but no difficulty in joint movement, appears frequently and requires some *Upasaya* measures for relief 2
- Slight difficulty in joint movements due to pain or severe pain, requires medication and may remain throughout the day 3
- More difficulty in moving the joints and pain is severe, disturbing sleep and requires strong analgesics 4

2) Swelling of the joint Score (*Shoth*)

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

3) Stiffness of the joints Score (*Stambh*)

- No stiffness or stiffness lasting for 5 min 0

- Stiffness lasting for 6 min to 2 hrs. 1
- Stiffness lasting more than 2hrs. to 8 hours 2
- Stiffness lasting more than 8 hours 3

4) Redness of joints score (*Vivarnata*)

- No Redness 0
- Mild Redness 1
- Moderate Redness 2
- Severe Redness 3

5) Restricted movement of joints score (*Graha*)

- No Restriction 0
- Restriction ≤ 25 % 1
- Restriction 26-50 % 2
- Restriction 51-75 % 3
- Restriction > 75 % 4

6) Knuckle swelling

To measure the knuckle swelling, jeweler's rings were used. In this method the rings were tried starting from the highest number and the number of the ring which passes through the knuckle easily with least resistance was noted. Any change in the number of ring after the treatment was recorded.

Degree of Disease Activity

For diagnostic as well as for assessment purpose, the degree of disease activity was estimated on the basis of criteria laid down by American Rheumatism Association (1967).^[3]

Table 3:

Grade	0	1	2	3
Morning Stiffness	5 minutes or less	6 minutes to 2 hours	More than 2 to 8 hours	8 hours or more
Fatigue	None	Works full time Despite some fatigue	Patient must interrupt work to rest	Fatigued at rest
Pain	None	On movement Only	At rest	Wakes patient from sleep
Patient's				

Estimate	Fine	Almost well	Pretty good	Pretty bad
General Function	Full activity without Difficulty	Most activity but with difficulty	Few activities cares for self	Little self care mainly chair and bed Ridden
Grip strength	200mm Hg or more	195-120 mm Hg	115-70 mm Hg	Under 70 mm Hg
Spread of joints	None	0-50	51-100	Over 100
ESR	0-20	21-40	41-60	Above 60
Haemoglobin	12.5 gm% or more	12.4gm -11 gm %	10.9gm-9.5gm%	Less than 9.5gm%
Physician estimate	Inactive	Minimally Active	Moderately active	Severely active

Investigations

For the purpose of assessing the general condition of the patient and to exclude other pathologies the following investigations were carried out.

1) Rheumatoid factor

Serum was tested for rheumatoid factor as an aid to diagnose and to assess the severity of the disease activity. The method adopted for this purpose was that of latex agglutination test.

2) Hematological Investigation

The hematological examination of blood was carried out which included ASO Titer, C-Reactive Protein and Erythrocyte Sedimentation Rate.

3) X-Ray

TRIAL DRUGS

Contents of *Prasarini Taila*: - *Eranda Taila* and Juice of *Prasarini*.(4)

Contents of *Doshahara Niruha*: - *Saindhav*, *Madhu*, *Tila Taila*, *Shatpuspha*, *Vaca*, *Hingu*, *Triphala*, *Rasana*, *Devdaru*.(5)

Table 4: Intervention Chart.

Sr. No.	STEPS	PROCEDURE	DURATION & DOSE
1.	<i>Poorvakarma</i>	Mridu Snehan & Swedan	15 min.
2.	<i>Pradhankarma</i>	<ul style="list-style-type: none"> • <i>Prasarini taila anuvasana basti</i> • <i>Doshahara niruha basti</i> 	1/4th of <i>niruha basti</i> i.e 120 ml 1,3,5,7,8 days 480 ml. 2,4,6 days.
3.	<i>Paschat karma</i>	- Anti clockwise massage of abdomen - Lifting of legs - Padding of buttocks - Hot water bath followed by intake of khichadi / milk	

FOLLOW UP:- After 16 days and 32 days.

RESULTS

The progress will be noted on the basis of assessment parameters, degree of disease activity and investigation before treatment & after treatment.

Table 5: Effect of Study on Assessment Parameters.

Sr. No.	Assessment Parameters	Before Treatment	After Treatment
1	Pain in joint score (<i>Shoola</i>)	3	1
2	Swelling of the joint Score (<i>Shoth</i>)	2	0
3	Stiffness of the joints Score (<i>Stambh</i>)	1	0
4	Redness of joints score (<i>Vivarnata</i>)	1	0
5	Restricted movement of joints score (<i>Graha</i>)	3	1
6	Knuckle swelling	9.5	7

Table 6: Effect of Study on Degree of disease activity.

Sr. No.	Assessment Parameters	Before Treatment	After Treatment
1	Morning Stiffness	1	0
2	Fatigue	2	1
3	Pain	3	1
4	Patient's Estimate	2	1
5	General Function	2	1
6	Grip strength	3	2
7	Spread of joints	2	1
8	ESR	2	1
9	Hemoglobin	2	1
10	Physician estimate	2	1

Table 7: Effect of Study on Investigations.

Sr. No.	Assessment Parameters	Before Treatment	After Treatment
1	RA Factor	18 IU/ml	13 IU/ml
2	ASO Titre	202 unit/ml	154 unit/ml
3	C- Reactive Protien	12 mg/L	9 mg/L



Fig. 1: Before Treatment.



Fig. 2: After Treatment

DISCUSSION

Amavata is one of the chronic diseases mainly affecting the joints with some other constitutional symptoms. Due to absence of some suitable remedy, it is imposing great challenge before the medical world. It runs a very long course and not only makes the patients to cripple but may also restrict the patients to the bed.

The *samprapti* originates initially from the *Annavaha Srotasa* and in due course spreads to the other *Srotasa* a mainly *Rasavaha*, *Asthivaha* and *Majjavaha Srotasa*. The *Dushyas* mainly involved in this disease are *Rasa*, *Mansa*, *Asthi* and *Majja*. *Sandhi* is the main site of *Abhivyakti* of *Lakshana*. *Ama*, under influence of vitiated *Vata*, comes in *Sleshamasthana* mainly in *sandhis* and gets lodged there. *Sandhishula*, *Sandhishotha*, *Stabdhatata* and *Sparshasehatva* are the cardinal features of *Amavata*.

PROBABLE MODE OF ACTION: In the first stage of the disease *Amotpatti* is there and *Prasarani Taila* does *Amapachana* as all the pharmaco-dynamic property of *Prasarani Taila* i.e. *Laghu- Tikshna guna*, *Katu-Tikta rasa*, *Ushna virya* are against the *Guru*, *Pichchila*, *Sheeta* properties of *Ama*. Further *Ama* formation is stopped by the *Deepaniya* action. In the *Srotoabhishyanda* it does *Srotoshodhana* and relieves the symptoms of *Sandhishula*, *Shotha*, *Alasya*, *Aruchi* etc. by its analgesic (*Vedanaprashamana*) and anti-inflammatory (*Shothahara*) action. Thus, beyond the local effects, the *Basti* gives an overall effect by maintaining *Agni* and *Vayu* all over the body, thereby bringing the patient to a physiological relief.

CONCLUSION

As the word suggests, in *Amavata*, the pivoting entities in disease process are *Ama* and Vitiated *Vata*. All the *Nidanas* of *Amavata* ultimately results in *Vataprakopa* and *Mandagni* (*Ama* production) initiating further pathogenesis. Basti has provided better relief in most of the Cardinal, General and Associated features of the disease at significant level. Hence *Basti chikitsa* with the help of *Anuvasan Basti* of *Prasarini Tail* and *Doshahara Niruha Basti* is very much effective to break the pathogenesis of diseases manifestation along with proper *purva* and *paschat karma*.

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