

**“A CLINICAL STUDY OF ‘ALAMBUSHADI GHANA VATI’ AND
‘VAITARANA BASTI’ IN THE MANAGEMENT OF AMAVATA
(RHEUMATOID ARTHRITIS).”**

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ABSTRACT

Context: Ayurveda is a science of life and more than just a medical system *Ayurveda* has taken the foremost place in the management of crippling disease. *Amavata*, which can be compared with Rheumatoid arthritis due to its clinical appearance. Due to wide spectrum of disease, much prevalence in the society and lack of effective medicine, so disease being chosen for the study. Prevalence of approx. 0.8% of the population. **Aims:** To study the efficacy of *Alambushadi Ghana Vati* and *Vaitarana Basti* in the management of *Amavata* (Rheumatoid Arthritis). **Methods and Material:** 15 clinically diagnosed patients were selected and *Alambushadi Ghana Vati* was given in dose of 2 tab. (each 500 mg.) three times in a day with lukewarm water after meal for 30 days & *Vaitarana Basti* (total 15 *Basti*) had been given

simultaneously. **Study Design-** Single centre and Open Clinical study. **Results:** Statistically highly significant result was found in ESR and symptoms of *Amavata* when the *Vaitarana Basti* was used along with *Alambushadi Ghana Vati*, and excellent relief was seen in 20% of patients, 60% patients got significant relief, moderate relief in 13.33% whereas mild relief was found in 6.66% of patients. **Conclusions:** Therapy in the form of administration of *Alambushadi Ghana Vati* and *Vaitarana Basti* is effective in the management of *Amavata* (Rheumatoid Arthritis).

KEYWORDS: *Amavata, Alambushadi Ghana Vati, Vaitarana Basti, Rheumatoid arthritis.*

INTRODUCTION

In the present time, due to modern life style, hectic schedule, stress and many such reasons, incidence of disease are increasing, one of them is *Amavata*, which can be compared with Rheumatoid Arthritis due to its clinical appearance. Due to wide spectrum of disease, much prevalence in the society and lack of effective medicament, the disease is being chosen for the study. Prevalence of approx. 0.8% of the population, About 80% of people developed between age 35–50 yrs.^[1]

According to the nature of disease, it is essential to work on such therapy which has *Ama* and *Vatahara* properties. Here has tried to study the various aspects of the disease in the perspective of *Shamana* drug along with *Shodhana* therapy. The line of treatment described for the disease as “*Langhanam Swedanam Tiktham.....*” mention in *Chakradatta Amavatachikisa Prakarana 25/1*.^[2] So, ‘*Alambushadi Ghana Vati*’ had been selected as *Shamana Yoga* while ‘*Vaitarana Basti*’ had been selected for study as *Samshodhana* process.

Aims and Objectives

1. Conceptual and clinical studies on *Amavata* w.s.r.to Rheumatoid Arthritis and its management with time tested *Ayurvedic* principle.
2. To establish the *Ayurvedic* treatise in the management of *Amavata*
3. Clinical evaluation of combined efficacy of ‘*Alambushadi Ghana Vati*’ and ‘*Vaitarana Basti*’ in the management of *Amavata*.

MATERIALS AND METHODS

Selection of patient

15 patients of *Amavata* were selected from OPD and IPD of Kayachikitsa, National Institute of Ayurveda, Jaipur. Both acute and chronic phase of *Amavata* patients were taken for the study, following the criteria of the diagnosis of rheumatoid arthritis in Modern Medicine and the clinical features of *Amavata* described in *Madhava Nidana Amavatanidana 25/6*.^[3]

Study Design- Single centre and Open Clinical study.

Inclusion criteria

1. Patients between the age group of 16 to 70 years in either sex presenting with clinical features of *Amavata*.
2. Pre-diagnosed patient of *Amavata*. (chronicity < 10 years)

3. Patient willing to sign the consent forms.

Exclusion criteria

1. Patients of age below 16 years and above 70 years of either sex.
2. Chronicity of *Amavata* more than 10 years.
3. Patients having severe crippling deformities.
4. Patients suffering from paralysis.
5. Patients having neoplasm of spine, Gout, Ankylosing spondylitis, traumatic arthritis and pyogenic Osteomyelitis etc.
6. Patients having associated Cardiac disease, Pulmonary Tuberculosis, Diabetes Mellitus, Malignant Hypertension, Renal Function Impairment, etc
7. Pregnant women and lactating mother.
8. Patients contraindicated for *Basti* as mention in *Samhitas*.

Grouping

- **Group I** – 15 clinically diagnosed patients of *Amavata* treated by *Alambushadi Ghana Vati* 2 tab. (each 500 mg.) three times in a day with lukewarm water, after meal for 30 days and '*Vaitarana Basti*' (total 15*Basti*) had been given simultaneously.

Note- To pacify inanced *Vata Dosha* during *Vaitarana Basti* period *Anuvasana Basti* was also given to the patients .It consisted *Tila taila* and one pinch of *Saindhavas* mixed well . It was given in the dose of 60-80ml,whenever the patients developed *Vata Vridhi Lakshana*, while receiving *Vaitarana Basti*.

Dose of Basti Dravya: *Vaitarana Basti*-(approximately 200-250ml),after the meal.
Anuvasana Basti (approximately 60-80ml), after the meal.

Trial Drugs

1. The proposed formulation selected in this trial was chosen from *Chakradatta Amavatachikitsa prakarana* 25/41-42.^[4] & Contents of *Alambushadi Ghana Vati* are *Alambusha (Lajjalu) (Mimosa pudica)*, *Gokshur (Tribulus terrestris)*, *Haritaki (Terminalia chebula)*, *Bibhitaki(Terminalia bellerica)* , *Amalaki(Embilica officinalis)*, *Shunthi(Zingiber officinale)*, *Amrita(Tinospora cordifolia)* , *Trivrutta(Operculina turpethum)* , in the proportion of 1:2 :3:4:5:6:7:28. *Alambushadi Ghana Vati* made up in the form of 500 mg each tablet & prepared in pharmacy of the institute. (Drug Batch no.A0281).

2. *Vaitarana Basti* clearly mentioned by *Chakradutta* in *Niruhadhikara* 73/32.^[5]

Ingredients of *Vaitarana Basti*: *Amalika (Emali)*(*Tamarindus indica*), *Guda*, *Saindhava*, *Gomutra* & *Taia taila (Sesamum indicum)* in the proportion of 4:2:1:16: as per requirement.

Preparation of *Vaitarana Basti*.

- **Step 1:** Initially 20 gm (1 *Shukti*) of *Jaggary (Guda)* was mixed uniformly with equal quantity of lukewarm water.
- **Step 2:** 10 gm (1 *Karsha*) of *Saindhava* was added to the above.
- **Step 3:** *Tila Taila* was added till the mixture become homogenous.
- **Step 4:** 40 gm(1*Pala*) of *Emali Kalka* was taken and added to above mixture carefully.
- **Step 5:** Lastly 160 ml (1 *Kudava*) of *Gomutra* was added slowly and mixing is continued so as to have uniform *Basti Dravya*.
- **Step 6:** Finally after filtering, *Basti Dravya* was made lukewarm by keeping it into hot water.

Basti was given with proper method in left lateral position by *Basti yantra*, after meal in morning hours.

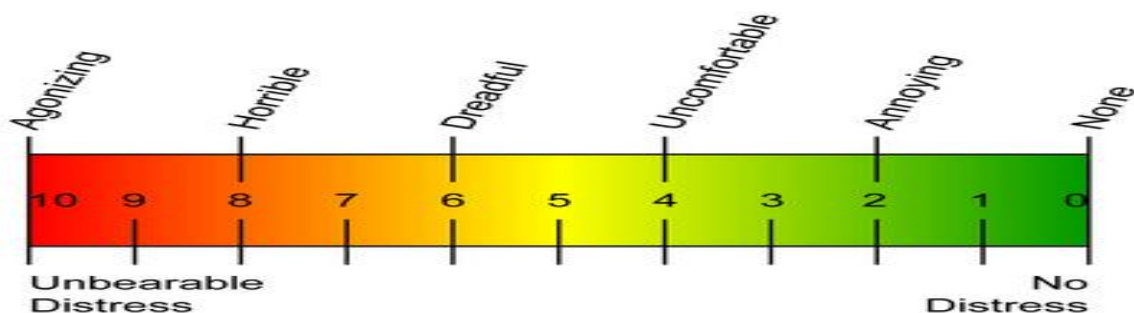
Duration of clinical trial and follow up study.

1. 30 days for oral drug.
2. *Vaitarana Basti* (Total -15 *Basti*).
3. All patients followed up fortnightly for 1 month.

CRITERIA FOR ASSESSMENT

1. Subjective parameters.

1. Pain in joint: Assessment of pain will be done by Visual Analogue Scale-



2. Stiffness in joint.

Sr. No.	Symptoms	Grading
1	No stiffness	00
2	< 15 min.	01
3	< 30 min.	02
4	< 1 hrs.	03
5	> 1 hrs	04

3. Swelling of joint.

Sr.s No.	Symptoms	Grading
1	No swelling	00
2	Felling of swelling	01
3	Felling of swelling + Heaviness	02
4	Apparent swelling	03
5	Huge (Synovial effusion) swelling.	04

4. Restriction of movement.

Sr. No.	Symptoms	Grading
1	No symptoms / Free movement of joint.	00
2	Mild restriction of movement	01
3	Moderate restriction of movement	02
4	Severe restriction of movement	03
5	Uable to do movement of joint	04

5. Tenderness at joint.

Sr. No.	Symptoms	Grading
1	No tenderness	00
2	Says tender	01
3	Patient winces	02
4	Winces and withdraws	03
5	Not allowed to be touched	04

6. Angmarda (Bodyache).

Sr. No.	Symptoms	Grading
1	No bodyache	00
2	Generalized bodyache of and on during the day	01
3	Generalized bodyache during most part of the day not affecting any work	02
4	Generalized bodyache throughout the day but person is able to do normal routine	03
5	Generalized (<i>sarvanga</i>) bodyache/pain enough to affect routine work for all the day	04

7. Aruchi (Anorexia).

Sr.No.	Symptoms	Grading
1	Willing toward all <i>Bhojya Padarth</i>	00
2	Unwilling toward some specific <i>Ahara</i> but less than normal	01
3	Unwilling toward some specific <i>rasa</i> i.e. <i>Katu/Amala/Madhura</i> food	02
4	Unwilling for food but could take the meal	03
5	Totally unwilling for meal	04

8. Trishna (Excessive thirst)

Sr. No.	Symptoms	Grading
1	Feeling of thirst (7 – 9 times/24 hours) & relieved by drinking water	00
2	Feeling of moderate thirst (>9 - 11 times/24 hours) & relieved by drinking water.	01
3	Feeling of excess thirst (>11 – 13 times/24 hours) not relieved by drinking water.	02
4	Feeling of sever thirst (>13 times) not relieved by drinking water	03

9. Alasya (Lazyness / Absence of enthusiasm) :

S N.	Symptoms	Grading
1	No <i>Alasya</i> (doing satisfactory work with proper vigor & in time)	00
2	Doing satisfactory work/late initiation, like to stand in comparison to walk	01
3	Doing unsatisfactory work/late initiation, like to sit in comparison to stand	02
4	Doing little work very slow, like to lie down in comparison to sit.	03
5	Don't want to do work/no initiation, like to sleep in comparison to lie down	04

10. Gaurava (Heaviness)

Sr. No.	Symptoms	Grading
1	No feeling of heaviness	00
2	Occasional feeling of heaviness	01
3	Continuous feeling of heaviness, but patient does usual work	02
4	Continuous feeling of heaviness which hampers usual work	03
5	Unable to do any work due to heaviness	04

11. Jwara (Fever)

Sr. No.	Symptoms	Grading
1	No fever	00
2	Occasional fever subsides by itself	01
3	Daily once subsides by itself	02
4	Daily once subsides by drug	03
5	Continuous fever	04

12. Apaka (Indigestion of food)

Sr. No.	Symptoms	Grading
1	No <i>Apaka</i> /Indigestion	00
2	Indigestion / prolongation of food digestion period occasionally related to heavy meal	01
3	<i>Avipaka</i> occurs daily after each meal takes four to six hour for <i>Udagara shuddhi</i> etc <i>Lakshana</i>	02
4	Eat only once in a day and does not have hungry by evening	03
5	Never gets hungry always feeling heaviness in abdomen	04

12. Bahumootrata (frequency of micturition per 24 hours).

Sr. No.	Symptoms	Grading
1	Less than 4 times/24 hrs	00
2	4 - 6 times/24 hrs.	01
3	6-10times/24hrs	02
4	> 10 times/24 hrs	03

Criteria for Assessment of Overall Effects of Therapy.

Sr. No.	Observation	Percentage
1.	No relief	0%
2.	Mild relief	1-25%
3.	Moderate relief	26-50%
4.	Significant relief	51-75%
5.	Excellent relief	76-100%

2. Objective parameters

- Haematological- Hb gm%, TLC ,DLC ,ESR ,Sr.Uric acid, BSL (F),RA Factor, CRP test, ASLO titre.
- Urine R/M
- Radiological-X-ray of appropriate joints.

In this study, Sr.Uric Acid, was used to exclude the other conditions which mimic the RA symptoms like Gouty Arthritis, and BSL (R) was used for screening the DM.

OBSERVATION

Study had shown that overall 73.33% patients belong to 3rd to 5th decade of life. Incidence of disease was found notably higher in females (66.66%).Majority of the patients (80%) Hindu religion;(86.66%) married. Out of which, maximum (53.33%) housewives; about (53.33%) belonged to poor class; max. (53.33%) *Vata-Kaphaj Prakriti*; (60%) *Madhyama Sara*, (40%) *Madhyama Samhanan*, (73.33%) patients of *Madhyama Satmya*, (73.33%) *Madhyama Satva*, (53.33%) *Madhyama Ahara Shakti*, (60%) *Avara Vyayama shakti*, (46.66%) *madhyam*

Vyayama shakti, (46.66%) *Madhyama Koshta* whereas (46.66%) *Kroora Koshta*, max. (53.33%) *Mandagni* & (46.66%) *Vishamagni*. In this type of *Koshta* & *Agni* there is predominance of *Vata* & *Kapha Dosha*, which may play important role in developing the pathogenesis of *Amavata*. Max.(66.66%) duration of illness < 4yrs, max. *Ati guru Ahara sevana* (66.66%) then *Singdha Ahara* (60%), *Ati Madhura* (60%), *Adhyashana* (86.66%), *Vishamashana* (66.66%), *Divasvapna* (86.66%)and *Nishchalata* (80%), *Bhojanottara Vyayama* (73.33%)& *Ratri Jagarana* (66.66%),*Chinta* (33.33%), *Bhaya* (13.33%), *Shoka* (6.66%), (40%) patients had positive family history of the disease, (100%) patients had pain in joint ,stiffness of joint, swelling of joint, tenderness at joint , *Angamarda*, *Aruchi* ,*Apaka* and *Jwara* ; (86.66%) restriction of movement, *Bahumutrata* and *Alasya*; (86.66%) *Gaurava* & (73.33%) *Trishana* before the treatment; Max. (73.33%) wrist joint, then (86.66%) patients were had proximal interphalangeal (hand) joint involvement, (93.33%) distal interphalangeal & metacarpophalangeal joint, (80%) elbow joint, (60%) shoulder joint, (73.33%) ankle joint, (53.33%) knee joint involvement, (60%) Metatarsophalangeal and (13.33%) had tempo - mandibular joint involvement.

RESULTS

Effect of therapy in subjective Parameters of 15 patients of *Amavata* (RA)

Table No. OR- 1: Showing effect of Therapy in Subjective Parameters.

(Wilcoxon matched paired single ranked test)

Variable	Mean		Mean Diff.	% Relief	SD±	SE±	P	S
	BT	AT						
Pain in joint	5.13	1.13	4.0	77.927	0.5345	0.1380	<0.0001	HS
Stiffness of joint	2.40	0.80	1.6	66.67	0.5071	0.1309	<0.0001	HS
Swelling of joint	1.73	0.46	1.27	73.11	0.4577	0.1182	<0.0001	HS
Restriction of movement	1.46	0.26	1.2	81.80	0.6761	0.1746	<0.001	HS
Tenderness at joint	1.73	0.40	1.33	76.92	0.4880	0.1260	<0.0001	HS
<i>Angmarda</i>	2.46	0.26	2.20	89.18	0.4140	0.1069	<0.0001	HS
<i>Aruchi</i>	2.00	0.40	1.6	80	0.5071	0.1309	<0.0001	HS
<i>Trishna</i>	1.26	0.53	0.73	57.88	0.5936	0.1533	<0.01	HS
<i>Alasya</i>	1.66	0.33	1.33	79.96	0.8165	0.2108	<0.001	HS
<i>Gaurava</i>	1.80	0.46	1.34	74.06	0.8165	0.2108	<0.001	HS
<i>Jwara</i>	1.86	0.40	1.467	78.57	0.6399	0.1652	<0.0001	HS
<i>Apaka</i>	1.80	0.33	1.47	81.50	0.5164	0.1333	<0.0001	HS
<i>Bahumutrata</i>	2.00	0.40	1.60	80.00	0.9856	0.2545	<0.001	HS

(Gr.:Group, BT:Before treatment, AT: After treatment, Diff.: Difference, SD : Standard Deviation, SE: Standard Error, P: P value, S :Significance level ,HS: Highly Significant S: Significant).

Showed that highly significant results regarding all subjective parameters - pain in joint, stiffness of joint, swelling of joint, restriction of movement, tenderness at joint, *Angamarda, Aruchi, Trishna, Alsaya, Gaurava, Jwara, Apaka & Bahumutrata* with percentage improvement of 77.92%, 66.67%, 73.11%, 81.80%, 79.92%, 89.18%, 80%, 57.88%, 79.96%, 74.06%, 78.57%, 81.50%, & 80% respectively.

Effect of therapy in Objective Parameters of 15 patients of *Amavata* (RA)

Table No.OR- 2: Effect of Therapy on Lab Investigations (Paired 't' Test)

Variable	Mean diff.		Mean Diff.	% Relief	SD±	SE±	T	P	S
	BT	AT							
Hb% (gm %)	11.90	12.20	0.30	3.492	0.8681	0.2241	1.309	>0.05	NS
TLC	8400	7273	1126	13.41	1931.5	498.71	2.259	<0.05	S
ESR	45.20	25.66	19.54	43.21	12.575	3.247	6.016	<0.0001	HS

(Hb-Haemoglobin; TLC-Total leucocytes count; ESR-Erythrocyte sedimentation rate ,Gr. : Group B T: Before treatment, AT: After treatment, Diff.: Difference, SD :Standard deviation, SE: Standard Error, P : P value, S :Significance level, HS: Highly Significant S: Significant, NS: Non Significant)

In case of Objective parameters - Hb% has shown non significant result with $P > 0.05$ with percentage of relief of 3.49%. In case of TLC has shown significant results found with p value < 0.05 & an improvement of 13.41%. And in case of ESR has shown highly significant results found with $P < 0.0001$ & an improvement of 43.21%.

Overall effect of therapy - In present study –overall effect of therapy as follow.

Effects	Group I	
	No.of Patients	Percentage
No relief (Unchanged)	00	00
Mild relief	01	6.66
Moderate relief	02	13.33
Significant relief	09	60
Excellent relief	03	20

In group B- Excellent relief was found in 20 % of patients, while significant relief in 60%, moderate relief in 13.33% whereas 6.66 % were found mild relief.

DISCUSSION

Ingredients of *Alambushadi Ghana Vati* are *Alambhusha (Lajjalu)*, *Gokshur*, *Haritaki*, *Bibhitaki*, *Amalaki*, *Shunthi*, *Amrita*, *Trivrutta*, in the proportion of 1:2:3:4:5:6:7:28 i.e. having highest concentration of *Trivrutta* with their *Kapha Vata Shamaka* and *Virechana* properties^[6] help in reducing the swelling in the joints.

In this combination, *Katu*, *Tikta* dominant *Rasa* in this formulation thus help in digestion of *Ama* & finally in breakage of pathogenesis of Disease. Besides this, there is dominancy of *Laghu*, *Ruksha Gunas* in the *Alambhushadi Ghana vati* which also helps in *Kaphasghna* property. 5 *Dravyas* out of 8 in the formulation possesses *Laghu* & *Ruksha Guna*. This formulation is also dominantly has 5 *Dravyas* with *Ushna virya* which also helps to pacify the *Vata Dosha*. 6 *Dravyas* with *Shothahara* & *Anulomana* property. With these properties of *Alambushadi Ghana Vati* to digest the *Ama* & to control the *Vata Dosha*.

Guduchi is also proved to have anti-rheumatic, anti-inflammatory and immune-modulatory properties.^[7] *Sunthi* is also proved beneficial for in terms of rheumatic and musculoskeletal disorders provided relief from pain and swelling.^[8] *Triphala* having *Rasayana*, *Tridosahara* & *Virechana* properties^[9] helps in reducing the swelling in the joints. *Gokshura* with their diuretic properties, help in reducing the swelling in the joints, so it is *Vata Shamaka*.^[10]

Probable mode of action of *Vaitarana Basti*

Vaitarana Basti has been clearly mentioned by *Chakradutta* in *Niruhadhikara 73/32*. Ingredients of *Vaitarana Basti* are *Amalika (Email)*, *Guda*, *Saindhava*, *Gomutra* & *Taia taila* in the proportion of 4:2:1:16: as per requirement. As a whole the qualities of *Vaitarana Basti* can be considered as *Laghu*, *Ruksha*, *Ushna*, *Tikshna*. Majority of the drugs are having *Vata-kaphashamaka* action. Owing to this property, antagonism to *Kapha* and *Ama* the *Basti* help in significant improvement in sign and symptom of disease. The *Tikshna Guna* of *Basti* help in overcoming the *Srotodushti* resulting due to 'Sanga'. Thus help in breaking down the pathogenesis of disease.

Basti therapy may be stimulator for many intra-luminal, luminal and whole body functions. *Basti Karma* exerts a more systemic action besides exerting local action of operating through large intestine involving enteric nervous system. Enteric nervous system is a collection of neurons in the gastro-intestinal tract constituting the brain of gut. Apart from its influence on GIT, enteric nervous system also influences the

autonomic nervous system thereby producing systemic affect^[11].

Vata is very important *Dosha* to be managed during treatment of any disease as *Acharya* told that other *Doshas* are handicapped without *Vata Dosha*, & *Basti* is very important therapy to manage *Vata Dosha*, & is called as *Ardhachikitsa*.^[12]

As a whole the effect of *Basti* can be summarized as encolonial (action on tissue of colon), endcolonic (action inside colon), and diacolonic (for systemic action). Thus *Basti Dravya* after reaching to large and small intestine get absorbed from intestine, now due to *Laghu, Ushna, Tikshna* and *Ruksha Guna of Vaitarana Basti Dravya*, it breaks the obstructions and expels out the morbid material from all over the body, thus help in breaking down the pathogenesis of disease. Here *Anuvasana Basti* is used so as to avoid the vitiation of *Vata* due to continuous use of *Vaitarana Basti*. *Niruha Basti* helps in elevating the *Avarana of Vata* by *Kapha*. Reduction in this *Avarana* was seen as there was improvement of *Kaphavrita Vyana* symptoms. *Basti* help in *Vatanulomana* thus help in correcting the *Apana*.

GENERAL OBSERVATION MADE DURING THE TRIAL

1. During the trial, it was observed that in *Vata Pittaja Prakriti* patients, there was less holding capacity of the *Basti Dravya*. In these patients the dose of *Gomutra* was lowered, along with overall *Basti* quantity to seek the expected results.
2. In some cases with the same recommended quantity we came across, abdominal discomfort which could be alleviated with reduction in quantity.
3. Just after *Samyaka Basti Nirharana* patient felt very light and enthusiastic.

CONCLUSION

- *Amavata* can be concluded that hypo-functioning of *Agni* termed as *Mandagni*, largely responsible for the formation of *Ama* which chief pathogenic factor of the disease.
- It is observed that symptomatology of *Amavata* very closely resembles with the disease Rheumatoid Arthritis.
- From this study, it is concluded that non-compliance of code of healthy diet, selection and eating plays a major role in causation of disease. Hence, we can say that code and conduct of healthy eating must be followed to achieve early and better results of the disease.

- Finally, it can be concluded that *Alambushadi Ghana Vati & Vaitarana Basti* provided better relief in most of the sign and symptom of the disease at significant level. It also considerably prevents the relapse.

Future Recommendation for the Study

1. In the present study the size of sample was small and period of study was limited. Hence it is difficult to draw a definite conclusion regarding this study. In this context, it is suggested that the study should be continued with large sample and treatment for longer duration.
2. Objective parameters like CRP, ASL-O, RA Factor, etc. should be measured by quantitative method i.e. titration for the better assessment of response of therapy.

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सारांश

प्रसंग: आयुर्वेद जीवन का एक विज्ञान है। आयुर्वेद ने गंभीर रोग के प्रबंधन में सबसे महत्वपूर्ण जगह ले ली है। नैदानिक उपस्थिति के कारण आमवात (गठिया वात) कि तुलना रुमाटाईड अरथायटिस के साथ कि जा सकती है। इस रोग कि व्यापकता के कारण , समाज में ज्यादा प्रसार और प्रभावी दवा की कमी के कारण, इस रोग को अध्ययन के लिए चुना है। जनसंख्या का लगभग ०.८% की व्यापकता है ।

उद्देश्य: आमवात (रुमाटाईड अरथायटिस) के प्रबंधन में अलम्बुषादि घनवटी और वैतरण बस्ती के प्रभाव का आकलन करने के लिए अध्ययन।

सेटिंग्स और डिजाइन: एकल केंद्रित और खुली नैदानिक अध्ययन।

विधियों और सामग्री: आमवात के 15 चिकित्सकीय निदान रोगियों को अलम्बुषादि घनवटी को २ टैब (प्रत्येक ५०० मिग्रा.) दिन में तीन बार गुनगुने पानी के साथ भोजन के बाद ३० दिनों के लिए दिया गया और वैतरण बस्ती- (१५ बस्ति) भोजन के बाद साथ-साथ दी गई थी।

परिणाम: सांख्यिकीय विश्लेषण के आधार पर जब वैतरण बस्ती अलम्बुषादि घनवटी के साथ प्रयोग करने के बाद ईएसआर में सांख्यिकीय अत्यधिक महत्वपूर्ण सुधार पाया गया और आमवात के लक्षणों में अत्यधिक महत्वपूर्ण परिणाम पाये गये है। और २०% रोगियोंमें उत्कृष्ट राहत देखी गई, ६०% रोगियों मध्यम राहत मिल गई , १३.३३% रोगियों में महत्वपूर्ण राहत, और ६.६६% रोगियों को हल्कि राहत मिली है ।

निष्कर्ष: आमवात(रुमाटाईड अरथायटिस)के चिकित्सा प्रबंधन में अलम्बुषादि घनवटी और वैतरण बस्ती में प्रभावी है।

मुख्य-शब्द: आमवात , अलम्बुषादि घनवटी, वैतरण बस्ती, रुमाटाईड अरथायटिस