

ROLE OF VAITARANA BASTI AND SHAMAN MEDICINES IN THE MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS): A CASE STUDY

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ABSTRACT

RA is a chronic multisystem disease of unknown cause. Though the most prominent manifestation of RA is inflammatory arthritis of the peripheral joints, usually with a symmetrical distribution, its systemic manifestations include haematologic, pulmonary, neurological and cardiovascular abnormalities. RA is the second most common form of chronic arthritis and affects approximately 1% of the population worldwide. In *Ayurveda Amavata* has a high resemblance to RA. *Acharya Madhavakar* was the first to give a detailed description of *Amavata*. *Amavata* mainly produced by *Ama dosha* and vitiated *Vata dosha* which leads to metabolic and rheumatological dysfunction in body. **Aim:** To study the effect of *Vaitarana Basti* and *Shaman* medicines (*Mahavatavidhvansak Rasa & Vishtindukadi Vati*) in the

management of *Amavata* (RA). **Materials and Methods:** The present case study is upon a 19 years old diagnosed case of *Amavata* with complaints of pain in left hip joint, mild fever and morning stiffness, at the *Kayachikitsa* OPD of Pt. Khushilal Sharma Govt. Ayurvedic Hospital Bhopal. The patient was treated with *Vaitarana basti* along with *Mahavatavidhvansak Rasa & Vishtindukadi Vati*. Duration of study is 32 days. Assessment was done on the basis of symptomatic relief and biochemical and serological changes in laboratory test. **Observation:** *Vaitarana Basti* and *shaman* medicines yielded symptomatic relief and reduced the level of ESR and CRP after treatment. **Conclusion:** On the basis of result obtained it can be concluded that *Vaitarana Basti* and *Shaman* medicines (*Mahavatavidhvansak Rasa & Vishtindukadi Vati*) can be used as effective treatment in the management of *Amavata* (RA).

KEYWORDS: Rheumatoid Arthritis, *Amavata*, *Vaitarana Basti*.

INTRODUCTION

Musculoskeletal symptoms are a major cause of pain and disability, accounting for a quarter of all GP consultations with significant economic consequences. The autoimmune rheumatic disorders, although much less common, cause significant morbidity and may be fatal if not recognized and treated early.^[1] RA is a common form of inflammatory arthritis, occurring throughout the world and in all ethnic groups. The prevalence of RA is approximately 0.8 to 1.0% in Europe and Indian subcontinent, with a female to male ratio 3:1.^[2] The condition has high association with HLA-DR4 and HLA-DR1 and familial aggregation. This association is particularly marked in those RA cases who have CCP antibodies. The onset of disease is insidious, beginning with prodrome of fatigue, weakness, joint stiffness, vague arthralgias and myalgias. This is followed by pain and swelling of joints usually in symmetrical fashion, especially involving joints of hands, wrists and feet.^[3] The diagnosis of RA is essentially clinical since there is no specific laboratory test to diagnosis it. ARA(American Rheumatism Association) has given the criteria for diagnosis. The patient score >6 are considered to have definite RA.^[4] In *Ayurveda* RA through its sign and symptoms can be correlated with *Amavata*. *Amavata* as a separate disease is not described in *Brihatrayi*, but in *Charak Samhita* the word *Amavata* has been used in context of *Avarana* of *Vata* by *Ama* (*Ch.Chi.28/195*) and in commentary on *Sushruta Samhita* '*Ayurveda Rahasya Deepika*' by Dr. *Bhaskar Govind Ghanekar* has dealt with *Amavata Vyadhi*. *Bhela Samhita* described a chapter entitled '*Atha Ama Pradoshiya*' (*B.S.Su.10/1-2*) and here all *upakramas* of this *Ama Pradosha Janya Vyadhies* seem like that of disease *Amavata*. *Acharya Vagbhatta* who has first described *Samavata* (*A.H.Ni.*), a morbid state which arises with the combination of *Ama* and *Vata*, the signs and symptoms of *Samavata* are similar to *Amavata*. First time its detailed description is available in medieval period text *Madhava Nidana*. *Viruddhahara* (Unwholesome Diet), *Viruddhacheshhta* (Erroneous Habits), *Mandangni*(Diminished *Agni*), *Nishchalata*(Sedentary Life) and exertion immediately after taking *Snigdha Ahara* are main causative factors for disease *Amavata*. *Angamarda* (myalgia), *Aruchi* (anorexia), *Trishna* (thirst), *Alasya* (laziness), *Gourava*(heaviness), *Jwara*(fever), *Apaka*(indigestion), *Angashunata*(oedema) are sign and symptoms described by *Madhavkar*.^[5] In *Adhunika Kaal Shri Ganath Sen* classified the joint diseases into five types including an entity termed as *Rasavata* which has been suggested as a synonym of *Amavata*. Prof. *Y. N. Upadhyaya* and others have equated *amavata* with Rheumatoid Arthritis. RA affect the quality of life of individuals, inspite of

many advances the modern management (NSAIDS, DMARDS etc.) remains unsatisfactory. In this research paper a holistic approach is evaluated the role of *Vaitarana Basti* and some *shaman* medicines in management of *Amavata*. *Vaitarana Basti* as per *Ayurvedic* guidelines and effect of *Shaman* medicines (*Mahavatavidhvansak Rasa & Vishtindukadi Vati*) will be observed with respect to its clinical effect on symptomatic relief and biochemical changes (ESR, RA factor and CRP) in investigation.

AIM AND OBJECTIVES

- To study the effect of *Vaitarana Basti* and *Shaman* medicines (*Mahavatavidhvansak Rasa & Vishtindukadi Vati*) in the management of *Amavata* (RA).

MATERIAL AND METHODS

- Selection and Source of patient

For this study, patient was registered from OPD of *Kayachikitsa* department and admitted in private IPD of Pt. Khushilal Govt. (Auto.) Ayurveda Hospital Bhopal.

- Plan of study

Patient taking allopathy medicine was stopped during the study period.

The drugs required for *Vaitarana Basti* procured and prepared in *Prakalp* of *Panchkarma* in Pt. KLS Govt. Ayurveda Hospital Bhopal.

- Duration of study

32 days

CASE STUDY

A 19 years old male patient Ayush Mishra was admitted to hospital with chief complaints of pain in left hip joint, mild fever and morning stiffness that lasted throughout the day.

HISTORY OF PRESENT ILLNESS

Patient was apparently normal 3 months back than gradually pain started in right hip joint and became worse. immediately he visited near by hospital in Indore itself with primary treatment than came to Bhopal and admitted in Bansal hospital Bhopal. After having initial medication (oral and IM injections) for one an half month. He got temporary relief and symptoms were under control with medication but later on went through severe pain radiates to left hip joint basically left at the head of femur. He stopped the medications abruptly before 2 days (before coming to OPD) after which the symptoms were aggravated and restricting his daily

activities. Patient was not getting much relief with allopathic medicines so he came to Ayurvedic Hospital Bhopal on 21/01/2020 for Ayurvedic treatment.

HISTORY OF PAST ILLNESS

- Medical history- on medication advised by MBBS physician.
- Surgical history- no
- Psychiatric history- no

PERSONAL HISTORY

- Addiction- no, Occupation- student, Appetite- normal, Sleep- disturbed (due to pain), Bowel- clear, Micturition- normal, no allergies for any kind of food.

GENERAL EXAMINATION

- Pallor, icterus, cyanosis, clubbing and oedema absent.
- Lymph node not palpable.
- BP, pulse, SpO₂ all vitals are stable.

SYSTEMIC EXAMINATION

- RS, CVS, P/A normal.
- Locomotor System:

Inspection- localized swelling present on left hip joint, gait slow and painful.

Palpation- tenderness present at left hip joint.

Joint movements- flexion, extension and lateral bending of lumbar spine is painful.

INVESTIGATION

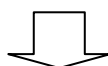
- On 16th December 2019 MRI-LS Spine was done which showed no significant abnormality seen in the spine.
- On 18th December 2019, uric acid was 3.7mg/dl and RA factor negative.
- On 25th December 2019, HLAB-27 negative
- On 30th December 2019 MRI Pelvis with whole spine screening revealed Sacroillitis involving both SI joints with comparatively acute sacroillitis on right side.
- On 1st January 2020, HbsAg and HIV test were negative, CRP 54.1mg/L(increased), G6PD test was normal.

- On 2nd January 2020, In lab investigation CBC was done which revealed Hb-14gm/dl, MCH-38.46pg, Neutrophill count-10956/cmm, Lymphocytecount-4648/cmm, ESR-72/hr all these findings are increased and rest CBC was normal.
- On 4th January 2020, Interferon Gamma release assay was done which was negative.
- On 19th February 2020, CRP 5.8mg/L(normal), RA factor negative and ESR 40mm/hr.

SAMPRAPTI (PATHOLOGY) [*Madhav Nidana 25/1-5*]

Nidana sevana:

Viruddhahara, Viruddhacheshhta, Mandangni, Nishchalata etc.



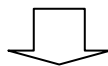
Mandangni

(SANCHAYA)



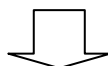
Amotpatti evam Vataprakopa

(PRAKOPA)



Dushita Amarasa enters the Dhamani by Dushita Vata

(PRASARA)

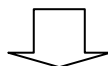


Dushita Amarasa lodged in kaphasthanana i.e. trika, urah, amashaya, sandhi etc.

(SHTHANASAMSHRAYA)

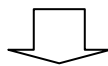


Rasavahasrotosanga



Angamarda, Aruchi, Trishna etc. symptom complex

(VYAKTAVASTHA)



Manifestation of *Amavata*

TREATMENT REGIMEN

This diagnosed case of *Amavata* admitted in male general ward of Pt. K. L. S. Govt. Ayurveda Hospital, Bhopal and undergo following procedures:-

S. No.	Treatment	Drug used	Dose	Duration
1.	<i>Sarvang Snehan</i> and <i>Nadi Swedan</i>	<i>Mahavishagarbha</i> oil & <i>Dashmool siddha Kwath</i>	Q. S.	16 days
2.	<i>Basti plan</i>	<i>Niruha Basti (Vaitarana basti)</i> <i>Anuvasana Basti (Saindhvadi tail)</i>	350ml 60ml	16 days
3.	<i>Shaman</i> medicines	<i>Mahavatavidhvansak Rasa</i> ^[6] <i>Vishtindukadi Vati</i> ^[7]	125 bd 125bd	30 days

INGREDIENT OF VAITARANA BASTI^[8] (*Chakradutta, Nirooha Adhikara 73/31*)

S.No.	KWATHA DRAVYA	ENGLISH/BOTANICAL NAME	QUANTITY
1.	<i>Saindhava lavana</i>	Rock salt	1 Karsha (12gm)
2.	<i>Guda</i>	Jaggery	½ Pala (24gm)
3.	<i>Tila tail</i>	Sesame oil	<i>Eeshat</i> (60ml)
4.	<i>Amleeka</i>	<i>Tamarindus Indica</i>	1 Pala (48gm)
5.	<i>Gomutra</i>	Cow urine	1 Kudava (192ml)

BASTI SCHEDULE ADMINISTRATION IN THE PATIENT

DAY	BASTI	DOSE	TIME OF BASTI ADMINISTRATION	TIME OF BASTI PRATYAGAMANA	COMPLICATION (IF ANY)
5/02/2020	A	60ml	12:00 pm	5:00pm	Nil
6/02/2020	N	350ml	10:15am	10:30am	Nil
7/02/2020	N	350ml	10:00am	10:20am	Nil
8/02/2020	N	350ml	11:00am	11:20am	Nil
9/02/2020	N	350ml	10:30am	10:40	Nil
10/02/2020	N	350ml	10:30am	11:00am	Nil
11/02/2020	N	350ml	10:30am	11:00am	Nil
12/02/2020	A	60ml	1:00pm	5:00pm	Nil
13/02/2020	N	350ml	11:15am	11:35am	Nil
14/02/2020	N	350ml	10:00am	10:15am	Nil
15/02/2020	N	350ml	10:00am	10:20am	Nil
16/02/2020	N	350ml	11:00am	11:15am	Nil
17/02/2020	N	350ml	10:00am	10:20	Nil
18/02/2020	N	350ml	11:00am	11:20am	Nil
19/02/2020	N	350ml	10:00am	10:20am	Nil
20/02/2020	A	60ml	12:30pm	6:00pm	Nil

ASSESSMENT CRITERIA

- Gradation pattern-Assessment will be done on the changes in the subjective and objective parameters before and after treatment.
- Each sign and symptom is graded and a numerical value is given for assessment of results. The change and relief in symptoms was observed on completion of treatment.

•Clinical assessment^[9]:

S. No.	SYMPTOMS		SCORING	BT	AT
1.	Joint pain (CCRAS Protocol)	<ul style="list-style-type: none"> No pain Pain occasional, can be managed without drug Pain frequent and can be managed with some pain killer Pain persistent and unmanageable even with drugs 	0 1 2 3	3	0
2.	Morning stiffness (CCRAS Protocol)	<ul style="list-style-type: none"> No stiffness Early morning stiffness upto 30 minutes Early morning stiffness more than 30 minutes and less than 45 minutes Morning stiffness more than 45 minutes 	0 1 2 3	3	0
3.	Tenderness (CCRAS Protocol)	<ul style="list-style-type: none"> No tenderness Tenderness but bearable Tenderness and winced Tenderness winced and withdraw 	0 1 2 3	3	1
4.	Swelling (CCRAS Protocol)	<ul style="list-style-type: none"> No swelling Just covering the bony prominences Considerably above the land marks may be with positive fluctuation 	0 1 2	2	0
5.	Gait	<ul style="list-style-type: none"> Normal gait Pain occasionally Walk with support or mild pain Walk with support with severe pain Unable to walk 	0 1 2 3 4	3	0

•Assessment of biochemical changes:

S. No.	ESR (mm/hr) (CCRAS Protocol)	SCORE	BT	AT
1.	<20	0		
2.	21 to 40	1		
3.	41 to 60	2	3	1
4.	61 to 80	3		
5.	>80	4		

•Assessment of serological changes:

S. No.	TEST		SCORE	BT	AT
1.	RA factor (CCRAS Protocol)	Negative	0	0	0
		Positive	1		
		Strongly positive	2		
2.	CRP	0-6	0	2	0
		6-10	1		
		>10	2		

RESULT

Result has obtained by Wilcoxon matched pairs signed ranks test.

Mean BT	Mean AT	MD	% Relief	SD	SE	P value
2.375	0.2500	2.125	89.47%	0.9910	0.3504	0.0156

INTERPRETATION

Result revealed that before treatment mean score was 2.375 with $SD \pm 1.061$ which was brought down to 0.2500 with $SD \pm 0.4629$ after treatment, which showed significant result given at 95% CI and P-value $<0.05(0.0156)$.

DISCUSSION

In *Ayurvedic* management of *Amavata* there is indication of *Vaitarana Basti* in *Chkradutta* (in *Nirooha Adhikara*), *Vangsen* (in *Bastikarma Adhikara*) and *Vrindmadhava*. According to *Garuda Purana* 'Vaitarana' is the name of river, which a person is supposed to cross during his death. This *Basti* is powerful in a sense that it can bring back life of a person who is about to cross the *Vaitarana* river (*Shabdakalpadruma*). The concept for *Vaitarana Basti* formulation for this RA patient has been taken from *Chakradutta*. Each ingredient of *Vaitarana Basti* plays important role in alleviate *Ama* and vitiated *Vata* in the body. *Saindhava lavana* is *sukshma* and *teekshna* in properties, it helps to pass the drug molecule in systemic circulation. *Guda* along with *saindhava lavana* makes homogenous mixture, to form a solution having properties to permeable water easily. *Tila tail* is *sukshma*, *vyavayi*, *vikasi*, *sara* and *teekshna* in properties, therefore it is *Vataghna* and does not aggravate *Kapha dosha*. *Chincha* (*Tamarind*) is having *Vata-Kaphashamaka*, *Ruksha* and *Ushna* properties, it helps in counteracting the *Ama dosha*. *Gomutra* is chief content of *Vaitarana Basti*, having *katu*, *ushna*, *laghu*, *ruksha* and *tikshna* *guna*, it is useful in *srotovishodhana* and *vatanolomana*, thus when administered reaches up to the micro and macro level due to its *virya*, remove the obstruction and expels *Ama* and *Kapha-Vata dosha* out of the body. According to *Acharya Charaka* the given *basti* enters into the *Pakvasaya*, by its *virya* draws

the morbid *dosha* lodged in the entire body from foot to head, just as the sun absorbed the moisture from the earth.^[10] In this patient ESR and CRP level brought down to after completion of *Vaitarana Basti. Mahavataavidhvansak Rasa* contains *Vatsanabha* (*Aconitum ferox*) which is *avasadak* and *shoolnashak* in nature (*Aushadhi Guna Dharma Shastra*), so it reduced severe left hip joint pain in this patient. *Vishtindukadi Vati* contains *Kuchala* (*Strychous nuxvomica*), it is *tikta-katu* in *rasa*, *ruksha-laghu-tikshna* in *guna*, *katu vipaki* and *ushna virya*, therefore it is *shoathanashaka* (anti-inflammatory), *shoolnashak* (analgesic) and stimulant of *nadivahasansthana*.

CONCLUSION

On the basis of this case study it concluded that *Vaitarana Basti* and *Shaman* medicines (*Mahavataavidhvansak Rasa & Vishtindukadi Vati*) work effectively in the management of *Amavata*. This *Ayurvedic* management prevent the progression of disease and improving the quality of life of the patient. This case study evaluated the effective management of *Amavata* (RA) through *Ayurveda* perspective.

ABBREVIATIONS

RA: Rheumatoid Arthritis

ESR: Erythrocyte Sedimentation Rate

CRP: C- Reactive Protein

BT: Before Treatment

AT: After Treatment

MD: Mean Difference

SD: Standard Deviation

SE: Standard Error

CI: Confidence Interval

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