



Research Article

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COMPARATIVE CLINICAL STUDY OF BASTI IN DHANYAMLA SAHITA ERANDAMoola (*RICINUS COMMUNIS* LINN) BASTI AND PLAIN ERANDAMoola BASTI IN VATA VYADHI WITH SPECIAL REFERENCE TO RETENTION TIME

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ABSTRACT

The study was conducted by dividing 40 clinically diagnosed patients of katigatavata into 2 groups with an aim to study the comparative role of dhanyamla sahita erandmool basti with plain erandmool niruha basti in vatavyadhi with special reference to retention time and to study the role of amla rasa in various symptoms of vataprakopa with special reference to retention time. Both the groups were administered yoga basti karma (8 days). Anuvasan basti was common in both the groups of til tail 120 ml. It was observed that both the groups were found to be effective in katigatavata, but differences in retention time and pratyagam kala were studied on the basis of prakriti.

Keywords: Basti, amla rasa, vatavyadhi, dhanyamla, retention time.

INTRODUCTION

Various combinations are suggested to be used in basti treatment by yukti pramana. Generally, basti chikitsa is the apt for vataja disorders¹. It is also the best treatment suggested for provoked vata as “basti vata haranam shreshtham”.² While describing mechanism of basti, it is specifically mentioned as useful in the disorders of vata in the area of umbilicus-lumbar and laterals of chest region. “ nabhi pradesha kati parshwa kukshi gatva ”.³

The three tastes viz. Sweet, sour, and salty are the best to pacify vata. Even charaka had also chosen the medium of tastes to explain various drugs useful in asthapanam or niruhabasti through the way of “shadaasthapanam skandha” in vimana sthana.⁴ So if one use these three tastes along with basti treatment that will definitely have the best impact over vata in terms of effects.

While preparing basti along with honey (sweet), saindhava (salty), generally sour taste is not used in any form except certain specific basti. So from amla rasa asthapanam skandha “ dhanyamla “ was chosen for boosting the efficacy to pacify vata through that basti. Thus, keeping this concept in mind efficacy of amla rasa on vata vyadhi through asthapanam basti was studied.

“Katigatavata” is one of the commonest diseases in 3rd and 4th decade of life and is one of the most expensive benign medical complications causing restricted movements thus hampering daily chores of life.

The importance of back pain in world is underscored by the following:

- The 70-80% of world population suffers from backache at some point of their life. The present age speed and competition had increased stresses and strains resulting in to increasing the prevalence of life style related health problems.

- Back symptoms are the most common cause of disability in patients under 45 years of age.
- 50% of working adults, in one survey, admitted to having a back injury each year and
- Approximately 1% of the population is chronically disabled because of back pain.
- According to a survey, low back pain is extra ordinarily common, and second only to the common cold

Katishoola is not directly mentioned in brihatraya but references permit us to treat it as a individual pathology. Disease similar in Ayurvedic texts to katishoola are katuruja, kativednam, katitoda, katistambh, katigraha, katisandhi sphuranam, kati bhanjanam, trikshool and katigraha is mainly due to pakvashayagata vata.⁵

Amla rasa specifically mentioned in pacifying the provoked vata (vatashamaka) and in regulating vata in a proper direction which is diverted from its normal path as ‘vata anulomaka’^{6,7,8}

Aim

To study the comparative role of dhanyamla sahita erandmool basti with plain erandmool niruha basti in vatavyadhi with special reference to retention time.

Objectives

To study the role of amla rasa in various symptoms of vataprakopa with special reference to retention time.

MATERIALS AND METHODS

A detailed study of katigata vata and its effect on life quality was done, along with selected drugs. Various books of ayurveda, modern science and internet web pages related to the subject were referred.

Drugs

The trial drug dhanyamla is taken from charaka vimanasthana and it is mentioned in asthapangana. Other than this the basic ingredients for the basti kalpana were same for both the groups, e.g. madhu, saindhav choorna, til tailam, shatpushpa choorna, erandmoola bharad and water. 9, 10, 11

Patients

40 patients of katigata vata which also included patients of katishoola, katuruja, kativednam, katitoda, katistambh, katigraha, katisandhisphuranam were randomly selected and divided into two groups i.e. Group A & Group B of 20 patients each as Group A of dhanyamla (amla rasa dravya) sahita eranda moola kwath basti and group B as plain eranda moola niruha basti.

Ethical clearance no-M.U.H.S/E-3-T/PG/3204/2221/13 was granted by Institute Ethical committee for this study.

Clinical study

Inclusion criteria

- Patient selection was irrespective of sex, religion, education, occupation and economical status.
- Patient age criteria were from 20-60 yrs.
- Bastiaraha
- Patient complaining of katishool, katigraha, katitoda, kativednam.

Exclusion criteria

- Patient of katishool having congenital structural deformities. Patient diagnosed as potts spine.
- Patients seeking surgical care.
- Basti anaraha patients according to texts
- Patient not willing to attend clinical trial.
- Patient not willing to give written consent

Plan of treatment

Group A

Erandmoola kwath +dhanyamla (amla rasa dravya) basti in yoga basti krama with til tail.

Group B

Erandmoola kwath without dhanyamla basti in yoga basti krama with til tail.

Duration and doses

Drug	Niruha-erandmoola niruha basti with or without dhanyamla. Anuvasan-til tail
Dose	Niruha-720 ml Anuvasan-120 ml
Kal	Niruha- abhukta Anuvasan- adrapaninam bhojan (immediately after meals)
Duration	Yogbastikrama- D1, D3, D5, D7, D8-anuvasan basti D2, D4, D6-niruha basti
Follow up	0, 8th, 24th day

Standard operative procedure (SOP)

Niruha basti dravya poorva karma in Group A & B.

Group A

Group B

Erandmool kwatha	400 ml
Til tail	120 ml
Madhu	80 ml
Shatpushpa kalka	80 gm
Saindhav	5 gm
Dhanyamla	40 ml

Same as that of Group A except Dhanyamla

Assessment criteria

- Assessment of samyak anuvasan lakshanas and samyag niruha lakshanas were done.
- Assessments of samyak niruha basti lakshanas were done.

Various tools are used to assess gradations of symptoms regularly:

Oswestry low back pain disability questionnaire for; Pain intensity, personal care (washing; dressing; etc.), lifting, walking, sleeping, sitting, standing and travelling .

0% to 20%: minimal disability

The patient can cope with most living activities. Usually no treatment is indicated apart from advice on lifting, sitting and exercise.

21%-40%: moderate disability

The patient experiences more pain and difficulty with sitting, lifting and standing. Travel and social life are more difficult and they may be disabled from work. Personal care, sexual activity and sleeping are not grossly affected and the patient can usually be managed by conservative means.

41%-60%: severe disability

Pain remains the main problem in this Group but activities of daily living are affected. These patients require a detailed investigation.

61%-80%: crippled

Back pain impinges on all aspects of the patient's life. Positive intervention is required.

81%-100%: bed ridden

These patients are either bed-bound or exaggerating their symptoms.

Assessment of shool

(Oxford pain chart)

Grade	pain
Score 3	severe
Score 2	moderate
Score 1	mild pain
Score 0	no pain

Visual analogue scale

0 |-----| 10
Mild pain severe pain

0|-----|1
No relief complete relief

Tenderness

Score 4 : very severe (withdrawal to non-noxious stimuli e.g. pin prick, superficial palpation gentle percussion)
 Score 3 : severe (tenderness with withdrawal)
 Score 2 : moderate (tenderness with grimace)
 Score 1 : mild (tenderness to palpation without grimace)
 Score 0 : nil (no tenderness)

Walking time

Walking time of the patient for distance of 10 meters were recorded on 0,8 and 24 days.

Coin test

Patient was asked to pick up the coin from the ground. According to severity, pain gradations were done.
 G₁) can easily pick up the coin.
 G₂) can pick with minimal pain.
 G₃) can pick with moderate pain
 G₄) can't pick.

SLR test

Above 60 ⁰	Grade -0
45-60 ⁰	Grade -1
30-45 ⁰	Grade -2
0-30 ⁰	Grade -3

Table 1: Relation between prakruti and retention

Prakruti	Group A (out of 20) (n1,n2,n3)	Retention time (in min)	Group B (out of 20)	Retention time (in min)
Vatakapha	2	4.8	3	2.1
Kaphavata	5	6.4	3	1.4
Pittakapha	3	7.5	2	3.6
Kaphapitta	3	4.8	1	4.5
Pittavata	3	7.8	4	3.75
Vatapitta	4	6.16	6	3.63

Table 2: Effect of previous niruha basti on the next niruha basti

Type	n1(d2)	n2(d4)	n3(d6)
Dhanyamla sahita niruha pratyagam average	6.35	5.75	7.025
Dhanyamla rahita niruha pratyagam average	2.425	3.325	3.825

Table 3: Effect of previous anuvasana basti on the next anuvasana basti

Type	A1	A2	A3	A4	A5
Dhanyamla sahita anuvasan pratyagam average	126.25	228.5	279.5	361.5	450
Dhanyamla rahita anuvasan pratyagam average	101.5	138.75	151.25	178.5	191

Table 4: Relation of rutu and basti pratyagam Group A & Group B

	Group A	Group B
Rutu	Niruha pratyagam average	Anuvasan pratyagam average
Grishma	6.305555556	319
Varsha	5.095238095	289
Shishir	13.33333333	328
Sharad	7.666666667	276
Hemant	6.666666667	186
Vasant	5.222222222	298

Table 5: Comparison of pratyagam time of niruha and anuvasana basti

	Average niruha pratyagam	Average anuvasan pratyagam
Dhanyamla sahita basti	6.375	289.15
Dhanyamla rahita basti	3.191667	134.5792

RESULT

Two groups were considered i.e. Group A and Group B. Group A took treatment of erandmoola kwath+dhanyamla (amla rasa dravya) basti in yoga basti krama with til tail while Group B is under erandmoola kwath without dhanyamla basti in yoga basti krama with til tail. Each group consists of 20 patients who were monitored for clinical assessment.

The assessment of the patients was specifically made on basis of retention time.

Table 1 shows relations between prakruti and retention distribution of 40 patients of katigata vata. Retention time was maximum in pitta kaph prakruti i.e.7.5 mins in dhanyamla sahita basti and maximum in kaph pitta prakruti i.e. 4.5 in dhanyamla rahita basti group.

Table 2 shows effect of previous niruha basti on the next niruha basti in both groups. In this study it was observed that in dhanyamla sahita niruha basti there was higher retention time and further there was a mild decrease in retention time on 4th day but the retention time increased on 8th day whereas retention time in dhanyamla rahita basti

was less but increasing graph in retention time from 2nd, 4th, 6th day.

Table 3 shows effect of previous anuvasana basti on the next anuvasana basti in both groups. Retention time of anuvasana basti increased in dhanyamla sahita basti whereas we got a significantly increasing graph as compared to dhanyamla rahita basti. Thus in dhanyamla sahita basti there was increasing retention time noticed after previous basti.

Table 4 shows relation of rutu and basti pratyagam in both groups.

Table 5 shows comparison of pratyagam time of niruha and anuvasana basti in both the groups.

We observed that in dhanyamla sahita basti average niruha pratyagam time as well as average anuvasana pratyagam was more as compared to dhanyamla rahita erandmoola basti.

DISCUSSION

In this study amla rasa has been used as guna sangraha as mentioned in the review amla rasa has varied gunas, some even being opposite to each other. Wherever dushti was due to excessive ruksha, ushna gunas as in excessive alcohol, tobacco intake action of dhanyamla basti dosent prove significantly effective. Pratyagam was early, retention time was less hence results were affected. Anuvasana basti in such cases was more useful, anuvasana retention time improved gradually and patients got upashaya after anuvasanbasti than niruha. But side effects were not observed as dhanymla is not atiruksha. In maximum patients post niruha pratyagam was more than one time stating teekshna, bhedan gunas. Thus considering this we can take care of its undue atiyoga lakshanas which may be caused due to atimatra of dhanyamla in the bastidravya. Maximum patients were of madhyama koshta

therefore the dhanyamla quantity which was taken was appropriate.

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