



Research Article

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ANALYSIS OF PANCHAMAHABHOOTA SIDDHANTA WITH SPECIAL REFERENCE TO AMAVATA AND ITS MANAGEMENT THROUGH ERANDAMOOLADI NIRUHA BASTI: A CLINICAL STUDY

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ABSTRACT

Ayurveda has taken the foremost place in the management of crippling diseases. Amavata is one of them. With the march of time, most of the dietary habits, social structure, lifestyle and environment have been changing. Occurrence of Amavata kind of diseases on large scale is one of the outcomes of this modification. From modern point of view, this disease looks similar to Rheumatoid Arthritis in its clinical appearance. It is commonest among the chronic inflammatory joint disease in which joints become swollen, painful and stiff. Drugs that are available in modern science like NSAIDs have gastro-intestinal side effects whereas; DMARDs have renal and hepatic suppression. Hence considering the unpleasant effects of the disease and failure of complete cure through modern medicine, the present single arm study was undertaken with the objectives as to analyze the role of Panchamahabhoota in the manifestation of Amavata and to find out the efficacy of Erandamooladi niruha basti on the basis of Panchamahabhoota and assess its clinical and statistical significance with 5% level of significance.

Keywords: Amavata, Panchamahabhoota, Rheumatoid Arthritis, Erandamooladi niruha basti

INTRODUCTION

Ayurveda, the ancient system of medicine which originated thousands of years before, is a treasure of outputs and data obtained through invasive research program. Based on many remarkable theories, the science has maintained its unique protocol to make the world healthy and happy as well. Amavata is one of the major diseases in the present era, which is mainly induced due to uncontrolled habits developed gradually in society. It was described as a separate disease with its Nidana Panchaka in detail by Acharya Madhava who belonged to the medieval period. A separate chapter on its behalf was explained by Acharya.¹ From the modern point of view, this disease can be more or less compared to Rheumatoid arthritis based on its clinical appearance. "Sarvam dravyam Panchabhoutikam" i.e., all the dravyas existing in the world are made up of Panchamahabhoota and normal physiology, pathology is dependent on the variation in the constitution of these mahabhootas. Panchamahabhoota Siddhanta is more important than any other Siddhantas because, it includes everything into it. For example, the main constituents of the body – Tridosha, Saptadhatu, Trimala etc are all Panchabhoutika^{2, 3}. Panchamahabhoota is able to provide ultimate solution for the doubts in the field of Ayurveda. Basti is said to be the most important constituent of the Panchakarma due to its multiple effects.⁴ The prime cause for the causation of so many diseases, the Vata is being treated efficiently well by Basti⁵. So, in the present study, Basti has been selected as Shodhana procedure. Since Panchamahabhoota is related to both the disease and the treatment, an attempt has been made to establish this relation through this study.

MATERIAL AND METHODS

30 subjects suffering from Amavata, fulfilling the diagnostic and inclusion criteria belonging to either gender, irrespective of socio-economic status or caste were selected for the clinical study. All the 30 subjects were taken under single group and were treated with Erandamooladi niruha basti for 16 days. Study was approved by institutional ethical committee on 13 April 2019. The results were then subjected to statistical analysis.

Analysis of Panchamahabhoota siddhanta in the manifestation of Amavata

It is a well-known fact that Ayurveda is the life science, which is based on the philosophical thoughts and facts, which very much exist in each of the things in this universe. It is the medical science which is brought down directly from the celestial city. Since it is believed to be the knowledge documented directly by Lord Brahma⁶, the Creator himself, it can be proclaimed that this science is based on the philosophical, practical and logical happenings in and around the world. It establishes the fact of Loka Purusha samya, which means whatever is present in universe is present in our body and vice versa. One of the basic and prime factors which exist in common between the individual and the universe is Panchamahabhoota.

In the present study, an attempt has been made in relating to the Nidana, Lakshana and Samprapti of Amavata and its management to Panchamahabhootas and justifies the proven fact, i.e. Sarvam dravyam Panchabhoutikam.

Nidanas

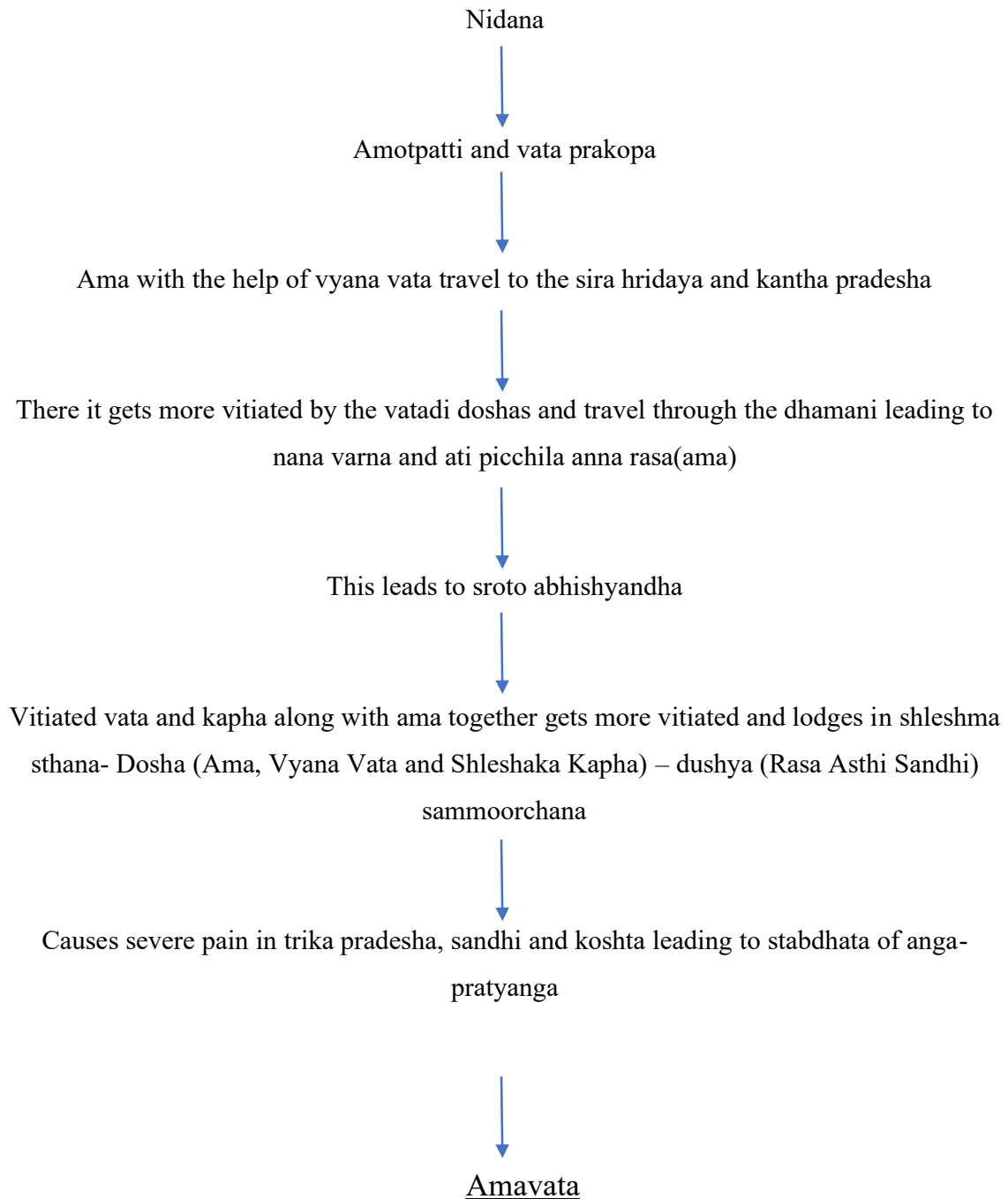
Aharaja nidanas like Viruddhahara- E.g. Consumption of curd during night, consumption of Fruit salad with Ice cream/ banana along with milk, drinking water every day in the morning, consuming cold water after exhaustion, Guru, Abhishyandi Bhojana, Ati Madhura Bhojana and Viharaja nidanas like Viruddhachesta- E.g. Ratri Jagarana, Divaswapna, Sitting / Sleeping in uncomfortable postures; Avyayama; Ativyavaya; Snigdha bhojana anantara vyayama and Nishchalatva and Manasika nidanas like Chinta, Shokha, Bhaya etc are all mainly of Prithvi, Jala and Vayu mahabhoota pradhana (because all are of Kahpa and Vata dominant)⁷

Lakshanas

The pratyatma lakshanas of Amavata- Angamarda, Aruchi, Trishna, Alasya, Gourava, Jwara, Angashoonata etc are mainly of tridosha with the dominance of Vata and Kapha. From this, we can interpret that the lakshanas are with the predominance of Prithvi, Vayu, Jala and Akasha Mahabhoota.⁸

Samprapti

- In the Samprapti of Amavata, the dooshita Ama is mainly of Prithvi and Jala mahabhoota pradhana.
- Prakupita Vata is of Vayu and Akasha mahabhoota pradhana.⁹



Chikitsa

Chakradatta was the one to describe in detail, the chikitsa sootra for Amavata. According to him

*Laganam swedanam tiktam deepanani katooni cha |
Virechanam snehanam bastayachamarute ||*

Among which Basti was mainly selected for the study. Erandamooladi Niruha Basti in the schedule of Kala Basti, was adopted with Brihat Saindhavadhi Taila for Sneha Basti. Considering the properties of the individual drugs of Brihat Sandhavadhi Taila, the Taila in general is formed with the predominance of Agni, Vayu and Akasha Mahabhoota and considering the constituents of each of the Drugs of Erandamooladi Niruha Basti, it can be said that it is formed with the predominance of Agni, Vayu and Prithvi Mahabhoota.¹⁰

Observations

In the present study on Amavata, 30 subjects fulfilling the criteria were incidentally and randomly selected. General Observations like Age, Gender etc. as well as Observations related to the disease were recorded and are given hence forth.

Table 1: Age wise distribution

Age in Years	Trial Group	
	No. of Subjects	Percentage (%)
21 to 30	4	13.33
31 to 40	19	63.33
41 to 50	5	16.66
51 to 60	2	6.66

Table 2: Gender wise distribution

Gender	Trail Group	
	No. of Subjects	Percentage
Male	13	43.33%
Female	17	56.66%
Transgender	00	00%

Table 3: Prakriti wise distribution

Deha prakruti	Trial Group	
	No. of Sub	Percentage
Vata-Pittaja	1	3.33
Vata-kaphaja	15	50
Kapha-Vataja	14	46.66
Sannipataja	0	0

Table 4: Chronicity wise distribution

Chronicity	Trial Group	
	No. of Sub	%
1-2 Years	9	30
2-3 Years	10	33.33
3-4 Years	7	23.33
4-5 Years	4	13.33

Table 5: Symptoms wise distribution

S. No.	Symptom	Mild	Moderate	Severe
1	Sandhishoola	6	8	16
2	Sandhishotha	1	12	17
3	Sandhistabdhatta	0	12	18
4	Angamarda	4	20	6
5	Aruchi	2	21	7

RESULTS

Overall Relief Obtained in the study are taken under the heading of Results. All the 30 subjects registered completed the course of treatment of 16 days and a follow up of 30 days. The results thus obtained before treatment and after follow-up were analyzed statistically and are depicted as mentioned below.

Table 6: Effect of Erandamooladi niruha basti on Sandhishoola

Subjective parameter	Phase	Mean	SD	SE	t – value (calculated)	p* value	Remarks
Sandhishoola	BT - AT	2.53	0.937	0.171	14.81	p < 0.001	Highly Significant
	BT - AF	3.9	1.125	0.205	18.99	p < 0.001	Highly Significant

Table 7: Effect of Erandamooladi niruha basti on Sandhi sthabdhata

Subjective parameter	Phase	Mean	SD	SE	t - value (calculated)	p* value	Remarks
Sandhi Sthabdhata	BT - AT	0.96	0.49	0.08	10.80	p < 0.001	Highly Significant
	BT - AF	1.93	0.63	0.11	16.55	p < 0.001	Highly Significant

Table 8: Erandamooladi niruha basti on Aruchi

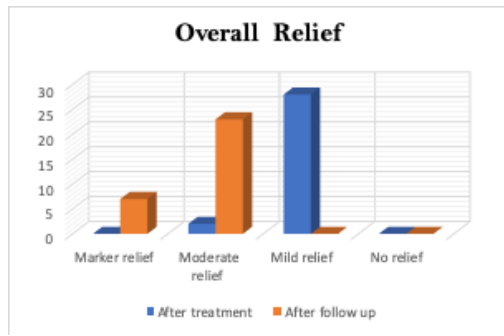
Subjective parameter	Phase	Mean	SD	SE	t - value (calculated)	p* value	Remarks
Aruchi	BT – AT	1.16	0.53	0.09	12.04	p < 0.001	Highly Significant
	BT – AF	1.66	0.60	0.11	15.02	p < 0.001	Highly Significant

Table 9: Effect of Erandamooladi niruha basti on Angamarda

Subjective parameter	Phase	Mean	SD	SE	t - value (calculated)	p* value	Remarks
Angamarda	BT – AT	0.96	0.49	0.08	10.80	p < 0.001	Highly Significant
	BT – AF	1.6	0.62	0.11	14.10	p < 0.001	Highly Significant

Table 10: Effect of Erandamooladi niruha basti on Sandhi shotha

Subjective parameter	Phase	Mean	SD	SE	t - value (calculated)	p* value	Remarks
Sandhi Shotha	BT – AT	0.7	0.53	0.09	7.16	p < 0.001	Highly Significant
	BT – AF	1.8	0.61	0.11	16.15	p < 0.001	Highly Significant



DISCUSSION

Amavata was selected for the research study keeping in mind the prevalence rate of the disease in the country. It is one of the most common disorder that has and is been affecting the human. And basti is the choice of treatment modalities accepted for Vataja diseases. The reason behind selecting Erandamooladi niruha basti was that, its importance has been mentioned by Yogaratnakara with a simile of the Lion and the Elephant. Just as the way the elephant can only be defeated by the King of the jungle, Lion, similarly Amavata can efficiently be treated with Eranda Prayoga. One of the basic and prime factors which exist in common between the individual and the universe is Panchamahabhoota. Though theoretically Panchamahabhoota is been given utmost importance, we hardly find any application of that practically. Hence, in the present study, an attempt has been made in relating to the Nidana, Lakshana and Samprapti of Amavata and its management to Panchamahabhootas and justifies the proven fact, i.e. Sarvam dravyam Panchabhoutikam.

Age

The disease Amavata can affect an individual at any age, but in the present study, mostly affected age group was between 31-50 years which shows that it mainly affects the middle-aged individuals.

Gender

Since the sample size taken was too small, we cannot depict the prevalence rate of Amavata based on gender.

Deha prakriti

Since the disease is of Vata Kapha pradhana, the subjects with vata kapha prakriti are more prone for the same. Hence maximum numbers of subjects registered were vata kapha prakriti.

Chronicity

Since the duration of the study was less, the chronicity less than 5 years was selected for the study. As the disease progressed, the subjects would have developed deformities of the phalanges, various upadravas would have been manifested.

Sandhishoola

In the present study, maximum number of subjects was registered with unbearable pain. It was because of the chronicity, continuous nidana sevana like avyayama and unhealthy/untimely eating habits. This increased the Vayu, Akasha and Prithvi mahabhoota.

Sandhishotha

This study shows that Sandhishotha is the prime factor bothering the subjects. A maximum number of subjects had severe sandhishotha due to vitiated Ama along with the pitta dosha. This is mainly of Prithvi and Agni mahabhoota pradhana

Sandhistabdhatata

As that of shotha, Sandhistabdhatata was also seen in maximum number of subjects in the present study. This was mainly due to the ama getting lodged in the Sandhis with the help of Vata leading to the loss of movements of the joints, which was of Prithvi and Jala mahabhoota.

Angamarda

This study shows that due to the presence of Ama there is feeling heaviness leading to Angamarda. This is mainly of Prithvi and Vayu mahabhoota pradhana.

In this present study, after treatment assessment, 00 subjects showed Marked Relief, 02 subjects showed Moderate Relief, 28 subjects showed Mild Relief and 00 subjects showed No Relief and after follow-up assessment, 07 subjects showed Marked Relief, 23 subjects showed Moderate Relief, 00 subjects showed Mild Relief and 00 subjects showed No Relief.

This study shows that the intervention of Panchamahabhoota at different levels, on different symptoms of a disease and with its management is possible with a thorough study. In the present study it was noticed that the Prithvi, Vayu and Agni mahabhoota of Erandamooladi niruha basti and Vayu, Agni and Akasha of Brihat Saindhavadhya Taila were proved to be efficiently working on the Prithvi, Jala, Vayu and Akasha mahabhoota of the disease Amavata.

CONCLUSION

Amavata as a disease finds its detailed description for the first time in the medieval period. Amavata is a chronic disease in nature and has an insidious onset. The role of Panchamahabhoota in the manifestation of Amavata can be easily analyzed and applied in other diseases also and managed efficiently as well. The statement that Sarvam dravyam Panchabhoutikam can actually be understood with further studies of various other diseases and their management. The role of Basti is found to be effective in all Vataja disorders, but it was witnessed well in the present study. Erandamooladi niruha basti and Brihat Saindhavadi taila Anuvastana basti has effectively worked on the patients of Amavata taken for the study. It can be concluded that the disease, which is of Prithvi, Jala, Vayu Mahabhoota pradhana due to various nidana, lakshana and samprapti, was efficiently managed with the drugs that were of Agni, Vayu and Akasha mahabhoota Pradhana.

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