Research Article

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CLINICAL EVALUATION OF VAITARANA BASTI ALONG WITH DHANWANTARA TAILA MATRA BASTI IN AMAVATA: A CASE SERIES

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ABSTRACT

Amavata is one of the common and most crippling joint disorders. It is a chronic, degenerative disease of the connective tissue mainly involving the joints. The clinical features of Amavata such as pain, swelling and stiffness of joints, fever and general disability are very much close to the Rheumatological disorder called rheumatoid arthritis. Ama associated with aggravated vata plays a dominant role in the pathogenesis of Amavata. According to its pathophysiology, one should treat the morbid doshas involve in are kapha and vata simultaneously. In the present study, four clinically diagnosed cases of Amavata with swelling of knee joints and morning stiffness , pain in multiple joints, raised rheumatoid factor and anti CCP factor are treated with Vaitarana basti along with Dhanwantara taila Matra basti on same day and changes are observed in subjective and objective criteria. Significant improvement is observed in reducing signs and symptoms of Amavata and in rheumatoid arthritis factor and anti CCP. Vaitarana basti eradicate Ama and kapha dosha as the drugs of Vaitarana basti having Ama pachaka, vatakapha shamaka and Anulomaka properties. On the other hand, Matra basti of Dhanwantara taila pacifies the vatadosha and reduced the pain and swelling. It also acts as neuroprotective, analgesic, anti-inflammatory, anti-arthritic and anti-paralytic. The combination of Vaitarana basti and Dhanwantara taila Matra basti can be an effective treatment for Amavata.

Keywords: Ama, Amavata, Dhanwantara taila, Matra basti, Vaitarana basti.

INTRODUCTION

Ayurveda has its concepts like dosh, dushya, mala, Agni etc. Ama is one of the basic and important concepts which take the major role to produce a variety of disease. The term Ama means raw or undigested material which causes due to agnimandya. Amavata is the common most crippling and disabling disorder in the world. The word Amavata explains itself; Ama and vata are the prime components of the disease. In modern science, Amavata is used extensively with comparison to rheumatoid arthritis which has the limits of treatment. The disease was first explained in detail manner by Acharya Madhavakara in Madhava nidana during 7th century AD[1]. He covers the variety of Rheumatological disorders under the light of Amavata. It is the disorder characterized by Ama dosha, vatadosha, kapha dosha morbidly. Here the Rasavaha strotasa is primarily involved. Because of this, the pain spreads from one joint to another joint very quickly. The disease has classical symptoms like vrushikdanshvat vedana (pricking pain like scorpion bite), bahumutrata (frequent micturition), Sarva Sandhi shula (multiple joint pain), Shotha (swelling) and Sanchari vedana (pain at multiple site)[2]. Being a disease of Madhyama Rogamarga involvement of Sandhi makes this disease more and more critical[3]. The treatment proper is also not unidirectional as the antagonistic treatment of kapha dosha, Ama dosha and vata dosha must be carried out simultaneously and involvement of gambhirdhatuasthi (deeply seated component) and uttandhaturasa (superficial component), makes the treatment still more puzzle.

So looking to the etiopathogenesis of Amavata, samprapti bhang chikitsa (breaking down of etiopathogenesis) (vatadosha, kapha dosha, agni dushti and Ama in both uttanadhatugatavastha (superficial), as well as gambhirdhatugatavastha (deeply seated), demands shodhana chikitsa to eliminate the anubandita dosha (associated morbid dosha) along with vatadosha.

Acharya Charaka has mentioned basti chikitsa as half of the treatment of all disease while others considered it as complete therapy for all ailments[4]. Acharya Chakradatta had indicated Vaitarana basti in shula (pain), Anaha (flatulence) and Amavata[5]. The name Vaitarana itself signifies the name of a river which can brings back dead to live. The drugs included in basti having laghu, ushna, tikshna and ruksha guna and due to this, it breaks the obstruction and expels out the morbid kapha and Ama from all over body thus helps in breaking down pathogenesis of Amavata while Matra basti of Dhanwantara taila pacifies the vatadosha and reduced the pain and swelling[6].

Four clinically diagnosed cases of Amavata were selected for this study and treated by designed protocol (Table 3). After completion of treatment and follow up after 1 week, all four patients were assessed based on subjective (Table 1, 2) and objective parameters and encouraging results were found in reliving clinical signs and symptoms (Table 4).

Aim

To evaluate the effect of Vaitarana basti along with Matra basti in Amavata

Objectives

- To evaluate effect of Vaitarana basti followed by Matra basti in Amavata by reducing R. A. Factor (rheumatoid arthritis).
- To evaluate effect of Vaitarana basti followed by Matra basti in Amavata by reducing anti CCP factor (anti citrullinated protein antibody)

- To evaluate effect of Vaitarana basti followed by Matra basti in Amavata by using VAS pain scale, Shotha (swelling) and Graha (restricted movement) by Harrisons grade method.

Case Summaries

Case 1

A 47 years old female patient was suffering from pain and swelling in bilateral wrist joint, knee joints and bilateral elbow, morning stiffness since the past 8 months. Sometimes giddiness and itching were also reported by the patient with the same duration of time. She was a housewife and has a history of eating stale food. The morning stiffness was aggravated for 1-2 hours. On investigation, rheumatoid factor and anti CCP were seen to be increased which is mentioned in Table 4. She was diagnosed on a clinical basis. No significant history or any addiction was reported by the patient.

Case 2

A female patient aged 32 years developed pain and stiffness at the bilateral elbow joint (the pain was more on the left elbow than right one), both ankle joint, bilateral knee and shoulder joint and also both wrist joint gradually along with swelling and numbness for 4 years. The painful movement was reported by the patient while walking and get up from the bed. The pain was usually aggravating in the morning hours for half to one hour. It worsens when the cold climate was there and was subsiding by hot fomentation and sudation therapy. The patient has reported primary infertility also. On investigations, x-ray of left wrist joint revealed erosive and joint reductive arthritis with subluxation at the radio-ulnar joint. Also, there was soft tissue swelling with subtle disuse osteoporosis whether x-ray of left elbow joint showed a borderline reduction of humorous-ulnar joint but no major erosions. The patient took allopathic treatment but not got so relief.

Case 3

A female patient aged 39 years presented with chief complaints of pain in the bilateral wrist joints, bilateral metacarpal joints, both shoulder joint R>L), both ankle joint, neck pain with restricted motion since past 2 years. The onset was gradual with fever and joint pain, metacarpal joint pain. Numbness and tingling sensation in both hands, stiffness at knee joint and shoulder joint, limited range of motion at the knee joint and occasionally giddiness were also present in this case for the past 2 years. The pain was usually aggravating in the morning for 30 min-45 min and relieving by some hot fomentation and exercise. In history, the patient has suffered from typhoid 4 years ago. The patient was taken steroids and anti-inflammatory drugs for 3 months and stopped suddenly. On investigations, it showed increased rheumatoid factor and anti CCP level.

Case 4

A 53 years old female patient was suffering from the complaints of gradual onset of pain in bilateral knee joint, both wrist joint, swan neck deformity of the right middle finger and left ring finger, pain at cervical region, arm and forearm since past 15 years. She was having painful and restricted wrist and knee joint movements. Severe pain at the bilateral metacarpal joint that patient was not able to close the fist. She also admitted the history of loss of appetite; burning chest pain and occasional itching on hands, fever, giddiness, numbness and tingling sensation in both hands were there with the same duration of time. The pain was usually aggravating in the morning time and on the movement of wrist and metacarpal joints. The patient has reported a history of sinusitis and chickenpox at childhood. No other significant history was reported. Aggravated pain was subsiding by hot fomentation and sudation. She was taken anti-inflammatory and analgesics treatment for 6 months. On investigations, it is found that HBA1C was 6.1%, rheumatoid factor and anti CCP level was increased.

Investigations

All routine investigations such as complete blood count, blood sugar level, liver function test, renal function test and urine investigations were carried out found within normal limits. Patients were asked to report the R. A factor and anti CCP level before and after treatment

Methodology

Consent – The present study was carried out in accordance with ethical principles by following International conference of Harmonization – Good Clinical Practice (ICH- GCP).

Clinical assessment was done by

Objective criteria- R. A. factor, Anti CCP level
Subjective criteria- Subjective criteria- Pain by VAS scale (visual Analogue scale) up to 10, Shotha (swelling) and Graha (restricted movement) by Harrisons grade method.

Table 1: Shotha (multiple joint inflammations as per the Harrisons grading method)

Involvement of 1-2 large joint with minimal nature	Grade 0
Involvement of 3-10 large joints with mild nature	Grade 1
Involvement of 1-3 small joints (with or without involvement of large joints) with moderate nature	Grade 2
Involvement of 4-10 small joints (with or without involvement of large joints) with marked nature	Grade 3
Involvement of more than 10 joints (with involvement of at least 1 small joint) with severe nature	Grade 4[7]

Table 2: **Graha (Stiffness/ restricted movement of joint as per Harrisons grading method)**

Normal joint motion	Grade 0
About 25-49 % loss of motion	Grade 1
About 50 % loss of motion	Grade 2
About 75 % loss of motion	Grade 3
100 % loss of motion or complete Ankylosis of the joint	Grade 4[8]

Table 3: Treatment modality

S. No.	Treatment modality	Drug and Dose	Duration
1.	Deepana and Pachana	Arogyavardhini vati 500 mg BD Chandraprabha vati 500 mg BD Amrutarishta 20 ml BD	30 days
2.	Vaitarana Basti	Amlika-1 Pala (48 g) Saindhava- 1 Karsha (12 g) Jaggery- 1 Shukti (24 g) Gomutra- 1 Kudawa (200 ml) Tilataila- 50 ml	at empty stomach early morning for 30 days
3.	Matra basti	Dhanwantara tailam 60 ml	On same day at evening after taking food for 30 days
4.	Dashanglepa		30 days

Method of preparation of Vaitarana basti

Vaitarana basti was prepared as per the classical method. Initially, 24 g (1 Shukti) of jaggery (Guda) was mixed uniformly with an equal quantity of lukewarm water. 12 g (1 Karsha) of Saindhava was added to the above. Tila taila (50 ml) was added till the mixture become homogenous. 48 g (1 Pala) of Amlika Kalka was taken and added to the above mixture carefully. Lastly 200 ml (1 Kudawa) of Gomutra was added slowly and mixing continued to have uniform basti dravya. Finally after filtering, basti dravya was made lukewarm by keeping it into hot water.

RESULT AND DISCUSSION

Table 4: Results of cases before and after treatment

	Case 1		**Case 2**		**Case 3**		**Case 4**	
	BT	AT	BT	AT	BT	AT	BT	AT
Pain (VAS)	10	5	10	6	10	4	10	5
Swelling (Harrisons grade)	2	0	3	2	3	1	4	2
Stiffness (Harrisons grade)	2	1	3	1	2	1	3	2
R.A. factor	74.6	26.6	1010.01	658	625	226	203	174
Anti CCP	>200	>200	383.30	224.30	199.2	380.60	>200	>200

R.A. - rheumatoid factor, Anti CCP- anti citrullinated protein antibody, B.T. - before treatment, A.T.- after treatment

Amavata is one of the common and most crippling joint disorders. It is a chronic, degenerative disease of the connective tissue mainly involving the joints. Ama associated with aggravated vata plays a dominant role in the pathogenesis of Amavata. The clinical features of Amavata such as pain, swelling and stiffness of joints, fever and general disability are very much close to the Rheumatological disorder called rheumatoid arthritis. According to its pathophysiology, one should treat the morbid doshas involve in are kapha and vata simultaneously. Here is a treatment modality called Vaitarana basti described by Acharya Chakradatta in Amavata shows the desired result. It brings doshas from Shakha to koshtha and removes them out of the body via anal route and give relief. Basti dravyas possesses the pharmacodynamics properties such as laghu-tikshna guna, katu-tikta rasa, ushna veerya etc are antagonist to guru, Picchila, sheeta guna of Ama.

Vaitarana basti is a type of Mrudu kshara basti. As a whole, the properties of Vaitarana basti can be considered as laghu, tikshna, ruksha, ushna guna which are opposite to guru snigdha guna of kapha. Most of the drugs of Vaitarana basti possess vatakapha Shamaka action. These properties are antagonist to Ama and Kapha; hence it provides a significant improvement in the sign and symptoms of the disease. In Vaitarana basti, instead of honey jaggery (Purana guda) is used which along Saindhava lavana forms homogeneous mixture and forms a solution having properties to permeable the water easily. The retention of irritants may be favoured by making its solution as nearly isotonic as possible by using colloidal fluids. Purana guda (jaggery) is laghu, pathya, anabhishyandi, vatakapha shamaka and agnivrudhikara[9]. It also helps in carrying the drugs up to microcellular level. Saindhava lavana via its sukshma and tikshna guna causes shroto shodhana (cleansing of channels). It helps to pass the drug molecule in the systemic circulation through mucosa. Thus, it helps the basti dravyas to reach up to the molecular level[10]. It also possesses irritant property, so helps in the elimination of waste material. It is capable of liquefying the viscous matter and break down them into particles. In this basti, tila taila is also added to the solution of jaggery and Saindhava which helps in forming the uniform mixture. It pacifies the vitiated vatadosha and also prevent from the irritation to anal canal[11]. Amlika Kalka possesses ruksha, ushna, amla, vatakapha shamaka properties which make the vriddhi in dosha and helps in elimination[12]. Gomutra is the chief content of Vaitarana basti which having katu rasa, katu vipaka, ushna veerya, laghu, ruksha and tikshna guna pacifies the kapha dosha. It also possesses tridoshahara, Agni deepana, pachana, Shroto vishodhana and Vatanulomana properties[13].

The effect of basti can be encolonic (acting on the tissue of the colon), endocolonic (acting inside the colon), and diacolonic (systemic action)[14]. In the present case, Dhanwantara taila is used for Matra basti. Most of its content pacifies vata aggravation and acts as neuroprotective, analgesic, anti-inflammatory, anti-arthritic and anti-paralytic[15]. These properties of basti dravya helps overcome the obstruction and pacifies vatadosha; thus, interrupting the pathogenesis of disease. Therefore, we can say that basti plays a pivotal role in the management of Amavata.

CONCLUSION

Amavata is one of the challenging disorders of joints. Ama and vata are the core factors in the pathogenesis of Amavata making contradictory in nature possess it difficult to plan the line of

treatment. Thus, Vaitarana basti and Matra basti can be thought of as a desired treatment for the eradication of Ama and pacification of vatadosha as the drugs of Vaitarana basti having Ama pachaka, vatakapha shamaka and Anulomaka properties. On the other hand, stiffness and pain in Amavata are subsided by Dhanwantara taila Matra basti. It also acts as neuroprotective, analgesic, anti-inflammatory, anti-arthritic and anti-paralytic. The combination of these two can be an effective treatment for Amavata.

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