



Case Study

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ROLE OF BASTI KARMA WITH LAVANA SWEDA IN THE MANAGEMENT OF AMAVATA: A CASE STUDY

Ghanshyam Beniwal¹, Sanju¹, Shriram Sharma², Rajeev Kumar Pandey³, Divya Gupta^{4*}

¹ PG Scholar, PG Department of Panchakarma, MMM Government Ayurveda College, Udaipur, Rajasthan India

² Professor, PG Department of Panchakarma, MMM Government Ayurveda College, Udaipur, Rajasthan India

³ Associate Professor, PG Department of Panchakarma, MMM Government Ayurveda College, Udaipur, Rajasthan India

⁴ Lecturer, PG Department of Panchakarma, MMM Government Ayurveda College, Udaipur, Rajasthan India

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*Corresponding author

E-mail: drdivya.rsg93@gmail.com

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ABSTRACT

Amavata is a condition characterized by the presence of undigested toxins circulated throughout the body via vitiated Vata, settling in joints and causing pain, stiffness, and swelling. In modern medicine, Rheumatoid Arthritis (RA) shares clinical similarities with Amavata, presenting as a chronic inflammatory polyarthritis with systemic manifestations. While allopathic treatments offer symptomatic relief, they often fail to address the underlying pathology, leading to side effects and toxic reactions. In contrast, Ayurvedic interventions like Virechana Karma, Basti Karma, and Ruksha Sweda target the root cause of disease by addressing Agni and ama. In this study, A 26-year-old female patient visited Panchakarma OPD, having pain and swelling in both knee joints and wrist joints for 6 months, loss of appetite for 3 months and morning stiffness for more than 50 minutes for 2 months. This case study provides a comprehensive overview of Erandamooladi Niruha and Saindhvadi Anuvasan in the form of Kala Basti and Lavana Sweda in Ayurvedic management strategies.

Keywords: Amavata, Rheumatoid Arthritis, Virechana karma, Lavan Sweda.

INTRODUCTION

Amavata is a disease in which Ama combined with Vata dosha¹ circulates throughout the body, settling in joints and causing pain, stiffness, and swelling in joints. Ama accumulates in the Sleshma sthana. These clinical manifestations closely parallel Rheumatoid Arthritis (RA), a chronic inflammatory condition impacting both minor and major joints, notably in the hands and feet. This condition manifests with symptoms such as pain, stiffness, and swelling². In today's lifestyle, unhealthy diets and sedentary habits diminish the Agni, which leads to ama formation. When ama combines with Vata dosha in the position of Sleshma sthana, it converts into Amavata, marked by symptoms like joint swelling, pain, and stiffness. Prevalence of Rheumatoid Arthritis is found in approximately 0.8% of the population, ranging from 0.3% to 2.1%. Mainly, women are affected approximately three times more often than men. The prevalence of Rheumatoid Arthritis increases with age, and the differences in prevalence between men and women diminish in older age groups. The onset of Rheumatoid Arthritis is most frequent during the fourth and fifth decades of life, with 80% of all patients developing the disease between the ages of 35 and 50³

In the realm of medical science, numerous dreadful diseases prevail. Despite significant advancements in modern biomedical science, among these diseases, rheumatological disorders stand out as a group with no specific medical management available through a type of therapeutics. Amavata is a particular type of disease mentioned since the era of Madhav nidhan, a classified category of Vata-Kaphaja disorders.

Use of drugs with tikta (bitter) and katu (pungent) rasa (taste) with deepana property: bitter and pungent tastes are known for their ability to pacify Kapha and Vata doshas, improve digestion, and eliminate ama. Deepana herbs enhance digestive fire (Agni), aiding in the digestion and metabolism of nutrients.

CASE REPORT

A 26-year female patient visited Panchakarma OPD (No.xxxx221), Rajakiya Ayurveda Anusandhana Kendra, Gulab Bagh, Udaipur, Rajasthan, India, for Ayurvedic treatment, having pain and swelling in both knee joints since 6 months, Pain in both wrist joints with swelling, loss of appetite since 3 months and morning stiffness more than 50 minutes since 2 months, that she took allopathic treatment but did not get satisfactory results and for further management she came to us.

This study was carried out as per ICMR National Ethical Guidelines, and informed consent was obtained from participants prior to the study.

History of Present Illness: Eighteen years ago, she was asymptomatic. However, later, she experienced joint pain, particularly in the small joints of her hands, accompanied by morning stiffness. Additionally, she developed bilateral pain and swelling in her knee, shoulder, wrist, and ankle joints, with restricted movement in several joints. Other symptoms included weight loss, loss of appetite, heaviness, indigestion, and muscle weakness. Seeking relief, she pursued both allopathic and homoeopathic treatments, along with occasional analgesics for

severe pain. While these treatments provided temporary relief, symptoms recurred upon cessation of medication.

History of Past Illness: No Relevant history of Diabetes Mellitus, Hypertension or any other chronic disease.

Family History: Maternal Aunt – H/O RA.

Table 1: Personal History

Marital status	Married
Occupation	Housewife
Diet	Vegetarian.
Appetite	Low
Sleep	Disturbed due to pain.
Bowel	Normal 2 – 3 times/day.
Micturition	3 – 4 times/day.
Addiction	No addiction.
Menstrual history	Normal.

Table 2: Demographic Details

Age	26 years
Sex	Female
Address	NAAI, Udaipur
OPD	7429
Occupation	Housewife
Marital status	Married
Socioeconomic status	Middle class
Weight	65 kg
Height	5'1"

Table 3: Vitals Examination

Blood pressure	130/90 mm Hg
Pulse	70/min
Respiratory rate	16/min

Schedule of Kala Basti

Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Basti	A	A	N	A	N	A	N	A	N	A	N	A	N	A	A	A

Lavan potali - For 15 days

Contents of Niruha Basti

Makshika- 120 ml.
 Saindhava lavana- 12 g.
 Sneha (Bala Taila)- 180 ml.
 Kalka (Shatapushpa, Hribera, Priyangu, Pippali, Yashtimadhu, Bala, Rasanjana, Indrayava, Musta) – 60 g.
 Kashaya (Eranda, Palasha, Rasna, Ashwagandha, Atibala, Guduchi, Punarnava, Aaragwadha, Devadaru, Madanaphala, Laghu Panchamoola) – 280 ml.
 Aavapa- Gomutra- 120 ml. Total- 760 ml.

Oral medication-1. Singhnad Guggulu
 2. Shunthi Kwath with Erandatail

Assessment Criteria

Table 6: Grading of Sandhishoola (Pain)

Severity of Pain	Grade
No pain	0
Pain during movement	1
Pain during rest condition, but no disturbance in moving	2
Critical pain during routine activity activity	3

Table 4: Ashtavidha Parikshna

1. Nadi (pulse)	72/min
2. Mala (stool)	Vibandha (hard stool)
3. Mutra (urine)	4 to 5 times in a day, 1 to 3 times at night
4. Jihva (tongue)	Alpa Sama (slightly coated)
5. Shabda (speech)	Prakrut (clear)
6. Sparsha (skin)	Samsitosn
7. Drik (eyes)	Prakrut (natural)
8. Akriti (posture)	Sthula

Table 5: Dashavidha Parikshna

Prakruti	Vata pradhana-Kapha anubandhi.
Vikruti	Dosha- Vatapradhana tridosha, Dooshya- Rasa, Meda, Ashti.
Satwa	Madhyama.
Sara	Majja
Samhanana	Madhyama
Pramana	Madhyama
Satmya	Sarva rasa
Aharasakti	Madhyama
Vyayamasakti	Avara
Vaya	26 years

MATERIAL AND METHODS

Treatment Plan

Kala Basti comprising of

Erandamooladi Niruha Basti⁴ – 760 ml.
 Anuvasana Basti with Sindhvadi taila⁵ – 120 ml.

Purvakarma

Sthanika abhyanga with Laghuvisahgarbha taila.
 Nadi swedana with Dashmoola kwatha.

Table 7: Grading of Sandhishotha (Swelling)

Severity of swelling	Grade
No swelling	0
Gently swelling	1
Moderate swelling	2
Stringent swelling	3

Table 8: Grading of Sparshasahatwa (Tenderness)

Severity of tenderness	Grade
No tenderness	0
Subjective sensation of tenderness	1
Face winced in response to pressure.	2
When pressure was applied, the face winced, and the affected part withdrew.	3

RESULTS AND DISCUSSION

Observation	Name of joint	BT	AT
Sandhishoola	Janusandhi	3	1
	Manibandha	2	0
Sandhishotha	Janusandhi	3	1
	Manibandha	3	1
Sparshasahatwa	Janusandhi	2	0
	Manibandha	2	0

BT: Before Treatment, AT: After Treatment

Madhava Nidana initially noted the defining characteristic of Amavata, while Acharya Chakradutta first elucidated its treatment. The clinical manifestations of Rheumatoid Arthritis can be compared with those of Amavata. In this instance, the patient complained of pain in multiple joints, morning stiffness, joint deformities, difficulty walking, inability to apply pressure on the foot, and swelling in both knee joints. Additionally, there were accompanying symptoms such as a coated tongue, loss of appetite (aruchi), indigestion, and a sensation of heaviness. Erandamoola is said to be a shreshta Vatahara dravya. Erandamuladi Niruha Basti is indicated in trika, prishta shoala (pain in the lower back) and acts as maruta nigraha (controls Vata). Anti-inflammatory, antioxidant, central analgesic, antinociceptive and bone regeneration activity are found in *Ricinus communis* (Eranda), which is the main content of Erandamooladi Niruha Basti.

This Basti contains 34 drugs, and most of the drugs have ushna veerya and are Vatakaphahara in nature. Drugs are also possessing ushna (hot), teekshna (sharp) and sukshma (subtle) guna (qualities), which helps in the elimination of obstruction of srotas (channels), which further helps in the formation of prakrita dhatu. It is also indicated in the Kaphavrita condition, which played a significant role in pacifying the Kapha dosha and reducing symptoms like stambha (stiffness) and gaurava (heaviness). Most of the drugs are Agni deepaka, which helped improve the patient's Agni (digestive fire); thereby, an increase in appetite was observed.

Ruksha Svedan therapy with Lavana Potali proved effective in addressing the accumulation of ama, specifically within the joints' Shleshmasthan (asthi and sandhi), alleviating pain and stiffness. In addition, virudha guna chikitsa, which focuses on harmonizing conflicting qualities, was recommended. Specifically, it advised against the application of excessive sweating (sthamba svedan) to prevent exacerbating symptoms.

Sihnada Guggulu⁶ possesses the following properties: It alleviates pain (shoolahara), reduces inflammation (shothahara), promotes the normal flow of Vata dosha (Vata anulomana), rejuvenates tissues (rasayana effects), stimulates digestion (deepan), digests ama (ama pachana), enhances strength (balya), and improves both digestive and metabolic functions.

Deepana Pachana: In the initial phase of treatment for Amavata, as outlined in Amavata chikitsa⁷. Eranda taila and Shunthi kwatha were utilized for deepana-pachana⁸. Eranda taila is considered the most effective treatment for Amavata⁹. It possesses pungent, hot, and Vata-reducing qualities¹⁰.

CONCLUSION

Amavata is a complicated disease; the purpose of treatment is to reduce ama and normalise the vitiated Vata and Kapha dosha. Eranda has anti-inflammatory, anti-rhematic, laxative, and analgesic properties, which are the major remedial attributes. Singnada has Vata and Kaphahara properties, and Guggul has Kaphahara, vedanahara, and shophahara properties. Most of the drugs are Agni deepaka, which helped to improve the Agni (digestive fire) of the patient; thereby, an increase in appetite was observed.

REFERENCES

1. Agnivesha, Charaka Samhita, Acharya Yadavji Trikamji, Chaukhamba Publication, Varanasi, 2001; p. 705.
2. Tripathi B, editor. Madhav Nidana of Madhavkara, Vol. 1, Ch. 25, Ver. 6. Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan, 2006; p. 572.
3. Churchill Livingstone, Davidson's Principle and Practice of Medicine. 19th ed.: Elsevier Publication; 2002: p. 1002–7.
4. Charaka. Charaka Samhita (Ayurveda Deepika Commentary of Chakrapanidatta). Yadavji Trikamji, editor. 1st ed. Varanasi: Chaukhamba Sanskrit Sansthan; Siddhithana 3/41, reprint 2004; p. 696.
5. Srimad Vrddhavagbhata, edited with Saroj Hindi Commentary, Ravi Dutta Tripathi, Chaukhamba Sanskrit Pratisthan, Ashtanga Samgraha, Sutra Sthana, Chapter 17, Verse 29, reprint 2011; p. 327.
6. Kaviraj Govind Das Sen, Bhaishajya Ratnavali, with elaborated Vidyotini Hindi commentary by Kaviraj Shri Ambikadutt Shastri Ayurved Acharya. Chaukhamba Sanskrit Sansthan, Varanasi. Chapter 444 2020; p. 29 – 181.
7. Sri Govindadas, Bhaishajya Ratnavali, Hindi commentary by Shri Ambikadatta Shastri, Chaukhambha Prakashana, Varanasi, Amavatachikitsa, 29/20, Edition 2014; p. 613.
8. Sri Govindadas, Bhaishajya Ratnavali, Hindi commentary by Shri Ambikadatta Shastri, Chaukhambha Prakashana, Varanasi, Amavatachikitsa, 29/20, Edition 2014; p. 615.
9. Sri Govindadas, Bhaishajya Ratnavali, Hindi commentary by Shri Ambikadatta Shastri, Chaukhambha Prakashana, Varanasi, Amavatachikitsa, 29/20, Edition 2014; p. 615.
10. Agnivesha, Charaka Samhita, Charaka Chandrika Hindi commentary by Tripathi Bramhanand, Chaukhamba Surbharati Prakashan, Varanasi, sutrasthana 13/12/1, 2006; p. 164.

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