

A PILOT STUDY ON EFFICACY OF VAITARANABASTI AND PANCHSAM CHURNA IN AMAVATA W.S.R. RHEUMATOID ARTHRITIS

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ABSTRACT

Amavata is commonest and most crippling joint disorder. It is disease of Rasavaha srotasa. Due to hetu sevan when Ama combines with aggravated Vata, pathogenesis of Amavata occurs. The clinical features of Amavata are pain, swelling and stiffness of joints, fever and general debility. These symptoms are closely related to Rheumatological arthritis. It is chronic degenerative disease of the connective tissue mainly involving the joints. In the disease of Amavata due to Agnimandya, Amotpatti, and Sandhivikriti occurs. So treatment of Amavata aims at correction of Agni and regulation of Vata thus maintain healthy sandhi and sandhistha shleshma will be the supreme one for this disease. Due to lack of awareness in the society about disease and its complication people suffer from lifelong joint

deformity. In present scenario with the globalization of Ayurveda everybody is looking with the hope towards us to overcome this challenge. There are various herbal as well as Rasa preparations mentioned in our classics which are effective remedy in Amavata.

KEYWORDS: Amavata, Rasavaha srotas, Vata, Ama, Rheumatoid arthritis, Sandhivikriti.

INTRODUCTION

In Ayurveda, Ama is the basic concept for the genesis of diseases. It is produced due to erroneous life style of the individual. Amavata is one of such disease which affects all small and big joint of the body. In recent past it has been established that most of the diseases occurring this time are consequences of our unwholesome life style. As per Ayurveda there

are three types of doshas i.e. Vata, Pitta and Kapha which should be in equilibrium because they control metabolism and various functions in human body. Imbalance of these dosha leads to various diseases. Another important factor for sustenance of life is Agni. The Agni in common term means fire. However in the context of functioning of a living organism, this term does not actually mean fire. In living organism Agni maintains its integrity and perform its vital activities. When there is malfunctioning or derangement in homeostasis of Agni, there occurs improper digestion and metabolism which leads to formation of Ama at gross or subtle level.

Amavata is a condition first explained in Madhava nidana by Madhavakara in 19th century AD. Later Yogratnakar, Bhaishajya ratnavali etc quoted the shlokas of Madhav nidana to explain disease Amavata without much change. so it is mainly explained in Laghutrayi not in Brihat trayi. Amavata is one of the disease caused by Ama. In the disease of Amavata, Ama combines with dosha and spread all over the body and produces the symptoms.^[1] It is equated with Rheumatoid arthritis (RA), an inflammatory autoimmune disorder. It is commonest among chronic inflammatory joint disease in which joint become swollen, painful and stiff. It is debilitating disease in view of its chronicity and complication. Therefore it has taken a foremost place among the joint disorders. It continues to pose challenge to physicians due to severe morbidity and crippling nature and claiming the maximum loss of human power making it worldwide biggest problem irrespective of races.

There are various modalities & drugs available for the treatment of Amavata in both Allopathic & Ayurvedic system of medicine. No doubt allopathic system of medicine has got an important role to play in overcoming agony of pain, restricted movement and disability caused by articular diseases. Presently NSAIDS are the mainstay of treatment in this condition. However they have severe adverse effect and have limitations for long term therapy. The immunosuppressive drugs are reserved for selected cases, while the disease modifying drugs like gold salts are costly and have low benefit to risk ratio. Hence there is need for a therapy having good efficacy. Drugs used in Ayurvedic system of medicine mostly Rasa preparations with Swarna & Rajat Bhasma, which are also recommended by Modern medical science but these medicines are neither cost effective nor much scientifically available data available showing therapeutic effect in Amavata for these drugs. Since drugs of Vaitarana basti & Panchsam churna are easily available and cost effective so we are intended to understand its efficacy and effectiveness scientifically in the treatment of Amavata. Since

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AIMS AND OBJECTIVE

1. To evaluate the efficacy of Vaitarana Basti & Panchsam churna in the management of Amavata.
2. To evolve comprehensive and cost effective treatment in management of Amavata.

DRUG REVIEW

Ingredients of Vaitarana basti (Acc. to Chakradatta)^[4]-

INGREDIENT	CHAKRADATTA
SAINDHAVA	1 karsha (15 gm)
GUDA	1 sukti (25 gm)
AMLIKA	1 pal (50 gm)
TAIL	quantity not mentioned (50ml usually)
GOMUTRA	1 kudava (200 ml)

Ingredients of Panchsam churna (Sharangdhar)^[8]-

equal quantity of each of the following ingredient will be taken & grinded into fine powder-

Shunthi,

Haritaki,

Krishna,

Trivrit &

Souvarchal lavan

MATERIALS AND METHOD

A pilot study was conducted in Kayachikitsa and Panchkarma department, Gov. P.G. Ayurved college and hospital, Choukaghat, Varanasi, U.P. In this study, 10 patients suffering from Amavata diagnosed on the basis of clinical and lab investigations irrespective of sex, caste and religion were taken. Consent was obtained from all the participants before including them in the study.

Inclusion Criteria

Patients fulfilling the following conditions will be included for the study:

- 1) The Subjects of Amavata diagnosed on the basis of signs & symptoms described in Ayurvedic classics & the criteria laid down by American Rheumatism Association 2010 will be selected for the study.^[10]
- 2) Subjects of age group 10-60 yrs & of either sex. (the ACR criteria define juvenile Rheumatoid Arthritis by age limit <16 years)
- 3) Subjects fit for basti karma.
- 4) Chronicity of ≤ 6 yrs.

Exclusion Criteria

- 1) Subjects associated with systemic illness such as Diabetes or Hypertension.
- 2) Patients who leave the treatment in between.
- 3) Subjects with cervical or Ankylosing spondylosis or S.L.E.
- 4) Subjects with anatomical deformity.
- 5) Subjects with pregnancy.
- 6) Patients of age group <10 yrs & > 60yrs.
- 7) chronicity of > 6 yrs.

Study design

Pilot study.

Trial methodology - Open clinical trial

Grouping: Total 10 clinically diagnosed patients of Amavata as Rheumatoid Arthritis were taken in a single group.

Follow up studies

There were 2 follow ups at 7 days interval after completion of our trial therapy.

Duration of trial

Total duration of trial - 16 days.

Assessment parameters

1. Subjective Parameters

Clinical features of Amavata mentioned in classical texts such as -

2. Objective assessment

Table for scoring criteria assessment

GRADE	0	1	2	3	4
Angmard (malaise)	Not there	Occasional but patient is able to do usual work	Continuous but patient is able to do usual work	Continuous which hampers routine work	Patient is unable to do routine work
Aruchi (Anorexia)	Normal desire for food	Eating timely without much desire	Desire for food, little late than normal time	Desire for food only after long interval	No desire at all
Trisna (Thirst)	Normal feeling of thirst	Frequent feeling of thirst but quench with normal amount of liquid	Satisfactory quench after increased intake of fluid but no awakening during night	Satisfactory quench after increased intake of fluid with regular awakening during night	No quench after heavy intake of fluid
Alasya (Tiredness)	No tiredness	start work in time with effort	Unable to start work in time but complete the work	Delay in start of work and unable to complete	Never able to start the work and always like rest
Gourava (heaviness)	No feeling of heaviness	Occasional heaviness in body	Continuous heaviness in body but does usual work	Continuous heaviness which hampers usual work	Unable to do any work due to heaviness
Sandhi shoola (Joint pain)	Occasional	Mild pain of bearable nature comes occasionally	Frequent moderate pain, but no difficulty in joint movement	Slight difficulty in joint movement due to severe pain, requires medication and may remain throughout the day	Severe pain with more difficulty in moving the joints, disturbing sleep & requires strong analgesic
Sotha (Swelling)	No swelling	Joint swelling which may not be apparent on casual inspection, but should be recognizable to an experienced manner	Joint swelling obvious even on casual observation	Markedly abnormal swelling	Joint swelling to a maximally abnormal degree
Stambha (Stiffness)	No stiffness or stiffness lasting < 30 min.	Stiffness lasting for > 30 min. to 1 hrs.	Stiffness lasting for > 1 hr. to 2 hrs.	Stiffness lasting for > 2 hrs. to 8 hrs.	Stiffness lasting for > 8 hrs.

Tenderness	No tenderness	Slight or mild tolerable discomfort on pain	More severe pain on ordinary palpation, which the patient prefers not to tolerate	More intolerable pain even with light palpation or pressure	Pain which may be caused by even with mild stimulus
Joint involved	1 large joint	2-10 large joint	1-3 small joint	4-10 small joint	>10 joints (atleast one small joint)
Estimate of RA activity(IU/ml)	< 20	20-50	>50-80	80-100	>100
CRP(in mg/L)	<6	6-10	>10-15	>15-20	>20

RESULT

Effect of Vaitarana basti and Panchsam churna in 10 patients is described in below table on the basis of scoring of symptoms.

The data were collected as follows

- Demographic Data
- Data related to etiological factors type & duration of chief complaints
- Data related to subjective & objective parameters before & after treatment.
- Statistical analysis & assessment for response.
- Out of 10 patients maximum 80% patients were female, 70% patients in between the age group of 30-50 years, 100% patients were Hindu, 76%, patients were married, 51% were Vata Kapha Prakriti, 64% were of Kroora Kosta type & 70% patients were non vegetarian.

parameters	M.B.T.	M.A.T.	M.diff.	M%	SD	SE	t	p
pain	3.8	1.4	2.4	59.64	0.59	0.15	12.60	<0.001
swelling	2.8	0.73	2.07	73.80	0.79	0.20	10.20	<0.001
stiffness	1.66	0.46	1.2	72	0.56	0.144	8.26	<0.001
tendernss	3.33	1.26	2.07	62	0.70	0.18	11.37	<0.001
CRP	2.94	1.23	1.71	58	0.46	0.11	14.97	<0.001
RA Factor	3.33	1.26	2.07	62	0.70	0.18	11.37	<0.001

M – Mean, B.T. – Before Treatment, A.T. – After Treatment, S.D. – Standard Deviation, S.E. – Standard Error

The mean score of pain was 3.8 before treatment which reduced upto 1.4 after treatment with 59.64% relief. In swelling mean score was 2.8 before T/t which reduced upto 0.73 after T/t with 73.80% relief. Whereas the mean score of stiffness was 1.66 before T/t which reduced

up 0.46 after T/t with 72% relief & in Tenderness mean score was 3.33 before T/t which reduced up to 1.26 after T/t with 62% relief in CRP mean score was 2.94 before T/t which reduced up to 1.23 after T/t with 58% relief RA factor mean score was 3.33 before T/t which reduced up to 1.26 after T/t. with 62% relief.

DISCUSSION

The Basti therapy is considered as supreme in the treatment of Amavata diseases, Saindhava lavana by its Sukshma and Tikshna Properties, helps to pass the drug molecule in systemic circulation through mucosa. Thus it helps the Basti Dravya to reach up to the cellular level. Due to its irritant property, It is also helpful for the elimination of wastes. It is capable of liquefying the viscid matter and breaking it into minute particles. In this Basti instead of honey (Madhu) Jaggery was used. Jaggery along with Saindhava makes homogenous mixture, to form a solution having properties to permeable the water easily. The retention of the irritative substances may be favored by making its solution as nearly isotonic as possible by using colloidal fluids. Here, Purana Guda has properties of Laghu, Pathya, Anabhishtandi, Agnivardhaka and Vatapittaghna. It also helps in carrying the drug upto micro-cellular level. In this Basti, Tila Taila mixed with the solution of jaggery and Saindhava forms homogenous mixture. Chinchā is having Vata-kaphashamka, Ruksha and Ushna Properties which are opposite to the properties of Aam and Vata. These properties of the Chinchā make it useful for the disease Amavata. In Vaitarana Basti, the Gomutra is chief content, which owing to its katu Rasa, Katu Vipaka, Ushna Virya, Laghu Ruksha and Tikshna Guna Pacify the Kapha. It is having Tridosahara, Agnideepana, Pachana, Srotovishodhana and Vatanulomana properties.^[11] Panchsam churna along with Vaitarana basti has very good result as it has Vatakaphahara, Deepana and Pachana properties. Shunthi in Panchsam churna, due to Katu rasa, Ushna virya and Katu vipaka has deepana, shothhara and Vatakaphahara properties. Haritaki has deepana, Pachana and Rochana properties due to Katu, Tikta, Kasaya, Madhura and Amla rasa, Ushna guna, Madhura vipaka and Laghu, Ruksha guna. Pippali showcases Katu rasa. It is blessed with Laghu and Tikshna gunas, Ushna virya and Madhura vipaka. Due to above said properties it is Vatakaphashamak in action and has Deepana and Pachana properties. Trivrit has Tikta, Katu rasa, Ushna virya and Katu vipaka. It has Laghu, Ruksha guna. Thus having Kapha pitta shamak properties. Souvarchal lavan has Laghu, Sukshma and Vishada guna and Usna virya. It is Shulanashak, Vibandha nashak, Ruchya and Hridya due to above said properties.

CONCLUSION

Amavata is a most common joint disorder and prevalent in middle aged women. It can be correlated with Rheumatoid Arthritis based on similarities in clinical signs and symptoms. It is noticed that relief in signs and symptoms of Amavata was found in single group of 10 patients.

Vaitarana basti along with Panchsam churna is an effective treatment in the management of Amavata and it shows long lasting result. No any complication are observed during and after the course of treatment.

Vaitarana basti can be administered without prior snehana and swedana. Panchsam churna being a herbomineral preparation is cost effective treatment. Thus treatment as a whole has good efficacy in curing disease of Amavata.

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