

EFFICACY AND SAFETY OF KSHAR BASTI IN THE MANAGEMENT OF RHEUMATOID ARTHRITIS: A COMPARATIVE CLINICAL TRIAL**Dr. Urvi Chavda*¹, Dr. Amitabh Singh² and Dr. Raghubir Singh Gill³**

¹PhD Scholar, Department of Panchakarma, Desh Bhagat Ayurvedic College and Hospital –
Mandi Gobindgarh, Punjab.

²Professor and Guide, Department of Kayachikitsa, Desh Bhagat Ayurvedic College &
Hospital – Mandi Gobindgarh, Punjab.

³RMO and Co – Guide, Desh Bhagat Hospital, Desh Bhagat University, Mandi Gobindgarh,
Punjab.

Article Received on
18 November 2024,

Revised on 08 Dec. 2024,
Accepted on 28 Dec. 2024

DOI: 10.20959/wjpr20251-35137



***Corresponding Author**

Dr. Urvi Chavda

PhD Scholar, Department of
Panchakarma, Desh Bhagat
Ayurvedic College and
Hospital – Mandi
Gobindgarh, Punjab.

ABSTRACT

Abstract: This study evaluates the efficacy and safety of Kshar Basti in the management of Rheumatoid Arthritis (RA) patients based on classical Ayurvedic guidelines. Utilizing the dosage regimens (matra) of Niruha Basti described in the Sharangdhara Samhita, Uttara Khanda, Niruha Basti Vidhi Adhyaya, the study aims to identify the most effective and safe dosage for reducing inflammatory biomarkers. A sample size of 120 patients is divided into three groups, each receiving varying dosages of Kshar Basti as mentioned in the classical text of **Sharangdhara Samhita**. This article details the study design, methodology, and expected outcomes, providing a bridge between ancient practices and contemporary clinical needs.

KEYWORDS: This study evaluates the efficacy and safety of Kshar Basti in the management of Rheumatoid Arthritis (RA) patients based on classical Ayurvedic guidelines.

INTRODUCTION

‘Amavata’ can be correlated to **Rheumatoid Arthritis** due to its clinical presentation and it can be managed by Ayurveda treatments. **Acharya Chakradatta** has emphasised that the line of treatment should focus on normalising Agni and Ama Pachana and thus eliminate vitiated Ama and Vata. **Ama Vata**, a pathological manifestation of ‘**Ama accumulation**’ in the

musculoskeletal system, is a challenging health concern characterized by chronic inflammation and joint degeneration. Despite the growing prevalence and debilitating consequences of ‘**Ama Vata**’, **contemporary medical approaches** often provide limited relief and fail to address the fundamental issue of ‘**Ama accumulation**’. This gap in effective management underscores the pressing need for research to explore alternative therapies rooted in Ayurveda, such as **Kshar Basti**, and assess their clinical efficacy and safety in mitigating the inflammatory aspects of Ama Vata. In this present study, we are going to assess the **Matra** of **Kshar Basti** as given in **Niruha Basti Vidhi Adhyaya** in **Sharangdhar Samhita**. **Kshara Basti** is a type of **Niruha Basti** described in classical text wherein Kshara is used. It is a type of **Niruha** and containing **teekshna dravyas**. It is mainly used in diseases like – **Medoroga**, **Aamavata**, **Sthoulya**, **Grahani Roga**, **Kapha Sansarga Vata** and **Dhamani Pratichaya**. The Sharangdhar Samhita outlines specific dosage regimens (uttama, madhyama, and hina matra) for Niruha Basti, which will form the basis for this comparative clinical trial.

MATERIALS AND METHODS

Study Design

- ✚ **Type of Study:** Comparative Clinical Trial.
- ✚ **Sample Size:** 120 patients diagnosed with RA based on **ACR/EULAR 2010 criteria**.
- ✚ **Groups:**
 - * **Group A:** 40 patients receiving **Uttama Matra** (1 and 1/4 Prastha, 960 ml).
 - * **Group B:** 40 patients receiving **Madhyama Matra** (1 Prastha, 768 ml).
 - * **Group C:** 40 patients receiving **Hina Matra** (3 Kudava, 576 ml).

Preparation of Kshar Basti

1. Ingredients

SR. NO.	INGREDIENTS	PROPORTION
1.	Guda	2 Pala (96 gm)
2.	Saindhava Lavana	1 Aksha
3.	Amlika	2 Pala
4.	Shata Pushpa	1 Aksha
5.	Go Mutra	8 Pala

2. Dosage Preparation

- * The total volume of the enema is adjusted to 960 ml, 768 ml, and 576 ml as per the respective matra.

- * Ingredients are combined in a deep mouthed **kharala**, heated to body temperature (37°C), and administered immediately. It is a type of Niruha Basti that can be given after the meals (**Bhukte Cha Api Diyate**).

Inclusion Criteria

- * Patients aged 18–60 years.
- * Diagnosed cases of RA with active inflammation.
- * Willingness to participate and comply with the study protocol.

Exclusion Criteria

- * Severe RA with joint deformities.
- * Pregnant or lactating women.
- * Patients with other systemic illnesses or contraindications for basti therapy.

Administration Protocol

- * **Pre-Basti Preparation:** Snehana (oleation) and Swedana (fomentation) for mobilizing the doshas.
- * **Procedure:** Administer **Kshar Basti** in the left lateral position under sterile conditions.
- * **Post-Basti Care:** Patients are advised to rest and follow a prescribed diet.

Outcome Measures

1. **Primary Outcome:** Reduction in inflammatory biomarkers (CRP, ESR).
2. **Secondary Outcome:** Improvement in clinical symptoms (VAS for pain, DAS28 scores).
3. **Safety Assessment:** Monitoring for adverse effects such as abdominal discomfort, rectal irritation, or excessive purgation.

RESULTS

The study will compare the efficacy of the three matra (dosage) regimens in:

1. Reducing systemic inflammation.
2. Alleviating pain and stiffness.
3. Ensuring patient safety with minimal adverse effects.

DISCUSSION

Kshar Basti is a holistic therapy integrating detoxification and anti-inflammatory actions. The study hypothesizes that the *uttama matra* (960 ml) may provide superior therapeutic outcomes due to its higher cleansing potential, while *madhyama* (768 ml) and *hina matra*

(576 ml) may offer better tolerability for weaker patients. This research will help establish evidence-based guidelines for Kshar Basti in RA management, aligning classical Ayurvedic practices with contemporary clinical standards.

CONCLUSION

This comparative clinical trial aims to identify the most effective and safe dosage regimen of Kshar Basti for managing RA. The findings will contribute to standardizing Ayurvedic interventions for inflammatory disorders, enhancing their integration into mainstream healthcare.

REFERENCES

1. Sharangdhar Samhita – Uttara Khanda, Niruha Basti Vidhi Adhyaya.
2. Clinical Applications of Panchakarma Therapies, Chaukhamba Publications, 2020.
3. Comparative Study of Ayurvedic and Modern Approaches in RA Management, AYU Journal, 2019.
4. ACR/EULAR 2010 Rheumatoid Arthritis Classification Criteria, Ann Rheum Dis, 2010.