IAMJ

Research Article International Ayurvedic Medical Journal ISSN:2320 5091

TO EVALUATE THE EFFICACYOF DWIPANCHMOOLADIYAPANABASTI IN THE MANAGEMENT OF AMAVATA

Mukesh Ku. Kumawat[1], Sarvesh K. Singh[2], GopeshMangal[3], Sriniwas Sharma[4]

[1]P.G. Scholar, [2]Lecturer, [3]Lecturer, [4]Associate Professor,

P.G Department of Panchakarma, National Institute of Ayurveda, Jaipur, Rajasthan, India

ABSTRACT

Globally, *Ayurveda* is preferred for the treatment of autoimmune and life style disorders. *Amvata* is compared with rheumatoid arthritis (RA) on the basis of clinical similarity between the two. The concept of autoimmunity is very well co-related with *ama*. Rheumatoid arthritis is a systemic disorder and comes under rheumatic disorders. Though various treatment protocols are available for this disease, but the expected results are yet to be achieved. Due to its world wide spread, much prevalence rate and lack of satisfactory treatment the disease had been chosen for the present clinical study. In present clinical study, 48 patients of clinically proven *amavata* (Rheumatoid Arthritis) were treated to evaluate the efficacy of the drug. All patients were selected on the basis of *ayurvediya* parameters and American college of Rheumatology (ACR) guidelines for diagnosis of *amvata* (Rheumatoid arthritis). Analysis was done before and after the treatment and results were calculated statistically using paired't' test. Results obtained are encouraging and indicate the efficacy of *dwianchamooladiyapanaBasti* in treatment of *amavata* (Rheumatoid arthritis).

Keywords: *Amavata, DwipanchamooladiYapanaBasti,* and Rheumatoid arthritis

INTRODUCTION

Amavata is a particular type of disease that is mentioned in *ayurveda* since the period of *Madhavkar*, under the heading of *amavatanidanam*[1]. It is a systemic disease and is named after its chief pathogenic constituents, *ama* and *vata*. *Ama* is caused due to malfunctioning of the digestive fire. The disease is initiated by the consumption of the *viruddhaahara and virudhavihara* in the pre-existence of *mandagni.* Although *ama* and *vata* are the chief pathogenic factors, *kapha* and *pitta* are also invariably involved in its *samprapti*. *Amvata*iscompared with rheumatoid arthritis. Rheumatoid arthritis (RA) is a chronicinflammatory disease of unknown etiology marked by a symmetric, peripheral polyarthritis. It is the most common form of chronic inflammatory arthritis and often results in joint damage and physical disability2. The prevalence rate of this disease in Asia is about 0.2-0.4% with a male to female ratio of 1:2-3%[3].It is one of the crippling diseases claiming the maximum loss of human power.Rheumatoid arthritis is one of the diseases amongrheumatic disorder. Rheumatologic disorder is a group of diseases that has no specific medical management in any type of therapeutics.In *ayurveda*many research works have been carried-out on this disease, but still there is a need of an effective, safe, and less-complicating treatment. In *Ayurveda* texts, the line of treatment of *amvata* includes *langhana, deepana-pachana, svedana, vire-*

chana and *basti*[4]. In the present study, *basticikitsa* was selected for clinical trials as *bastikarma* is considered complete or half treatments of all types of treatments in the *Ayurveda* and is the best treatment for vitiated *vata*[5]. In the present study, we have tried to study the various aspects of the disease in the perspective of *shodhna* therapy especially *basti karma*.

AIMS & OBJECTIVES:-

- Conceptual and clinical study of *amavata* (Rheumatoid Arthritis).
- To establish the *ayurvediya*treatment in the management of *amavata.*
- Clinical evaluation of efficacy of' *diwipanchamooladiyapanabasti* in the management of *amavata.*

Materials and Methods:-

Selection of the patients: 48 Patients with *amvata* were selected from the OPD and IPD of National institute of *Ayurveda*, Jaipur.

Inclusion criteria

- The patients with clinical features of *amavata.*
- Patients between the ages of 18 to 65 years of either sex.
- Patients who satisfied the criteria laid down by the American college of Rheumatology (ACR).
- Patients who were ready to give written consent.

Exclusion criteria

- Chronicity of *amavata* more than 10 years.
- Patients having severe crippling deformities.
- Patients having Cardiac disease, Tuberculosis, Diabetes Mellitus, Hypertension, Renal Function Impairment, etc.
- Pregnant women and lactating mothers.
- Patients contraindicated for *basti* as mention in *samhita*.

Investigations:- Relevant investigations were conducted in every patient, which included routine investigations for –

- Rheumatoid factor (RF)
- Erythrocyte Sedimentation Rate (ESR)
- C- reactive Protein (CRP)
- Complete Blood Count (CBC)
- Serum Uric Acid(for exclusion)
- Urine -Routine examination

Management: All the 48 patients taken up for the study were kept on *langhana* for first 3 days. During this period, they were advised to consume *mudgayusha* with *ghrita* only. *Deepana-pachana* was done from day 4 to day 6 with *trikatuchurna* 10gms in 3 divided doses every day with *ushnodaka* and patients were advised to consume *mudgayusha* and rice during this period. After that, *yapanaBasti* was performed from 7th day onwards for 16days. Patients were kept on normal hospital diet during this period. The sequence of *yapanabasti* was as per *carkasamhita*, i.e., a total of 16 *basti (kalabasti*) were administered.

Dose of *BastiDrvya*: 600 ml of *dwipanchamooladiyapana* basti*drvya* was administered in each *basti*.

Duration: Total duration of treatment schedule was 22 days which included *langhan* for 3 days, *deepan-pachan* for 3 days and *dwipanchamooladiyapanabasti* for 16 days (*kala-basti*) was given.

Follow-up: All patients were followed up fortnightly for 45 days.

Pathyapathya:

All the patients were strictly advised to follow the *pathya* as mentioned in the context of *amavata* in *ayurvediya* classics.

Criteria for assessment: The results of therapy were assessed on the basis of clinical signs and symptoms mentioned in *Ayurveda* classics. Functional capacity of patients was also assessed. The laboratory investigations were repeated at the end of the treatment schedule. All the signs and symptoms were given scoring pattern depending upon severity as below.

Cardinal symptoms

- ***Sandhiruja* (joint pain)**

1. No pain - 0
2. Mild pain of bearable nature which comes occasionally - 1
3. Moderate pain but no difficulty in joint movements and requires some *upashaya* measures for relief - 2
4. Slight difficulty in joint movement due to pain, remains throughout the dayand requires some medication - 3
5. More difficulty in the joint movements and pain is severe, disturbing sleep and requires strong analgesic – 4

- ***Sandhishotha* (joint swelling)**

1. No swelling - 0
2. Mild swelling - 1
3. Moderate swelling present in 2 affected joints - 2
4. Excessive swelling present in 2affected joints – 3
5. Excessive swelling over all affected joints –4

- ***Stabdhata* (stiffness)**

1. No stiffness or stiffness lasting for 10 to 20 minutes - 0
2. Stiffness lasting for 20 minutes to 2 hours - 1
3. Stiffness lasting for 2 to 5 hours - 2
4. Stiffness lasting for 5 to 8 hours - 3
5. Stiffness lasting for more than 8 hours – 4

- ***Sparshasahyata* (tenderness about the joints)**

1. No tenderness
2. Subjective experience of tenderness - 1
3. Wincing of face on pressure - 2
4. Wincing of face with withdrawal of affected part on pressure - 3
5. Resists touching -4

Statistical analysis: Mean, percentage, SD, SE,'t,' and *P* value were calculated. Paired't' test was used for calculating't' value.

Observation and Result: In the present clinical trial 38.88% of patients experienced relief in *sandhiruja*, 37.48 % of patients experienced relief in *sandhishotha*, 35.29% of patients experienced relief in *sandhistabdhata*, 59.99 % of patients experienced relief in *sandhisparshashyata*.

In *smanyalakhana* of *amvata*, 76.92% of patients experienced relief in *angamarda*, 56.25% of patients experienced relief in *aruchi*, 73.33 % of patients experienced relief in *trishna*, 79.96% of patients experienced relief in*alasya*, 64.47 % of patients experienced relief in *gaurava*, 36% of patients experienced relief in *jwara*, 34.78% of patients experienced relief in *apaka*, 80% of patients experienced reliefin *angashunta*.Thus, the study showed highly significant and significant results in cardinal as well as in all associated symptoms.

DISCUSSION

As per age-wise distribution, maximum numbers of patients in this study were in the age group of 41 to 50 years. This is the age when deterioration of *dhatu* starts, this leads to reduced *vyadhikshamatva* during this age. Increased responsibility towards parents, children, and work leads to faulty dietary habits and increased stress during this age. All these factors contribute

towards increased incidence of *amavata* during this period of age.

In this study, maximum numbers of patients (83.33%) were females and among them, 50% were house wives. The female and male ratio was 5:1. As per modern medical science, the female: male ratio in Rheumatoid arthritis is 3:1 and below 45 years of age the ratio is 6: 1.

Increased responsibility towards house works and day-to-day family stress may induce *vataprakopa* and *agnimandya* and thus results in *amavata* in females. All of the patients (100%) gave the positive history of *sandhiruja, sandhishotha, sandhistabdhata* and 83.33% of the patients gave history of *sparshasahatva*. *Sandhiruja* and *stabdhata* are mainly due to *vatadosha,* whereas *shotha and sparshasahatva* suggest presence of *ama*. This proves the role of *ama* and *vata* as chief pathological factors in *amavata*.

Probable mode of action of *Basti*

Dwipanchamooladiyapanabasti administered through *pakvashaya* spreads all over the body with its *virya* and controls the vitiated *vata* as the prime treatment of *vata*is the *basti*. *Vyavayi* and *sukshmaguna* of-*saindhavalavana* helps the *bastidravya* to reach up to *sukshmasrotas*[6]. In the *dwipanchamuladiyapanabasti* the drugs of *dashmoola, madanphala, pathaand* honey controll *vatadosha* along with *kaphadosha*and*ama. Yavakshar, gomutra, triphala* and *bilva* along with other drugs like *musta, kutaja* and *indrayava* mainly perform *srotoshodhaka* action[7]. The *tikshnaguna* of *gomutraand yavksharah*elpin*agni-deepana*, *amapachana*, *srotovishodhana*and *vatanuloman.* Due to these properties *gomutra* and *yvkshara* help in breaking down the pathogenesis of *amvata*[8]. *Tilatailais* alsousedinthe*dwipanchamuladiyapanabasti, tilataila*breaksthe*samprapti*by controlling *vatadosha astilataila* has*ushnaand snigdha* properties[9] Due to these properties *sandhiruja, sandhishotha, sandhistabdhata* arerelieved.

CONCLUSION

Dwipanchamooladiyapanabasti proved to be an effective therapy in *amavata*. By combating the *vatadosha*and *ama* (the chief pathological factors), it leads to *sampraptivighatana* of *amavata,* hence, significant results were achieved in all the cardinal symptoms. 58% of patients showed major improvement and 42% showed minor improvement. There is a need to conduct further study in this regard on larger sample size and for a longer duration to prove the efficacy of *Ayurveda* treatment in management of *amvata*.

Table 1: Showing cardinal features of *amavata*

Cardinal Symptoms	No. of patients	Percentage
Sandhiruja	48	100%
Sandhishotha	48	100%
Sandhistabdhata	48	100%
Ushnata	40	83.33%
Sparshasahatvam	40	83.33%

Table2: Showing *samanyalakshana*of *amavata*.

SamanyaLakshana	No. of patients	Percentage	SamanyaLakshana	No. of patients	Percentage

Angamadra	48	100%	*Gaurava*	48	100%
Aruchi	40	83.33%	*Jwara*	16	33.33%
Trishna	20	41.66%	*Apaka*	48	100%
Alasya	48	100%	*Angashoonata*	48	100%

Table 3: Showing effect of *dwipanchamuladiyapanabasti* on cardinal features of *amvata*

Variable	Mean		Mean Diff.	% Relief	SD±	SE±	P	S
	BT	AT						
Sandhiruja	1.385	0.8462	0.5385	38.88	0.6602	0.1831	<0.05	S
Sandhishotha	1.231	0.7692	0.4615	37.48	0.6602	0.1831	<0.05	S
Sandhistabdhata	1.308	0.8462	0.4615	35.29	0.6602	0.1831	<0.05	S
Sandhisparshasahy-ata	1.66	0.66	1.00	59.99	0.534	0.138	<0.01	HS

Table 4: Showing effect of *dwipanchamuladiyapanabasti* on associated features of *amvata*

Variable	Mean		Mean Diff.	% Relief	SD±	SE±	P	S
	BT	AT						
Angamadra	1.3	2.3	1	76.92	1.1547	0.3651	<0.05	S
Aruchi	1.6	2.5	0.9	56.25	0.8755	0.2768	<0.05	S
Trishna	1.5	2.6	1.1	73.33	0.7378	0.2333	<0.05	S
Alasya	1.66	0.33	1.33	79.96	0.8165	0.2108	<0.001	H.S
Gaurava	1.21	0.42	0.78	64.47	0.8926	0.2386	<0.05	S
Jwar	2.5	3.4	0.9	36	0.5676	0.1795	<0.05	S
Apaka	2.3	3.1	0.8	34.78	0.7888	0.2494	<0.05	S
Angashunta	2.00	0.40	1.60	80.00	0.9856	0.2545	<0.001	HS

(HS: Highly Significant S: Significant NS: Non Significant

Table 5: Showing *bastipartyagamana kala*

Retention time of *Basti*	No. of Patients	Percentage
Up to 45 min.	12	25%
40 to 30 min.	10	20.83%
30 to 20min.	16	33.33
20 to 10 min.	4	8.33%
10 to 5 min.	6	12.5%

REFERENCES

1. DrBrahmanadTripathi, Chapter -25, Amavatanidanadhaya, Madhavnidan,Varanasi, Pub. ChaukhambaSubharatiPrakashan; 2007. p. 571-577
2. Harrison's Principles of Internal Medicine. Braunwald, editor. 15th ed, Vol. 2, New York: McGraw Hill organization; 2012. p.2738
3. Harrison's Principles of Internal Medicine. Braunwald, editor. 15th ed, Vol. 2, New York: McGraw Hill organization; 2012. p.2741
4. Chakrapanidatta, Chakradatta, Amavatachikitsa, published by Chaukambha Sanskrit Bhavana; Varanasi; Reprint - 2014.p.166

5. Agnivesha, Charaka Samhita with Ayurveda DeepikaCommentoryof Chakrapanidatta, Siddhi Sthana, Chapter-1,verse 40, published by Chaukambha Sanskrit Samsthana; Varanasi; 2004. p.683
6. Bhavamisra ,*BhavaprakashNigantu* Hindi Commentry by Prof.K.C.Chunekar , edited by Late Dr. G.S. Pandey ,HritakyadiVarga , ChaukhabhaBharati Academy Varanasi. Reprint -2013.p.149
7. Bhavamisra ,*BhavaprakashNigantu* Hindi Commentry by Prof.K.C.Chunekar , edited by Late Dr. G.S. Pandey , MutraVarga , ChaukhabhaBharati Academy Varanasi. Reprint -2013.p.761
8. Agnivesha,Charaka Samhita with Ayurveda DeepikaCommentory of Chakrapanidatta, Sutra Sthana, Chapter-27, verse 305-306, published by Chaukambha Sanskrit Samsthana; Varanasi; 2004. p.17
9. Bhavamisra ,*BhavaprakashNigantu* Hindi Commentry by Prof.K.C.Chunekar , edited by Late Dr. G.S. Pandey , TailaVarga , ChaukhabhaBharati Academy Varanasi. Reprint -2013.p.763

CORRESPONDING AUTHOR

Dr. Mukesh Ku. Kumawat

P.G. Scholar, P.G Department of Panchakarma, National Institute of Ayurveda, Jaipur, Rajasthan, India

Email: dr.mukeshkumawat05@gmail.com

Source of support: Nil

Conflict of interest: None Declared