**Review Article** 

ISSN: 2320 5091

Impact Factor: 4.018

# ROLE OF VAITARANA BASTI IN THE MANAGEMENT OF AMAVATA W.S.R. TO RHEUMATOID ARTHRITIS – A REVIEW ARTICLE

Dewangan Neetu<sup>1</sup>, Shrivas Sandeep<sup>1</sup>, Khichariya S.D.<sup>2</sup>

<sup>1</sup>PG Scholar, <sup>2</sup>Assistant Professor Department of Kayachikitsa, Shri NPA Govt. Ayurved College Raipur, Chattisgarh, India

Email: neetudewangan12@gmail.com

#### 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. *Ama* associated with aggravated *Vata* plays dominant role in the pathogenesis of *Amavata*. The clinical features of *Amavata* such as pain, swelling and stiffness of joints, fever, and general debility are the features that closely mimics the rheumatological disorder called as rheumatoid arthritis. The classical treatment of *Amavata* is *Langhana*, *Swedana*, *Deepana*, *Amapachana*, *Shodhana*, *Shamana*, *Basti Chikitsa* etc. *Acharya Chakradatta* had indicated *Vaitarana Basti* in *Amavata*. It is used in *Amavata* because it brings *Doshas* from *Shakha* to *Koshtha* and removes them out of the body via *Gudmarga* and give relief. *Basti dravyas* posses the pharmacodynamic properties such as *Laghu* –*Tikshna Guna*, *Katu-Tikta Rasa*, *Ushna Veerya* etc. are against the *Guru*, *Pichchhila*, *Sheeta Guna* of *Ama*. Thus *Vaiarana Basti* proves an effective treatment in *Amavata*.

Keywords: Amavata, rheumatoid arthritis, Vaitarana Basti.

# INTRODUCTION

Amavata is first described as separate disease in Madhava Nidana, where it is mentioned that Mandagni plays an important role in the manifestation of the disease.<sup>1</sup> Amavata is mainly due to derangement of Agni, resulting in the formation of Ama.<sup>2</sup> Aggravated Vata and Ama are the core factors pathogenesis of Amavata. the In in its Pravruddhavastha, all joints get affected. Pain related to Amavata is so dreadful that it is compared with pain of scorpion bite.<sup>3</sup> Constant use of incompatible food articles and strenuous exercise immediately after consumption of fatty food lead to indigestion. This results in the formation of *Ama* which gets circulated throughout body by *Vyana Vayu*. This then accumulates at *Shleshma Sthana* i.e. in the joints leading to manifestation of symptoms of disease like *Agnimandya, Aruchi, Trishna, Alasya, Saandhishoola, Sandhishoth*. The principal treatment of *Amavata* is *Langhana, Swedana, Virechana, Basti* and drugs having *Tikta-Katu rasa, Deepana* properties.<sup>4</sup>

RA is a chronic immune- inflammatory systemic disease that affects mainly synovial joints with a possibility of extra-articular manifestation.<sup>5</sup> in whole



world rheumatic disease is the most common cause of physical impairment in society. The lives of more than one million people are physically impaired by rheumatic disorders and one fifth of these are severely disabled with a male to female ratio of 1:3.<sup>6</sup>

Prevalence of the disease is approximately 0.8% of the population and about 80% of the people develop this disease between the age of 35yrs and 50 yrs.<sup>7</sup>

*Basti* is the best remedy for alleviation of *Vatadosha* as well as *Pitta, Kapha* and *Rakta Dosha. Acharya Charaka* has considered *Basti Chikitsa* as half of the treatment of all disease while other considered it as complete remedy for all the ailments.<sup>8</sup> *Acharya Chakradatta* had indicated *Vaitarana Basti* in *Shool, Anaha* and *Amavata. Vitarana Basti* is a type of *Shodhana basti* which has been indicated after the period of *Brihattrayi*. The name *Vaitarana* itself signifies the name of a river which can bring back dead to live.<sup>9</sup>

The features of *Amavata* are much identical to RA, an auto immune disorders which causes chronic inflammatory and symmetrical poly arthritis.<sup>10</sup> presently available modern medication for rheumatoid arthritis and medication for pain (NSAIDs) is causing many side and toxic effects and requires long term medication which suppresses immunity and produces other disease.<sup>11</sup> Hence the people are looking with a hope towards *Ayurveda* to overcome this challenge.

# MATERIALS AND METHODES

A condition when *Ama* gets associated with *Vata Dosha* is known as *Amavata*.<sup>12</sup>It is a pathological condition where there is simultaneous aggravation of *Vata* and *Kapha Dosha* within *Koshtha* and after *Vimarga Gamana* these *Doshas* settle down into *Trika Sandhi* resulting Gatra Stabdhta and give rise to *Amavata*.<sup>13</sup>

*Stabdhta*:- inability to perform the *Namanadi* karma.<sup>14</sup>

Trika sandhi:-

According to *Madhavakara – Trika* means *Kati, Manya, Ansha Sandhi.*<sup>15</sup>

According to Acharya Dalhana – Trika is<sup>16</sup> Shroni kanda bhaga (~sacro-iliac region/ sacrum) OR Bahu Greeva Sanghata Sthala (~scapular joint, acromioclavicular joint).

According to Arunadatta – Prishtha dhara.<sup>17</sup>

Hence *Trika* can be sacral joint, scapular joint, intervertebral joints, cervical joint, ileosacral joint and all other *Shakhagata Sandhis*.

# **CLASSIFICATION OF AMAVATA**

According to involvement of *doshas*<sup>18</sup>:-*Ek doshaja*, *Dwidoshaja* and *Sannipataja*.

According to clinical manifestation<sup>19</sup>:-Vishtambhi Amavata, Gulmi Amavata, Snehi Amavata, Sarvangi Amavata, Shirogaurava and ama mala, Pakva Amavata.

According to severity (Madhava 25/6,7-10) :- Samanya and Pravruddha Amavata.

According to chronicity (Gana nath sena):- Naveena and Jeerna Amavata

According to prognosis / Sadhyasadhyata<sup>20</sup>:- Sadhya (curable) - ekdoshaja

Yapya (manageable) - Dwidoshaja

*Krichchhrasadhya* (non curable) – *Sannipataja* with generalize swelling.

# NIDANA (Causative factors):-

*Nidana* can be described as the factors responsible for development of disease. It is important as the avoidance of etiological factor forms the first line of treatment to prevent the pathogenesis of any disease. *Madhavakara* has described the causative factors for *Amavata* as- *Viruddha ahara* (unwholesome diet), *Viruddha cheshta* (erroneous habits), *Mandagni* (diminished *agni*), *Nishchalata* (sedentary life) and exertion immediately after taking *Snigdha Ahara*.<sup>21</sup> Other *Nidanas* like may includes – *Chinta, Bhaya, Krodh, Irshya, Lobha*, etc. *Manasik* factors causes *Mandagni* and *Ama* formation<sup>22</sup>.

# PURVARUPA

Acharya Vangasena has mentioned Shiroruja (headache) and Gatraruja (bodyache) as the Purvarupa of Amavata.

# **RUPA (SYMPTOMS)**

The sign and symptoms of *Amavata* can be classified under the following categories:-

**Pratyatma Lakshana**<sup>23</sup>- Sandhishoola (Vrishchika danshavata vedana), Sandhishoth (swelling of joints), Sandhi graha / Stabdhata (joint stiffness) and Sparsh-Asahyata (tenderness of joint). Samanya Lakshana<sup>24</sup>- General sign and symptoms seen in the patients of amavata are-

Angamarda (generalized bodyache), Aruchi (anorexia), Trishna (excessive thirst), Alasya( lethargy), Gaurava (heaviness), Jwara (fever), Angashunata (oedema of different parts of the body including joints), Apaka (indigestion).

**Doshanubandha lakshana** <sup>25</sup>:- Vatanuvandh-Shoola, Pittanubandh- Raga (redness) and Daha (burning sensation) around sandhi sthana And Kaphanubandha- Staimitya, Gaurava, Kandu.

# **Pravriddha lakshana**<sup>26</sup> :-

Saruja shoth (pain and swelling) in hands, legs, ankle, knee, wrist, shoulder and hip joints, Vrishchika danshavata vedana (scorpion bite like pain), Bahumutrata (polyuria), Agnidaurbalya (indigestion), Praseka (salivation), Aruchi (anorexia), Gaurava (heaviness), Utsah hani, Vairasya (tastelessness), Daha (burning sensation), Kukshikathinya and Kukshishool (abdominal pain), Nidraviparyaya (sleep disturbance), Chhardi (vomiting) and Trishna (thirst), Bhrama (vertigo) and Murchha, Hridgraha, Jadyata and vibandha (constipation). These symptoms can be seen in Pravriddhavastha of Amavata.

# SAMPRAPTI (PATHOGENESIS)

It is defined as the process of manifestation of the disease by specific action of vitiated *Dosha*, *Dushya* and *Srotasa*.<sup>27</sup>*Acharya Madhava* has described *Samprapti* of *Amavata* which can be explained into the following steps:-

# Nidana sevana and ama formation<sup>28</sup>:-

Due to *Nidana Sevana* such as *Ahar dravya* posses *Snigdha, Sheeta, Guru, Manda Guna* which decreases the function of *Agni* and causes *Agnimandya*. This *Mandagni* is unable to digest the food properly and lead to formation of '*Ama*'.

Vitiation of vata dosha and circulation of ama<sup>29</sup>:-

*Ama* formed due to *Nidana sevana* causes blockage of channels (*Srotorodha*). Due to *Srotorodha* vitiation of *Vata Dosha* takes place, which circulates the *Ama* throught the body via channels and stops where there is *Kha-vaigunya* that is *Shleshmasthana* (*Sandhisthana*).

# Dosha –dushya sammurchhana<sup>30</sup>:-

The *Ama* with vitiated *Vata Dosha* circulates throughout the body and lodge at *Kha-Vaigunya* and interacts with other *Dosha* and *Dushya*, obstructing the *Srotasa* and produces various symptoms. Later the *Ama* attains different color and become more viscous or slimy and gets stuck to the *Srotasa*. It further produces more *Kleda* in *Srotasa*. This all causes deprivation of nutrition to the *Dhatus* which lead to *Dhatukshaya* and *Daurbalya*.

### Sthanasamshraya and manifestation of disease<sup>31:</sup>-

The vitiated *Vata* hampers the production of *Rasa Dhatu* which in turn causes deprivation of nourishment to further *Dhatus* and causes *Daurbalya*, *Hridgaurava* and other *Sarvadaihik* symptoms are produced but are not clear. Later due to *Sthanasamshraya* of *Ama Dosha* to *Kati*, *Trika*, *Prishtha* etc. local symptoms like *Shool*, *Shoth*, *Stabdhta* are produced. Other parts of body as *Peshi*, *Shira*, *Snayu* get affected and *Gurugatrata* appears. Gradually other symptoms also appear in prominent form and pertain with disease.

#### **Treatment**<sup>32</sup>

The line of treatment described for *Amavata* as *"Langhanam swedanam tikta"* can be summarized as –

1. Measures to bring Agni to their normal state.

2. Measures to digest Ama.

3. Measures to eliminate vitiated Vata and Ama.

To fulfill all these, *Acharyas* haves suggested use of bitter and pungent food and drugs, appetizers and digestants, *Langhana*, hot fomentation, use of purgatives, enema (*Kshara basti*) and dietary restrictions.

### **RHEUMATOID ARTHRITIS**

RA is an autoimmune chronic inflammatory disease. Autoimmune disorders are illness that occurs when the body tissues are mistakenly attacked by its own immune system. RA is characterized by inflammation of synovial joints leading to joint and periarticular tissue destruction as well as a wide variety of extra-articular features.

Rheumatoid arthritis is formed of

The term 'rheuma' means stiffness

The term Arthritis derived from 'arthros 'means inflammation of joints.<sup>33</sup>

RA is a chronic multi system disease of unknown cause. Characteristic features of which persistent inflammatory synovitis is usually involving peripheral joints in a systemic distribution. The potential of synovial inflammation to cause cartilage destruction is the hallmark of the disease.<sup>34</sup>

# CAUSE<sup>35</sup>

The actual cause of the disease is still to be explored. The possible causative factors are :-

Hereditary, infection, super antigen driven disorder, nutrition and metabolism, endocrine secretions, autoimmunity and psychological factors etc.

# PATHOGENESIS<sup>36</sup>

Once the inciting agent has activated the immune system, a range of intersecting immunological pathways operate, leading to joint destruction. Joint deformity occurs in RA because the cartilage and then the bone is eroded by the proliferative synovial tissue. This process leads to increase laxity of ligaments around the joints, subluxation of tendons and subsequently of joints, and inflammation of many other tissues in the body.

# PRESENTATION<sup>37</sup>

RA presents as acute polyarthritis developing over a few days, or more commonly, weeks to months. Systemic features such as fatigue and diffuse musculoskeletal pain may occur before frank swelling of joints. The disease commonly presents in the metacarpophalangeal joints or metatarsophalangeal joints and wrist. Morning stiffness is a common early feature and boggy synovial tissue can be demonstrated on examination.

The criteria lead down by American Association Of **Rheumatism** for the disease diagnosis should be followed for the confirmation. Those are<sup>38</sup>:-

- Morning stiffness lasting for more than an hour
- Arthritis of 3 or more joints
- Arthritis of hand joints
- Symmetrical arthritis
- Presence of rheumatoid nodules
- Radiological changes such as osteoporosis.
  DIAGNOSIS<sup>39</sup>
- a. Clinical criteria for the disease must have been present for at least 6 weeks.
- b. Laboratory investigations
- Increased WBC count
- Thrombocytosis
- Mild normocytic anaemia
- High ESR or acute phase reaction
- Positive rheumatoid factor
- Positive anti-CRP antibody
- Arthocentesis of synovial fluid shows it to be straw colored with increased neutrophills.

#### VAITARANA BASTI

*Basti*, a part of the elimination procedure, has been given special status from classical period<sup>40</sup>. One of the treatment of *Amavata* according to *Yogaratnakar* is *Basti*. Owing to the diversity of combination of drugs used in the *Basti*, it can perform diverse functions like *Shodhana* (cleansing) *Shaman* (pacifying) *Sangrahana* (checking). In *Amavata* as disease progresses, *Margavarodha*(obstruction) increases. So, it requires cleansing therapy which can cleanse the closed channels and restore its normal function. *Vaitarana Basti* has very potent cleansing action<sup>41</sup>. It is a kind of *Niruha basti* and is mentioned by and *Chakradutta (Niruhadhikara* 73/32) and *Vangasena*. It got its name due to the specific ability to cure disease.<sup>42</sup>

Amavata is Madhyammargashrut disease. These Doshas if brought into the Koshtha, can be expelled

out by nearest root. Owing to the potency, *Vaitarana Basti* fetch the *Doshas* in *Koshtha* by creating substantial increase, liquefaction in *Doshas* and by digesting *Ama* thereby opening the blocked channels keeping *Vata* in control. These vitiated *Doshas* are then expelled out from anal root by *Basti*.<sup>43</sup> **Preparation of** *Vaitarana Basti*<sup>43</sup>

Ingredients –

Saindhava lavana (rock salt)	1 Karsha
(12gm.)	
Chincha (Tamarindus indica)	1 Pala
(50gm.)	
Guda (jaggary)	½ Pala
(25gm.)	
<i>Tila taila</i> (sesame oil)	(50ml)
Gomutra	1 Kudava
(200ml)	

s. no.	Dravya	Rasa	Guna	Veerya	Vipaka	Action
1.	Pakva	Amla,	Laghu Ushna Ruksha	Ushna	Amla	Vatakaphashamak,
	Amlika	Madhura				Pittavardhak
2.	Guda	Madhura,	Guru, Snigdha	Ushna	Madhura	Vatapittaghna,
		Lavana				Kaphavardhaka
3.	Saindhava	Lavana,	Laghu, Snigdha,	Unushnasheet	Madhura	Tridoshaghna
	Lavana	Madhura	Sukshma	a		
4.	Gomutra	Katu,	Ushna, Tikshna,	Ushna	Katu	Kaphavataghna,
		Lavana, Tikta	Laghu, Ruksh Bhedi			Pittakara
5.	Tila tail	Madhua,	Vyavai, Vikasi, Sara,	Ushna	Madhura	Vatakaphashamak,
		Kashaya,	Vishada, Snigdha,			raktapittakruta
		Tikta	Sukshma, Lekhana			

# **Method of preparation**

- Mix *Guda* (25gm) in water and evaporating required quantity of water so as to make the solution dense to be used as honey-60ml.
- Saidhava lavana is added- 12gm
- Moorchita tila taila is added- 50ml
- *Chincha* is put first in hot water, mixed well and filtered. Then the liquid is added to the above mixture- 60ml.
- Lastly 200ml of *Gomutra* was added slowly and mixing continued so as to have uniform *Basti Dravya*.

#### DISCUSSION

Vaitarana basti is a type of Mridu kshara basti, works on the basis of Guna Vaisheshika Siddhanta shows significant result in Amavata.

It constitutes *Amlika*, *Guda*, *Saindhava*, *Gomutra* and *Tila tail* in the ratio 4:2:1:16:4 as per requirement. As a whole, the properties of *Vaitarana basti* can be considered as *Laghu*, *Ruksha*, *Ushna*,

*Tikshna guna* which are opposite to *Guru-Snigdha guna* of *Kapha*. Most of the drugs of *Vaitarana Basti* possess *Vatakapha Shamak* action. These properties of *Vaitarana basti* are antagonist to *kapha* and *ama*, hence it provides significant improvement in the sign and symptoms of disease.

Saindhava lavana via its Sukshma and Tikshna guna causes Srotoshodhana via overcoming the 'Sanga' and helps to pass the drug molecules in the systemic circulation through mucosa. Thus it helps the Basti Dravva to reach up to the molecular level. It also posses irritant property, so helps in the elimination of waste material. It is capable of liquefying the viscous matter and break down them into tiny particles. Instead of honey jaggery (Purana Guda) is used which along with Saidhava lavana forms homogeneous mixture and forms a solution having properties to permeable the water easily. The retention of irritants may be favored by making its solution as nearly isotonic as possible by using colloidal fluids. Purana Guda (jaggery) is Laghu, Pathva.

Anabhishvandi, Agnivardhaka and Vatapittashamaka. It also helps in carrying the drugs up to micro-cellular level. In this Basti, Tila taila is also added to the solution of jaggery and Saindhava which helps in forming the uniform mixture. Chincha posses Ruksha. Ushna. Amla. Vatakaphashamaka properties which makes it useful for the Amavata. Gomutra is the chief content of Vaitarana Basti which owing to its Katu rasa, Katu vipaka, Ushna virya, Laghu, Ruksha and Tikshna Guna pacify the Kapha Dosha. It also possesses Tridoshahara, Agnideepana, Pachana. Srotovishodhana and Vatanulomana properties.

The drugs administered through the rectum can achieve higher blood levels due to partial avoidance of hepatic first pass metabolism because rectum has rich blood and lymph supply so the drugs can cross the rectal mucosa as they can cross other lipid membrane<sup>44</sup>. So, unionized and lipid-soluble substances are readily absorbed from the rectum. The portion absorbed from upper rectal mucosa is carried by superior hemorrhoidal vein into the portal circulation, whereas that absorbed from lower rectum enters directly into the systemic circulation via the middle and inferior hemorrhoidal veins. Hence administration of drugs in the Basti form has faster absorption and provides quicker results. The rectal wall contains pressure receptors and neuroreceptors which are stimulated by various drugs present in Basti Dravya which results in increase in conduction of sodium ions. The inward rush of sodium ions through the membrane of unmylinated terminal is responsible for generating action potential. Saindhava Lavana present in Vaitarana Basti probably generates action potential and helps in diffusion and absorption of the Basti Dravyas.

*Basti* therapy can be considered as a prime remedy for *Amavata* as it exerts a more systemic action besides exerting local action via large intestine involving enteric nervous system.

Enteric nervous system is a collection of neurons in the gastro-intestinal tract constituting the brain of gut. *Basti* therapy may be the stimulator for many intra-luminal, luminal and whole body function. Apart from its influence on GIT, enteric nervous system also influences the autonomic nervous system thereby producing systemic effect.<sup>45</sup>

The overall effect of *Vaitarana Basti* can be summarized as encolonic i.e. action on tissues of colon, endocolonic i.e. action inside colon and diacolonic (systemic action). Thus *Basti Dravyas* after reaching large and small intestine get absorbed from intestine and due to *Laghu, Ushna, Tikshna* and *Ruksha guna* of drugs of *Vaitarana basti*, it breaks the obstructions and expels out the morbid material from all over the body thus helps in breaking down the pathogenesis of disease.<sup>46</sup>

# CONCLUSION

Amavata is a commonest and most crippling joint disorder usually seen in middle age. It is a disease of Madhyam Rogamarga with Chirkari nature. Ama and Vata being contradictory in nature make it difficult to plan the line of treatment. Thus Vaitarana Basti can be thought of as an ultimate solution for the eradication of Vata Dosh and Ama as the drugs of Vaitarana Basti posses Vatakaphashamaka, Vatanulomaka and Amapachaka properties. It also posses Vedanasthapaka and Nadibalya properties as well as balances Agni which is the main cause of development of Amavata. Hence, Vaitarana Basti can be very effective treatment for Amavata.

# REFERENCES

- Khagram Rita, Mehta C.S., Shukla V.D. Dava A.R. Clinical effect of *Matrabasti* and *Vatari guggul* in the management of *Amavata* (rheumatoid arthritis). AYU. Jul-sept2010; 31(3): 343-350.
- Pandey Shweta A., Joshi Nayan P., Pandya Dilip M. Clinical efficacy of *Shiva guggul* and *Simhanad guggul in Amavata* (rheumatoid arthritis). AYU. Apr-jan2012;33(2):247-254.
- Wetal V.R., Huperikar R. Study of effect of Vaitarana basti in amavata :A clinical trail. Int. J. Ayu. Pharm chem. 2016;4(2):38-45.
- 4. Mahto R.R., Dave A.R., Shukla V.D. A comparative study of *Rasona rasnadi ghanavati* and *Simhanad*

guggul on Amavata w.s.r. to rheumatoid arthritis. AYU. Jan-march2011;32(1):46-54.

- 5. Khagram Rita, Mehta C.S., Shukla V.D. Dava A.R. Clinical effect of *Matra basti* and *Vatari guggul* in the management of *Amavata* (rheumatoid arthritis). AYU. Jul-sept2010; 31(3): 343-350.
- Thanki K., Bhatta N., Shukla V.D. Effect of *Kshara* basti and Nirgundi ghanavati on Amavata (rheumatoid arthritis). AYU.Jan- march 2012;33(1):50-53
- Sasane P., Saroj U.R., Joshi R.K. Clinical evaluation of efficacy of *Alambushadi ghanavati* and *Vaitarana basti* in the management of *Amavata* w.s.r. to Rheumatoid arthritis. AYU. 2016; 37(2):105-112.
- Gangwar Anil et al. evaluation of clinical efficacy of Vaitarana basti and Rasnadi gutika in the management of Gridhrasi w.s.r. to sciatica. International Journal of Herbal Medicine. 2015;3(2):10-15.
- Wasedar V.S., Ragi Madhushree, Grampurohit P.L. Versatility of *Vaitarana basti* – A retrospective study. IAMJ. Jan2018;2(2):916-922.
- Gupta S.K., Thakur A.B., Dudhmal T.S., Nema A. Management of *Amavata* (rheumatoid arthritis) with diet and *virechana*. AYU. Oct-dec2015;36(4):413-415.
- 11. Dwivedi S.P. Role of *Vaitarana basti* and *Brihatvata chintamani rasa* in the management of *Amavata* w.s.r. to Rheumatoid arthritis. Ayurvedchintana. Oct 2015.
- 12. Vijayarakshita and srikanthdatta;madhukosha commentary on *Madhava Nidana* 25/5, chaukhambha orientalia prakashana, Varanasi, reprint 2008 pg no 510.
- Madhavakara, Madhava Nidana. Madhukosha Sanskrit commentary by vijayarakshita, srikanthdatta and vidyotini hindi commentary by sudarsana sastri edited by yadunandana upadhyay. Chaukhambha prakashana Varanasi. Revised edition reprint 2009. Nidana sthana. 25/5,Pg no 509.
- 14. Sushruta, sushruta samhita, nibandhsangraha commentary of dalhanacharya, nyayachandrika commentary of gayadas, edited by ambika data shashtri; chaukhambha orientalia Varanasi, reprint edition 2010, sutra sthana 15/24, pg no 81.
- 15. Ibid 13, 25/8, pg no. 510.
- Sushruta, sushruta samhita, nibandhsangraha commentary of dalhanacharya, nyayachandrika commentary of gayadas, edited by ambika data shashtri;

chaukhambha orientalia Varanasi, reprint edition 2010, sutra sthana 15/24, pg no 81.

- Vagabhatta, ashtanga hridayama, commentary by arundatta, edited by brahmaanand tripathi, 1<sup>st</sup> edition. Chaukhambha prakashana Varanasi 2009. Sutra sthana 12/15, pg no. 198.
- 18. Ibid 13,25/12, pg no. 512.
- 19. Harita samhita, chikitsa sthana. Text wth English translation commentary by dr. K.H. Krishna murty and edited by prof. priyavata Sharma. Chaukhambha viavabharati publication Varanasi 2008, amavata chikitsa 21/5-6, pg no. 200.
- 20. Ibid 13, 25/12, pg no. 512.
- 21. Ibid 13, 25/1,pg no.508
- 22. Ibid 13, 25/1, pg no. 508.
- Agnivesha, anjana nidana, commented by S. Suresh Babu, chaukhambha Sanskrit pratishthana Delhi, 1<sup>st</sup> edition 2005. Pg no 210.
- 24. Ibid 13, 25/6, pg no. 511.
- 25. Ibid 13, 25/11, pg no. 512.
- 26. Ibid 13, 25/7-10, pg no. 511.
- Agnivesh, charaka, Dridbala, charak samhita, nidana sthana 1/11, ayurved dipika's ayushi hindi commentary by H.S. kushwaha, chaukhambha Sanskrit pratishthana, Delhi 2009 pg no. 415.
- 28. Ibid 13, 25/1, pg no. 508.
- 29. Ibid 13, 25/2, pg no. 509.
- 30. Ibid 13, 25/3, pg no. 509.
- 31. Ibid 13, 25/4-5, pg no. 509.
- Asharani DH et al., The effect of doshahara basti and vaitarana basti in the management of amavata. Ijam.2015;6(2):171-177.
- http://en.wikipedia.org/wiki/Rheumatoid\_arthritis accesed on 13/03/2018.
- 34. harrison's principles of internal medicine, edited by Dennis L kasper et al, published by McGraw hill medical publication division. 17<sup>th</sup> edition 2008, pg no. 2090.
- 35. http://en.wikipedia.org/wiki/Rheumatoid\_arthritis, www.medicinenet.com; accesed on 13/03/2018
- 36. Golwalla medicine for students, edited by Aspi F. Golwalla and Shahrukh A. Golwalla, Publishrd by Dr. A.F. Golwalla, The National book depot, Mumbai edition 22, reprint 2008, pg no 1037-38.
- 37. Golwalla medicine for students, edited by Aspi F. Golwalla and Shahrukh A. Golwalla, Publishrd by

Dr. A.F. Golwalla, The National book depot, Mumbai edition 24, reprint 2014, pg no 792.

- Wasedar V.S., Ragi Madhushree, Grampurohit P.L. Versatility of *Vaitarana Basti* – A retrospective study. IAMJ. Jan2018;2(2):916-922.
- 39. Golwalla medicine for students, edited by Aspi F. Golwalla and Shahrukh A. Golwalla, Publishrd by Dr. A.F. Golwalla, The National book depot, Mumbai edition 24, reprint 2014, pg no 793.
- Sankarnarayan M. An analysis of formulation of Vaitarana Basti on the basis of Ayurvedic texts and commentaries. Indian Journal of History of Science .2009;44(2):247-259.
- Wetal V.R., Huperikar R. Study of effect of Vaitarana Basti in Amavata :A clinical trail. Int. J. Ayu. Pharm chem. 2016;4(2):38-45.
- 42. Wanole M.R., Clothe D.S. *Vaitarana Basti* in *Amavata* -a pilot study . ejpmr. 2016;3(11)379-382.
- 43. Wanole M.R., Clothe D.S. *Vaitarana Basti* in amavata a pilot study . ejpmr. 2016;3(11)379-382.
- 44. Wasedar V.S., Ragi Madhushree, Grampurohit P.L. Versatility of *Vaitarana Basti* A retrospective study. IAMJ. Jan2018;2(2):916-922.
- 45. Sasane P.U., Joshi R.K. A Clinical study of *Alambushadi ghanavati* and *Vaitarana Basti* in the management of *Amavata* (Rheumatoid arthritis).WJPR.2015;4(10):1281-1293.
- 46. Sasane P., Saroj U.R., Joshi R.K. Clinical evaluation of efficacy of *Alambushadi ghanavati* and *Vaitarana basti* in the management of *Amavata* w.s.r. to Rheumatoid arthritis. AYU. 2016; 37(2):105-112.

# Source of Support: Nil Conflict Of Interest: None Declared

How to cite this URL: Dewangan Neetu et al: Role Of Vaitarana Basti In The Management Of Amavata W.S.R. To Rheumatoid Arthritis – A Review Article. International Ayurvedic Medical Journal {online} 2018 {cited July, 2018} Available from: http://www.iamj.in/posts/images/upload/1448 1455.pdf