

A CLINICAL STUDY ON DASHAMOOLAMRUTADI NIRUHA BASTI IN THE MANAGEMENT OF AMAVATA W.S.R. TO RHEUMATOID ARTHRITIS

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ABSTRACT

Amavata is the most common disorder seen in middle age people which affect both sex characterized by *Angamarda*, *Aruchi*, *Trishna*, *Alasya*, *Gaurava*, *Klama*, *Apaka* and Fever. In later stage pain may begin to migrate from place to place with a '*Vriskchikadamshovata*' *Vedana*. The disease *Amavata* can be co-related with Rheumatoid arthritis. It is an Autoimmune disease that cause chronic inflammation of joints mainly peripheral joints associated with varied constitutional symptoms and presence of RA factor. **Objectives:** To evaluate the effect of *Chaturbhadrakalpa basti* with *Dashamoolaamrutadi Kashaya niruha basti* in *Amavata*. **Methods:** The present study was done in 6 patients of *Amavata* and was intervened by *Dashamoolamrutadi Kashaya Niruha Basti* and *Brihat sainadavadi taila Anuvasana Basti* in *chaturbhadrakalpa basti* pattern. **Results:** The patients reported significant improvement in signs and symptoms of the disease. **Conclusion:** Thus, the above study has shown that the autoimmune disorders such as RA can be managed effectively in *Ayurveda* by undergoing regular *Shodhana* and following the regimens accordingly.

Keywords: *Amavata*, Rheumatoid arthritis, *Dashamoolamrutadi kashaya Niruha Basti*, *Chaturbadra kalpa basti*.

INTRODUCTION

Amavata is the one common disease which is mainly caused due to indulging in *Viruddha ahara* and *vihara*. It is the most common crippling and disabling disorder in the world as well as in India. As we understand from the word '*Amavata*', there is involvement of *Ama* and *Vata*, since *Ama* is having equal *gunas* to *kapha*, its affinity is mostly towards *shleshma sthanas*, hence the *sthanasamshraya* of the disease is at *sleshma sthanas*¹.

Amavata can be compared to Rheumatoid arthritis as there is close resemblance in the manifestation of both the conditions. Rheumatoid arthritis is autoimmune polyarthritis of unknown etiology with symmetrical joint involvement and effects many other systems too. Rheumatoid arthritis affects 0.5-1% worldwide population, the annual mortality rate per 1.00.000 people from Rheumatoid arthritis in India as increased by 13.6 % since 1990, an average of 0.6% a year, peak incidence at 50-70 years of age and women are more

affected than men (3:1)². Regarding the management of Amavata has been explained by Chakradatta which includes Langhana, Swedana, Deepana with katu tikta rasa, Virechana and Basti karma. Hence here is an attempt is made to manage the case of Amavata with Dashamoolaamrutadi Kashaya⁶ niruha basti.

Objectives:

To evaluate the effect of Chaturbhadrakalpa basti⁷ with Dashamoolaamrutadi niruha basti⁶ in Amavata.

Methods:

Source of The Data:

Patients attending OPD, IPD at Shri Jayachamarajendra Institute of Indian Medicine Hospital, Bengaluru.

Method Of Selection Of Data:

6 Patients who fulfill the inclusion criteria is selected randomly.

Inclusive Criteria:

- Patient aged between 20 to 50 yrs.

- Subjects with classically mentioned signs and symptoms of Amavata.
- Subjects fit for Bastikarma.
- Early onset of Rheumatoid Arthritis less than 5years.

Exclusive Criteria:

- Pregnant women and lactating women.
- Patients with systemic diseases, uncontrolled DM, HTN.
- Rheumatoid arthritis subjects with gross deformity.

Study Design:

It is a clinical study design where 6 subjects suffering from Amavata fulfilling the inclusion criteria will be selected.

Subjects given with a course of Dashamoolaamrutadi Kashaya⁶ niruha basti and Brihat saindavadi taila³ and Anuvasana Basti in chaturbhadrakalpa basti⁷ schedule.

Table 1: Dosage with ingredients

<i>Anuvasana</i>	<i>Brihath saindavadi taila</i> ³ Dose - 60ml Time - In between 11:30am to 12:30pm
<i>Niruha Basti</i>	<i>Dashamoolaamrutadi Kashaya</i> ⁶ <i>niruha basti</i> Madhu = 120ml, Saindhava = 6gms, B.Saindavadi taila ³ = 60ml, Shatapushpa kalka = 40gm, Dashamoolaamrutadi kashaya = 260ml. Dose - 486ml Time - In between 9am to 12pm

Table 2: Basti pattern

DAYS	1	2	3	4	5	6	7	8	9	10	11	12
BASTI	A	A	A	A	N	N	N	N	A	A	A	A

Subjective Parameter

Table 3: Assessment Criteria

Sandhi Stabdata	Grading
No Stiffness	0
5 min – 30 mins	1
30 min- 1 hr	2
1 hr – 2 hrs	3
More than 2 hrs	4

Table 4

Sandhi Shoola	Grading
No tenderness	0
Subject experience of tenderness	1
Vincing of the face on pressure	2
Vincing of the face & withdrawal of the affected part on pressure	3
Resist touch	4

Objective parameter - RA FACTOR, CRP, ESR

Result and Observation

Table 05

SL NO	SANDHI SHOOLA		SANDHI STABDATA	
	BT	AT	BT	AT
1	3	1	2	1
2	2	1	3	1
3	3	2	2	1
4	2	1	1	1
5	2	1	2	0
6	4	2	3	1

Table 06

SL NO	R A FACTOR		C R P		ESR	
	BT	AT	BT	AT	BT	AT
1	1	0	2	0	2	1
2	1	1	2	1	2	0
3	1	1	2	1	2	1
4	1	1	2	1	2	1
5	2	1	2	1	2	0
6	2	2	2	1	2	1

RESULT

The overall assessment is based on i.e. of cumulative values. Above 60% of the cumulative score is considered as good response. Above 40% of the cumulative

score is considered as moderate response. Above 20% of the cumulative score is considered as poor response. Below 20% of the cumulative score is considered as not responded.

Table 7:

Response	Subjective Parameter	%	Objective Parameters	%
Good	3	50%	3	50%
Moderate	2	33%	2	33%
Poor	1	16%	1	16%
Not Response	0	-	0	-

Overall Results:

Out of 6 patients, undertook for the present study shows good-3 (50%), moderate-2 (33%), poor-1 (16%) not responded-0, in response to the treatment of Dashamoolaamrutadi kashaya⁶ niruha basti.

DISCUSSION

In *Amavata* the “*Ama*” *roopi mala* produced as a result of various unwanted metabolic/ biochemical processes, and cause degradation and deconstruction of constituents of the cells and fluids inside our body. So, these substances need to be eliminated from the body, hence *Shodhana* is first choice of treatment. *Basti* is the prime treatment modality for vitiated *vata* dosha and in *Chikitsa* of *Amavata* thus acts on both local and systemic effect. Though all the *Tridoshas* are involved in the *Amavata*, *kapha –vata* is of most significant here so *Basti* can be administered in *Vata* associated with *kapha* and *pitta dosha*. *Ama* is again mainly a manifestation of deranged *agni*, and the *sthana* of *Agni* is *pachyamanashaya* or *Grahani*. *Vata sthana* is *Pakwashaya* so the *basti* is main treatment to pacify the disease *Ama* and *Vata*. *Kashyapa* has mentioned a special pattern for *Niruha basti*, which includes 4 *Anuvasana* in the beginning, 4 *Niruha* in the middle and 4 *Anuvasana* in the last. As *Amavata* is predominant with the *Ama dosha* which may require *Rukshana basti* in continuous for the elimination of *Ama*, so this pattern was selected for the current study.

Dashamoolaamrutadi Kashaya⁶ contains *Deepana*, *Pachana*, *Vatakaphahara Dravyas* which helps in *Samprapti vighatana* of the disease. Its *Ruksha* and *Laghu guna* cleanses the *Srotas* and mitigates the *Kapha dosha*, *Guru* and *Usna guna* helps in normalizes *Vata dosha*. Phyto chemical analysis shows it predominant with phytosterol-it has proved analgesic and anti-inflammatory action. Tannin is an analgesic, anti-inflammatory and flavonoid has analgesic, anti-inflammatory antioxidant activity. Presence of these principles have contributed to its efficacy in curing the symptoms. *Eranda moola* is said to be drug of choice for *Amavata* having *Vatakapha hara* properties, *Ushna veerya* hence pacify *Vata* in *Pakvashaya*, The root of

Ricinus communis has significant analgesic and anti-inflammatory activity which are useful in acute and chronic inflammatory conditions, having carminative and free radical scavenging activity by inhibiting lipid peroxidation, antimicrobial activity. *Guduchi* having *Kashaya*, *Katu* and *Tiktarasa* is effective it possesses *Madhura vipaka*, *Ushna veerya* hence in counteracting *Kapha-Vata dosha* which is pathological basis of *Amavata*. It contains glycosides, whose activity resembles that of nonsteroidal anti-inflammatory agents. *Rasna* has *shula* and *shotohara*, *Shunti* has *Amapachaka* and *Rasayana*, *Devadaru* as *Amapachaka* and *Shotohara prabhava*, each drug has unique properties which help in minimize the symptoms and destroy the *Samprapti*. Also, they help to develop the immune power.

CONCLUSION

The main aim of this study attempt was to manage acute symptoms and gain the confidence of patients and to bring them out from the misery of pain & stiffness. The exact etiology of the disease *Rheumatoid arthritis* remains unknown, but in *Ayurveda* the *nidana* like *ama* is believed to be acting as autoantigen, which triggers the immunological reaction. The specific *basti* line of treatment helps in decreasing autoantigens may act on ENS there by releases the neurotransmitters and thus modifying the immune response to autoantigens. The *Dashamoolaamrutadi Kashaya⁶ niruha basti* had shown a significant improvement in these cases of *Amavata*, hence the further scope can be enhanced for the treatment of chronic and autoimmune *Rheumatoid arthritis* with this treatment protocol.

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