TO EVALUATE THE EFFICACY OF DWIPANCHMOOLADIYAPANABASTI IN THE MANAGEMENT OF AMAVATA

Mukesh Ku. Kumawat¹, Sarvesh K. Singh², Gopesh Mangal³, Srinivas Sharma⁴

¹P.G. Scholar, ²Lecturer, ³Lecturer, ⁴Associate Professor,
P.G Department of Panchakarma, National Institute of Ayurveda, Jaipur, Rajasthan, India

ABSTRACT

Globally, Ayurveda is preferred for the treatment of autoimmune and lifestyle 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, 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 dwiachamooladiyapanaBasti 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 amavataniidanam¹. 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 is compared with rheumatoid arthritis. Rheumatoid arthritis (RA) is a chronic inflammatory 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 amongst rheumatic 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, vyre-
chana and basti⁴. 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 vata⁵. In the present study, we have tried to study the various aspects of the disease in the perspective of shodhana therapy especially basti karma.

AIMS & OBJECTIVES:-

- Conceptual and clinical study of amavata (Rheumatoid Arthritis).
- To establish the ayurvediyatreatment 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 amavata 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 ghriti 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 yapana-basti was as per carkasamhita, i.e., a total of 16 basti (kalabasti) were administered.

Dose of BastiDravya: 600 ml of dwipanchamooladiyapanabasti 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 day and 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 2 affected 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 inalasya, 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 relief in angashunata. 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 dhato 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 *sparsha-sahatva* suggest presence of *ama*. This proves the role of *ama* and *vata* as chief pathological factors in *amavata*.

**Probable mode of action of Basti**

*Dwipanchamooladiyapana basti* administered through *pakvashaya* spreads all over the body with its *virya* and controls the vitiated *vata* as the prime treatment of *vatais the basti*. *Vyavayi* and *suksmashguna* of *saindhavalaavana* helps the *bastidravya* to reach up to *suksmasrotas*. In the *dwipanchamuladiyapana basti* the drugs of *dashmoola, madanphala, pathaand honey* control *vatadosha* along with *kaphadoshaandama. Yavakshar, gomutra, triphala and bilva* along with other drugs like *musta, kutaja and indrayava* mainly perform *srotoshdha* action. The *tikshnaguna* of *gomutraand yavkshara* helps in breaking down the pathogenesis of *amvata*. *Tilatailais also used in *dwipanchamuladiyapana basti, tilatalabreakthesampraptiby controlling vatadosha astilataila hahushnaand snigdha properties*. Due to these properties *sandhiruja*, *sandhishotha*, *sandhistabdhata* are relieved.

**CONCLUSION**

*Dwipanchamooladiyapana basti* proved to be an effective therapy in *amavata*. By combating the *vatadoshaand 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 *amavata*.

**Table 1: Showing cardinal features of amavata**

<table>
<thead>
<tr>
<th>Cardinal Symptoms</th>
<th>No. of patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandhiruja</td>
<td>48</td>
<td>100%</td>
</tr>
<tr>
<td>Sandhishotha</td>
<td>48</td>
<td>100%</td>
</tr>
<tr>
<td>Sandhistabdhata</td>
<td>48</td>
<td>100%</td>
</tr>
<tr>
<td>Ushnata</td>
<td>40</td>
<td>83.33%</td>
</tr>
<tr>
<td>Sparshasahatvam</td>
<td>40</td>
<td>83.33%</td>
</tr>
</tbody>
</table>

**Table 2: Showing samanyalakshana of amavata.**

<table>
<thead>
<tr>
<th>SamanyaLakshana</th>
<th>No. of patients</th>
<th>Percentage</th>
<th>SamanyaLakshana</th>
<th>No. of patients</th>
<th>Percentage</th>
</tr>
</thead>
</table>
Table 3: Showing effect of *dwipanchamuladiyapanabasti* on cardinal features of *amvata*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean BT</th>
<th>Mean AT</th>
<th>Mean Diff.</th>
<th>% Relief</th>
<th>SD±</th>
<th>SE±</th>
<th>P</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Sandhiruja</em></td>
<td>1.385</td>
<td>0.8462</td>
<td>0.5385</td>
<td>38.88</td>
<td>0.6602</td>
<td>0.1831</td>
<td>&lt;0.05</td>
<td>S</td>
</tr>
<tr>
<td><em>Sandhishotha</em></td>
<td>1.231</td>
<td>0.7692</td>
<td>0.4615</td>
<td>37.48</td>
<td>0.6602</td>
<td>0.1831</td>
<td>&lt;0.05</td>
<td>S</td>
</tr>
<tr>
<td><em>Sandhistadbhata</em></td>
<td>1.308</td>
<td>0.8462</td>
<td>0.4615</td>
<td>35.29</td>
<td>0.6602</td>
<td>0.1831</td>
<td>&lt;0.05</td>
<td>S</td>
</tr>
<tr>
<td><em>Sandhisparshahasahyata</em></td>
<td>1.66</td>
<td>0.66</td>
<td>1.00</td>
<td>59.99</td>
<td>0.534</td>
<td>0.138</td>
<td>&lt;0.01</td>
<td>HS</td>
</tr>
</tbody>
</table>

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

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

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

Table 5: Showing *bastipartyagamana kala*

<table>
<thead>
<tr>
<th>Retention time of Basti</th>
<th>No. of Patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 45 min.</td>
<td>12</td>
<td>25%</td>
</tr>
<tr>
<td>40 to 30 min.</td>
<td>10</td>
<td>20.83%</td>
</tr>
<tr>
<td>30 to 20 min.</td>
<td>16</td>
<td>33.33%</td>
</tr>
<tr>
<td>20 to 10 min.</td>
<td>4</td>
<td>8.33%</td>
</tr>
<tr>
<td>10 to 5 min.</td>
<td>6</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

REFERENCES


**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