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Efficacy of *Churna Basti* in the Management of *Amavata* W.S.R. Rheumatoid Arthritis: A Case Study

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ABSTRACT

When Ama (improperly digested material) and Vata (one among Tridosa) simultaneously get vitiated and enters the Trika and Sandhi finally leading to Stabdhata (stiffness) of the body, the condition is known as Amavata. Amavata is one of the chronic diseases mainly affecting the joints with some other constitutional symptoms. According to modern point of view the Amavata is very similar to rheumatoid arthritis, a disease of unknown aetiology. Now a day's theories of autoimmune mechanism, genetic susceptibility and free radical are most commonly incriminated role in etiopathology of the disease. The *Chikitsa* explained for *Amavata* includes *Shodhana* as well as Shamana which includes Langhana, Deepana, Swedana, Virechana, Snehapana, Basti and Upanaha. Therefore, the study planned to evaluate the efficacy of *Churna basti* in modified *Kala basti* schedule in the management of Amavata. Acharya Chakrapani mentions Churna Basti comprising of Saindhava Lavana, Sneha, Churnas (Rasna, Vacha, Bilwa, Shatapushpa, Ela, Putika, Madanaphala, Pippali, Devadaru, Kushta), Ushnajala and Amladravya as the key ingredients. These drugs possess Deepana-Pachana, Vata Kaphahara and Shoola-Shothahara properties which may help in attaining Agni deepti, Nirama Lakshana and Shoolahara & Shothahara effect. Therefore, Churna Basti comprising of drugs possessing properties opposite to Ama can be considered as a good remedy in the management of Amavata.

Keywords: Amavata, Churna Basti, Rheumatoid Arthritis.

INTODUCTION

Rheumatoid **Arthritis** is characterised by pain, joint swelling and stiffness affecting the small and large joints and also associated with anorexia, weight loss and fatigue. In Ayurveda Rheumatoid Arthritis is correlated to Amavata on the basis of its aetiology, pathology, therapeutic signs and symptoms. Agni (digestive fire) has important part in the pathogenesis and in management of Amavata. In Amavata, Agnimandhya causes formation of Ama and occupies aggravated Ama Shleshmasthana like Sandhi with the help of vitiated Vata. [1] Rheumatoid Arthritis is a

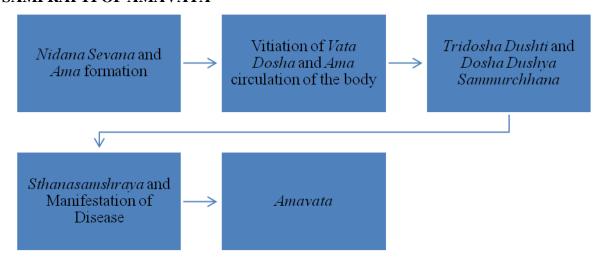
persistent inflammatory arthritis, affecting 0.3-2.1% of the adult population worldwide.

Nidana of Amavata

In Madhava *Nidana* specific etiological factors responsible to cause *Amavata* have been mentioned, which are as follow:

- Viruddha Ahara (unwholesome diet)
- Viruddha Chesta (erroneous habits)
- Mandagni (diminished Agni)
- Nishchalata (sedentary habits)
- Any type of exertion immediately after taking *Snigdha Ahara* [2]
- ➤ In *Harita Samhita, Kandamula Sevana* has also been mentioned as the causative factor of *Amayata*.

SAMPRAPTI OF AMAVATA [3]



Chikitsa of Amavata

Among Shodana, Basti plays major role in the management of Amavata. is contraindicated Though Basti Amaavastha of Amavata, Teekshna Niruha Basti which is having Agni Deepaka, Pachaka and Amahara properties are indicated. [4] Churna Basti mentioned by Chakrapani commentary on Charaka is one among them and it contains Saindhava Lavana, Sneha, Rasnadi Churna, Ushnajala and Amla dravya. Rasnadi Churna contains Rasna, Vacha, Bilwa, Shatapushpa, Ela, Putika, Madanaphala, Pippali, Devadaru, and Kushta in equal quantity and the drugs collectively are Ushna, Teekshna, Deepana-Pachana, Vata-Kaphahara and

Shothahara in nature. Based on this idea, clinical study with Rasnadi Churna in the form of Basti was carried out to ascertain the effect on Amavata patients in Amaavastha. It has shown encouraging results on attaining Agni Deepti, Laghutva, Nirama Lakshana and Shoolahara.

AIMS AND OBJECTIVES:

To evaluate the efficacy of *Churna Basti* in the management of *Amavata*.

MATERIALS AND METHODS

In this study patient diagnosed by fulfilling the criteria of *Amavata* were selected for the study from IPD of IPGT&RA, Jamnagar

Table-01 Ingredients of Churna Basti:

Table-01 Higherits of Churha Basit.					
Aushadh Name Prayojang		Virya	Doshagnata	Karmukata	
Rashna	Moola	Ushna	KV	Vednasthapan/Sleshmshanshaman	
Vacha	Moola	Ushna	KV	Sangyasthapan/Lekhaniya	
Bilwa	Moola	Ushna	KV	Shothhara/Vednasthapana	
Shatapushpa	Phala	Sheeta	VP	Vatanulomaka	
Ela	Phala	Sheeta	VPK	Angmardaprashmana	
Putika	Twak	Ushna	KV	Kandughna/ Sleshmshanshaman	
Madanaphala	Phala	Ushna	KV	Shothhara/Vednasthapana	
Pipalli	Moola	Anushnasheeta	KV	Shoolprashamana	
Devadaru	Kaanda	Ushna	KV	Vednasthapan	
Kushta	Moola	Ushna	KV	Shukrashodhana/ Vednasthapana	
Chincha	Phala	Ushna	KV	Shothhara/Vednasthapana	
Eranda Taila	Oil	Ushna	KV	Vednasthapan/Angmardaprashmana	
Saindhava		Sheeta	VPK	VPK Deepana Paachana	

Table-02 Quantity of Ingredients:

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Sr. No.	Ingredients	In Pala	In ml/gm	
1.	Saindava Lavana	½ Karsha	6gm	
2.	Eranda Taila	1 ½ Pala	75 ml	
3.	Rasnadi Churna	1 Pala	50 gm	
4.	Usna Jala	4 Pala	250 ml	
5.	Chincha	1 ½ Pala	75ml	
	Total		456 ml	

Ajay Kumar Yadav et.al. Efficacy of churna basti in the management of amavata w.s.r. rheumatoid arthritis: a case study

Table-03 Case

	Table-03 Case		
Patient Name	XYZ		
Age	45		
Gender	Female		
Religion	Hindu		
Marital Status	Married		
Occupation	Farmer & House maker		
Address	village Godavari Jamnagar		
OPD NO	49329		
IPD NO	192958		
Chief Complaints	 Sandhishula (Pain in joints) Sandhishotha (Swelling in joints) Sandhigraha (Morning stiffness) Jvara (Fever) 		
	Alasya (Malaise)		
	• Shunata- Anganam (Numbness)		
Patient having these symptoms in the last 2 years, gradually increasing			
Personal History			
Aharaja			
Appetite	Madhyam		
Type of diet	Vegetarian		
Dominance Rasa	Madhura,Amla		
Dietary habit	Adhyasana, Virudhasana (Patient had h/o taking milk with Ahara and sleep just after taking food		
Viharaja			
Vyayam	No		
Snana	Daily		
Abhyanga	No		
Nidra	6 hours/Night, 2hours/day		
Type of Life style	Sedentary		
Psychological factors			
Kostha			
Kostha Krura			
Mala Pravruti	Ama yukt (sometime Unset.)		
Consistency	Pischil Durgandh Yukt		
Frequency	once a day		
Mutra			
Urine colour	Vaivarnya		
Frequency	7-8 times/day 2-3 times/night		

System Examination

- RS normal
- CNS– normal
- CVS normal

Dashavidha Pareeksha

- Prakriti Vata Kapha
- Vikriti Kapha
- Sara Madhyama
- Samhanana Avara
- Satmya Madhyama
- Satwa Madhyama

- *Pramana Madhyama* (Ht.-155cm, Wt.-65kg)
- Aahara Shakthi Avara
- Vyayama Shakthi Avara
- Vaya–Madhyama

Table-04 General Examination

Built	Pre- Obese (BMI-27.05)			
Pallor	Absent			
Icterus	Absent			
Cyanosis & Clubbing	Absent			
Lymphadenopathy	Absent			
Tongue	Coated			
Blood pressure	110/70mm of Hg			
Pulse	74/min			

Table-05 Laboratory Investigation

Haematological Examination	All parameter in normal range except ESR was 20 mm/hr		
Biochemical Examination	All parameter in normal range.		
Urine Examination	N/A		
RA Factor	2OO U/ML		

Treatment Protocol

Following medication and procedure followed-

- Shunthi Siddha Phanta Kalpna for Ama Pachana (10gm in 1liter hot water)
- *Udawartan* with *Yava Churna* followed by *Sarvanga Vashpa Swedana*

Ajay Kumar Yadav et.al. Efficacy of churna basti in the management of amavata w.s.r. rheumatoid arthritis: a case study

• Churna Basti. [5]

These procedures followed for 7 days.

Method of Preparation of Churna Basti:

To prepare *Churna Basti*, initially *Saindava Lavana* and *Eranda Taila* were taken in a *Khalvayantra* and mixed homogenously, after that *Chincha* added and *Rasnadi Churna* was added first in hot water than little by little to above mixture. Lastly, *Basti Dravya* was filtered and administered.

Administration of Basti:

The Basti administration involves 3 main steps

- *Poorva karma* (pre-operative procedure)
- Pradhana Karma (main procedure)
- Paschat Karma (post-operative procedure)

450ml

Poorva Karma:

After *Vegapravrutti* (defecation) patient was given *Udwartan* followed by *Sarwanga Vashpa Swedana*.

Pradhana Karma:

Position of Patient: Patient was made to lie in the left lateral position by keeping left leg straight and right leg flexed at the knee joint.

Churna Basti administration: Anus was anointed by cotton swab dipped in oil and appropriate quantity of prepared Churna Basti was administered using Basti Putaka and Netra.

Paschat Karma:

Basti content with stool 3 time

Patient was advised to turn and lie down in supine position and advised to pass the bowel after getting the urge.

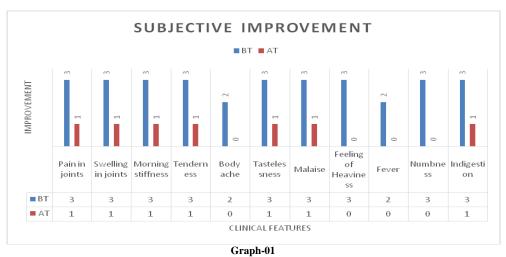
OBSERVATION AND RESULTS

Table-06				
Days	Amount	Toa	Retention	Output
1 st	450ml	11:30 AM	2 min	Basti content with stool 3time
2 nd	450ml	11:40 AM	4 min	Basti content with stool 2 time
3 rd	450ml	11:30 AM	5 min	Basti content with stool 3 time
4 th	450ml	11:50 AM	8 min	Basti content with stool 2 time
5 th	450ml	12:00 PM	4 min	Basti content with stool 5 time
6 th	450ml	11:30 AM	5 min	Basti content with stool 4 time

Table-07 Subjective Improvement

11:45 AM 5 min

Sr. No.	Clinical feature	Before treatment	After treatment
1.	Sandhishula (Pain in joints)	3	1
2.	Sandhishotha (Swelling in joints)	3	1
3.	Sandhigraha (Morning stiffness)	3	1
4.	Sparshasahatva (Tenderness)	3	1
5.	Angamarda (Body ache)	2	0
6.	Aruchi (Tastelessness)	3	1
7.	Alasya (Malaise)	3	1
8.	Gaurava (feeling of heaviness)	3	0
9.	Jvar(Fever)	2	0
10.	Shunata-Anganam (Numbness)	3	0
11.	Agnidourbalya (Indigestion)	3	1



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DISCUSSION

The Chikitsa explained for Amavata includes Shodhana as well as Shamana which includes Langhana, Deepana, Swedana, Virechana, Snehapana and Basti. In Amavata, Dosha's are deep routed in Sandhis and affects the whole body. [6] In order to remove deep rooted Doshas, Basti has been selected for Shodana. In Churna Basti Usnajala was mentioned in the place of Kwatha as Jala is the source of Rasa and it is the medium to reach the *Dhatus*. Usnajala has the property of Vata-Kapha Hara, Deepaniya ^[7] and Basti Shodhana. Chincha was used as Avapa and it is also Vata-Kapha Hara in nature. Eranda Taila is used as Sneha in the Basti due to its Vata-Kapha Hara property and is indicated in Moodha Vata condition. Due to all these qualities, Churna Basti is extremely beneficial in the Amavata.

CONCLUSION

Amavata is the disease having Vata and Kapha predominance and origin from both Pakvashaya and Amashaya. The Basti plays an important role in the Amavata. Churna Basti administered in modified Yoga Basti schedule significantly reduced Amavata symptoms like Agni Dourbalya, morning stiffness, Gourava, Utsahahani, Vairasya etc., Also it showed significant results in reducing swelling and improving the ROM of involved joints. It can be concluded that Churna Basti comprising of drugs possessing properties opposite to Ama can be considered as a good remedy in the management of the disease.

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