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A Comparative Study on the Effect of Doshahara Basti and Vaitarana Basti in the management of Amavata

Research article

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Abstract

In present era 80% of the disorders in the world are of *Samarogas*. Out of them the most crippling disorder, which hampers the economy of the world as well as the individual, are musculo-skeletal disorders. These are best known as Rheumatic disorders. Out of them many disorders have got signs & symptoms similar to *Amavata*. So the *Amavata* description given in the *Madhavanidana* covers a variety of Rheumatological disorders. Due to wide spectrum of disease, much prevalence in the society and lack of effective medicament, the disease is being chosen for the study. This research study was conducted on 30 patients with classical sign & symptoms of *Amavata* by adopting proper assessment criteria. In **group A** 15 patients were treated with *Prasarini Taila* and *Doshahara Basti* for 8 consecutive days. In **group B** 15 patients were treated with *Prasarini Taila* and *Vaitarana Basti* for 8 consecutive days. The pharmacodynamic property of *Basti dravyas* are having *Laghu- Tikshna guna, Katu-Tikta rasa, Ushna virya* are against the *Guru, Pichchila, Sheeta* properties of *Ama*. Thus *Basti* proves an effective treatment in *Amavata.* The overall effect of therapy in Group A was 78.57 % and in Group B was 51.19%.

Key words: *Amavata,* Rheumatic disorders, *Vaitarana basti, Doshahara Basti.*

Introduction

Amavata is the common most crippling and disabling disorder in the world as well as in India. The word *Amavata* is self explanatory, *Aama + Vata* indicates the prime components of the disease. Since *Aama* is having equal *gunas* to *kapha,* its affinity is mostly towards *shleshma sthanas*, hence the *sthanasamshraya* of the disease is at *shleshma sthanas* i.e synovial joints, heart, lungs, muscles, fascia etc.

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In light of modern science, *Amavata* word has been used extensively with comparison to rheumatoid arthritis, rheumatic arthritis and many more rheumatological disorders.(1)

In present busy and mechanical life, one can't follow the rules of '*Dinacharya*' and '*Ritucharya'* described in '*Ayurveda*'. Every person indulging in improper food and habits which are not fit to the constitution of the body. Such food which have very less nutritional values and similar properties to *Viruddhahara* causes provocation of *Vata dosha* and *Agni dusti*, by these prime factors a primordial disease manifesting factor developed known as *AAMA.*

The disease was first explained in detail manner by *Acharya Madhavakara in*

Madhava nidhana(2) during the period of 7th century AD. He covers a veriety of Rheumatological disorders under the light of *Amavata*. It is a disorder characterized by *Ama dosha*, *Vata dosha*, *Kapha dosha* morbidly. This is a disease where in *Rasavaha srotas* is primarily involved. Because of this, the pain spreads from one joint to another joint very quickly. The line of treatment described for the disease as "*Langhanam Swedanam Tiktha (3)*" can be summarized under following captions.
1) Measures to bring *Agni* to normal state.
2) Measure to digest *Aama.*
3) Measures to eliminate vitiated *Vata* and *Aama*.

Aims & objectives:

1) To study role of basti Chikitsa in Amavata in detail.
2) To assess the efficacy of Doshahara basti in Amavata.

Materials and Method

This research study was conducted on 30 patients with classical sign & symptoms of Amavata by adopting proper assessment criteria.

Group A: 15 patients were treated with Prasarini Taila(4) and Doshahara Basti(5) for 8 consecutive days.

Group B: 15 patients were treated with Prasarini Taila and Vaitarana Basti(6) for 8 consecutive days.

Source of Data

For this study the patients were selected from the IPD &OPD of Panchakarma department of Sri Siddharoodh Charitable hospital attached to N.K.J.A.M.C & P. G. CENTRE & a case proforma was prepared by incorporating the signs & symptoms of katigraha.

Study Design

The study design was randomized. Patients were selected according to the inclusion and exclusion criteria.

Criteria for selection.

a) Inclusion criteria:-

1. Patients of age group between 20 to 60 years irrespective of sex.
2. Patients presenting with signs and symptoms of Amavata mentioned in classical texts.
3. Patients fit for Basti Chikitsa

b) Exclusion criteria

1. Patients with systemic pathologies like cardiac diseases, renal diseases, SLE etc.
2. Patients with tuberculosis of spine, spinal tumours, vertebral fractures, connective tissue disorders & surgical conditions.
3. Chronic patients like swan neck and ulnar deformity.
4. All the conditions where basti is contraindicated.

Assessment Criteria

Subjective parameters

- Shula
- Sthambha
- Graha
- Shotha
- Vaivarnata

Objective parameters

- ESR
- ASO

Chart Showing the Grading of Parameters

1) Shula

No pain	Grade 0
Mild pain	Grade 1
Moderate pain	Grade 2
Severe pain	Grade 3
Most excruciating pain	Grade 4

2) Sthamba

No stiffness or stiffness lasting for 5 minutes	Grade 0
Stiffness lasting for 6 minutes to 30 minutes	Grade 1
Stiffness lasting for 35 minutes to 1 hour	Grade 2

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Stiffness lasting for 1 ½ hour to 2 hour	Grade 3
Stiffness lasting for more than 2 hour	Grade 4

3) Graha

Normal joint motion	Grade 0
About 25 - 49% loss of motion	Grade 1
About 50% loss of motion	Grade 2
About 75% loss of motion	Grade 3
100% loss of motion or complete ankyloses of the joint	Grade 4

4) Shotha

No Swelling	Grade 0
Joint swelling which may not be apparent on casual inspection, but difficult to recognize on casual observation	Grade 1
Joint swelling obvious even on casual observation	Grade 2
Markedly abnormal swelling	Grade 3
Joint swelling to a maximally abnormal degree	Grade 4

5) Vaivarnata

Absent	Grade 0
Mild	Grade 1
Mooderate	Grade 2
Markked	Grade 3
Severe	Grade 4

6) ESR

0to20mm	Grade 0
21to40	Grade 1
41to60	Grade 2
61 to 80	Grade 3
Above 80	Grade 4

7) ASO

Normal (< 200 IU/ml)	Grade 0
Low (200 – 300 IU/ml)	Grade 1
Average (301 – 400 IU/ml)	Grade 2
Moderate (401 – 500 IU/ml)	Grade 3
High (More than 501IU/ml)	Grade 4

Intervention Chart

Group A

Sl No.	**Procedure**	**Drug**	**Dose**	**Duration**
1.	Poorva Karma			
	a)Sarvanga Abhyanga	Murchita tila taila	Q.S	30-40 mins
	b)Bhashpa sweda			Till samyak swinna lakshana appears.
2.	Pradhana Karma			
	a)Anuvasana Basti	Prasarini taila	100 ml appro (2 pala)	1^{st} ,3^{rd} , 5^{th} ,7^{th},8^{th} day
	b)Niruha Basti	Madhu	50 gm	2^{nd} , 4^{th} , 6^{th} day
		Saindhava lavana	12 gm	
		Prasarini taila	80 ml($1/5^{th}$ of total niruha matra)	
		Shatahva kalka	10 gm	

		Shatpuspha, Vaca, Hingu, Triphala, Rasana, Devdaru Kashaya	400 ml	
		Total Appro	550 ml	
3.	Paschat Karma	Lifting legs,padding to the buttocks, anti clockwise massage to abdomen etc.		3-5 mins

Group B

Sl No.	**Procedure**	**Drug**	**Dose**	**Duration**
1.	Poorva Karma			
	a)Sarvanga Abhyanga	Murchita tila taila	Q.S	30-40 mins
	b)Bhashpa sweda			Till samyak swinna lakshana appears.
2.	Pradhana Karma			
	a)Anuvasana Basti	Prasarini taila	100 ml appro (3 pala)	1^{st} ,3^{rd} , 5^{th} ,7^{th},8^{th} day
	b)Niruha Basti	Guda	50 gm	2^{nd} , 4^{th} , 6^{th} day
		Saindhava lavana	12 gm	
		Prasarini taila	80 ml($1/5^{th}$ of total niruha matra)	
		Chincha kalka	10 gm	
		Gomutra	400 ml	
		Total Appro	550 ml	
3.	Paschat Karma	Lifting legs,padding to the buttocks, anti-clockwise massage to abdomen etc.		3-5 mins

Observation:

Maximum patients registered in the age group of 41-50 years of age 56.67%. Most of the patients were female 63% as compared to male patients 37%. Out of 30 patients, 96.67% were Hindus, and 3.33% were Muslims. 93.33% patients were married. 6.67% were unmarried. 6.67% patients were uneducated, remaining 93.33% were distributed in different level like primary 26.67%, secondary 30%, graduate 23.33% and post graduate 13.33%. Majority of the patients 43.33% in this series were belonging to middle economic status, while 23.33% were belonging to upper middle class.

Maximum number of patients 60% were possessing Vata-Kapha Prakruti, 23.33% Vata-Pitta and 16.67% patients were of Pitta-Kapha Prakruti. All the patients were of Manda

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Agni 76.67% and Visama Agni 23.33% . Maximum patients 76.67% had Madhyama Koshtha, which was followed by Krura Kostha 13.33% and Mrudu Kostha 10%.

Results

Group A - subjective parameters:

Sr.No	Symptoms	B.T Mean±S.E	Follow up	A.T Mean±S.E	d.f	t.value	p.value	Remarks	Efficacy %
1.	Shula	2.93±0.15	AT_1	1.6±0.19	14	10.58	P<0.01	H.S	45.45
			AT_2	0.67±0.16	14	12.47	P<0.01	H.S	77.27
2.	Stambha	2.33±0.13	AT_1	1.33±0.16	14	10.25	P<0.01	H.S	42.86
			AT_2	0.47±0.13	14	20.55	P<0.01	H.S	80
3.	Graha	1.6±0.13	AT_1	0.87±0.17	14	6.21	P<0.01	H.S	45.83
			AT_2	0.33±0.13	14	10.72	P<0.01	H.S	79.17
4.	Shotha	2.27±0.15	AT_1	1.33±0.19	14	7.90	P<0.01	H.S	41.18
			AT_2	0.47±0.13	14	12.44	P<0.01	H.S	79.41
5.	Vivarnata	2.07±0.15	AT_1	1.47±0.19	14	4.58	P<0.01	H.S	29.03
			AT_2	0.47±0.13	14	9.80	P<0.01	H.S	77.42

Group B - Subjective Parameters

Sr.No	Symptoms	B.T Mean±S.E	Follow up	A.T Mean±S.E	d.f	t.value	p.value	Remarks	Efficacy %
1.	Shula	2.93±0.15	AT_1	2.0±0.20	14	7.90	P<0.01	H.S	31.82
			AT_2	1.33±0.25	14	9.80	P<0.01	H.S	54.55
2.	Stambha	2.20±0.15	AT_1	1.47±0.19	14	6.21	P<0.01	H.S	33.33
			AT_2	1.07±0.23	14	6.85	P<0.01	H.S	51.52
3.	Graha	1.6±0.13	AT_1	1.23±0.15	14	2.65	P<0.05	S	20.83
			AT_2	0.87±0.19	14	4.78	P<0.01	H.S	45.83

4.	Shotha	2.47±0.13	AT_1	1.67±0.16	14	7.48	P<0.01	H.S	32.43
			AT_2	1.07±0.25	14	8.57	P<0.01	H.S	56.76
5.	Vivarnata	2.0±0.17	AT_1	1.60±0.16	14	3.06	P<0.01	H.S	20
			AT_2	1.13±0.24	14	5.25	P<0.01	H.S	43.33

Group A - Objective Parameters

Sr.No	Parameters	B.T Mean±S.E	Follow up	A.T Mean±S.E	d.f	t.value	p.value	Remarks	Efficacy%
1.	ESR	53.80±4.86	AT_1	45.33±4.69	14	5.13	P<0.01	H.S	15.74
			AT_2	36.00±3.56	14	8.21	P<0.01	H.S	33.09
2.	ASO Titre	305.13±16.89	AT_1	289.53±15.94	14	9.51	P<0.01	H.S	5.11
			AT_2	268.93±15.16	14	11.29	P<0.01	H.S	11.86

Group B - Objective Parameters

Sr.No	Parameters	B.T Mean±S.E	Follow up	A.T Mean±S.E	d.f	t.value	p.value	Remarks	Efficacy%
1.	ESR	52.53±4.39	AT_1	45.87±4.38	14	6.52	P<0.01	H.S	12.69
			AT_2	39.87±3.62	14	6.95	P<0.01	H.S	24.11
2.	ASO Titre	298.67±14.14	AT_1	284.53±14.01	14	10.48	P<0.01	H.S	4.73
			AT_2	271.13±13.85	14	10.79	P<0.01	H.S	9.22

Discussion on Results

Effect on Sandhishula: - Relief in Sandhishula was observed 77.27% among the patients of Group-A while the patients of Group-B showed 54.55% improvement. Both the results were statistically highly significant ($P < 0.01$).

Effect on Stambha: - 80% relief was observed in Sandhistambha among the patients of Group-A while the patients of Group-B showed 51.52% improvement. The relief was statistically highly significant ($P<0.01$) in both the groups.

Effect on Graha: - In both the groups, highly significant results were recorded in Graha of the joints. However the percentage was found to be higher in Group- A 79.17% compared to Group-B 45.83%. Statistically both were highly significant **(**$P<0.01$).

Effect on Sandhishotha: - In both the Groups highly significant ($P<0.01$) improvement was recorded in inflammation. Group – A showed 79.41 % relief and Group B showed 56.76 % relief.

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Effect on Vivarnata: - The effect on Vivarnata was observed as 77.42% in group-A patients while it recorded as 43.33% in group-B. The improvement was statistically highly significant (P<0.01).

Effect on ESR: - In Group A, change in ESR value was 33.09% while in Group B it was 24.11% in E.S.R. value. The results found in both groups were statistically highly significant (P<0.01).

Effect on ASO Titre: - In Group A change was 11.86% while in Group B it was 9.22% . The results found in both groups were statistically highly significant (P<0.01).

Overall Effect of Therapy: -

The overall effect of therapy in Group A was 78.57 % and in Group B was 51.19%.

Conclusion

Both the Groups show highly significant results but improvement was better in Group A in comparison to Group B. Basti has provided better relief in most of the Cardinal, General and Associated features of the disease at significant level. Comparatively Prasarini taila Basti was found well tolerable in all age groups with minimum complications.

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