



Research Article

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ROLE OF VALUKASVEDA AND VAITARANA BASTI IN THE MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)

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ABSTRACT

Amavata is a most commonest disorder seen in middle age people which affects both the sex, characterized by Angamarda (body Pain), Aruchi (loss of taste), Thrishna (thirst), Alasya (lack of enthusiasm), Gourava (heaviness), Klama (tiredness without doing work), Apaka (indigestion) and fever. In the later stage pain may begin to migrate from place to place with a Vrishchika damshavat Vedana (intense stinging type of pain) and burning sensation. Similar clinical symptoms seen in the disease Rheumatoid Arthritis in modern science. The Treatment principle includes the pain management and steroids in the Allopathic medicine. In Ayurveda according to our classics Langhana (light diet or fasting), Deepana Pachana (Appetizers, Digestives and Carminatives), Samshodhana (Different Purifications) are suggested. The aim of this study was to evaluate the efficacy of Valukasveda and Vaitarana Basti in the management of Amavata. In the present clinical trial 30 patients suffering with Amavata were selected and divided into two groups with 15 patients each administered with Valukasveda and Vaitarana Basti. Statistical analysis showed better result in relieving the sign and symptoms of Amavata (Rheumatoid arthritis) in both the groups. By comparison Group B (Valuka sveda and Vaitarana Basti) showed better result than Valuka sveda alone (Group A).

Keywords: Amavata, Rheumatoid Arthritis, Valuka sveda, Vaitarana Basti

INTRODUCTION

Pain is an agonizing symptom experienced by human beings which is many a time inducing distress. Amavata is one such a disease of chronic joint pain and body pain, accompanied by swelling of some or all of the synovial joints, Angamarda (body Pain), Aruchi (loss of taste), Thrishna (thirst), Alasya (lack of enthusiasm), Gourava (heaviness), Klama (tiredness without doing work), Apaka (indigestion) and fever. In the later stage pain may begin to migrate from place to place with a Vrishchika damshavat Vedana (intense stinging type of pain) and burning sensation¹. The clinical presentation of Amavata closely mimics with the special variety of Rheumatological disorders called rheumatoid arthritis, in accordance with their similarities on clinical features, like multiple joint pain, swelling, stiffness, fever, general debility. This disease is chronic debilitating affects mostly in the middle aged group, 80 % of patients suffering with this disease in between the age of 35 to 50 years. Women are affected approximately 3 times more often than men. Pregnancy is often associated with remission of the disease in the last trimester with subsequent relapses after delivery. About 10 % of the patients are affected first degree relative. A genetic susceptibility to altered immune responses probably is important in Rheumatoid Arthritis. Management of Rheumatoid Arthritis includes use of analgesics, Steroids for the pain management which are having several adverse reactions and drug dependency². Though Ama (Product due to indigestion of food) and Vata are the initiating factors in its pathogenesis progress and exacerbation makes the disease more Kashtasadhya (difficulty to cure) due to vitiation of Tridosha and involvement of Gambhira Dhatu like Asthi and

Madhyama Rogamarga like Sandhi. Line of treatment includes Langhana (light diet or fasting), Deepana Pachana (Appetizers, Digestives and Carminatives), Svedana (fomentation), Virechana (Therapeutic purgation) and Basti (Therapeutic rectal administration)³. Among them Svedana (fomentation) helps in digesting Ama, relieving pain, stiffness and cleansing the channels of obstruction. Basti helps to correct the Vata Dosha and to relieve pain further Vaitarana Basti a type of Basti specifically prescribed for the treatment of Amavata. As the disease is due to Ama, Rooksha Sveda (dry fomentation) in the form of Valuka Sveda (fomentation by sand pack) and Vaitarana Basti were adopted to evaluate their effect.

Aims and Objectives

- To evaluate the efficacy of Valuka Sveda in the management of Amavata (Rheumatoid Arthritis).
- To evaluate the efficacy of Valuka Sveda and Vaitarana Basti in the management of Amavata (Rheumatoid Arthritis).

Materials and Methodology

Source

Patients who were fulfilling the sign and symptoms and diagnostic criteria of Amavata (Rheumatoid arthritis) were selected from the OPD and IPD section NIA Jaipur, India irrespective of sex, religion and socio economic status.

Diagnostic criteria

- Patients having features of Amavata like Angamarda (Body Pain), Aruchi (loss of taste), Thrishna (thirst), Alasya (lack of enthusiasm), Gourava (heaviness), Klama (tiredness without doing work), Apaka (indigestion) and Jvara.
- The base of criteria led down by American Rheumatism Association (ARA) was also taken into consideration as follows.
Morning stiffness lasting for > 1 hour
Arthritis of 3 or more joint areas
Arthritis of hand joints
Symmetrical Arthritis
Presence of Rheumatoid factor

**Diagnosis of Rheumatoid arthritis is made with 4 or more criteria.

Inclusion criteria

- Patients aged between 20 - 60 years
- Patients having signs and symptom of Amavata and Rheumatoid Arthritis
- Patients fit for Svedana and Basti karma

Exclusion criteria

- Age less than 20 years and more than 60 years.
- Patients having other Systemic disorders.
- Patients not fit for Svedana and Basti karma

Criteria for Assessment

The following parameters were assessed before and after the treatment. The following scoring Pattern was adopted.

Criteria	Score
Pain in the joint	
No pain	0
Mild pain , comes occasionally	2
Moderate pain, slight difficulty in joint movement, appears frequently	3
Severe pain, requires medication and may remain throughout the day	4
Severe pain ,disturbing sleep and requires strong analgesics	5
Swelling of the joint	
No swelling	0
Slight swelling	1
Moderate swelling	2
Severe swelling	3
Stiffness of the joint	
No stiffness or stiffness lasting for 5 min	0
Stiffness lasting for 5 min to 2 hrs	1
Stiffness lasting for 2 to 8 hours	2
Stiffness lasting for more than 8 hours	3
Tenderness of joints	
No tenderness	0
Subjective experience of tenderness	1
Wincing of face on pressure	2
Withdrawal of affected parts on pressure	3
Resists to touch	4

Table 1: Showing the statistical results of the parameters of Group A

Parameters	Mean B.T.	Mean A.T.	Mean Diff.	Mean %	S.D.	S.E.	t	P
Pain	3.8	1.4	2.4	59.64	0.59	0.15	12.60	< 0.001
Swelling	2.8	0.73	2.07	73.80	0.79	0.20	10.020	< 0.001
Stiffness	1.66	0.46	1.2	72	0.56	0.144	8.26	< 0.001
Tenderness	3.33	1.26	2.07	62	0.70	0.18	11.37	< 0.001

B.T - Before Treatment, A.T - After Treatment, S.D - Standard deviation, S.E - Standard Error

Materials used

In the present study following drugs were utilized:

Valuka Sveda: (External heat treatment using sand packs); the heated sand taken in cloth made into pottali and applied over the joints.

Vaitarana Basti

Ingredients of Vaitarana Basti

- Saindhava Lavana : 1 Karsha (12 g)
- Jaggary (Guda) : 1 Shukti (24 g)
- Chinch (Tamarindus) : 1 Pala (50 g)
- Gomutra : 1 Kudava (200 ml)
- Tila Taila (50 ml)

Anuvasana Basti: Brihat Saindhavadi Taila 50 ml

Method of Preparation

Vaitarana Basti was prepared as per the classical method. Initially 24 g (1 Shukti) of Jaggary (Guda) was mixed uniformly with equal quantity of lukewarm water. 12 g (1 Karsha) of Saindhava was added to the above. Tila Taila (50 ml) was added till the mixture become homogenous. 48 g (1 Pala) of Chinch Kalka was taken and added to above mixture carefully. Lastly 200 ml (1 Kudava) of Gomutra was added slowly and mixing continued so as to have uniform Basti Dravya. Finally after filtering, Basti Dravya was made lukewarm by keeping it into hot water.

Time of Administration

Niruha Basti administered in the morning hours empty Stomach.

Duration

Kala Basti Schedule

Methodology

30 Patients fulfilling the criteria were selected. Patients were randomly divided into two groups Group A and Group B, irrespective of age, sex and religion.

GROUP A

15 patients were administered Valuka Sveda for 15 days.

GROUP B

15 patients were administered Valuka Sveda and Vaitarana Basti for 16 days.

OBSERVATIONS AND RESULT

Out of 30 patients maximum 83.33 % patients were female, 70.33 % patients in between the age group 35-50 years, 53.33 % patients were hindu, 76.66 % patients were married, 53.33 % were Vata Kapha Prakriti, 53 % were Kroora koshta and 78 % patients were non vegetarians.

The mean score of pain was 3.8 before treatment which reduced up to 1.4 after treatment with 59.64 % relief. In Swelling the mean score was 2.8 before treatment which reduced up to 0.73 after treatment with 73.80 % relief where as the mean score of Stiffness was 1.66 before

treatment which reduced up to 0.46 after treatment with 72 % relief and in Tenderness mean score was 3.33 before treatment which reduced up to 1.26 after treatment with 62 % relief.

Table 2: Showing the statistical results of the parameters of Group B

Symptoms	Mean B.T.	Mean A.T.	Mean Diff.	Mean %	S.D.	S.E.	t	P
Pain	3.6	0.8	2.8	74.07	0.72	0.18	14	<0.001
Swelling	2.86	0.46	2.4	83.72	0.50	0.13	18.5	<0.001
Stiffness	1.8	0.2	1.6	88.8	0.50	0.13	12.22	<0.001
Tenderness	3.46	1	2.46	71	0.74	0.19	12.85	<0.001

The mean score of pain was 3.6 before treatment which reduced up to 0.8 after treatment with 74 % relief. In Swelling the mean score was 2.86 before treatment which reduced up to 0.46 after treatment with 83.72 % relief where as the mean score of Stiffness was 1.8 before treatment which reduced up to 0.2 after treatment with 88 % relief and in Tenderness mean score was 3.46 before treatment which reduced up to 1 after treatment with 71 % relief.

DISCUSSION

The Svedana (sudation) therapy is considered as prime in the treatment of Vata diseases, due to its Ushna property overcomes the sheetha property of Vata inturn Sheeta (cold), Shoola (pain) and Sthamba (stiffness) will be relieved⁴. So Valuka Sveda helps in relieving the signs and symptoms of Amavata. Saindhava lavana by its Sukshma and Tikshna properties, it helps to pass the drug molecule in systemic circulation through mucosa. Thus, it helps the Basti Dravya to reach up to the molecular level. It is also helpful for the elimination of waste due to its irritant property. It is capable of liquefying the viscid matter and breaking it into minute particles. In this Basti instead of honey (Madhu) jaggary was used. It along with Saindhava makes homogenous mixture, to form a solution having properties to permeable the water easily. The retention of the irritative substances may be favored by making its solution as nearly isotonic as possible by using colloidal fluids. Here, Purana Guda should be taken as it is Laghu, Pathya, Anabhishtyandi, Agnivardhaka and Vatapittaghna. It also helps in carrying the drug upto micro-cellular level. In this Basti, Tila Taila mixed with the solution of jaggary and Saindhava help in forming the uniform mixture. Chinchu is having Vata-kaphashamaka, Ruksha and Ushna properties. These properties of the Chinchu make it useful for the disease Amavata. In Vaitarna Basti, the Gomutra is chief content, which owing

to its Katu Rasa, Katu Vipaka, Ushna Virya, Laghu, Ruksha and Tikshna Guna pacify the Kapha. It is having Tridoshahara, Agnideepana, Pachana, Srotovishodhana and Vatanulomana properties.

CONCLUSION

Amavata a commonest joint disorder most commonly seen in middle age. The clinical signs and symptom of the Amavata can be compared to Rheumatoid arthritis of the modern science. It is noticed that relief in signs and symptom of Amavata was found in both the group. Comparatively Valukasveda with Vaitarana Basti group showed better result.

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