



## **ROLE OF VAITARANBASTI AND BRIHATVATACHINTAMANI RASA IN THE MANAGEMENT OF AMAVATA W.S.R. RHEUMATOID ARTHRITIS**

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### **ABSTRACT :**

Rheumatoid arthritis is a chronic inflammatory disorder that typically affects the small joints of hands and feet. Unlike the wear-and-tear damage of osteoarthritis, rheumatoid arthritis affects the lining of joints, causing a painful swelling that can eventually result in bone erosion and joint deformity. An autoimmune disorder, rheumatoid arthritis occurs when our immune system mistakenly attacks your own body's tissues. In addition to causing joint problems, rheumatoid arthritis sometimes can affect other organs of the body such as the skin, eyes, lungs and blood vessels. Although rheumatoid arthritis can occur at any age, it usually begins after age 40. The disorder is much more common in women. While in Ayurveda Amavata is the most crippling of the joint disease. It occurs throughout world in the all climate and all ethical groups. Ama associated with aggravated vat play dominant role. The clinical features of Amavata such as pain, swelling, stiffness, fever, general debility are most identical mentioned in classical texts. In classics treatment mentioned in *Amavata is Dipan, Pachan, Shodhan, Shaman, Asthapanbasti, Vaitaranbasti*. Among them *VaitaranBasti* is very effective in *Bahudosh* and *Leendoshavastha*. It used in new and old Amavata as well because it brings Doshas from *Shakha* to *Kosha* and remove it from Gudmarg and gives relief. Presently available modern medication for Rheumatoid arthritis and medication for pain (NSAID) is causing many side and toxic effect and requires long term medication which suppresses immunity and produces other diseases. Hence there is a need to find such a therapy which gives better relief without any side or toxic effect and also natural, cost effective and easily available .hence the ayurvedic treatment required for this autoimmune diseases study was selected.

**Key words:** –Amavata, VaitaranaBasti, BrihatvataChintamai rasa.

**INTRODUCTION:** *Amavata* is first mentioned as separate disease by *Madhavnidan*<sup>1</sup>, where it is stated that Mandagni plays key role in the manifestation of the disease. Acharya Madhav described most characteristics features of the disease, severe pain similar to a scorpion bite. *Asthi* and *sandhi* are chief sites of presentation of cardinal symptoms, such as *sandhi shool*(pain),*sandhi grah*(stiffness),*sandhi sotha*(swelling of joint) etc. this symptoms are resembles the cardinal symptoms of Rheumatoid arthritis i.e. pain, swelling, stiffness, fever, general debility etc.

*Amavatchikitsa* described by chakradatta is *Dipan*, *tiktakatu rasa*, *ksharBasti*, *VaitaranBasti*, *Saindhavadi Anuvasan* and much *yoga*. While in modern science Rheumatoid arthritis (RA) is a chronic, systemic inflammatory disorder that primarily affects joints. It may result in deformed and painful joints, which can lead to loss of function. The disease may also have signs and symptoms in organs other than joints<sup>2</sup>. RA is prevalent through the world and involves all ethnic groups. The figures of prevalence vary substantially ranging from 0.3 to 0.1 % of

the population. Indian data suggest the prevalence to be around 0.65% to 0.75 % of the population. RA is 3 to 7 times more common in women and higher incidence of disease in women in child bearing age. The cause of RA is not completely understood. The process involves an inflammatory response of the capsule around the joints (synovium) secondary to swelling (turgescence) of synovial cells, excess synovial fluid, and the development of fibrous tissue (pannus) in the synovium. It also affects the underlying bone (focal erosions) and cartilage (thinning and destruction)<sup>3</sup>.

#### Sign and symptoms of Amavata<sup>4</sup>.

#### Cardinal symptoms of Amavata are-

1. (Vriscikdamshavatavedana)Morning pain severe in nature
2. (SanchariVedana)shifting pain
3. (Stambha) stiffness of joints
4. (Jwara )Increase temperature
5. (Karmahani) loss of movements
6. (Sandhi Vikruti) joint deformity.
7. (Kshudhamandya) Loss of appetite

#### AIM AND OBJECTIVE.

1-To evaluate the efficacy of vaitarnaBasti and BrihatvataChintamani Rasa in the management of Amavata (Rheumatoid arthritis)

2- To evaluate the efficacy of VaitarnaBasti in the management of Amavata.

3-To compare the effect of Vaitaranbasti and BrihatvataChintamani rasa with VaitaranBasti .

#### DRUG REVIEW:

##### VaitranaBasti:

Vaitranbasti was described by Chakrapanidatt<sup>5</sup> and Vangsen<sup>6</sup>, as very safe and effective in-

**Indication:** Shool,Anaha,Amavata.

##### Content and dose of vaitravasti<sup>7</sup>:

Chincha(tamarindusindica)50gm

Guda(jiggery)20gm

Saindhava -5gm

Gomutra -50ml

Til tail -20ml

##### Content of Brihatvatachintamani rasa<sup>8</sup>-

- Swarnbhashma – 2 tola
- Rajatbhashma - 2 tola
- Abhrakbhashma – 2 tola
- Motibhashma - 3 tola
- Pravalbhashma - 3 tola
- Lauhabhashma - 5 tola
- Rasa sindoor - 7 tola
- Ghritkumariswarshkibhawana -

**MATERIAL AND METHODS:** The present clinical study is an open randomized comparative study. The aim of the clinical study is to evaluate the combined effect of Vaitaranabasti and oral use of BrihatVatachintamani rasa in the patients suffering from Rheumatoid Arthritis.

**Material:** 1)Brihatvatachintamani rasa.  
2) VaitaranaBasti  
3) Rubber catheter  
4) Glycerine syringe ect.

**Method :** Study was carried out over a period of 1yr in M.A. Podar Ayurved hospital, Worli Mumbai. Total 30 selected and diagnosed Patients of both the sexes between the ages 15 to 65 year with condition of Rheumatoid arthritis (Amavata) were selected on the basis of selection criteria. And divided in two group.1)Group-A and Group- B with 15 patients in each group.

In Group-A VaitranBasti and in Group-B Vaitaran Basti along with oral administration of Brihatvatachintamani rasa 125 mg. BD was given after meal with lukewarm water. At the time of baseline assessment, a profile of haemogram, biochemical investigations R.A test, ASO TITER, and serum



uric acid was obtained but not compare before and after values in the study.

### Duration of treatment in one cycle-10 to 15 days depends on patient condition.

**Follow-up:** weekly for three week,

Before starting treatment routine investigation were done as necessary.

The patients were treated and observed; comparative study was done in two groups.

### Preparation of Basti Dravya<sup>9</sup>:

50gm of Chincha and 20 gm of Guda will be mixed in 100ml water on previous night. Mixture will be crushed thoroughly. The mixture will be heated up to boiling on next morning. after that 40ml of til tail, 5gm of saindhava, 50ml of Gomutra (This is prayogik matra not as per reference because one kudav matra is much more in

### Table no.1

Sr.No.	Aharavarga	Pathya	Apathya
1	Annavarga	Yava, kulattha, Raktashali, kodrava.	Navanna , amlapadartha
2	Shakavarga	Vastuka, Shigru ,karela , Patola.	Maasha
3	Dugdha varga	Ardraka or Bhallatakaksheerpaka, Takra.	Dugdha ,dadhi, Grita
4	Mamsavarga	Jangalmansa	Anupamansa
5	Drava	Ushnajala , Gomutra , Sunthiphanta	Sheeta jala
6	Aushadhvarga	Katutiktdrvya ,shunthi, Gokshur, Bhallataka, varuna , Lasuna , Eranda.	Madhurdravya , Amladravya

### Criteria for selection of patient-

#### A) Inclusion criteria:

- 1) Sex – both male and female
- 2) Age group -15 to 65 years
- 3) Patients having signand symptoms of amavata as in Madhavnidan
- 4) Patients full fill the American criteria of rheumatoid arthritis.
- 5) Patient fit for Basti.

#### B) Exclusion criteria:

now a days ). This mixture will be used as Basti Dravya.

**Time of administration-** After lunch.

### Mode of action of VaitaranBasti in Amavta

Chakradatta and Vangsen has mentioned VaitaranBasti is useful in the Amavata. It brings DoshasShakha to kostha by utkleshan or lekhan action and it eliminated by Gudmarg.

**Srotomukhvishodhanat** -Gomutra cleans the channels.

**Vridhdhi** -Amlika increase the doshas.

**Abhishyandanat** – Saindhavlan increases the abhishyandi quality.

**Paka** –Gudam used for doshapaka.

**Vayoschnigrahat** – Oil controls over the vayu.

- Subjective experiences of tenderness-1
- Wincing of face on pressure and withdrawal of affected part-2
- Resists to touch-3

## Joint pain:

### Gradation of pain by visual analogue scale

0 Nil  
1 Mild pain.  
2 Moderate pain.  
3 Severe pain.

## Swelling over joint:

0 Nil movement

## OBSERVATIONS AND RESULTS:

**Table no.-2** **Group-A**

Parameters	Mean BT	Mean AT	Mean deff	%mean	S.D.	S.E.	t	p
Pain	2.3	0.9	1.4	60.8	0.69	0.221	6.1	<0.01
Swelling	2.6	0.9	1.7	65.38	0.82	0.26	7.005	<0.001
Stiffness	2.6	1	1.6	61.5	0.519	0.16	6	<0.01
Tenderness	2.4	1.1	1.3	59.2	0.580	0.15	5.9	<0.01

Table no.3 Group -B

Parameters	Mean BT	Mean AT	Mean deff.	Mean %	S.D.	S.E.	t	p
Pain	2.6	.8	1.8	74.23	0.72	0.18	12	<0.001
Swelling	2.4	1	1.4	79.02	0.50	0.13	18	<0.001
Stiffness	2.5	0.9	1.6	78.21	0.50	0.13	12	<0.001
Tenderness	2.3	1.2	1.1	71.03	0.74	0.19	12	<0.001

## DISCUSSION:

1. As per Ayurveda Basti is mainly indicated in Vata predominant diseases. The two type of abnormalities of Vatanamely; **Avaran** and **Dhatukshay-janya** can be treated by Basti karma. Direct application of this type of treatment to colon helps not only in regulating and co-ordinating and Vatadosha in its site, but also controls the other doshas involved in the pathogenesis of the disease (S.S.Chi.35/6). Basti is used in Sakhagat, Tiyarkgamidosha, kosthagatrogas. Among them vaitaranBastis is lekhan or utkleshanBasti used in those diseases in

1 Mild tenderness, causing patient to wince on digital pressure.

2 Moderate tenderness, causing patient to wince on digital pressure.

3 Severe tenderness, patient does not allow to touch.

## Morning stiffness:

- 0 Absence
- 1 25% restriction of movement
- 2 25 to 50% restriction of movement
- 3 More than 50% restriction of movement

which dosha reached at deeper dhatu ex Amavata, urustambh.

**Vaitaranbasti<sup>10</sup>:** Vaitaran is the name of a river, which a person is supported to cross during death in his astral realm. This Basti is so powerful in a sense that it can bring back life of a person who is about to cross the Vaitaran river.

## While brihatvatachintamani

## CONCLUSION:

1. Amavata is disease of Madhyamrogmarg with chirkariswabhav. Ama and vata being contra indicatory in nature make it difficult to plan the line of treatment, in chronic stage doshas become

lindosha and reaches to the sakha. Here VaitaranBasti is utkleshkarBasti which increase the doshas so it comes out from the shakha to kostha and expel out from the body from Gudmarg , hensebasti is best treatment for vatarogas so VaitaranBasti play key role in Amavatlindoshavastha

2. In Group - A significant result were obtained in Joint pain with 60.08% improvement. In morning stiffness 59.29% in swelling 65.38% (which was highly significant), in tenderness 61.5% result were obtained.

3. In Group-B highly significant results were obtained in *swelling, painstiffness, and tenderness*. All parameters show highly significant result of VaitranBasti along with BrihatvataChintamani rasa.

4. It was observed that relief in sign and symptom of Amavata was found in the both group correlatively **Group-B** (Brihatvatachintamani rasa with VaitaranBasti) group showed better result.

5. Amavata is chronic disease and so many individuals are affected every year from it, keeping this point in to consideration it was found that VaitranBasti and BrihatvataChintamanirasa may be a Good Ayurvedic formulation for Amavata with some other supporting treatment.

After study it is observed that the drug is highly effective in both groups the percentage relief was more in group -B. than in Group

## REFERENCES:

1) Madhavakara, Madhavnidan with commentary of Vijayarakshita and shrikantadatta, amavatanidanam ,published by Choukhambaprakashan Varanasi 2005. P508

2) J.Maheshwari, essential orthopaedics, 4<sup>th</sup> edition, Chap 21, new Delhi, Jaypee brothers publication, P 157.

3) Harrison Harisons ,principles of internal medicines edited by Eugene Brauwold ,Anthony Sfanci ,Stephen I Hauser ,Dennis L Kasper, Dan L.longo,Jlarry,Jameson and MC Grawhill, medical publishing division vol-i12th international edition 2002.p455

4) Madhavakara , Madhavnidan with commentary of Vijayarakshita and Shrikantadatta, amavatanidanam ,published by choukhambaprakashan Varanasi 2005. P511

5) Chakrapanidatta, chakradatta , Niruha Basti, published by Choukhambaprakashan Varanasi 2005.p555

6) Vangsen, Chikitsha Saarsangraha, Basti, published by Praghyा Prakashan varanasi2001,p805

7) Chakrapanidatta ,chakradatta , niruha basti, published by choukhambaprakashan Varanasi 2005.p555

8) Ayurved Saarsamgrah rashrashyana prakarana, published by Shree vadyanatha Ayurved Bhawan limited Allahabad, p346

9) Chakrapanidatta, Chakradatta, Amavatachikitsa , published by choukhambaprakashan Varanasi 2005.p555.

10) Chakrapanidatta ,chakradatta , Amavatachikitsa ,published by Choukhambaprakashan Varanasi 2005.p555

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