



**EFFECT OF PRASARINITAILABASTI IN MANAGEMENT OF
AMAVATA**

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ABSTRACT

The changing life style of human being by means of dietetic and behavior pattern plays a major role in the manifestation of several disorders. *Amavata* is one of the major diseases in the present era, which mainly induced due to the highest erroneous habits developed gradually in society. In the Ayurvedic classics the aetiopathogenesis and symptomatology of *Amavata* is described in detail form. Clinically the description of *Amavata* explained in the classical texts is similar to the condition Rheumatoid Arthritis in modern science. Rheumatoid arthritis (RA) is a common autoimmune systemic inflammatory disease affecting approximately 1% of the worldwide population. Rheumatoid arthritis (RA) affects about 0.92% of adult population in India. *Amavata* is a disease where *Ama* and *Vata* both are having their own task. So, the drugs having *Ama Pachana* and *Vatahara* action are needed. The selected combination is having *Dipana*, *Pachana* and *Vatahara* Drugs. In *Chikitsa* of *Amavata* the same Principles are advised. So for present study *Prasarini Taila* is selected.

Keywords: *Amavata*, Rheumatoid Arthritis, *Prasarini Taila**Basti*.

INTRODUCTION: *Amavata*¹ is a disease of chronic joint and body pain, accompanied by a swelling of some or all of the synovial joints. These symptoms are typically accompanied by immobility, loss of taste, thirst, indigestion, lack of enthusiasm, feeling of heaviness and fever. If the condition is allowed to progress the pains may begin to migrate from place to place, with an intense stinging and burning sensation. There may be scanty, frequent urination, and sleep may become disturbed. The digestion will continue to worsen, with bowel irritability and spasm, constipation, nausea and vomiting. There may be dizziness and/or angina, with profuse perspiration, extreme stiffness and episodic fainting. It is a disease of *MadhyamaRoga Marga* as it affects *Sandhis* and *Hridaya Marma*. Though *Ama* and *Vata* are the predominant pathogenic factors but the disease represents *Tridoshic* vitiation. The

affliction of *Sandhis* by *Vata dosha* in association with *Ama*, reflects the equal role of both *Dosha* and *Dushya* in the causation of this disease. Moreover, the chief pathogenic factors, being contradictory in nature posses difficulty in planning the line of treatment. The disease Rheumatoid Arthritis² can be presented as very similar to *Amavata*. The disease R.A. is chronic in nature and affects mostly the middle aged group. It is one of the common debilitating diseases by the virtue of its chronicity and complications.

OBJECTIVES OF THE STUDY:

- 1) To study role of *basti Chikitsa*³ in *Amavata* in detail.
- 2) To assess the efficacy of *Prasarini taila*⁴ *basti* in *Amavata*

CRITERIA FOR SELECTION:

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.

EXCLUSION CRITERIA:

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

CRITERIA FOR DIAGNOSIS:

The base of criteria laid down by American Rheumatism Association (ARA) will also be 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 nodules
- Presence of rheumatoid factor
- Radiological changes
- First four criteria must be present for the duration of 6 weeks or more

Diagnosis of Rheumatoid Arthritis is made with four or more criteria

Source of Data: For this study the patients were selected from the IPD & OPD of Panchakarma Dept. of Sri Siddharooh Charitable hospital attached to N.K.J.A.M.C & P. G. CENTRE & a case proforma was prepared by incorporating the signs & symptoms of *Amavata*.

METHODS:

A total of 15 patients were selected according to inclusive and exclusive criteria. Special case sheet was designed and parameters were assessed. 15 patients were treated with *Prasarini Taila* and *Doshahara Basti*⁵ for 8 consecutive days.

OBSERVATION: TABLE 1.

Sr.N o	Symptoms	B.T Mean±S. E	Followu p	A.T Mean±S. E	d.f	t.valu e	p.value	Remark s	Efficacy %
1.	SHUL A	2.93±0.15	AT ₁	1.6±0.1 9	14	10.58	P<0.0 1	H.S	45.45
			AT ₂	0.67±0.1 6	14	12.47	P<0.0 1	H.S	77.27
2.	STAMBH A	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.	VIVARNA TA	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

Statistical analysis of the results shown significant level of reduction in the intensity of all the subjective parameters like *Shula*, *Stambha*, *Graha*, *Shotha*, *Vivarnata* etc after *Prasarini Taila basti* in each follow up.

RESULTS:

EFFECT OF BASTI ON CARDINAL SIGNS & SYMPTOMS:

EFFECT ON SANDHISHULA: Relief in *Sandhishula* was observed 77.27% among the patients.

EFFECT ON STAMBHA: 80% relief was observed in *Sandhistambha*

EFFECT ON GRAHA: 79.17 % results were recorded in *Graha* of the joints.

EFFECT ON SANDHISHOTHA: 79.41 % highly significant ($P<0.01$) improvement was recorded in inflammation

EFFECT ON VIVARNATA: The effect on *Vivarnata* was observed as 77.42% .

EFFECT OF BASTI ON GENERAL SYMPTOMS:

On considering the data of general symptoms statistically highly significant ($P<0.01$) result were obtained in *Anagamarda* (92.11%), *Aruchi* (68.75%), *Gaurava* (76.47%), *Hrillasa* (63.63%) and *Apaka* (62.5%), while statistically non-significant results were seen in *Trushna* (71.43%).

EFFECT OF BASTI ON ASSOCIATED SYMPTOMS:

On considering the data of Associated symptoms statistically highly significant ($P<0.01$) result were obtained in *Daurbalya* (68%), *Agnimandya* (78.57%), *Vibandha*(77.78%), *Kukshishula* (75%), *Nidralpta* (66.67%), *Ushanta* around joint (76.47%), General function capacity (73.08%), Grip strength (16.80%), Foot pressure (19.41%), Ring test (11.72%) and Walking time (23.08%), while statistically significant ($P<0.05$) results were seen in *Antrakunjana* (63.63%), *Anaha* (70%), *Daha* (62.5%) and statistically non-significant result was found in *Bahumutrata* (71.43%).

DICUSSION:

PROBABLE MODE OF ACTION OF BASTI : In the first stage of the disease *Amotpatti* is there and *Prasarani Taila* does *Amapachana* as all the pharmacodynamic property of *Prasarani Taila* i.e. *Laghu- Tikshna guna*,

Katu-Tikta rasa, Ushna virya are against the *Guru, Pichchila, Sheeta* properties of *Ama*. Later the *Yugapata prakopa* of disease is checked by *Vata-kaphahara* action of the drugs. Further *Ama* formation is stopped by the *Deepaniya* action. In the *Srotoabhisyanda* it does *Srotoshodhana* and relieves the symptoms of *Sandhishula, Shotha, Alasya, Aruchi* etc. by its analgesic (*Vedanaprashamana*) and anti-inflammatory (*Shothahara*) action. Also the associated symptoms like *Vibandha, Anaha*, etc. are reduced by *Anulomana* i.e. purgative property of the drugs. As most of the drugs are *Vata-kaphashamaka* and *Agnivardhaka*, so it is very suitable for the *Samprapti Vighatana* of the disease and to combat the main culprit *Vata, Kapha (Ama)* and *Mandagni*, which are the root source of *Amavata*.Thus, beyond the local effects, the *Basti* gives an overall effect by maintaining *Agni* and *Vayu* all over the body, thereby bringing the patient to a physiological harmony.

MODERN ASPECT: -According to Modern pharmacokinetics, it is also proved that rectal drugs administration might exceed the oral value due to partial avoidance of hepatic firstpass metabolism. The rectum has a rich blood and lymph supply, drugs can cross the rectal mucosa like other lipid membrane. Thus, unionized and lipid solublesubstances are readily absorbed from the rectum. The portion absorbed from the upper rectal mucosa is carried by the superior haemorrhoidal vein in to the portal circulation, whereas that absorbed from the lower rectum enters directly into the systemic circulation via the middle and inferior haemorrhoidal veins. A study shows that 50% drug introduced through rectum reach instantly into systemic circulation

(Bertram G. Katzung, 1992). Thus, administration of drugs in the *Basti* form have faster absorption and quick results.

The rectal wall contains neuro receptors and pressure receptors which are stimulated by various *Basti-Dravyas*. Stimulation of receptors results in increase of sodium ions conduction, the inward rush of sodium ions through membrane of unmyelinated terminal results in influx of ions. There by generating action potential, and perfuse with sodium ions free solution. Generally action potential is initiated by permeability of sodium ions. *Saindhava Lavana* added probably generates action potential and helps in diffusion and absorption of *Basti Dravya*.

The drugs immediately after entering into the *Pakwashaya*, strike at the very root of vitiated *Vata*. The drugs by virtue of their permeability influence the bacterial flora of the colon. By doing so, it modulates the rate of endogenous synthesis of vitamin *B*₁₂, which is normally manufactured by bacterial flora. This vitamin *B*₁₂ may have a role to play in the regeneration and maintenance of nerve cell. *Basti-Karma* also reverses the effects of degeneration by enhancing immunity.

CONCLUSION:

Prasarini Taila Basti helps in providing an effective and safe treatment for *Amavata*. *Prasarini Taila Basti* gives better results due to broader applicability, minimum contraindications and nil complication makes it acceptable choice of treatment in *Amavata*.

REFERENCES:

- 1) Madhavakara, Madhava Nidhana Part 1 with the Sanskrit commentary

Madhukosh by Dr.Brahmanand Tripathi 2010, Chaukambha surbharti Prakashan, Varanasi Pg 571

- 2) Harrison, Harrison's principles of Internal Medicine; Vol. II, 16th International edition, 1998; published by McGraw-Hill medical publishing division, Newyork Pg 1968-76.
- 3) Agnivesha; Charaka Samhita with the vaidyamanorma Hindi Commentary by Acharya Vidhadhar Shukl 2010; Chaukhambha Sanskrit Pratisthan, Varanasi, pg 881
- 4) GovindDas, Bhaisajaya Ratnavali with vidyotini Hindi commentary by Rajeshwardatta Shastri, 20th edition, 2010 , Chaukhambha Prakashan, Varanasi, Pg 629
- 5) Sushruta, Susruta Samhita with Ayurveda Tattva Sandipika Hindi commentary by Kaviraj Ambikadutta Shastri 2012, Chaukhambha Sanskrit Sansthan, Varanasi, Pg 216

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Declared

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