



## Research Article

## A COMPARATIVE CLINICAL STUDY OF SHODHAN UTTAR SHAMAN AND SHAMAN CHIKITSA IN THE MANAGEMENT OF AMAVATA WITH SPECIAL REFERENCE TO RHEUMATOID ARTHRITIS

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### Article info

#### Article History:

Received: 11-03-2023

Revised: 28-03-2023

Accepted: 16-04-2023

#### KEYWORDS:

*Amavata*,  
Rheumatoid  
Arthritis, *Tagar*,  
*Lasuna*, *Sunthi*,  
*Nirgundi*,  
*Amavatari Yoga*,  
*Vaitarana Basti*.

### ABSTRACT

The disease *Amavata* maybe correlated with Rheumatoid Arthritis due to its similar clinical feature. The symptoms of *Amavata* are *Sandhi Shula* (pain in joint), *Sandhi Sotha* (swelling of joints), *Sparsahata* (tenderness around joint), *Angamarda* (body ache), *Aruchi* (anorexia), *Trisna* (thirst), *Gaurava* (heaviness) *Jvara* (fever), *Apaka* (swelling), *Sunnata Anga* (loss of sensation). The symptoms of rheumatoid arthritis are morning stiffness, polyarthritis, pitting oedema, proximal muscle stiffness, mimicking with polymyalgia rheumatic swelling of metcarpo-phalangeal joints and proximal interphalangeal joints. Joints are active inflamed if they are tender on pressure and have stress pain on passive movement and soft tissues swelling. So, *Amavata* may be considered as equivalent to rheumatoid arthritis. The drug selected for management of *Amavata* (rheumatoid arthritis) were compound formulation normally *Amavatari Yoga* and *Therapy Vaitaran Basti*. So, in my study, 60 patients were to be treated in 2 groups. Group- A 30 patients was to be treated with *Amavatari Yoga* (*Lasuna* - 1gm + *Sunthi* - 1gm + *Nirgundi* - 1gm + *Tagar* - 1gm) before meal twice daily for 45 days. Group- B 30 patients was to be treated with *Vaitaran Basti* for 7 consecutive days followed by *Amavatari Yoga* twice daily for 45 days. The above mentioned *Amavatari Yoga* and *Vaitaran Basti* are very effective for the management of *Amavata* (rheumatoid arthritis) considering their pharmacodynamic action.

### INTRODUCTION

*Amavata* is a major burning problem in India as well as all over the world. Due to its character, the disease *Amavata* is distressing ailment for both patient as well as physician. As it is a chronic problem repeated use of drugs are necessary as well for prolonged period. Now in this situation option of treatment comes under Ayurvedic medicine, single or compound form made from herbs like *Lasuna*, *Sunthi*, *Nirgundi*, *Tagar*, etc. can treat this disease effectively.

The Ayurvedic text described several types of joint disorder under the heading of *Sandhi Vata*, *Vatarakta*, *Amavata*, *Kousthakasirsaka*, *Urustambha*, *Katishula*, *Pisthashula*.

The joint socialization of life through locomotion or movement by using his or her joints, muscles, ligaments. From the minute he/she loses the power of locomotion, he/she not only feels himself/herself a miserable creature but also becomes a burden to his or her family and society.

Description of *Amavata* is not available in Vedic period, *Pauranik* and Epic period. In *Samhita Kala* (2500BC-600AD) that in *Charak Samhita*, *Sushruta Samhita*, *Ashtang Sangha*, *Ashtanga Hridaya*, description of *Amavata* in *Ashtanga Hridaya* vividly describe the concept of *Ama* in details with *Ama dosa* in *Sutra sthan*, chapter 13. The principle of treatment of *Ama* is rarely noted in the text.

The symptoms of disease *Amavata* is very similar to Rheumatoid Arthritis. It is an auto immune disorder, and it effect 0.5 to 0.3% of population. The study in title is comparative clinical study of *Shodhan Uttar Shaman* and *Shaman Chikitsa* in the management of *Amavata* with special reference to Rheumatoid Arthritis has been selected. So, the role of *Amavatari*

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<https://doi.org/10.47070/ayushdhara.v10i2.1206>

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*Yoga* with/without *Vaitaran Basti* is the major concern of the study.

Selected patients were divided into two groups. Group A patients were treated with *Amavatari Yoga* powder 4 gram twice daily with lukewarm water for 45 days. Group B patient were treated with *Vaitaran Basti* followed by *Amavatari Yoga* powder 4 grams twice daily with lukewarm water for 45 days.

### OBSERVATION

Observation of results was assets through the parameter i.e. clinical sign and symptoms along with the statistical analysis.

#### Step - I

The patients those will fulfill the clinical features mentioned in Ayurvedic texts like *Sandhi Shula*, *Sandhi Sotha*, *Angamarda*, *Aruchi*, *Trishna*, *Gaurava*, *Sparshahata*, *Jvar*.

#### Step - II

Patients should be exposed for history taking, general examination, examination of musculo-skeletal system in particular, drawing of blood, sample of Hb%, ESR, RA-factor.

#### Step - III

**Group- A:** 30 patients were administered *Amavatari Yoga* in the dose of 4gm twice daily before meal for 45 days.

**Group - B:** 30 patients were received *Vaitaran Basti* for 7 consecutive days followed by *Amavatari Yoga* for 45 days.

#### Step - IV:

The patient should be assess through clinical, laboratory and biochemical parameter initially and at the end of the study after 45 days.

#### Step - V:

Overall assessment of observation and result along with statistical analysis.

#### Step - VI:

Statistical Analysis data will be express as mean,  $\pm$  standard division (SD),  $\pm$  standard error (SE). The student paired 't' test would be used independent group for parametric variables.

### Therapy Review

*Basti* has got an important place in *Panchakarma* therapy and is indicated for the treatment of various diseases.

Generally, a *Basti* is applied through the rectum though it may also be applied par urethra. In such cases the term *Uttar Basti* is applied. Though in a generic sense the term *Basti* is applied for all kinds of *Basti* such as *Niruha Basti*, *Anuvasan Basti*, *Uttar Basti*, *Siro Basti* etc. The Charak's description of *Basti*, as

interpreted by Chakrapani and Jejjat appears specific for *Niruha Basti*.<sup>[1]</sup>

*Basti* is considered as half of the entire therapeutic measure<sup>[2]</sup>.

*Basti* prolongs life span by preventing disease, arresting the ageing process. It enhance *Agni* and may be given at any age.<sup>[3]</sup> It is better than other therapy as because it can be administered in all ages, *Snehapana* is not required before treatment of *Basti*. It is trouble for the children due to their non-palatability. *Basti* serves all those function without facing digestion.<sup>[4]</sup>

*Basti* by itself expelling out *Vit*, *Sleshma*, *Pitta*, *Anila*, *Mutra*, offers firmness of the body and enriches *Shukra*. By expelling morbid accumulation of *Dosa* in the entire body, *Basti* cures all type of diseases.<sup>[5]</sup>

### Vaitaran Basti

*Vaitaran Basti* is only mentioned by Chakradatta for the treatment of *Amavata*.

पलशुक्ति कर्षकुडवैरम्लीगुडसिन्धुजम्गौमुत्रैः।

तैलयुतीऽयं वस्तिः शुलानाहामवातहरः ॥

वैतरणः क्षारवस्तिभुक्त चापि प्रदीयते। |32|

(Chakradatta Naruha adhikar)

*Amlika* (Tamarind) - 40gm, jaggery - 20gm, *Saindhava Lavana* - 10gm & cow urine - 160ml respectively mixed with a little oil. This removes *Shula* (colic pain), *Anaha* (constipation) and *Amavata*.

### Procedure of Basti<sup>[6-7]</sup>

1. Patient Posture - Left lateral position with left lower extremity straight and right lower extremity flexed on knee and hip joint.
2. Oleation of Anus - *Jatyadi* or *Padmakadi taila* are applied locally in *Guda marg* (anus) and in *Basti* also.
3. The patient is asked to take deep breath while the *Basti* and *Basti Ausadhi* are introduced.
4. Shivering of the hand is avoided as it may produce *Guda Ksala* or anal injury.
5. Quicker insertion of *Basti* is avoided.
6. Too slow induction of *Basti* is also avoided.
7. Opening of *Basti Netra* should be kept straight.
8. The total *Basti* drug should not be introduced in the *Pakwasaya* in order to avoid entrance of *Vayu* into the *Pakwasaya*, which may produce pain.
9. *Basti* tube should be immediately pulled out after introduction of the drugs.
10. Patient should remain lying in the same posture (left lateral) upto ½ hrs introduction of *Basti*.
11. After that patients should take up *Utkatukasana* to eliminate the *Mala Begas* (passes of stool).

**Ingredients of Vaitaran Basti**

S. No.	Ingredients	Amounts
1.	<i>Guda</i> (melted and filter jiggery)	25gm
2.	<i>Saindhava Lavana</i>	10gm
3.	<i>Sneha (Tila Taila)</i>	120ml
4.	<i>Cincha Kalka</i> (paste of Tamarind)	50gm
5.	<i>Go mutra</i> (Cow urine)	200ml
Total Quantity = 400ml (approximately)		

**Drugs Review**

*Amavatari Yoga* contents four ingredients – 1) *Lasuna*, 2) *Sunthi*, 3) *Nirgundi* & 4) *Tagar*. Each one is 1gm in quantity. Total 4gm administered in powder form.

**Lasuna<sup>[8]</sup>**

Scientific Name: *Allium Sativum* sp.

Family: Liliaceae

Rasa: Madhu, Lavan, Katu, Tikta, Kashay

Guna: Snigdha, Guru, Tikshna, Sara

Virya: Usna

Vipaka: Katu

**Sunthi<sup>[9]</sup>**

Scientific Name: *Zingiber officinale* sp.

Family: Zinziberaceae

Rasa: Katu

Guna: Guru, Ruksha, Tikshna

Virya: Usna

Vipaka: Madhur

**Nirgundi<sup>[10]</sup>**

Scientific Name: *Vitex negundo* sp.

Family: Verbinaceae

Rasa: Katu, Tikta

Guna: Ruksha, Laghu

Virya: Usna

Vipaka: Katu

**Tagar<sup>[11]</sup>**

Scientific Name: *Valeriana officinalis* sp.

Family: Valerianaceae

Rasa: Tikta, Katu, Kashay

Guna: Laghu, Snigdha

Virya: Usna

Vipaka: Katu

**MATERIALS AND METHODS****Study Area**

*Amavata* treated with *Amvatari Yoga* and *Vaitarani Basti* with special reference to rheumatoid arthritis (A chronic immunological arthropathy).

**Place of Study**

Patients were selected from OPD & IPD of Institute of Post Graduate Ayurvedic Education & Research at Shyamadas Vaidya Shastrapith, 294/3/1, A. P. C. Road, Kolkata- 700009. On the basis of history taking, clinical examination, laboratory and biochemical investigation by strictly following inclusion & exclusion criteria.

**Inclusion Criteria**

- Patients were included after explaining the study in details and signing the informed consent.
- Patients willing to participate in this study.
- Between the age group of 20 – 60 years.
- Both sexes i.e., male & female.
- Present of any four of the following criteria according to American College of Rheumatology.
  - ➔ Morning stiffness more than 1 hour.
  - ➔ Arthritis of 3 or more joints.
  - ➔ Arthritis of hand joint more than 6 weeks.
  - ➔ Symmetrical arthritis more than 6 weeks.
  - ➔ Presence of rheumatoid modules.
  - ➔ Serum rheumatoid factor positive.
  - ➔ Typical radiological, radiographic change of arthritis of PA view of hand and wrist.

**Exclusion Criteria**

- Age below 20 and above 60 years.
- Patient not willing to participate in study.
- Patient with other types of diagnosed arthritis like Septic arthritis, Generative type of arthritis and Gouty arthritis.
- Patient receiving any other method of treatment.
- Pregnant and lactating mother suffering from arthritis.
- Severe deformities and severe ankylosing of joints.
- Patient with other serious illness like cardiac, hepatic and renal problems.
- Patient should developed Secondary complication of rheumatoid arthritis like pleuro/pericardial disease, severe damage of joints and bed ridden patients.

**Diagnostic Criteria****Subjective Criteria**

From clinical sign & symptoms as per Ayurvedic and modern trained.

- *Sandhi Shula* (pain in joints)
- *Sandhi Shotha* (swelling of joints)
- *Sparshahata* (tenderness around the joints)
- Stiffness of joint
- General functional capacity

**Objective Criteria**

- Blood for TC, DC, ESR, Hb%
- Blood for RA factor.
- X-ray of affected joints (if required)

- (i) Assess the patient through the sign & symptoms before and after treatment.
- (ii) Laboratory & Biochemical study done before and after the end of the study.

**Assessment Criteria****(iii) Scoring Pattern**

<b>Sandhi Sula (Pain in joints)</b>	<b>Score</b>
No pain	0
Mild Pain	1
Moderate pain no difficulty during movement	2
Moderate pain with difficulty during movement	3
Much difficulty in the body parts during movement	4

<b>Sandhi Sotha (Swelling of the joints)</b>	<b>Score</b>
No swelling	0
Mild swelling	1
Moderate swelling	2
Mark swelling	3
Severe swelling	4

<b>Sparshahata (Tenderness in joints)</b>	<b>Score</b>
No tenderness	0
Patient says the joint is tender	1
Patient winces	2
Patient winces with withdrawal	3
Patient did not allow to touch the joint	4

<b>General Functional Capacity</b>	<b>Score</b>
Complete capacity to carry on all routing duties	0
Normal activities despite of difficulty in joint movement	1
Few activities are persisting with difficulty, but patient can take care of him/herself	2
Few activities are persisting, but patient required attendant	3
No activities	4

<b>Stiffness of the joints</b>	<b>Score</b>
No stiffness	0
0-5 mins	1
5-12 mins	2
Upto 30 mins	3
Upto 1 hours	4

**Treatment Group**

Shown the group wise distribution of 60 patients according to their treatment

S.No.	Treatment group	Name of Drug	Form of application	Vehicles	Dose	Duration
1	Group A- No. of patients – 30	<i>Amavatari Yoga</i>	Powder	Lukewarm water	4g. twice daily before meal	45 days
2	Group B- No. of patients –30	<i>Vaitaran Basti</i>	Liquid	<i>Go Mutra</i>	400ml. once daily at morning	7days
		<i>Amavatari yoga</i>	Powder	Lukewarm water	4g. twice daily before meal	45 days

**Practical Analysis with Result**Effect of treatment in Group – A patients of *Amavata* (Rheumatoid Arthritis)

S. No	Symptoms	Mean		x Mean of difference	% of Relief	SD	SE	“t” value	P value
		BT	AT						
1	<i>Sandhi Sula</i> (Pain in joint)	2.64	2.28	0.36	13.63%	0.806	0.161	2.23	<0.02
2	<i>Sandhi Sotha</i> (Swelling of joint)	2.28	2.12	0.16	7.01%	0.374	0.074	1.89	<0.05
3	<i>Sparshahata</i> (Tenderness around joint)	2.28	2.16	0.12	5.26%	0.331	0.866	1.81	<0.05
4	General functional capacity	2.4	2.24	0.16	6.67%	0.374	0.74	2.06	<0.05
5	Stiffness of joints	2.28	2.16	0.12	5.26%	0.331	0.066	1.82	<0.05

Effect of treatment in Group – B patients of *Amavata* (Rheumatoid Arthritis)

S. No	Symptoms	Mean		x Mean of difference	% of Relief	SD	SE	“t” value	P value
		BT	AT						
1	<i>Sandhi Sula</i> (Pain in joint)	2.5	2.00	0.5	20%	0.507	0.092	5.43	<0.001
2	<i>Sandhi Sotha</i> (Swelling of joint)	1.80	1.30	0.5	27.78%	0.506	0.09	5.44	<0.001
3	<i>Sparshahata</i> (Tenderness around joint)	1.43	0.96	0.46	32.86%	0.506	0.09	5.07	<0.001
4	General functional capacity	1.86	1.20	0.635	36.67%	0.49	0.089	7.11	<0.001
5	Stiffness of joints	1.36	0.96	0.4	29%	0.5	0.091	4.39	<0.001

BT = Before Treatment, SE = Standard Error, AT = After Treatment, SD = Standard Deviation

x = Difference of Mean, “t” value = paired “t” test, “p” value = Level of significance

**DISCUSSION**

Effect of treatment on symptoms like *Sandhi Shula* (pain in joints), *Sandhi Shotha* (swelling of joints), *Sparshahata* (tenderness around joints), stiffness of joints & general functional capacity were observed in both Group A and Group B patients before and after treatment.

In Group A patients the therapy provided significant results i.e.  $p < 0.02$  in relief of symptoms like *Sandhi Shula* (pain in joints) and *Sandhi Shotha* (swelling of joints), *Sparishahata* (tenderness around the joints), stiffness of joints and general functional capacity, the result is  $p < 0.05$ .

The therapy provided highly significant results i.e.  $p < 0.001$  in Group B patients the symptoms like *Sandhi Shula* (pain in joints) and *Sandhi Shotha* (swelling of joints), *Sparshahata* (tenderness around the joints), stiffness of joints and general functional capacity.

The drugs used in this study both orally and per rectally was found very effective for the correction of derangement of *Ama* and *Vata* due to their properties. Encouraging result has been found in both the treatment Group A and Group B but Group B patients having better result in comparison to Group A.

#### CONCLUSION

1. *Ama* & *Vata* are two pathogenic factors responsible for *Amavata*.
2. *Amavata* is a challenging as well as chronic disease, mainly effecting the joints.
3. *Sandhi Shula* (pain in joints), *Sandhi Sotha* (swelling of joints), *Sparshahata* (tenderness around the joint) are the main symptoms of *Amavata*.
4. *Amavata* may be correlated with rheumatoid arthritis based on symptomatology.
5. *Mandagni* plays an important role for the disease *Amavata*.
6. *Vata* & *Kapha dosa* plays an important role in the disease *Amavata*.

7. The prevalence of *Amavata* is predominant in *Vata Kapha prakriti* persons.
8. *Raja Tama Manas prakriti* persons are more prone to this disease
9. Both treatment Group A and Group B were found effective in alleviating the symptoms of *Amavata*.

#### REFERENCES

1. Tripathi B. Charaka Samhita of Agnivesha Elaborated by Charaka & Dhribhdala edited with Charak Chandrika Hindi Commentary, Chaukhamba Surabharati Prakashan, Varanasi, 2013. Siddhi Sthan, 7/2.
2. Ibid, Siddhi Sthan, 1/40.
3. Ibid, Siddhi Sthan, 1/27.
4. Ibid, Siddhi Sthan, 10/6-7.
5. Ibid, Siddhi Sthan, 1/28.
6. Ibid, Siddhi Sthan, 3/20.
7. Thakral, K.K. Shushruta Samhita. Text With Hindi Commentary of Nibandha Sangraha and Nyaya Chandrika, Chaukhambha Orientalia, Varanasi, 1st Edition 2014, Chikitsa Sthan 38/5.
8. Shashtry J.L.N. Illustrated Dravyaguna Vigyan Chaukhambha Orientalia, Varanasi, 3rd Edition 2008, Vol pg, 531 Vol. II.
9. Ibid, Page - 519, Vol. II.
10. Ibid, Page - 411, Vol. II.
11. Ibid, Page - 801, Vol. II

#### Cite this article as:

Kaneez Fatema, Sukumar Ghosh. A Comparative Clinical Study of Shodhan Uttar Shaman and Shaman Chikitsa in the Management of Amavata with special reference to Rheumatoid Arthritis. AYUSHDHARA, 2023;10(2):42-47.

<https://doi.org/10.47070/ayushdhara.v10i2.1206>

Source of support: Nil, Conflict of interest: None Declared

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