



Research Article

A COMPARATIVE STUDY OF VIRECHANA KARMA AND BASTI KARMA IN AMAVATA W.S.R. TO RHEUMATOID ARTHRITIS

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ABSTRACT

Amavata is a *Kapkatavyadhi* affecting people in the *Madhyamaavasta*. The disease is obtained by the involvement of *Ama* and *Vata*, characterized by *Ruja* and *Shotha* in *Sandhistanas*. In this study the aims and objectives are to evaluate the effect of *Nittyavirechana* in *Amavata*, To evaluate the additive efficacy of *Yogabasti* in *Amavata* and To evaluate the comparative effect of *Nittyavirechana* and *Yogabasti* in *Amavata*.

This was a prospective comparative clinical trial. Patients were randomly distributed into 2 groups which are 15 patients receiving *Nittyavirechana* with *Eradataila* and another 15 patients received *Yogabasti* with *Erandamooladikwathaniruha* and *Bruhatsandhavaditailaanuvasana*

Results in group A 6.66% patients had good, 73.33% patients had moderate and 20% patients had mild response to the treatment. In group B 40% patients had good response, 60% patients had moderate response to the treatment. There was considerable improvement subjective and objective parameters in both the groups but *Yogabasti* group got more beneficial effects.

Nittyavirechana imparts *Agnideepana*, *Vatanulomana* and opens up the *Srotas* in the *Shareera* facilitating more nourishment and free movement of *Vatadosha*. *Yogabasti* is prime treatment for *Amavata* in turn plays vital role in correcting pathology of the disease and gives remarkable results.

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INTRODUCTION

Amavata was first described as an independent disease in *Madhava Nidana*. *Amavata* is characterized by *Angamarda* (body ache), *Aruchi* (tastelessness), *Trishna* (thirst), *Alasya* (lack of enthusiasm), *Gouravam* (heaviness all over body), *Jwara* (Fever), *Apaka* (indigestion) and *Shunata Anganam* (swelling all over the body mainly in joints).^[1] It is a disease of *Madhyama Roga 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 *Vatadosha* 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 possess difficulty in planning the line of treatment.

Rheumatoid arthritis (RA) is a chronic systemic autoimmune inflammatory disease that affects mainly the small joints of the hands and feet. RA is one of the most common inflammatory joint diseases and causes premature mortality, disability and compromised quality of life. Burden of RA is widely prevalent throughout the world. The worldwide prevalence is 0.8% and steadily increases to 5% in women over the age of 70. Rheumatoid arthritis is two to three times more common in women than in men. In India the prevalence is to be 0.7%.^[2] This condition can be correlated to rheumatoid arthritis which is characterized by Joint pain, tenderness, swelling or

stiffness for six weeks or longer, Morning stiffness for 30 minutes or longer, more than one joint is affected, small joints (wrists, certain joints of the hands and feet) are affected, the symmetrical joints of the body are affected, along with pain, many people experience of fatigue, loss of appetite and low-grade fever.^[3]

AIMS AND OBJECTIVES

1. To study the effect of *Nittyavirechana* with *Erandataila* in *Amavata*.
2. To evaluate the efficacy of *Yogabasti* with *Erandamooladikwathaniruha* and *Bruhat-sandhavaditailaanuvasana* in *Amavata*.
3. To compare the efficacy of above two procedure in *Amavata*.

Materials and Methods

A total of 30 patients having the features of *Amavata* were selected for the study irrespective of sex, occupation, religion and socio-economic status from *Shalakyatantra* OPD & IPD of DGM. Ayurveda Medical College and Hospital, Gadag.

The materials taken for the study are *Vaishwanara churna*, *Erandataila*, *Bruhatsaindhavaditaila*, *Erandamooladi Niruhabasti*, and Placebo Capsules.

The diagnosis was made on the basis of classical signs and symptoms mentioned in the Ayurveda and modern texts and criteria laid down by American Rheumatism Association (1988).^[4]

Following features are employed for confirmation of RA.

- 1) Morning stiffness (> = 1hr)
- 2) Swelling of three or more joints
- 3) Swelling of hand joints (PIP, MP)
- 4) Symmetrical swelling
- 5) Subcutaneous nodules (Rheumatoid nodules)
- 6) Presence of serum rheumatoid factor
- 7) Radiological changes (Hands & wrist)

Criteria 1 to 4 must have been continuous for 6 weeks or longer must be observed by physician. A diagnosis of RA requires that, four of the above seven criteria should be present.

a) Inclusion criteria

1. Classical signs and symptoms will be considered for the selection of patients.
2. Patients of *Amavata* having the history of less than 5 years.
3. Patients of *Amavata* between the age group of 20 to 60 years of either sex.
4. Patient fit for *Virechana* and *Basti karma*.

b) Exclusion criteria

1. Patients of *Amavata* having the history of more than 5 years.
2. The patient of *Amavata* having the systemic diseases like Diabetes mellitus, Asthma, Hypertension, Rheumatic heart disease and Heart diseases etc.
3. Pregnant or lactating women.

Objective parameters

The below investigations are done before the selection of patient for the study.

1. Hb%, 2. ESR, 3. ASL O titer, 4. CRP, 5. Rh factor,

Subjective parameters

The subjective parameters taken for this study are

1. *Ruja*, 2. *Shotha*, 3. *Stabdata*, 4. *Ushnata*

Study Design

The patients were administered *Vaishwanara choorna* internally in a dose of 3 – 6gms thrice daily with a cup of hot water, half an hour before food. The treatment was given till the *Nirama laxanas* were observed. For patients of **Group A:** *Erandataila* in the quantity of 15 to 30ml was given in between 8 to 9am when the patient is not so hungry for 8 days for the purpose of *Nittyavirechana*, according to the *Kosta* of the patient. A cup of hot water was advised as *Anupana*.

Group B: *Yogabasti* was given with *Bruhat-saindhavaditaila Anuvasanabasti* and *Erandamooladi Niruhabasti*. For both groups *Pariharakala* was advised for 16 days. In *Pariharakala* one Placebo capsules were advised to take daily for benefits of good follow up. *Valukasweda* was advised whenever patient complaints increased pain and stiffness during the course of the treatment for both groups.

Grading

- The lab test values were recorded before and after treatment.
- The subjective parameter were graded from Grade-0 to Grade-4 based on presence of null, one, two, three or four of the following symptoms in a particular *Sandhi: Ruja, Shotha, Stabdhata* and *Ushnata*.

Overall Assessment of the Treatment

To assess the overall effect of therapy, the criteria laid down by ARA (1967) were adopted. The results are classified into four groups as listed below.

Grade I - Complete Remission

- 1=No systemic sign of rheumatoid activity
- 2=No signs of inflammation

3=No evidence of activity in any extra articular process, including nodules tendovaginitis and iritis.

4=No lasting impairment of joint mobility other than that associated with irreversible changes

5=No elevation in ESR

6=Articular deformity or extra articular involvement due to irreversible changes may be present.

Grade II - Major Improvement

1=No systemic sign of rheumatoid activity with the exception of an elevated sedimentation rate and vasomotor imbalance.

2=Major signs of inflammation resolved, such as warmth, redness of joint structures.

3=No new rheumatoid process of intra articular or extra articular structures.

4=Minimum joint swelling may be present.

5=Impairment of joint mobility associated with minimum residual activity may be present.

6=Articular deformity or extra-articular involvement due to irreversible changes may be present.

Grade III - Minor Improvement

1=Diminution of systemic signs of Rheumatoid activity.

2=Signs of joint inflammation only partially resolved

3=No evidence of extension of rheumatoid activity into additional articular or extra articular structures.

4=Decreased but not minimum joint swelling present.

RESULTS

Table 1: Showing statistical analysis of subjective and objective parameters in group A

S.No	Parameters	Mean	SD	SE	T value	P value
1	<i>Hasta</i>	1.8	0.774	0.2	9.00	< 0.001
2	<i>Pada</i>	1.533	0.743	0.191	8.026	< 0.001
3	<i>Gulpha</i>	1.466	0.743	0.191	7.67	< 0.001
4	<i>Trika</i>	1.133	0.516	0.133	8.518	< 0.001
5	<i>Janu</i>	1.133	0.617	0.159	2.183	< 0.001
6	<i>Uru</i>	0.666	0.487	0.125	5.328	< 0.001
7	<i>Siro</i>	0.4	0.057	0.130	3.076	< 0.001
8	Hb%	0.22	0.086	0.022	10.00	< 0.001
9	ESR	25.8	17.78	4.59	5.620	< 0.001

5=Impairment of joint mobility may be present.

6=Articular deformity or extra articular involvement due to reversible changes may be present.

Grade IV - Unimprovement or Progression

1=Undiminished signs of rheumatoid activity, regardless of functional activity.

2=Exacerbation of any previously involved joint or joints or development of sites of rheumatoid activity.

3=Roentgenologic changes indicative of progression of the rheumatoid process, excepting hypertrophic changes.

4=In the presence of 1 or more of the before said criteria, improvement in other feature, including a normal or lowered ESR, not significant.

Composition of Test Drug

- **Vaishvanara churna:**^[5] *Manimantha, Yavani, Ajamoda, Nagara and Haritaki.*
- **Brihatsaindhava taila:**^[6] *Saindhava, Sreyasi, Shatapuopa, Rasna, Vavanika, Sarija, Maricha, Kusta, Shunti, Suvacchala, Vida, Vacha, Ajamoda, Madhuka, Jeeraka, Puskaramula and Kana.*
- **Erandamooladi Vasti:**^[7] *Erandamoola, Palasha, Rasna, Bala, Guduchi Ashwaganda, Punarnava, Aragvadhya, Devadaru, Madanaphala, Shalaparni, Prasnarni, Gokshura, Kantakari, Bruhati, Vacha, Hapusha, Shatavha, Priyangu, Yastimadhu, Kana, Vatsakabeeja, Musta, Taksharyashaila, Saindhavalavana, Makshika, Taila and Gomootra.*

Table 2: Showing statistical analysis of subjective and objective parameters in group B

S.No	Parameters	Mean	SD	SE	T value	P value
1	<i>Hasta</i>	1.733	0.798	0.206	8.412	< 0.001
2	<i>Pada</i>	1.533	0.743	0.191	8.026	< 0.001
3	<i>Gulpha</i>	1.6	0.506	0.131	12.213	< 0.001
4	<i>Trika</i>	1.00	0.377	0.097	10.309	< 0.001
5	<i>Janu</i>	1.666	0.487	0.125	13.328	< 0.001
6	<i>Uru</i>	0.8	0.5606	0.144	5.55	< 0.001
7	<i>Siro</i>	0.333	0.487	0.125	2.666	< 0.001
8	Hb%	0.313	0.172	0.044	7.11	< 0.001
9	ESR	27.466	14.38	3.714	7.39	< 0.001

Table 3: Showing the comparative statistical analysis of subjective and objective parameters in both groups

Parameters		Mean	SD	SE	PSE	T value	P value	Remarks
<i>Hasta</i>	A	0.666	0.723	0.186	0.301	1.551	> 0.05	NS
	B	1.133	0.915	0.236				
<i>Pada</i>	A	0.6	0.632	0.163	0.243	2.74	< 0.02	HS
	B	1.266	0.703	0.181				
<i>Gulpha</i>	A	0.866	0.351	0.090	0.161	4.14	< 0.001	HS
	B	1.533	0.516	0.133				
<i>Trika</i>	A	0.466	0.516	0.133	0.196	1.704	> 0.05	NS
	B	0.8	0.560	0.144				
<i>Janu</i>	A	0.733	0.703	0.181	0.263	1.520	> 0.05	NS
	B	1.133	0.743	0.191				
<i>Uru</i>	A	0.0666	0.258	0.066	0.148	2.698	< 0.02	NS
	B	0.4660	0.516	0.133				
<i>Siro</i>	A	0.0666	0.258	0.066	0.112	0.598	> 0.05	NS
	B	0.133	0.351	0.090				
Hb%	A	10.14	1.012	0.263	0.397	0.74	> 0.05	NS
	B	9.846	1.156	0.298				
ESR	A	28.066	8.647	2.232	4.65	0.287	> 0.05	NS
	B	26.73	15.8	4.080				

At the end of treatment there are significant changes in *Shoola, Shotha, Stabdata* and *Ushnata* in *Yogabasti* group compared to *Nittyavirechana* group showing the P value < 0.001. This signifies that *Yogabasti* possibly had a greater role in the management of *Amavata*.

DISCUSSION

The disease Rheumatoid arthritis is identical with the signs and symptoms of *Amavata*. It always challenges to the physicians due to its chronicity, complication and morbidity, this disease mainly affects the musculo skeletal system. It has

also extra articular manifestations affecting cardiovascular, nervous and excretory systems, which is collectively known as connective tissue or collagen disorder. Line of treatment, *Nittyavirechana* and *Yogabasti*, which is explained in Ayurveda, can reduce pain, swelling, and protection of joints and control the disease progression.

Ricinoelic acid of *Erandataila* irritates bowel leading to *Virechana* as it is having *Ushnavirya*, it also does *Pachana karma (Amapachana)*. It alleviates *Doshavriddi* by expelling out, and dose *Srotoshodhana. Bruhat Saindhavadi Taila* used for

Anuvasanabasti as a *Poorvakarma* for *Niruhabasti* so that it prepares the *Kosta* by its *Snigdha* *gunas* to receive *Niruhabasti*. The ingredients of this *Taila* possess *Deepana*, *Pachana*, *Vatanulomana*, *Shothahara* properties. The ingredients of *Eranda-mooladiniruhabasti* mainly possess *Deepana*, *Pachana*, *Ushna*, *Sukshma*, *Laghu*, *Ruksha*, *Snigdha*, *Teekshna* and *Lekhanagunas*. These *Gunas* helps to alleviate *Ama* and *Vata* in the body.

CONCLUSION

By results and observations it becomes evident that effect of *Yogabasti* was more beneficial in *Shoola*, *Shotha*, *Stabdata* and *Usnata* of different *Sandhis*, when compared to that of *Nittyavirechana* group. But as the disease is *Yapya* or autoimmune nature the completely permanent remission cannot be expected.

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