EVALUATION OF THE EFFECT OF VAITARAN BASTI IN SANDHIGAT VATA (UPASTAMBHIT)
W.S.R. TO INFLAMMATORY ARTHRITIS

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KEYWORDS: Vaitaranbasti, Upastambhit, Sandhigat-vata, Ama, Inflammatory-arthritis.

ABSTRACT

Basti therapy in Ayurveda is defined as one of the most effective treatment procedure of Panchakarma. Basti therapy is considered as Chikitsardha among all the therapeutic measures, because Basti has vast field of action. Basti eliminates the Ama that has accumulated in the colon from all over the body and normalises functioning of Vata, which is a very active principle in pathogenesis of Vata disorders (Vatavyadhis). In Upastambhit Sandhigata Vata, Strotorodh is due to Ama. This Ama taken along with vitiated Vata to Shleshmasthan Sandhi (joints) and Sandhigata Vata (Upastambhit) is produced. There are several types of Basti therapies mentioned in Ayurveda. Vaitaran Basti is a Pakvashaygata Niruha basti. It is a type of Kshar basti. It is helpful for the elimination of waste due to its irritant property. Vaitaran Basti works by the virtue of action of ingredients present in it.

Present clinical study was designed to assess the efficacy of Vaitaran Basti in reducing the sign & symptoms of Sandhigata Vata (Upastambhit) (Inflammatory Arthritis). Total 10 patients of Sandhigata Vata (Upastambhit) were registered in the OPD & IPD of Samadhan Ayurved Panchakarma Hospital & Research Centre, Nagpur, India. They were subjected to the treatment schedule of 15 days. During this period Vaitaran Basti was prepared by the mixture of Chincha (Tamarind), Guda (Jaggery), Saindhava (Rock Salt), Gomutra (cow’s urine) & Tila taila.

Assessment were done with regards to pain in joints, morning stiffness, swelling and local tenderness; these were done before and after treatment. The results were assessed on the basis of symptomatic improvement. The study reveals that Vaitaran Basti was effective in Upastambhit Sandhigata Vata (Inflammatory Arthritis).

INTRODUCTION

At present, due to modern life style, hurry, worry & curry, occurrences of diseases are increasing. ‘Ama’ is an intermediate product generated due to the deranged metabolism of digestive fire triggering a chronic inflammatory process in the body. It is responsible for development of pain. When a patient present with generalized pain, it is important to differentiate between pain due to polyarthritiis or from pain elsewhere, pain of Polyarthritis is generally over joints & is associated with local tenderness, morning stiffness. [1]

There are two types of Vatavyadhi, one is Upastambhit i.e. Strotorodhjanya & other is Nirupastambhit i.e. Dhatukshyjanya. [2]

Strotorodh is due to ‘Ama’. This ‘Ama’ taken along with vitiated Vata to Shleshmasthan sandhi & Sandhigatvata (Upastambhit) is produced. Basti therapy is considered as Chikitsardha among all the therapeutic measures, because Basti has vast field of action. [3]

Basti introduced in the colon acts upon the whole body and on every system of the body from head up to feet and drains out the impurities by its potency like sun drain out or evaporate the juices / liquid from the earth by its heat (Niruha action). [4]

Vaitaran Basti is Pakvashaygata Niruha Basti. Chakradatta while describing the Chikitsa sutra (line of treatment) for Amavata has described the Vaitaran basti. [5, 6]

Vaitaran basti is a type of Kshar Basti. The term Vaitaran has been made from the word Vaitaran which literally means to donate, go across, to leave which helps to expel out the morbid Doshas. Thus, we can say that Vaitaran basti helps to expel out the morbid Dosa from the body & thereby giving relief in the disease. [7] So the present...
study was carried out to evaluate the effect of Vaitaran basti in (Upastambhit) Sandhigat vata (Inflammatory Arthritis).

Aim & Objectives

The present clinical study was aimed to evaluate the effect of Vaitaran Basti (Medicated enema) by the mixture of Chincha (Tamarind), Guda (jaggery), Saindhava (Rock salt), Gomutra, Til Taila in the patients of Upastambhit Sandhigat Vata (Inflammatory Arthritis).

Material & Methods

Total 10 patients with the classical sign & symptoms of Upastambhit Sandhigatvata (Inflammatory Arthritis) i.e. Ruk (Pain in joints), Sandhigraha (Morning Stiffness), Sandhishotha (swelling), Sandhisparsha Asahishnuta (local tenderness) were registered on the basis of symptomatology from Samadhan Ayurveda Panchakarma Hospital & Research centre, Nagpur, irrespective of sex, religion, occupation etc.

Written consent was taken from each patient after giving him/her detail information about the treatment.

Inclusion Criteria

1. Patient of either sex with presenting symptoms of Upastambhit Sandhigat Vata (Inflammatory Arthritis)
2. Patients with the age group 40 to 70

Exclusion Criteria

1. Patients of age group below 40 and above 70 years
2. Patients suffering from any acute / infections / metabolic / chronic diseases like rheumatoid arthritis, SLE, Ankylosing spondylitis, Diabetes mellitus, Gout, monoarthritis, Infective arthritis, Psoriatic arthritis, Spondarthritis, Tuberculosis of joints, hepatic & cardiac failure.

Criteria for Diagnosis

Criteria of diagnosis were based on the sign and symptoms of Sandhigat Vata (Inflammatory Arthritis) and relevant physical examination i.e. Darshan, Sparshan & Prashan Pariksha as mentioned in the classical texts of Ayurveda. Total 10 patients fulfilling the criteria of diagnosis (i.e. sign and symptoms and location of the disease) of Upastambhit Sandhigat Vata were selected. They were treated with Vaitaran Basti. All the patients completed the schedule of the treatment.

Duration of Treatment

Vaitaran Basti was given for 15 days with a mixture of Chincha, Guda, Saindhava, Gomutra and Til Taila daily.

Patients were advised to avoid Apathya like Guru, Abhishyandi, Aahar, oily food, day sleep, high awakening, suppression of natural urges, medicines like corticosteroids, smoking, heavy exercise, fasting & other etiological factor which cause aggravation of Vata & Ama.

Criteria for Assessment

Improvement in the patients was assessed on the basis of relief in the signs and symptoms of the disease. All the signs and symptoms were given scoring depending upon their severity to assess the effect of the treatment objectively.

Contents of Vaitaran Basti

<table>
<thead>
<tr>
<th>Dravya</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chincha</td>
<td>20 gm</td>
</tr>
<tr>
<td>Guda</td>
<td>10 gm</td>
</tr>
<tr>
<td>Saindhava</td>
<td>05 gm</td>
</tr>
<tr>
<td>Tila Taila</td>
<td>40 ml</td>
</tr>
<tr>
<td>Gomutra</td>
<td>160 ml</td>
</tr>
</tbody>
</table>

Preparation of Basti Dravya

Initially 10 gm of Guda was mixed uniformly with equal quantity of lukewarm water. 5 gm of Saindhava was added to the above. Tila Taila was added till the mixture became homogenous. 20 gm of Chincha Kalka was taken & added to above mixture carefully. Lastly 160 ml of Gomutra was added slowly & mixing was 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

After breakfast around 10.00 am for 15 days.

Parameters of the study:

A) Ruk (Pain)

- No pain - 0
- Mild pain - 1
- Moderate pain - 2
- Severe pain - 3

B) Sandhigraha (Morning stiffness)

- No complaints - 0
- Upto 30 minutes - 1
- Upto 60 minutes - 2
- More than 60 minutes - 3

C) Sandhishotha (Swelling)

- No swelling - 0
- Slightly swollen - 1
- Covers well bony prominence - 2
- Markedly abnormal swelling - 3

D) Sparsha Asahishnuta (Tenderness)

- No pain on pressure - 0
- Mild pain on pressure - 1
- Winces on touching - 2
- Winces and withdraws the affected joints - 3

Observation

The observed values of the clinical parameters on the patients of Sandhigat Vata (Upastambhit) (Inflammatory arthritis) are as follows.

<table>
<thead>
<tr>
<th>No. Of patients</th>
<th>No. Of males</th>
<th>No. Of females</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>2 - 20%</td>
<td>8 - 80%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Age group</th>
<th>No. Of patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>40 to 50</td>
<td>2</td>
<td>20 %</td>
</tr>
<tr>
<td>2</td>
<td>51 to 60</td>
<td>6</td>
<td>60 %</td>
</tr>
<tr>
<td>3</td>
<td>61 to 70</td>
<td>2</td>
<td>20 %</td>
</tr>
</tbody>
</table>
In the present study, Ruk, Sandhigraha, Sandhishotha, Sparshaasahishnuta was the commonly observed symptoms in the patients. Most of the aforesaid symptoms were due to Strotorodha of “Ama”. The results were assessed on the basis of symptomatic improvement. Observations from the above tables reveals that Sandhigat Vata (Upstambhit) was found more in females (Table 1) in age group of 51 to 60 (Table 2). Housewives (who are engaged in daily routine of their morning works, then Diwaswap) and Vatpradhan Prakriti person were more prone to disease.

Data pertaining table no. 5 shows that the mean of parameters like pain, morning stiffness, swelling, tenderness was reduced due to treatment which are highly significant at the P value of 0.001, 0.001, 0.001 & 0.001 respectively.

Improvement was observed in most of symptoms i.e. reduction in pain, inflammation by Amahara treatment using Vaitaran Basti. Vaitaran Basti works by the virtue of action of ingredients present in it. Due to its Sukshma and Tikshna properties of Saindhava,[8] it helps to pass the drug molecule in systemic circulation through mucosa.

DISCUSSION

Tila Taila counter parts some of the irritating properties of both Saindhava & Guda.[9] Ruksha guna of Chinchna helps in counteracting the Ama which is the chief pathogenic factor of the disease.[10,12] Katurasatmaka, Katuvipaki, Ushna Viryatmaka, Ruksha & Tikshna Gun of Gomutra pacifies the Kapha & Ama. [11]

First sodium ion in Saindhava actively absorb from colon. High concentration of sodium ion facilitates sugar influx. Increase sodium ion in mucosal membrane generate osmotic gradient. Water follows this osmotic gradient thus passive absorption of water taken place. Free fatty acid is easily absorbed by passive diffusion in colon. Lipid and water soluble portion is absorbed from colon. According to modern pharmacokinetics, it is also proved that rectal drug administration might exceed the oral value due to partial avoidance of hepatic pass metabolism. Drug absorbed from colon goes into portal circulation through superior and inferior mesenteric veins. Similarly drug absorbed from upper rectum goes in to portal circulation through superior retinal veins while drug absorbed from lower rectum goes into systemic circulation through middle and inferior retinal veins.[13]
The *Basti dravya* when administered reached up to the micro and macro level due to its *Virya* (potency) helps first to disrupt the pathogenic process and carries out the morbid matter towards *Pakvashaya* for the elimination. Thus it works as curative as well as purificative measure.

**CONCLUSION**

*Baitaran Basti* plays an important role in *Upastambhit Sandhigata Vata* as it helps to eliminate morbid matter (*Ama*) from the body and breaks down Samprapti (pathogenesis) of the *Upastambhit Sandhigat vata*. *Baitaran basti* can be used in the diseases in which Niruha *Basti* is indicated and which are caused due to *Ama*. *Baitaran Basti* have significant results in *Sandhigat Vata (Upastambhit)*.

**REFERENCES**

8. Tripathi Ravi Datta, Charak Samhita, Vaidyamanorama Hindi Commentary, Vol. I (Sutrasthana 1), Delhi, Chaukhamba Sanskrit Pratishthan; 2006, p.44.