CLINICAL STUDY ON CHURNA BASTI ADMINISTERED IN MODIFIED KALA BASTI SCHEDULE IN AMAVATA

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ABSTRACT

Ama is the most common debilitating joint disorder which makes the life of patient almost crippled. Ama in the modern parlance can be correlated with Rheumatoid Arthritis which is a highly prevalent disease in the present life scenario due to the changing dietetic habits, social structure, environmental and mental stress. Ayurveda has a lot to offer in this regard. The Chikitsa explained for Ama includes Shodhana as well as Shamana which includes Langhana, Deepana, Swedana, Virechana, Snehapana, Basti and Upanaha. Therefore, the study was planned to evaluate the efficacy of Churnabasti in modified Kalabasti schedule in the management of Amavata. Churna Basti yoga explained by Acharya Chakrapani comprises of drugs possessing Ushna & Teekshnagunas, Deepana-Pachana, Vata Kaphahara and Shula-Shothahara properties which may help in attaining Agnideepi, Laghutva, Nirama Lakshana and Shoolahara effect. Combination of Vaishvanara choorna, Rasna Saptaka Kashaya and Dhanyamla administered in Amavata is yielding beneficial effects as the ingredients possess the properties opposite to that of Amavata and therefore acts positively on the disease. The present study was planned based on this concept and statistically highly significant effects (P>0.0001) were observed in the various assessment parameters of Amavata such as Sandhistishoola, Sandhisthitho, Sandhistabdha, Sandhisparsha Asahyata etc. In overall effect of therapy maximum number of patients (40.12%) got marked improvement. Therefore, Churna Basti comprising of drugs possessing properties opposite to Ama can be considered as a good remedy in the management of Amavata.

KEYWORDS: Amavata, Churna Basti, Rheumatoid Arthritis.

INTRODUCTION

Basti is considered to have multifaceted effect as it cures the diseases of Shakha, Koshta, Marmas and Sarva Ayavavas1. Acharya Chakrapani mentions Churna Basti2 comprising of Saindhava Lavana, Snehra, Churnas (Rasna, Vacha, Bilva, Shatapushpa, Ela, Putika, Madanaphala, Pippali, Devadara, Kushta), Ushnajala and Amladravya as the key ingredients. These drugs possess Ushna & Teekshnagunas, Deepana-Pachana, Vata Kaphahara and Shula-Shothahara properties which may help in attaining Agni deepti, Laghutva, Nirama Lakshana and Shoolahara effect.

Based on this concept, the ingredients are modified and is practiced in the management of Santharanatho vikaras like Amavata. A combination of Vaishwanara choorna, Rasna Saptaka Kashaya and Dhanyamla administered in Amavata is yielding beneficial effects as the ingredients possess the properties opposite to that of Amavata and therefore acts positively on the disease.

Amavata3 is the disease affecting Asthi and Sandhis wherein Ama and Vata are the initiating factors in the pathogenesis. Moreover, the chief pathogenic factors, being contradictory in nature poses difficulty in planning the line of treatment. Rheumatoid Arthritis can be correlated to Amavata on the basis of etiology, pathology, therapeutic sign and symptoms. The figures of prevalence vary substantially ranging from 0.3% to 2.1% of the population, with peak incidence in the fourth decade of life4.

Therefore, due to wide spectrum of disease, much prevalence in the society and lack of effective medicaments a pilot study with Churna Basti was carried out to ascertain the effect on Amavata patients and has shown encouraging results on attaining Agni deepti, Laghutva, Nirama Lakshana and Shoolahara.

AIMS AND OBJECTIVES

To evaluate the efficacy of Churnabasti in modified Kalabasti schedule in the management of Amavata.

MATERIALS AND METHODS

Source of data

10 patients of Amavata was taken for study from Shri Dharmasthala Manjunatheshwara College of Ayurveda And Hospital, Hassan, Karnataka.

Methods of Collection of Data

Diagnostic criteria

- Samanya Lakshana’s of Amavata are Angamarda, Aruchi, Trusna, Alasya, Gaurava, Jwara, Sandhisthitho, Sandhiruja, Gatrustambhatha, Sparshahyata and Nidraviparyaya.
- 1987 American Rheumatism Association Revised criteria
• Morning stiffness in and around joints for at least 1 hour
• Soft tissue joint swelling observed by physician at least 3/14 joint groups
• (Right or Left : MCP-Meta-carpophalangeal joint, PIP-Proximal interphalangeal joint, wrist, elbow, knee, ankle, MTP-Meta-tarso phalangeal joints)
• Soft tissue joint swelling in a hand joint (MCP, PIP or wrist)
• Symmetrical swelling of joint area
• Rheumatoid nodule
• Positive Rheumatoid factor
• Radiograph changes on wrist/hands:

For the diagnosis of the patient must have at least four of the above symptoms present for atleast 6weeks.

Inclusion Criteria
• Patients will be selected irrespective of their gender, caste or creed.
• Chronicity less than 5 years.
• Patients between the ages of 18 to 60 years
• The patients fit for Basti Karma.
• With systemic disorders
• Hypertension < 150/90 mmHg
• Controlled Type 2 Diabetes mellitus -FBS : <110 mg/dl and PPBS : <150 mg/dl

Exclusion Criteria
Rheumatoid Arthritis associated with
• Pregnancy

Systemic Lupus Erythematous
• Active Tuberculosis or other severe infections
• Moderate to severe cardiac insufficiency

Investigations

Blood
• Haemoglobin %
• Total Count
• Differential Count
• Erythrocyte Sedimentation Rate
• Fasting Blood Sugar
• Post Prandial Blood Sugar
• R.A. Factor

Research Design

It was an open labeled, single arm interventional clinical study with pre-test and post-test design wherein 10 patients suffering from Amavata was selected. The parameters of signs and symptoms of was analyzed statistically.

Drug

Ingredients of Churna Basti

<table>
<thead>
<tr>
<th>Ingredients</th>
<th>In Pala</th>
<th>in ml/gms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaishwanara churna</td>
<td>1 Pala</td>
<td>50 grams</td>
</tr>
<tr>
<td>Rasnasaptaka kashaya</td>
<td>4 Pala</td>
<td>200 milliliters</td>
</tr>
<tr>
<td>Dhanyamla</td>
<td>2 Pala</td>
<td>100 milliliters</td>
</tr>
<tr>
<td>Total</td>
<td>7 Pala</td>
<td>350 milliliters</td>
</tr>
</tbody>
</table>

Ingredients of Vaishwanara Churna

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Sanskrit Name</th>
<th>Botanical Name</th>
<th>Part Used</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Saindava Lavana</td>
<td>Sodium chloride</td>
<td>2 Parts</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Yavani</td>
<td>Trachyspermum ammi</td>
<td>Fruit</td>
<td>2 Parts</td>
</tr>
<tr>
<td>3</td>
<td>Ajamoda</td>
<td>Apium graveolans</td>
<td>Fruit</td>
<td>3 Parts</td>
</tr>
<tr>
<td>4</td>
<td>Nagara</td>
<td>Zingiber officinalis</td>
<td>Rhizome</td>
<td>5 Parts</td>
</tr>
<tr>
<td>5</td>
<td>Haritaki</td>
<td>Terminalia chebula</td>
<td>Fruit Pulp</td>
<td>12 Parts</td>
</tr>
</tbody>
</table>

Method of Preparation

All the ingredients are taken in above mentioned proportion and fine powder is prepared.

Ingredients of Rasna Saptaka Kashaya

<table>
<thead>
<tr>
<th>S.No</th>
<th>Sanskrit Name</th>
<th>Botanical Name</th>
<th>Part Used</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rasna</td>
<td>Alpinia galangal</td>
<td>Root</td>
<td>1 Part</td>
</tr>
<tr>
<td>2</td>
<td>Amrita</td>
<td>Tinospora cordifolia</td>
<td>Stem</td>
<td>1 Part</td>
</tr>
<tr>
<td>3</td>
<td>Aragwadha</td>
<td>Cassia fistula</td>
<td>Fruit Pulp</td>
<td>1 Part</td>
</tr>
<tr>
<td>4</td>
<td>Devadaru</td>
<td>Cedrus deodara</td>
<td>Heart Wood</td>
<td>1 Part</td>
</tr>
<tr>
<td>5</td>
<td>Trikantaka</td>
<td>Tribulus terrestris</td>
<td>Fruit</td>
<td>1 Part</td>
</tr>
<tr>
<td>6</td>
<td>Eanda</td>
<td>Ricinus communis</td>
<td>Root</td>
<td>1 Part</td>
</tr>
<tr>
<td>7</td>
<td>Punarnava</td>
<td>Boerhavia diffusa</td>
<td>Root</td>
<td>1 Part</td>
</tr>
</tbody>
</table>

Method of Preparation

All the ingredients are procured in the form of coarse powder and Kashaya is prepared by adding 200grams of Kwatha churna to 800ml of water and reduced to 1/4th quantity.

Treatment Plan

All subjects were administered with 350ml of Churna Basti and Anuvasana Basti with 80ml of Brihat Saindavadi Taila in Modified Kala Basti Schedule.
Schedule of The Basti

<table>
<thead>
<tr>
<th></th>
<th>D1</th>
<th>D2</th>
<th>D3</th>
<th>D4</th>
<th>D5</th>
<th>D6</th>
<th>D7</th>
<th>D8</th>
<th>D9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>A</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Evening</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A</td>
</tr>
</tbody>
</table>

A- Anuvasana Basti N- Niruha Basti

Duration of the Study

- 1-9th day: Basti in Modified Kala Basti schedule
- Pariharakala of 30 days.
- Follow up after 30 days.

Assessment Criteria

Following parameters has been taken for assessment for this clinical study.

Subjective parameters

Lakshanas of Amavata will be assessed after self scoring i.e., Angamarda, Aruch, Alasya, Gaurava, Sandhishotha, Sandhiruja, Gatrabstambha, Sparshasahyata and Nidraviparyaya.

Objective Parameters

1) Circumference of limbs measured in cms.
2) Range of movement measured with the help of Goniometer.
3) Foot pressure measured with the help of weighing machine.
4) Hand grip test.

Sandhishoola (Pain in joints) Score

| No pain | 00 |
| Mild pain of bearable nature, comes occasionally | 01 |
| Moderate pain, but no difficulty in joint movement | 02 |
| Slight difficulty in joint movements due to pain, Requires medication and May remain throughout the day more difficulty in moving the joints and pain is severe, Disturbing sleep and requires strong analgesics | 03 |

Sandhishotha (Swelling of the joints)

| No swelling | 00 |
| Slight swelling | 01 |
| Moderate swelling | 02 |
| Severe swelling | 03 |

Sandhistabdhata (Stiffness of the joints)

| No stiffness or stiffness lasting for 5 min | 00 |
| Stiffness lasting for 5 min to 2 hrs. | 01 |
| Stiffness lasting for 2 to 8 hours | 02 |
| Stiffness lasting for more than 8 hours | 03 |

Sandhisparsa Asahyata (Tenderness of joints)

| No tenderness | 00 |
| Subjective experience of tenderness | 01 |
| Wincing of face on pressure | 02 |
| Wincing of face with withdrawal of affected parts on Pressure | 03 |
| Resists to touch | 04 |

Agnidourbalya

No Agnimandya : 00
Occasional Agnimandya1 to 2 times / week : 01
Agnimandya 3 to 4 times / week : 02
Agnimandya 4 to 6 times / week : 03
Continuous Agnimandya : 04

Praseka

No Praseka : 00
Excessive salivation during meals only : 01
Excessive salivation during meals and occasionally after meals : 02
Excessive salivation throughout day : 03
Excessive salivation throughout day with dribbling during nights : 04

Aruchi

Normal desire for food : 00
Eating timely without much desire : 01
Desire for food, little late, than normal time : 02
Desire for food only after long intervals : 03
No desire at all : 04
B. Gourava

No feeling of heaviness : 00
Occasional heaviness in body but does usual work : 01
Continuous heaviness in body but does usual work : 02
Continuous heaviness which hampers usual work : 03
Unable to do any work due to heaviness : 04

Alasya

Instant start of work : 00
Less willing at start of work : 01
Less willing throughout whole work : 02
Less willing and does not complete work : 03
No willingness at all : 04

Nidraviparyaya

Normal sleep : 00
Unsound sleep during night with short naps during day : 01
1 to 2 hr. reductions in night sleep with mild increase in day sleep : 02
3 to 5 hr. reductions in night sleep with gross increase in day sleep : 03
Wakes during nights and sleeps during day : 04

Available online at: http://ijapr.in
Overall assessment of the therapy
Complete remission: 100% relief
Marked improvement: ≥75% relief
Moderate improvement: ≥50% to <75% relief
Mild improvement: ≥25% to <50% relief
Unchanged: <25% relief

OBSERVATION AND RESULTS
Effect of therapy on chief complaints such as Sandhishoola, Sandhishotha, Sandhistabdhata and Sandhisparsa Asahyata is found to be statistically highly significant (P>0.0001). Also statistically highly significant (P>0.0001) results were found on general symptoms such as Angamarda, Aruchi, Gaurava etc [Table 1] and Statistically significant results on functional capacity parameters [Tables 2].

The retention time of Choorna Basti up to 5-9 mins was observed in maximum number of patients (80%) and retention time of Anuvasana Basti -3 to 6 hrs was observed in 83.66% patients. In overall effect of therapy maximum number of patients (40.12%) got marked improvement [Chart 1].

Table 1: Statistical data of symptoms wise improvement

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Mean value</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BT</td>
<td>AT</td>
</tr>
<tr>
<td>Sandhishoola</td>
<td>1.20</td>
<td>2.00</td>
</tr>
<tr>
<td>Sandhishotha</td>
<td>1.56</td>
<td>2.84</td>
</tr>
<tr>
<td>Sandhistabdhata</td>
<td>1.32</td>
<td>2.36</td>
</tr>
<tr>
<td>Sandhisparsa Asahyata</td>
<td>1.52</td>
<td>2.72</td>
</tr>
<tr>
<td>Angamardha</td>
<td>1.48</td>
<td>2.68</td>
</tr>
<tr>
<td>Aruchi</td>
<td>1.28</td>
<td>2.04</td>
</tr>
<tr>
<td>Gaurava</td>
<td>0.84</td>
<td>1.60</td>
</tr>
</tbody>
</table>

Table 2: Statistically significant results on functional capacity parameters

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Mean value</th>
<th>percentage</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BT</td>
<td>AT</td>
<td>FU</td>
</tr>
<tr>
<td>Foot pressure</td>
<td>1.48</td>
<td>2.04</td>
<td>2.84</td>
</tr>
<tr>
<td>Grip strength</td>
<td>1.32</td>
<td>1.92</td>
<td>2.92</td>
</tr>
<tr>
<td>Walking time</td>
<td>2.68</td>
<td>2.96</td>
<td>3.04</td>
</tr>
<tr>
<td>Range of Movements</td>
<td>0.48</td>
<td>0.80</td>
<td>1.24</td>
</tr>
</tbody>
</table>

DISCUSSION
Majority of patients belonged to the age group of 41-50 yrs (46.3%) followed by 24% of subjects belonging to age group more than 55 years. Rheumatoid arthritis can begin at any age but has its peak between ages 30 to 55 Years. 87.1% female were registered in study against 12.9% of male patients. The occurrence of RA is relatively common in women population. The female: male is about 3:1. Majority of the patients were having Mandagni (91.02%). Mandagni is the root cause of all the disease, particularly of Amavata. Maximum 41.9 % (13) patients in the study belonged to Vata Pitta Prakriti, whereas minimum patients 25.8% (8) were reported in Vata Kapha group. Hemadri comments that Vata-Pitta Prakriti is Hinatama and the individuals possessing this Prakriti are more prone to disease. In this study, in majority of patients pain and stiffness increased during winter and cold climate. Cold climate and decrease in barometric pressure...
increases the arthritis pain. High humidity is unfavorable for arthritis patients.

Vaishvanara churna7 consists of Saindava, Yavani (Trachyspermum ammi), Ajamoda (Trachyspermum roxburghianum), Nagara (Zingiber officinalis) and Haritaki (Terminalia chebula). Rasna Saptaka kashaya8 comprises of Rasna (Alpinia galanga), Guduchi (Tinospora cordifolia), Aragwadha (Cassia fistula), Devadaru (Cedrus deodara), Gokshura (Tribus steerisris), Erandamoola (Roots of Ricinus communis), Punarnava (Boerhaavia diffusa)9. Both these combinations have Vata-kaphaphara, Deepaniya, Sothahara and Amahara properties. In the present study, Dhanyamala is used as Amladravya and for Avapa which is having Amahara and vataharaproperty10. Brihat Saindavadi Taila is used for Anuvasana Basti. The base of this Taila is Eranda Taila and is mainly Vata Kapha Samaka. The Eranda Taila is medicated by different drugs which are also of Usna Virya, Agnidipana and Vatakapha Samaka. Thus, for Anuvasanabasti in the Amavata patients, the Eranda Taila seems to be best and so this preparation of Eranda Taila i.e. Brihat Saindavadi Taila was selected.

The contents of Brihat Saindavadi Taila are Saindava Lavana, Gaja Pippali, Rasna (Pluchea lanceolata), Shatapushpa (Anethum soowa), Yavani (Carum copticum), Sarja Kshara, Marica (Piper nigrum), Kusta (Saussurea lappa), Shunti, Souvachala Lavana, Vida Lavana, Vacha (Acorus calamus), Ajamoda (Apium graveolens), Madhuka (Madhuka longifilia), Jeeraka (Cuminum cymimum), Pushkara Moola (Inula racemosa), Kana (Piper longum)11.

Basti administered with Ushna and Teeksha properties may aggravate the Vata. To pacify the aggravation of Vata, Anuvasana basti12 with Brihat Saindavadi Taila is given in modified Kala Basti Schedule as Amavata is a Gambheera dhatugata vyadhik. According to authorities, after giving Niruha Basti in the morning, on the same day Anuvasa Basti can be given13. If this schedule is followed then Yoga Basti can be completed in 5 days, Kala Basti 9 days and Karma Basti in 18 days. In this way duration of the Basti schedules can be reduced significantly.

CONCLUSION

It can be concluded that Amavata in the modern parlance can be correlated with Rheumatoid Arthritis which is a highly prevalent disease in the present life scenario. Therefore, Churna Basti comprising of drugs possessing properties opposite to Ama can be considered as a good remedy in the management of the disease.

REFERENCES


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