

Effect of Vaitaran Basti On Aamvata After Pachana Karma**¹Dr. Vandana D. Waghmare****²Dr. Meera S. Solanke****³Dr. Snehal S. Bhele**1- Assistant professor, 2- Associate professor 3- Assistant professor,
Department of Kayachikitsa, YCAMC, Aurangabad.**Abstract –**

Acharya Charaka has mentioned Basti as 'Ardha-Chikitsa' in the treatment of any disease¹. Basti is classified as Niruha and Sneha, further Niruha is considered to be Shoshana and Lekhana in Karma by Acharya Sushruta². Vaitaran Basti is a special type of Basti described for Aamvata by Acharya Chakradatta³. It has been also called as a Ksharbasti⁴. According to Ayurvedic fundamental principles Aampachan is must before any Shodhana Karma⁵. In Aamavata Chikitsa too, Acharya Yogratnakar has mentioned Basti Karma⁶. So the study was designed to assess the effect of Vaitarana Basti after Aampachan Karma so that to assess importance of Pachana Karma to re-establish importance of Ayurvedic fundamental principles. For this a randomized case control study was designed on patients of Aamvata. The study group was given Vaitaran Basti for 15 days following the Aampachan Karma by Kulathayush for 7 days. The control group was given placebo for 15 days following Aampachan Karma by Kulathayush for 7 days. Effects were evaluated on symptomatic, haematological and functional parameters with specially prepared grade system for pain, swelling, joint movement and joint stiffness. The significant result obtained in trial group with Basti following the Aampachan Karma than in control group which were significant only during the period of Pachana-karma are encouraging to re-establish the fact of Ayurvedic fundamental principle that Aampachan should be done before any Shodhana Karma.

Key words- Aampachan, Shodhan Karma, Vaitaran Basti, Amavata.

Introduction-

Acharya Charaka has described that Vata is the main causative factor for production of any disease. Vata combines and also vitiates Mala, Mutra, Pitta, Kapha or Kha-mala with their Ashayas and thus helps to produce diseases. Basti is considered best treatment for Vataja Vyadhi and Vata being the main etiological factor of all the diseases, Basti is termed to be Ardha-Chikitsa for any disease⁷.

Acharya Sushruta also consider importance of Basti in the treatment of Dvandwaja or Sannipatika Vyadhi caused by Vata, Pitta, Kapha and Rakta⁸. Vaitarana basti is a specific type of Niruha Basti described for treatment of Shoola, Aanaha and Aamvata. It consists of Amlika (1Pala), Guda (1 Shukti), Saindhava Lavana (1 Karsha), Gomutra (1 Kudava) and Taila (as required). As all the contents are Tikshna-Ushna and thus bears Shodhana properties⁹.

It can be clinically seen that Vaitarana Basti gives much relief in patients of Aamavata.

As the name suggests, Aam and Vata are the two basic etiological factors of the disease. Aam is a undigested form of food. If one continues to follow Viruddha dietary and behavioral habits in state of Agnimandya or soon after ingestion of Snigdha Ahara, it ultimately results in Rasavaha Strotasa Dusti to again vitiate the Aam so formed. This vitiated Aam then get shelter at the place of Strotasa-vaigunya, especially in Sandhi and evolve as Aamavata producing Sandhi Shoola-Shotha-Graha, Jwara, Aruchi etc¹⁰. Acharya Chakrapanidatta has described the principle and line of treatment of Aamvata as- Langhana, Swedana, use of Tikta-Katu Rasapradhana and Deepana drugs and Virechana and Basti karma¹¹

As Vaitarana Basti is a Shodhana Basti, it should be administered after proper Aampachana Karma for best results as Advised by Acharya Vagbhata. If not did so, any Shodhana Karma can cause serious side effects or even death¹².

On the basis of symptomatic co-relation, it can be co-related with Rheumatoid Arthritis in modern medicine.

It is a chronic, degenerative disease of connective tissue mainly affecting joints¹³.

Main feature of the disease are swelling, restricted movement of joints with shifting pain¹⁴.

So, the study was planned to see the effect of *Vaitarana Basti* on *Aamavata* and to re-establish the fact of *Ayurvedic* fundamental principle that *Aampachan* should be done before any *Shodhana Karma*.

Aim :

To study the basic fundamental principal of *Shodhan Karma* with reference of *Vaitaran Basti* on *Aamvata* after *Pachana Karma* .

Objective :

- To study specific line of treatment described for *Aamvata*.
- To assess the result of characteristic therapeutic measure (*Vaitarana Basti*) described for *Aamvata*.

Material And Methods

60 patients showing sign-symptoms of *Aamvata* were selected from OPD and IPD of concerned institute. These were assigned randomly into two groups with 30 patients in each group. The study group was given *Vaitarana Basti* for 15 days following the *Aampachan Karma* by *Kulatthayush* for 7 days, while the control group was given placebo for 15 days, with routine diet following the *Aampachan* in same manner.

Clinical Assesment : Subjective Criteria-

Grade	Joint pain-	Restricted movements of joints	Sandhi-usma
0 grade	No pain	No restriction	Lepa needs 25 min. to get dry.
1 grade	Mild pain but can do routine work	Mild restriction to work	Lepa needs 20-25 min. to get dry.
2 grade	Moderate pain with disturb in routine work	Painful movement but can do work	Lepa needs 10-20 min. to get dry.
3 grade	Severe pain unable to do routine work	need others help to do work	Lepa needs 05-10 min. to get dry.

Movement of joints were assessed as follows-

- Adduction and Abduction- Shoulder joint, Wrist joint, Ankle joint
- Flexion and Extension- Elbow joint, Knee joint
- Objective Criteria-

Joint Swelling –

It was measured 4 cm above and 4 cm below from mid-point of joint and middle of joint.

Hematological investigation- Hb%, ESR.

Observation

- Female were found more prone to *Aamvata* than male.
- In *Aamvata* , *Mandagni* was present in majority of cases.
- In *Aamvata*, mostly large joints were seen to be affected.
- The treatment of *Vaitaran Basti* was found to give positive effect after *Pachana Karma* in *Aamavata*.

Statistical Data Of Symptoms After Treatment

Criteria (1-22 days)	X	SD	SE	t	p
Joint swelling	EXP group	9.57	5.2	0.95	10.07
	CONT group	-0.9	2.2	0.4	-2.25
Joint pain	EXP group	5.77	2.57	0.47	12.28
	CONT group	-0.4	0.77	0.14	-2.86
Joint stiffness	EXP group	3	1.6	0.29	10.34
	CONT group	-0.17	0.83	0.15	-1.13
Joint usma	EXP group	9.57	5.2	0.95	10.07
	CONT group	-0.9	2.2	0.4	-2.25
ESR	EXP group	16.26	33.48	6.22	2.61
	CONT group	-0.2	4.75	0.88	-0.22

The table shows- Significant change in paired test (P<0.05) in experimental group and there was no significant change in paired test (P>0.05) in the control group.

Result –**In experimental group**

Joint pain, swelling, stiffness, local temperature and ESR were improved significantly ($p < 0.05$) and heaviness in body, weakness, constipation were seen to be decreased.

In control group

In first 7 days during treatment there was significant improvement in Joint pain, swelling, stiffness, local temperature ($p < 0.05$).

In placebo period there was no significant improvement seen in these criterias ($P > 0.05$). Heaviness in body, weakness, constipation decreased during the period of *Pachana* but seen to be aggravated after 7 days when *Pachana* was stopped. Hematological investigation results showed that ESR was decreased significantly ($p < 0.05$) but Hb% shown no significant change in both groups.

Discussion

Hetu like washing utensils, cloths just after lunch in housewives; hard physical work after having lunch in farmers; using by-cycle, fast walking just after taking meal in students can be considered as *Viruddha Vihara* soon after food consumption. In meals, consumption of Curd, *Chuteny*, *Papada*, *Viruddha-Ahara* (Milk-Fruit, *Khichadi* and Milk mixed together). In both the groups majority patient had *Mandagni*. Most of the patients were of age group between 15-45 years. Large joints were found to be more affected. There was no change in Hb% after treatment. The *Sandhi-Shoola*, *Sandhi-Shotha*, *Sandhi-Graha*, *Sandhi-Usma* and ESR got reduced by *Vaitarana Basti* followed by *Pachana Karma*. The other symptoms like *Jwara*, *Angamarda*, *Aruchi*, *Trishna*, *Aalasya*, *Gaurav*, *Apaka*, *Daurbalya* got relief in control group. These symptoms got *Upashaya* in first 7 days of *Pachana Karma* but when *Pachana* stopped symptoms got aggravated again.

Conclusion

1. In experimental group *Vaitaran Basti* after *Pachana Karma* got good result in *Aamavata* statistically with $P < 0.05$
2. In control group there was good result during *Pachana Kala* ($P < 0.05$) but when *Pachana*

Karma was stopped symptoms aggravated again with $P > 0.05$

3. In experimental group the symptoms like *Jwar*, *Gaurav*, *Aruchi*, *Utsahahani*, *Daurbalya* were reduced.
4. On this basis it was proved that long duration *Pachana Karma* is issential in *Aamvata*.
5. In control group there was symptomatic relief in *Pachana Kala* only.

This prove that it is necessary to give *Pachana Karma* in *Aamavata* more than 7 days .

The study also proves that *Pathya-Apathya Kalpana* has immense importance in *Aamavata* during and after the treatment.

On this basis we can conclude that the study proved to be helpful in evaluating effect of *Vaitaran Basti* in *Aamvata* and also supported the fundamental principles of treatment protocol for *Amavata* and **Ayurvedic Samhitas**.

On the basis of this study, more studies can be conducted on other specific line of treatment mentioned for various diseases in *Ayurvedic Samhitas*.

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