

To Study the Efficacy of Mahakanak Tail matra basti in the Management of Amavata – A Clinical Study

Dr.Ranjana Chandrakantrao Jadhav

M.D. (Ayu), Panchakarma Consultant,
Pravara Rural Ayurved Hospital, Loni.
ranjanajadhav21@gmail.com

Dr.Saniya Yusufkhan Pathan

M.D. (Ayu), RMO,
Saneguruj Arogya Kendra Hadapsar, Pune
sypathan1991@gmail.com

Introduction:

Aamavata is one of the most common diseases among the crippling disorders caused due to the impairment of Agni because of changing dietary habits, social structure, environmental and mental stress. Aama which is manifested due to derangement of Agni get lodged in Kapha sthanas with the help of vitiated Vyana Vayu producing stiffness, swelling, and tenderness in the joints. Derangement of Kapha dosha especially shleshaka Kapha in Aamavata producing joint pain and swelling with tenderness. In conceptual study review of literature has been written with the help of Ayurvedic Samhitas and Ayurvedic texts. Firstly the historical review of Aamavata was done. Then the detailed theoretical study of Aamavata with the concept of Aama. Nidana Panchaka of Aamavata has been studied from different sources.

It also includes the elaboration of the concept Aamavastha and vitiated Vata. Modern point of view of Aamavata i.e. Rheumatoid Arthritis was studied. Basti karma was thoroughly reviewed from various available sources.

In the drug review, Dhatura, Punarnava, Nirgundi, Varuna, Paribhadra, Dashmool, sunthi, Maricha, Pippali, Gajpippali, karkataka, Sleshmantaka, saindhava and tila Tail were separately explained. And its action on Aamavata also discussed.

Clinical trials were conducted on 30 patients (both IPD & OPD) of Aamavata who fulfilled criteria for inclusion in this study. Patients under trial were in a single group. It was because the aim of this study was to assess the efficacy of Mahakanak tail Matra basti.

The clinical trials were conducted on the patients of both the genders in the age group from 18-70 yrs, irrespective of socio-economical status, were selected randomly for these trials.

Aim:

To study efficacy of Mahakanak Tail Matra Basti in the management of Aamavata.

Objectives:

- To study the side effect of Mahakanak Tail if any.

Study Design:

Inclusion Criteria:

1. Patients having textual symptoms of Aamavata-
 - Stabdha gatra
 - Vruschik danshavat vedana
 - Shotha
 - Graha
 - Sparshasahatva
 - Angmarda
 - Aruchi
 - Trushna
 - Alasya
 - Gaurav
 - Jwara
 - Bahumutrata
2. Patients who are Basti Arha as per Ayurvedic text.
3. Patients between age group of 18-70 yrs.

Exclusion Criteria:

1. Patients who are Basti Anarha as per Ayurvedic text.
2. Patient suffering from diseases like Vatarakta, Sandhigata Vata, Kosthukshirsha, Avabahuk, Vishwachi etc.

3. Having cardiac diseases, pulmonary tuberculosis, pregnant women.
4. In first 5 days of menstrual cycle.
5. Patients having Menorrhagia.

Withdrawal Criteria:

1. Occurrence of serious adverse events.
2. If the investigator feels that the protocol has been violated or patient is not cooperating for the procedure.
3. If further continuation of the study is likely to be detrimental to health of the patient.
4. If patient absent for continuous 2 follow-ups will be considered as dropped out from this project.
5. Medication in the form of life-saving drugs or antibiotics. I.V. fluids if necessary for any condition during study, the patient will be consider drop out and will have freedom to option for other medication.
6. If the patient is not willing to continue the trial.

Method of Administration:

- Form: Matra Basti.
- Dose: 60ml.
- Kala: Immediately after meal (Madhyanna).
- Duration of therapy: For 15 days.
- Initial assessment: 0th days.
- Follow up: 15th, 22nd days.
- Final assessment: 21st day.

Preparation of Patient:

After selection of patient as per inclusion criteria, detailed history of present and past illness was recorded in the formatted case-paper. Initial assessment was done as per assessment criteria.

Method of Administration of Mahakanak Tail Matra Basti:**Purva karma of basti**

Counselling and written consent of patient regarding the Basti procedure will be done so as to assure him and make him comfortable and relaxed for the Bastikarma. Matra basti in the full stomach, hence patient should be given food firstly, followed by walk of few steps (100) (Diet should be light with little amount of fat, heavy meal should be avoided).

After the meal and light walking patient was asked to pass his natural urges before Basti pranidhana (If the bowel and bladder is empty – the basti dravya retains well) and not to laugh, sneeze or cough while administrating Basti. The patient was oiled with Sesame oil. Oil was applied on Kati, Sphika and Udara. This is Sthanik Abhyanga. Then Swedana was carried on the same region by Nadisweda.

Position of patient:

Patient was asked to lie down in left lateral position i.e. left leg was kept straight and right leg flexed at knee and hip joint. This position is very important, as Grahani, Pakvashaya, Guda are positioned on left side in a same plane. This position is known as “Vamaparshwa Basti Position”.

Pradhan Karma of Basti:

Lukewarm 65ml Mahakanak Tail was loaded in 100ml Glycerine syringe. Simple rubber catheter was attached to the nozzle of the syringe. The position of syringe will be pushed forward gently up to the mark of 60ml so that extra oil and the air from catheter gets off to make syringe along with catheter loaded with 60ml of Mahakanak Tail.

Mahakanak Tail was applied to anal opening and catheter tip. The patient was asked to take deep inspiration as this helps to relax the anal opening and facilitates the entry of catheter. At the same time rubber catheter was introduced per rectum. Then the syringe was pressed by piston and was held straight so that oil can enter the Pakvashaya with equal balanced force. Little amount of mixture was left in catheter, to avoid the air entry into Pakvashaya. Then catheter was removed slowly and carefully.

Pashchat karma:

The tadana karma at Pristha, Sphika, and Nitamba was done. The patient was kept comfortably in the lower abdominal position (Prone Position) for 2 to 5 minutes.

Follow up:

After the 0th day initial assessment, patients were followed up and re-examined on 15th day and final assessment was done on 22th day. Patient was

assessed according to the following criteria and methods of assessment.

Sr. No	Assessment Criteria	Day 0	Day 15	Day 22
1	Sandhishoola	√	√	√
2	Sandhigraha	√	√	√
3	Sandhishotha	√	√	√
4	Sparsha (Oushnya)	√	√	√
5	Sparshasahatva	√	√	√
6	Oxford pain chart	√	√	√
7	Visual Analog Scale	√	√	√
8	Coin test	√	√	√
9	Walking time	√	√	√
10	Goniometry	√	√	√

The objectives of the dissertation was to study the efficacy of Mahakanak tail Matra Basti in Aamavata. In this clinical study 30 patients were registered. Clinical trials were carried methodically and proper record of the observations was maintained. All the observations were done thoroughly. The data is discussed as follows. Observations made on 30 patients of Aamavata are being discussed here.

Discussion

Due to the fact that this study was conducted in a general charitable hospital which is situated in the reachable distance of rural areas patients, where free treatment facilities are available. Another possibility was that middle and lower class people are most prone to stress and strain, which may precipitate the disease Aamavata. This disease is chronic in nature and no perfect treatment except steroid is available in modern system of medicine too. So steroid dependent patients were seen in the present study.

Maximum numbers of patients have involvement of Kaphavridhhi and Prakopa followed by Vataavridhhi and Prakopa Dosha in Aamavata. Maximum number of patients had Dushti of Rasavaha, Asthivaha, Majjavaha, Purishavaha and Annavaha Strotasa, which is in accordance with the main strotasa involved in the disease process.

None of the patients were found to have complete remission. An apparent difference of

improvement in all the cardinal symptoms was observed, statistically significant difference was found in improvement. Marked improvement was seen in Sandhi Graha while moderate improvement was seen in Ushna Sparsha and Sparshasahatva while only slight relief was seen in Sandhi Shoola, Sandhi Shotha as per the obtained statistical data.

Probable Mode of Action of the Drug:

The fundamentals of Ayurvedic pharmacology are capable to give a better scientific lead in mode of drug action. Mahakanak Tail have all Ushna, Tikta Dravya which helps to reduce Aama in the body.

- Due to the jwaraghna prabhava of Dhatura and Karkataka Ushna Sparsha of Aamavata get reduces.
- Punarnava has Shoolaghna and Shothaghna property due to its Ushna and Ruksha guna which reduces the Shoola and Shotha of Aamavata.
- Nirgundi has the Vata-Sleshma prashamani guna which helps in the reduction of Aamavata.
- Dashmoola have the Shoolaghna, Shothaghna and dipaniya properties, which reduces the Agnimandya.
- Paribhadra have the properties like Vataghna, Kaphaghna, Shothaghna and dipaniya. It helps in the reduction of symptoms of Aamavata.
- As Varuna reduces the mutrakrucchata in the Aamavata.
- Tila Tail itself have the snigdha and Ushna guna along with all above drugs it help in the reduction of symptoms of Aamavata.
- Shunthi, Maricha, Pippali, Gajpippali, Saindhav, Sleshmantak have the Dipana and Pachana guna which helps to reduce Agnimandya of Aamavata.

Probable action of Mahakanak Tail Matra Basti in the management of Aamavata:

The present study of Mahakanak Tail Matra Basti in Aamavata has provided better relief in almost all cardinal symptoms and general symptoms of the disease. Here Matra Basti was given for 15 days. Mahakanak Tail Matra Basti is the type of

sneha Basti. As a whole the qualities of Matra Basti can be considered as Katu, Ushna, Tikshna and Snigdha. Majority of the drugs are having Vata-Kapha shamaka action and majority of drugs has its action on Rasavaha and Annavaaha strotasa. Owing to this property, antagonism to Kapha and Aama the Basti helps in significant improvement in signs and symptoms of disease. Due to Snigdha guna of Tila tail it also helpful in the chronic stage of the disease because Snigdha guna is antagonist of Ruksha guna of Vata. Tikshna guna of Basti helps in overcoming the strotodushti resulting due to Sanga. The Basti Dravya after reaching to large and small intestine gets absorbed from intestine, now due to Ushna, Tikshna guna of Matra Basti Dravya, it breaks the obstructions and expels out the morbid material from all over the body, thus helps in breaking down the pathogenesis of disease. Matra Basti helps in removing the Avarana of Vata by Kapha. Reduction in this Avarana was seen as there was improvement of Kaphavrita Vyana and Samana symptoms. Basti helps in Vatanulomana thus helping in correcting the Apana. Thus, we can say that Basti plays a pivot role in the management of Aamavata.

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Conclusion

At the end of the study, following conclusion can be drawn on the basis of observations done, results achieved and thorough discussion in the present context and can be summarized as below:

- 1) In the study, maximum i.e.66.67% patients were from age group of 30-50 years. According to Vagbhatacharya (A.Hr.Su.12), this age group has dominance of vata dosha and body tends towards dhatu kshaya. So these people get diseased easily.
- 2) While the incidence of Aamavata was higher in female 70%. It was also high in the patients having mixed diet. Housewives were more affected than other occupations. The modern medicine texts also highlight female prepondance in Aamavata. Vata pradhana Kapha Prakruti 40% got affected.
- 3) It was observed that knee joint got more affected than any other joints as it is a weight bearing joint and got wear and tear easily.
- 4) Moderate relief was observed in symptoms like Sandhi graha i.e.83.25%.
- 5) While in Sandhi shoola mild relief was seen up to 46%. There was gradual improvement in the symptoms and relief last long.
- 6) Mahakanak Tail Matra Basti shows statistically significant results in all the symptoms as $p < 0.05$.
- 7) Mahakanak Tail mainly act on Aama by doing Aama pachan. Also relieves the joint pain (Sandhi shoola), stiffness (Sandhi Graha) and joint swelling (Sandhi Shotha). Vitiated Vata get properly channelized by Matra Basti.
- 8) Mahakanak Tail Matra Basti by its Aama pachan guna reduces Agnimandya (causes kshudha vriddhi) in these Aamavata patients.
- 9) No adverse reaction / side effect / toxic effect were noticed / observed during entire clinical trial.
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