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**EFFICACY OF *ROOKSHANA UPAKRAMA* WITH *VAITARANA BASTI*
AND *SHODHANA BASTI* IN *AMAVATA* - A CASE STUDY**

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ABSTRACT

A 40 year old female house wife having 61 kg weight residing at Urban area admitted at *Panchakarma* IPD, PIA, LIMBDA, VADODARA, suffering from signs and symptoms of *Amavata* like *Angamarda* (malaise), *Aruchi* (anorexia), *Alasya* (tiredness), and *Gaurava* (heaviness) with multiple joints pain and stiffness over multiple joints like with restricted movements and low backache. She had difficulty in walking during early morning due to severe pain and morning stiffness. Complaints were since last 1 year.

Diagnosis was confirmed by laboratory investigation such as ESR and RA factor diagnosed for *Amavata* ; Treatment care plan had been scheduled for *Rooksana karma* (*Nitya Virechan*, *Sarvanga Udavartan* followed by *Bashpa sweda*), *Vaitarana Basti* & *Shodhana Basti* schedule

had been planned successively in *Yoga basti* Pattern with *Deepan* and *Pachanartha* oral medicines have been advised.

Keywords: *amavata, ama, sarvanga udwartana, Vaitarana basti, shodhana basti, nitya virechana*

INTRODUCTION

Rheumatoid Arthritis is the most common inflammatory Arthritis in women and hence an important cause of potentially preventable disability. The typical clinical phyno type of Rheumatoid Arthritis is a symmetrical deforming small and large joint polyarthritis, often associated with systemic disturbance and extra articular disease.. Rheumatoid Arthritis is characterized by persistent cellular activation, Auto immunity and presence of immune complexes at sites of articular and extra –articular lesions. This leads to chronic inflammation, granuloma formation and joint distraction. Extra Menifestations of RA are fever, fatigue, weight loss, susceptible to other infection which are systemetic. Muscle wasting, osteoporosis, bursitis are musculoskeletal. Anemia, eosinofilia are hematological, others are ocular, vasculitis, ulcers, paricarditis, mayocarditis, endocarditis, peripheral neuropathy. Rhumetoid Arthritis is characterized by infiltration of synovial membrane with lymphocytes, plasma cells and macrophages. Activated 'T' cells stimulates 'B' cells to produce immunoglobulin containing Rhumetoid

Factor and Macrophages to Produce Inflammatory Cytokines. This act on Endothelium of Synovial membrane and bones hence promotes swelling and congestion of synovial membrane. Hence others suffer with mild to severe pain throughout long periods or sometimes with low relief with medication. (1)

According to *Ayurveda* Such Activities as indulgence in incompatible eatable and habit, Lack of Physical activities generate *ama* in the body. This type of condition could appear also when are including in performing heavy exercise after taking fatty eatables and when one has poor digestive capacity. It has been noticed that, even normally also, there could generate *ama* in the body. The *ama* associating itself with *vata*, moves quickly to the different seats of *kapha* in the body and fills them and the *dhamanis*. Thus Due to *ama* the patient feels weak and heaviness in the *Hrid Pradesh*. This substance named *aama* is the cause of so many distressing disease. When provoked *aama* simultaneously afflicts the pelvic, shoulder and girdles and makes other joints of body stiff. His condition has been identified as

Amavata. Signs and symptoms of *Amavata* should be correlated with rheumatoid arthritis. *Acharya Madhavkar* has described *Amavata* under *Vata Kaphaj vyadhi*. (2)

Case Study:

A 40 year old female Patient appeared in Parul *Ayurveda* Hospital *Panchakarma* OPD on 10/02/2021 with the Chief complaints of:

Table 1

| | |
|--|--------------|
| Pain in wrist joints, elbow joints, ankle joints & knee joints | Since 1 year |
| Swelling in right lower limb | |
| <i>Angamarda</i> , <i>Aruchi</i> , <i>Alasya</i> and <i>Gauravta</i> in whole body | |
| Stiffness in all over body | Since 7 days |
| Disturb the sleep due to pain | |

At the time of admission patient was conscious and well oriented.

Past history:

H/O Hypertension Since 2 years- On medication Since 1 years (Tab Nibivolol 5 mg 1-0-0 A/F)

No H/O – Trauma or Accidental Injury

No K/C/O- DM

On Examination

- General condition: Moderate
- Pulse Rate: 82/min
- BP: 120/70 mm of Hg
- RR: 18/min

• HR: 80/min

• *Mala*: *Samyak*

• *Kostha*: *Madhyam*

• *Mutra*: Regular

• *Nidra*: Disturbed while Pain

• *Kshudha*: *Alpa*

• *Jihva*: *Sama*

LOCAL EXAMINATION

Swelling presents at Rt. Ankle & Knee Joint

Local temperature-Raised

Range of movement-Restricted and painful movement of wrist joints, elbow joints, ankle joints & knee joint

Table 2: Treatment

| Date | Shaman | Shodhan |
|---------------------------------|---|---|
| 13/02/21 to 16/02/21 | 1. <i>Chirakadi Vati</i> 2-0-2 (B/F) 2. <i>Eranda Taila</i> 30ml with <i>Ushna Ksheera</i> 50ml | 1. <i>Sarvang Udavartan</i> with <i>Yava churna</i> & <i>Triphala Choorna</i> F/B <i>Choorna Pinda Sweda</i> |
| 17/02/21 to 24/02/21 | 1. <i>Simhnad Guggulu</i> 2-2-2(A/F) 2. <i>Sanshamani Vati</i> 2-2-2 (A/F) 3. <i>Dashmoola ,Rasnadi Kashay</i> 80ml-80ml (B/F) | 1. <i>Vaitaran Basti</i> As per the schedule |
| 25/02/2021 to 4/03/2021 | 1. <i>Simhnad Guggulu</i> 2-2-2(A/F) 2. <i>Sanshamani Vati</i> 2-2-2 (A/F) 3. <i>Dashmool Kashay</i> ^[5] + <i>Erand mool Kashay</i> = 80 ml BD Before Food | 1. <i>Dashmooladi Shodhan Basti</i> As per Schedule |
| 5/03/2021 Discharge Medicine | 1. <i>Indukantak ghreeta</i> 2. <i>Maharasnadi Kwath</i> 50 ml BD Before food | |

Table 3: Ingredients of *Vaitarana Basti*.(3)

| | |
|--|--------------|
| <i>Guda</i> | 25gm |
| <i>Saindhav</i> | 10gm |
| <i>Dashmoola Taila</i> | 40ml |
| <i>Chincha Kalka</i> | 50gm |
| <i>Gomutra</i> | 100ml |
| <i>Ushna Jala</i> | 100ml |
| Total | 325ml |
| <i>Anuvasan Basti: Dashmool tail and Eranda tail</i> | 60ml |

| | | | | | | | |
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 |
| <i>AB</i> | <i>VB</i> | <i>AB</i> | <i>VB</i> | <i>AB</i> | <i>VB</i> | <i>AB</i> | <i>AB</i> |

Vaitaran Basti was prepared according to *Acharya Chakradatta* version. Acc to *Chakradatta* Particular *Vaitaran basti* is treatment for *Aamvata*.

Here in 25gm *Guda* mixed with equal quantity of Luke warm water. 10gm of *Saindhav* added to the above. *Dashmool tail*

added till mixture become Homogenous. 50gm of *Chincha kalka* was taken and added to mixture thoroughly. Lastly 100ml of *gomutra* had been added with 100 ml of *Ushnodak* and uniform mixture, after filtering, a lukewarm *Basti* was administered.

Table 4: Ingredients of *Dashmool Shodhan Basti* (4)

| | |
|---|--------------|
| <i>Niruh Basti</i> | |
| <i>Madhu</i> | 80ml |
| <i>Saindhav</i> | 10 gm |
| <i>Sneh: Dashmoola Tail</i> | 60ml |
| <i>Kalka Shatpshpa, Bilva, Madanphal, Vacha, Musta, Chopchini</i> | 25gm |
| <i>Kashay : Dashmool Kashay</i> | 250 ml |
| <i>Avap Dravya: Go Arka</i> | 25ml |
| Total | 450ml |
| <i>Anuvasan Basti : Dashmool Tail</i> | 80ml |

Dashmool Shodhan Basti was prepared according to According to Classics. 80ml *Madhu* mixed with 10gm *Saindhav* triturated properly. 60 ml *Dashmool tail* added till mixture become Homogenous. 25gm *Kalka* of *Shatpushpa, Bilva, Madanphal, Vacha,*

Musta, Chopchini was taken and added to mixture thoroughly. 250ml of *Dashmool Kashay* added and triturates it carefully tills become uniformly mixture. Lastly 25ml *Go Mutra Arka* was added as An *Aavapa dravya*. Filtering lukewarm *basti* was given.

Table 5: Basti Schedule

| Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 |
|-------|-------|-------|-------|-------|-------|-------|-------|
| AB | NB | NB | NB | NB | NB | NB | AB |
| | | AB | AB | | AB | AB | |

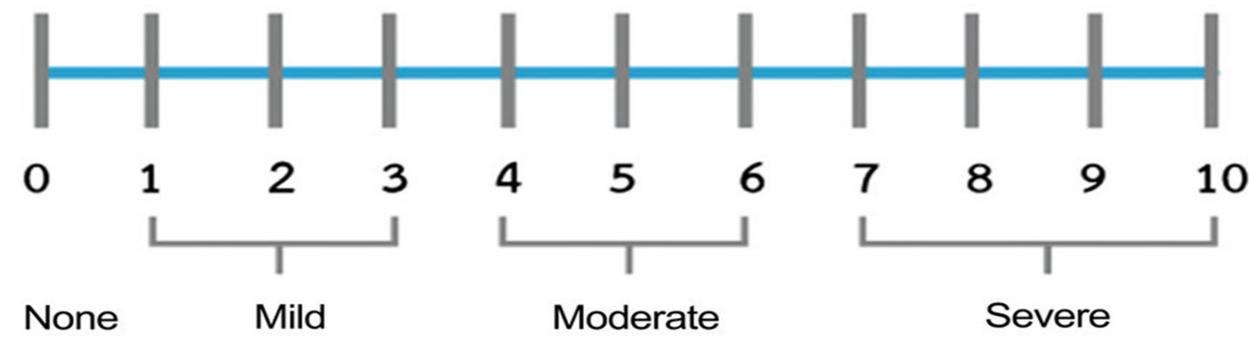
Visual Analogue Scale for Pain Assessment:

Table 6: Assessment before and after treatment

| | Before | After |
|-----------------------|----------------|----------------|
| RA factor | 16 | 12 |
| ESR | 36 mm/hr. | 10mm/hr. |
| Pain Acc to VAS | [7/10] | [3/10] |
| Morning stiffness | up to 1.5hr | up to 5-10 min |
| Swelling | ++ | - |
| Anorexia | ++ | - |
| Alasya | +++ | - |
| Heavyness in the body | Present | Absent |
| Jwar | + | - |
| Sleep Disturbance | Present | Absent |
| SLR | RT: 50° LT:70° | RT: 70° LT:80° |
| Gait | Antalgic | Normal |

Table 7 Differential Diagnosis

| Lakshana/Parameters | Amavata | Sandhigata vata |
|----------------------------|--|--------------------------|
| Dosha | Vata, Kapha pradhan tridoshaj | Vata pradhan |
| Dushya | Rasa dhatu | Rasa dhatu |
| Vyadhi udhbhav | Starting in smaller joint than in bigger joint | In weight bearing joints |
| Ruja/Shotha | Ruja and soth in later stage keval ruja | Keval ruja |
| Jwar Prachhiti | Present | Absent |
| Effect of sthanika snehana | In Initial stages causes aggravation, in later stages useful | Beneficial |

DISCUSSION

According to Differential Diagnosis Symptoms are seen in this case are *Amavata*. So It was treated by above treatment.

Amavata is mainly caused due to *prakupit* of *vata* and *utpatti* of *aama*. *Mandagni* is the main reason of *Aama utpatti*. So At first

Pachan and Dipan aushadhi Chirakadi vati was given to *pachan of aama*. *Nitya virechan* was also given with *Eranda tail* 30ml along with *Ushna Ksheera* 50 ml for 3 days for *Koshtha suddhi*.

Properties of *Eranda taila* is *Madhur rasa*, *Kashay Anurasa*. *Teekshna*, *Sukshma*,

Pichhila, Guru, Sara yukta Guna. This should be helps in *Sroto vishodhan* ,*Vata Kaphahar, Adhobhaga Doshahar, Deepana* and Also use full in *Amavata*.(6) It act as *Anulomak, Deepak and Pachaka.* (7). *Nitya Virechan* is given in *Vata vyadhi* before giving *Basti* or *Shamana Aushadha* for purification of *Koshtha*.

Properties of Ksheer:- *Go Ksheer* is madhur in rasa ,*Snigdha, Guru ,Alpabhishyandi* in *Guna. Sheet Veerya* and *Madhur Vipak.* *Doshagnata* is *Vatapittahar.* It acts as a *Sadhyo virechana.*

Udvartana [8][9]

Udvartana is indicated in *Vataja* and *Kaphaja* disorders, so *Yava* and *Triphala Churna* was selected ,it acts ‘*Kaphavilayana*’ and ‘*Srotoshodhana*’ additionally helps to dissolve the vitiated *Meda Dhatu* and promotes *Agni.* The *Udvartana* is beneficial in *Gauravata, Shoola* and *Aamaja* conditions. Here used *Yava Churna* has properties like *Kashaya rasa, Ruksha Guna* and *Lekhana Karma* and *Triphala Churna* has properties of *Kashaya rasa, Ruksha guna* and *Tridosha Shamaka, Twachya, Medohara* and *Deepaniya.* It acting as *Bahya Rookashana Karma*, through that it is doing *Dosha Vilayana* and increasing *dhatugata agni* , *Vilayana Doshas* start moving towards *Koshtha*; *Nitya*

Virehana has helped in removing much of the doshas after *Udvartana* Procedure; So *Udwartana & Nitya Virechana* had been administred for *rookshana.*

Vaitaran Basti

In *Vaitaran basti* preparaion *Dashmoola taila* mixed with *purana guda* and *saindhav* help in forming the uniform mixture. *Chincha* is *Vata kaphashamaka, Ruksha* and *Ushna guna.* These *guna of chincha* useful for *Amavata, Gomutra* is main content which having *katu rasa,ushna veerya, katu vipaka.* Thus *Vaitarana Basti* is a *Teekshna* , *Ushna* , *Rookshna* , *Kapha – Vatahara Basti* ; *Sukshma gunas* of *Dravya* could be administred through rectal route, and into the *sukshma channels (srotas)* reach *leena doshas* indulged in the *Marma / Asthi / Sandhi (Madhyama Roga marga).* By this therapy *leena dosha* have been taken to *Pakwashaya*; from there they are taken out through rectal route; this produces *Laghavata* in *Sandhi,* Reduces Swelling & Pain intensity, *Niramata* in the *Dhatu.*

Dashmool Shodhan Basti

Dashmoola is Primary treatment of *Vata,* having *tridosh shamak* property. After *Vaitarana Basti, Dashamoola Basti* schedule has been administered; to control the *Vata* aggrevation after *teekshna Basti; Amavata* is the *Kapha/Ama pradhana vyadhi,* so another

course of *Shodhana Basti* is advised ; *Kalka* used for the *basti* is *laghu, tikshna, rooksha* and *ushna guna* and mainly work as a *Dipana, Pachana* and *Tridosha Shamaka* .Due to above *guna* it causes *Rookshanakarma*.; This course has been helped in improvement in Range of movements, brings down stiffness in joints, *Pain & reduced Aama Production* ; *Amavata* is mainly *vyadhi* of *Prakupit aama ,vata and kapha*. So The Property of *Dashmoola Shodhanabasti* has worked in this condition to *nirharan* of *aama* and sympoms of the *Amavata*.

Shaman Chikitsa

1. *Simhanada Guggulu & Sanshamani vati* were given as *shaman* medicine
2. On Discharge Medication *Indukantak Ghreeta* 10ml BD Before food and *Maha Rasnadi Kwath* 50ml BD Before food was given.

CONCLUSION

According to Classical symptoms of *Amavata* and modern investigation we have treated the patient with *Shodhan* and *Shaman chikitsa* which is effective in *Vyadhi shaman*. There is no any adverse effect and aggravation of symptoms was found in patient during and after the treatment. On the bases of result *Vaitran basti & Dashmoola shodhan Basti* and other treatment is

beneficial in relieving the symptoms of the patients and acting as a *rookshana chikitsa* and to achieve *nirama* conditions. If The Large sample study is conducted for longer duration to achieve an accurate conclusion.

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