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# A CASE STUDY TO EVALUATE THE SHOOLAGHAN (ANALGESIC) EFFECT OF VAITARANA BASTI IN THE MANAGEMENT OF AMAVATA

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# ABSTRACT

*Amavata*, an Ayurvedic condition similar to rheumatoid arthritis (RA), is characterized by the accumulation of *Ama* (toxins) and *Vata dosha*, leading to joint pain, swelling, and stiffness. Acharya Chakradatta mentioned treatment modalities for *Amavata* are *Langhana*, *Swedana*, *Tikta*, *Deepana*, *Katu Dravya*, purgatives, intake of *Sneha* and Application of enemas. *Teekshna basti* such as *Vaitarana Basti* is indicated in the treatment of *Amavata* since it possesses qualities like *Amapachana*, *Srotoshodhana* and *Vatakaphahara*. A 26-year-old female patient visited Panchakarma OPD, having pain and swelling in both knee and wrist joints for 3 months, loss of appetite for 2 months and morning stiffness for more than 60 minutes for 2 months. The patient received a course of *Vaitarana Basti* and *Anuvasana Basti* over 16 days, along with *Sthanika Abhyanga* (local oil massage) and *Nadi Swedana* (steam therapy). The treatment resulted in significant reduction in pain, swelling, and tenderness in the affected joints (knees and wrists).

KEYWORDS: Amavata, Rheumatoid Arthritis, Vaitarana Basti.

# INTRODUCTION

In *Amavata, Ama* and *Vata* doshas<sup>[1]</sup> circulate throughout the body, accumulating in joints and causing swelling, pain, and stiffness. Mainly, *Ama* dosha accumulates in the *Sleshma Sthana*. Rheumatoid arthritis (RA), a chronic inflammatory condition that affects both large and minor joints, particularly the hands and feet. In modern parlance, this condition is very similar to rheumatoid arthritis.

In today's life, sedentary lifestyle, physical inactivity and unhealthy diet deplete *Jatharagni*, which leads to formation of ama dosha. After indulge in *Mithya Vihara* this *Ama dosha* start accumulate in joints slowly and when it joins with *Vata dosha* in the *Sleshma Sthana* the disease appear which is characterized by symptoms like joint swelling, soreness, and stiffness.<sup>[2]</sup> In Madhav Nidana pain of *Amavata* is compared with "*Vrischik Dansh Vata Vedana*" because of severity of pain during this disease. Approximately 0.8% of people have rheumatoid arthritis, with prevalences ranging from 0.3% to 2.1%. Generally womens are more prone almost three times than men. The prevalence of rheumatoid arthritis increases with age, while the differences in prevalence between men and women in later age groups decrease. Eighty percent of individuals develop rheumatoid arthritis between the ages of 35 and 50.<sup>[3]</sup> RA most commonly begins in the fourth and fifth decades of life. In modern medicine there is no permanent cure for rheumatological disorder some NSAIDS are there latter stages they develop anaemia in patient prolonged use. Amavata is a specific kind of illness that has been discussed since the time of Madhav Nidhan and is categorized as a Vata- Kaphaja condition. Use of medications having Deepana properties that have Tikta (bitter) and Katu (pungent) Rasas (taste): It is well known that bitter and strong flavors can balance the Kapha and Vata doshas, enhance digestion, and Get rid of Ama. Deepana Pachana drugs help in digestion and metabolism by enhancing Jatharagni (Agni).

# CASE REPORT

A 26-year female patient visited Panchakarma OPD (No.xx573), Rajakiya Ayurveda Anusandhana Kendra, Gulab Bagh, Udaipur, Rajasthan, India, for Ayurvedic treatment. she had pain and swelling in both knee and wrist joints since 3 months, associated symptoms were loss of appetite since 2 months and morning stiffness more than

60 minutes since 2 months for that she took allopathic treatment but did not get satisfactory result, for further management she came to our hospital.

This study was carried out as per ICMR National Ethical Guidelines, and informed consent was obtained from participants prior to the study.

### History of present illness

Four years ago, she was asymptomatic. However, later, she experienced joint pain, particularly in the small joints of hands, accompanied by morning stiffness. Additional symptoms were muscle weakness, dyspepsia, heaviness, weight loss, and reduced appetite. She tried allopathic and homoeopathic treatments, as well as she took occasional analgesics. These treatment provide temporary relief, but after the effect of the medicine wears off, the condition becomes as before.

**History of Past Illness**: No Relevant history of Diabetes Mellitus, Hypertension or any other chronic disease.

Family History: No significant family history.

# Table 1: Personal History.

1. I CISOHui History	•
Marital status	Unmarried
Occupation	Student
Diet	Vegetarian
Appetite	Low
Sleep	Disturbed due to pain.
Bowel	Normal 2 times/day.
Micturition	4-5 times/day.
Addiction	No addiction.
Menstrual history	Normal.

### Table 2: Demographic details.

Age	26 years
Sex	Female
Address	NAAI, Udaipur
OPD	XX573
Occupation	Student
Marital status	Un Married
Socioeconomic status	Middle class
Weight	32 kg
Height	5'

### Schedule of Kala Basti

Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Basti	Α	Α	Ν	Α	Ν	Α	Ν	Α	Ν	Α	Ν	Α	Ν	Α	Α	Α

# Contents of Vaitarana Basti

Saindhava Lavana	6gms
Chincha kalka	30gms
Guda paaka	60ml
Saindhava taila	40ml
Gomutra arka diluted with water	200ml

#### Table 3: vitals examination.

Blood pressure	120/80 mm Hg		
Pulse	72/min		
Respiratory rate	16/min		

# Table 4: Ashtavidha parikshna.

1. Nadi (pulse)	72/min			
2. Mala (stool)	Vibandha (hard stool)			
3. Mutra (urine)	4 to 5 times in a day,			
<i>5. Mutra</i> (urme)	1 to 2 times at night			
4. Jihva (tongue)	Alpa Sama (slightly coated)			
5. Shabda (speech)	Prakrut (clear)			
6. Sparsha (skin)	Samsitosn			
7. Drik (eyes)	Prakrut (natural)			
8. Akriti (posture)	Karush			

### Table 5: Dashavidha pariksha.

	1
Prakruti	Vatpitaj
Vikruti	Dosha-Vatapradhana Tridosha,
νικιαιι	Dooshya- Rasa, Meda, Ashti.
Satwa	Madhyama.
Sara	Asthisara
Samhanana	Madhyama
Pramana	Madhyama
Satmya	Sarva rasa
Aharasakti	Madhyama
Vyayamasakti	Avara
Vaya	26yrs

# MATERIAL AND METHODS

# Treatment plan

Sansaman Ausadh: Shihanad guggul [4] -2tab/3times (15 days) Ajmodadi churna-5gm/2times (15 days) Panchakarma treatment Vaitarana Basti and Anuvasana Basti with Saindhvadi Taila in Kala Basti manner. Vaitarana Basti – 300 ml. Anuvasana Basti with Saindhvadi Taila [5] – 50 ml.

### Purvakarma

Sthanika Abhyanga with Karpasthyadi Taila. Nadi Swedana with Dashmoola Kwatth.

# ASSESSMENT CRITERIA

Table 6: Grading of Sandhishool (pain).

Severity of Pain	Grade
No pain	0
Pain during movement	1
Pain during rest condition, but no disturbance in moving	2
Critical pain during routine activity activity	3

### Table 7: Grading of Sandhishotha (swelling).

Severity of swelling	Grade
No swelling	0
Gently swelling	1
Moderate swelling	2
Stringent swelling	3

#### Table 8: Grading of Sparshasahatwa (Tenderness).

Severity of tenderness	Grade
No tenderness	0
Subjective sensation of tenderness	1
Face winced in response to pressure.	2
When pressure was applied, the face winced, and the affected part withdrew.	3

### **RESULTS AND DISCUSSION**

Observation	Name of joint	BT	AT
Sau dhiah o ol a	Janusandhi	3	0
Sandhishoola	Manibandha	3	0
Sandhishotha	Janusandhi	2	0
	Manibandha	3	1
Smanah agaletu a	Janusandhi	2	0
Sparshasahtwa	Manibandha	2	0

BT: Before Treatment, AT: After Treatment

# DISCUSSION

*Vaitarna Basti* is one of the most effective treatments for *Amavata. Vaitarna Basti* is mentioned in a number of textbooks, including Chakradatta, Vangasena, Vrinda Madhva. The name *Amavata* is a combination of two words, *Ama* and *Vata*, both of which are crucial to the pathophysiology of the disease. The first person to explain the Chikitsa Siddhant for *Amavata* was Chakradatta. which are *Langhana Swedana*, *Tikta*, *Deepana*, *Virechana*, *Snehapana* and *Basti*.<sup>[6]</sup>

### Probable mode of action Vaitarana Basti

Majority of the drugs having *Vata-Kapha Shamaka* action. This feature makes it possible to significantly improve the signs and symptoms of the disease by opposing *Kapha* and *Ama*. He adds that, in the same way that Bhaskara (the sun) draws Bhusara (moisture) from the earth, *Basti* draws *Doshas* from the sole of the foot to the head and transports them to *Pakvashaya*. The *Tikshna Guna* of *Basti* helps in overcoming the *Srotodushti* due to 'Sanga'.

# CONCLUSION

*Basti* is considered as *Ardha chikitsa* in Ayurveda<sup>[7]</sup> Acharya Chakradatta has mentioned *Vaitarana Basti* in *Niruha Adhikara*<sup>[8]</sup> and Vangasena mentioned it under *Basti Adhikara*.<sup>[9]</sup> *Basti* is considered as main treatment for diseases caused by *Vata Dosha. Amavata* is predominantly vitiated, with *Ama* developing due to *Mandagni* and other contributing factors, *Amavata* is mainly constituted of *Vata* and *Kapha Doshas*. Thus, the treatment selected should be having the capacity to correct vitiated *Vata, Kapha* and *Ama. Vaitarana Basti* is one type of *Teekshna Basti* that helps to restore vitiated Vata, Kapha, and Ama. For this reason, it helps in cure Amavata.

### REFERENCES

- 1. Agnivesha, Charaka Samhita, Acharya Yadavji Trikamji, Chaukhamba Publication, Varanasi, 2001; 705.
- 2. Tripathi B, editor. Madhav Nidana of Madhavkara, Vol. 1, Ch. 25, Ver. 6. Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan, 2006; 572.
- 3. Churchill Livingstone, Davidson's Principle and Practice of Medicine. 19th ed.: Elsevier Publication, 2002; 1002–7.
- 4. Kaviraj Govind Das Sen, Bhaishajya Ratnavali, with elaborated Vidyotini Hindi commentary by Kaviraj Shri Ambikadutt Shastri Ayurved Acharya. Chaukhamba Sanskrit Sansthan, Varanasi. Chapter 444 2020; 29–181.
- 5. Sen GD. Bhaisajya Ratnawali with Hindi Commentary by Professor Siddhi Nandan Mishra. Amavata Chikitsa Adhyaya-29. Varanasi: Chaukhambha Subharti Prakashan, 1987; 612.
- Dnyaneshwar K J. An Ayurvedic Management of aamvata: a case study. Ortho & Rheum Open Access J., 2018; 13(2): 555860.
- 7. Vagbhata, Astanga Hrudaya with commentaries Sarvanga Sundari of Arunadatta and Ayurveda Rasayana of Hemadri, Varanasi, Chaukambha Sanskrit sansthan, 2012; 285.
- 8. Chakradatta Sri Chakrapanidatta with the Vaidayaprabha Hindi commentary Dr. Indradeva tripathi, Editor Prof. Ramanath dwivedy. Reprint, 2019, Varanasi, Chaukhambha sanskrit bhawan, Niruha adhikar, 29-31.
- 9. Rajiv Kumar Roy, Vangasena Samhita with Chikitsasara Sangraha commentary. Varanasi: Praaccya Prakashana, Edition 2016. Bastikarma Adhikarana, shloka no 179-181, 178-191.