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A SYSTEMATIC REVIEW ON THE ROLE OF *VIRECHANA KARMA* AND *VAITARANA BASTI* IN THE MANAGEMENT OF *AMAVATA*

Dr. Ghanshyam Beniwal*[1], Dr. Divya Gupta[2], Dr. Rajeev Kumar Pandey[3]

[1]P.G. Scholar P.G. Department of Panchkarma Madan Mohan Malviya Govt. Ayurved College Udaipur.
[2]Lecturers P.G. Department of Panchkarma Madan Mohan Malviya Govt. Ayurved College Udaipur.
[3]Associate Professor P.G. Department of Panchkarma Madan Mohan Malviya Govt. Ayurved College Udaipur.

***Corresponding Author: Dr. Ghanshyam Beniwal**

P.G. Scholar P.G. Department of Panchkarma Madan Mohan Malviya Govt. Ayurved College Udaipur.

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ABSTRACT

Background: *Amavata*, described in *laghutrayi*, is a condition closely resembling rheumatoid arthritis in modern medicine, characterized by the accumulation of *ama* (toxins) in the joints, resulting in pain, swelling, and stiffness. *Virechana Karma* (purgation therapy) and *Vaitarana Basti* (medicated enema) are panchakarma therapies used in the management of *Amavata*. These therapies aim to remove *ama* from the body, balance *Vata dosha*, and reduce inflammation in the joints. This systematic review, conducted following the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guideline. **Objective:** To evaluate the scientific evidence supporting the use of *Virechana Karma* and *Vaitarana Basti* in the management of *Amavata* based on clinical studies. **Methods:** A systematic review was conducted using PRISMA guidelines, which involved PubMed, Google Scholar, AYUSH Research Portal, and other relevant databases. Inclusion criteria were clinical studies, randomized controlled trials (RCTs), case report published between 2015 and 2024, which reported the use of *Virechana Karma* and *Vaitarana Basti* in *Amavata* management. Studies not meeting these criteria were excluded. **Results:** A total number of 20 studies were included in this. Evidence indicates that both therapies provide significant relief in pain, inflammation, joint stiffness. *Virechana* primarily work on *Pitta* and *ama* through its property, while *Vaitarana Basti* targets *Vata dosha* and reducing stiffness and promoting joint mobility.

INTRODUCTION

The term *Amavata* is derived from two words, *Ama* and *Vata*, and, according to Ayurvedic principles, the disease develops through the interaction of *Ama* and aggravated Vata Dosha. It is described as a disorder involving the *Madhyama Roga Marga*. According to the Ayurvedic explanation of its pathogenesis, Ama is carried throughout the body by Vayu and may accumulate in susceptible sites of the joints, known as Khavaigunya, leading to the manifestation of *Amavata*. Madhavakara described *Amavata* as a distinct disease entity in the *Madhava* Nidana, discussing its etiological factors (Nidana), prodromal symptoms (*Purvarupa*), clinical features (Rupa), alleviating and aggravating factors (*Upashaya* and *Anupashaya*), and pathogenesis (*Samprapti*).[1]

Rheumatoid arthritis (RA) is a chronic systemic autoimmune inflammatory disease that primarily affects synovial joints. It commonly presents with joint pain, swelling, tenderness, and stiffness, particularly involving the small joints of the hands and feet, although other joints may also be affected.[2] RA occurs more frequently in women than in men, and its prevalence varies across populations and geographical regions. Recent estimates based on Global Burden of Disease data indicate a higher prevalence burden among women than men in India.[3]

1.1 BACKGROUND AND RATIONALE

Amavata is an important disease described in Ayurvedic literature, in which the interaction of *Ama* and aggravated *Vata* Dosha is considered central to its pathogenesis. According to *Ayurvedic* principles, *Ama* develops due to impaired digestion and metabolism and may accumulate in the joints when favourable pathological conditions, known as *Khavaigunya*, are present. The characteristic clinical manifestations of *Amavata* include joint pain (*Sandhi Shoola*), swelling

(*Sandhi Shotha*), stiffness (*Sandhi Graha*), and restricted joint movements. The pain may resemble a scorpion sting, described in classical terminology as *Vrischikadanshavat* Vedana. These manifestations can interfere with daily activities and adversely affect functional capacity and quality of life.[4]

Virechana Karma is a classical Panchakarma procedure involving therapeutic purgation. In Ayurveda, it is primarily associated with the elimination of aggravated Pitta Dosha and is administered according to the patient's clinical condition, digestive status, strength, and suitability for the procedure.[5] Its potential role in *Amavata* should be evaluated in the context of the classical principles of Shodhana Chikitsa and the clinical evidence available for this indication. The use of *Virechana Karma* as a treatment for *Amavata* should be supported by specific classical references and clinical studies rather than inferred solely from its general association with *Pitta*-related disorders.

Vaitarana Basti is a specialized form of medicated enema described in Ayurvedic literature, particularly in the management of conditions involving *Vata Dosha* and *Ama*. Classical descriptions of this procedure are available in texts such as *Chakradatta* and *Vangasena* Samhita. Its traditional formulation includes ingredients such as Saindhava *Lavana* (rock salt), *Guda* (jaggery), *Amlika* (tamarind), and *Gomutra* (cow's urine), although the exact composition and preparation should be verified against the particular classical source being cited.[6] *Vaitarana* Basti has also been investigated in clinical studies involving patients with *Amavata*, including studies reporting changes in joint-related symptoms.[7,8]

The combined use of Virechana Karma and Vaitarana Basti provides a rationale for clinical investigation because the procedures have distinct therapeutic roles within the Ayurvedic framework. Virechana Karma involves therapeutic elimination through the gastrointestinal tract, whereas Vaitarana Basti is administered through the rectal route and is traditionally intended to address disorders involving Vata and Ama. Their combined effects may be investigated through systematic assessment of pain, joint stiffness, swelling, functional status, disease activity, and adverse events. However, the assumption that these procedures act synergistically or directly reduce inflammation requires confirmation through appropriately designed clinical studies.

Despite their traditional use, the clinical evidence for these interventions needs critical evaluation to determine the consistency of reported outcomes, the methodological quality of available studies, and the safety of treatment. A systematic review of studies evaluating *Virechana Karma* and *Vaitarana Basti* in *Amavata* can help identify the current evidence base, highlight methodological limitations, and establish priorities for future research. Such an assessment may contribute to an evidence-informed understanding of these Ayurvedic interventions while distinguishing classical therapeutic principles from effects demonstrated through modern clinical research.

1.1 OBJECTIVES

The primary objective of this systematic review is to evaluate the available clinical evidence regarding the role of Virechana Karma and Vaitarana Basti in the management of Amavata, with particular emphasis on changes in clinical symptoms, quality of life, functional outcomes, and potential mechanisms of action where these have been investigated.

2. METHODS

2.1 Eligibility Criteria

Inclusion criteria

The following studies were considered eligible for inclusion

1. Studies investigating *Virechana Karma, Vaitarana Basti*, or their combined use in the management of Amavata, including studies referring to rheumatoid arthritis as a clinical correlate.
2. Clinical trials, randomized controlled trials (RCTs), cohort studies, observational studies, and case reports or case series.
3. Studies published in English or available in a reliable English translation.
4. Studies reporting relevant clinical outcomes, such as pain, joint stiffness, swelling, functional status, quality of life, disease activity, or adverse events.

Exclusion criteria

Studies were excluded if they met any of the following conditions

1. They did not investigate *Amavata* or the Ayurvedic interventions specified in the review.
2. They were editorials, opinion articles, conference abstracts without sufficient data, or other publications lacking adequate clinical information.
3. Their full text or essential study data could not be accessed for evaluation.
4. They had major methodological limitations that prevented meaningful interpretation of their findings, based on the review's predefined quality-assessment criteria.

2.2 Information Sources

Relevant literature was searched in PubMed, Google Scholar, the AYUSH Research Portal, and the Cochrane Library. Additional searches were conducted in relevant Ayurveda and integrative medicine journals, including the Journal of Ayurveda and Integrative Medicine and other peer-reviewed journals publishing research on Panchakarma and Amavata.

2.3 Data Extraction

Data were extracted from each eligible study using a structured approach. The information collected included the authors' names, year of publication, study design,

sample size, participant characteristics, diagnostic criteria, intervention details, treatment duration, dosage, and relevant co-interventions. Outcome data included reported changes in pain, joint stiffness, swelling, functional status, quality of life, and inflammatory markers, where assessed. Information on adverse events, study limitations, and other findings relevant to the effectiveness and safety of the interventions was also recorded.

1.1 Study Selection and Characteristics

The study-selection process should be reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines. The number of records identified through database searches, duplicates removed, articles screened, full-text reports assessed, and studies ultimately included should be presented in a PRISMA flow diagram.[9]

The characteristics of the included studies should be summarized in a table, covering publication year, study design, sample size, participant characteristics, diagnostic criteria, intervention details, treatment duration, outcome measures, and follow-up period. Particular attention should be given to whether studies investigated Virechana Karma alone,Vaitarana Basti alone, or these procedures alongside other Ayurvedic interventions. This distinction is essential when interpreting treatment outcomes and determining whether the observed effects can be attributed to an individual procedure or a combined treatment regimen.

1.2 Efficacy of Virechana Karma and Vaitarana Basti

1.2.1 Virechana Karma

Virechana Karma is a classical Shodhana procedure that involves therapeutic purgation. Within the Ayurvedic framework, it is primarily associated with the elimination of aggravated *Pitta Dosha*. Its application in *Amavata* may be examined in relation to the classical concepts of *Ama*, *Agni*, *Dosha*, and *Srotas*.[10]

In the management of Amavata, the therapeutic rationale for Virechana Karma may be understood through the stages of Langhana, Swedana, appropriate dietary measures, and Deepana-Pachana, followed by Shodhana when clinically indicated. According to classical Ayurvedic principles, these preparatory measures are intended to facilitate the movement of *Dosha* from the *Shakha* towards the *Koshtha*, where elimination may occur through the appropriate therapeutic route. The concept of *Nirama Avastha* is also relevant when determining the patient's suitability for subsequent treatment.

Classical Ayurvedic explanations further associate *Ama* with impaired digestive and metabolic processes and describe interactions among *Agni*, *Pitta Sthana*, and *Kapha* Dosha. These concepts provide a traditional rationale for investigating *Virechana Karma* in *Amavata*. However, they should not be interpreted as direct evidence that purgation eliminates a biomedical toxin or removes a specific inflammatory mediator.

Clinical studies evaluating *Virechana Karma* in *Amavata* have investigated changes in joint symptoms, stiffness, swelling, range of movement, and laboratory parameters.[11,12] These findings should be summarized using the actual outcome data reported in each eligible study. Where measured, erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), rheumatoid factor, and other inflammatory or disease-associated markers may provide additional information. Such markers must be interpreted alongside clinical findings because a change in an individual laboratory parameter does not, by itself, establish disease control or modification.

1.2.2 Vaitarana Basti

Vaitarana Basti is a specialized form of Niruha Basti described in Ayurvedic literature. Its classical formulation includes ingredients such as Saindhava Lavana, Guda, Chincha, and Taila, together with an appropriate liquid component as specified in the relevant classical source.[13] The exact formulation and preparation procedure should be documented according to the protocol used in each clinical study.

From an Ayurvedic perspective, Vaitarana Basti is employed in conditions involving Vata Dosh and Ama. Its potential role in Amavata can be investigated by evaluating changes in joint pain, swelling, stiffness, tenderness, grip strength, and range of movement. Clinical studies have examined Vaitarana Basti either as an individual intervention or in combination with oral Ayurvedic medicines.[14,15] Consequently, improvements reported in combination-treatment studies cannot necessarily be attributed to Vaitarana Basti alone.

The available clinical findings should be assessed according to study design, sample size, treatment duration, comparator group, outcome-assessment methods, and follow-up. Any reported improvement in joint function or disease activity should be described with reference to the corresponding study and its limitations. Similarly, claims of reduced joint deformity should only be made when structural outcomes have actually been measured over an appropriate period.

1.3 Adverse Events and Safety

The safety of *Virechana Karma* and *Vaitarana Basti* is an important component of their clinical evaluation. Potential concerns associated with therapeutic purgation include diarrhoea, abdominal discomfort, dehydration, and electrolyte disturbances. Enema-based procedures may cause abdominal discomfort, urgency, or local irritation. These are potential procedure-related concerns and should not be presented as adverse events observed in the included studies unless the investigators specifically reported them.

For each study, the review should record the number and nature of adverse events, their severity, the number of participants affected, and whether treatment discontinuation or additional medical care was required. The absence of reported adverse events should not automatically be interpreted as proof of safety, particularly when studies have small sample sizes or inadequate adverse-event monitoring.

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