

## ROLE OF KSHARA BASTI IN THE MANAGEMENT OF AMAVATA W.S.R. TO RHEUMATOID ARTHRITIS - A SINGLE CASE STUDY

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### ABSTRACT

*Amavata* is a disease characterized by the involvement of morbid *Ama*, *Vata*, *Pitta*, and *Kapha dosha*. When a person endowed with *mandagni* and if indulges in the specific etiological factors such as *viruddha ahara*, *viruddha cheshta* etc. leads to the formation of *Ama* which gets provoked by morbid *Vata dosha* and mobilized to different *kapha sthanas* resulting in the formation of *Amavata*. *Amavata* mimics Rheumatoid arthritis in modern parlance. The worldwide prevalence of this disease is approximately 0.8% (0.3% to 2.1%) of the population. In India the prevalence of Rheumatoid Arthritis is 0.5% to 0.75%. In modern science there is no cure for this particular disease. Ayurveda has got great role in treating the disease *Amavata*. *Teekshna Basti* such as *Kshara Basti* is indicated in the treatment of *Amavata* since it possesses qualities like *Amahara*, *Vatahara* and *Kaphahara*. Here a case report on *Amavata* has been discussed along with its effective management with *Kshara Basti*.

**Keywords:** *Amavata*, *Kshara Basti*, Rheumatoid Arthritis.

### INTRODUCTION

*Amavata* is one of the crippling diseases. It is not only a disorder of locomotor system, but also a systemic disease and named after its chief pathogenic constituents, which are *Ama* and *Vata*. *Amavata* is a condition explained in *Laghutrayees*. Madhavakara is the first one to explain about this disease. *Mandagni* plays a key role in the manifestation of disease. Here vitiation of *Vata dosha* takes place along with *Ama*. Vitiating *Vata* circulates the *Ama* all over the body through *Dhamanis*, takes shelter in the *Shleshma Sthana* producing symptoms such as stiffness, swelling and tenderness in small and larger joints of the body, making

a person lame. The features of *Amavata* are much identical to Rheumatoid Arthritis. Rheumatoid arthritis (RA) is a chronic inflammatory disease of unknown etiology marked by a symmetric, peripheral polyarthritis. It is the most common form of chronic inflammatory arthritis and often results in joint damage and physical disability. Because it is a systemic disease, RA may result in a variety of extra articular manifestations, including fatigue, subcutaneous nodules, lung involvement, pericarditis, peripheral neuropathy, vasculitis and hematologic abnormalities. There is no cure for RA, but there are treatments that

can help to manage the pain and control the inflammatory response which can in many cases result in remission. Decreasing the inflammation can also help to prevent further joint and organ damage. The incidence of RA increases between 25 and 55 years of age, after which it plateaus until the age of 75 and then decreases. Rheumatoid Arthritis affects approximately 0.5-1% worldwide. There is evidence that the overall incidence has been decreasing in recent decades, whereas the prevalence has remained the same. A Global prevalence rate of Rheumatoid Arthritis with genetic associations in India is 0.1-0.4%. It occurs more commonly in females than males, with a 2-3:1 ratio. Basti is considered as prime line of treatment for diseases due to the vitiation of Vata dosha. Here in the samprapti of Amavata Ama and Kapha dosha are involved. Amavata is a vyadhi having Bahudoshawastha, where Kapha, Vata, Pitta dosha are predominantly involved. Its Udbhavasthana is Amapakwashaya, Vyaktasthana is Sandhi. So, the therapeutic approach should be on correction of vitiated Vata dosha, Kapha dosha, Amadosha and of course the treatment of Agni viz. Pitta. Hence a multifaceted approach is required in the treatment of Amavata. Basti is one such Shodhana procedure having multifaceted approach. Simultaneously Basti also considered as the treatment of excellence among the Panchakarmas. Kshara Basti is a major treatment modality in case of Amavata which helps in tackling Vata, Kapha and Ama. Here a case of 66 years old male diagnosed with Amavata is dis-

cussed who was treated with Kshara Basti and effective result was obtained.

### Case Report

A 66 years old male patient presented with multiple joint pain since 1 year associated with swelling over joints and morning stiffness.

Detailed history: A 66 years old male patient not a known case of Diabetes Mellitus and Hypertension was said to be apparently healthy before 1 year. Gradually he developed with pain in bilateral Shoulder joints which was radiating to hands, pain in bilateral wrist joints, fingers of both hands, pain in bilateral Ankle joints and toes of both feet. Pain is associated with swelling. Patient was also complaining of morning stiffness. During winter season there was aggravation of pain. For the same complaints he approached Allopathic hospital and underwent treatment. In the beginning pain got reduced due to Analgesic medication and later again there was severe aggravation of pain. For further management he approached our Hospital.

### Examination

General examination: Built: Moderate, Pallor: +, Icterus: Absent, Cyanosis and clubbing: Absent, Lymphadenopathy: Absent, Tongue coating: ++, Pulse rate: 72 beats/min, Respiratory rate: 18/min, Blood pressure: 130/80 mm of hg, Systemic examination: Respiratory system: NAD, Cardiac system: NAD, Central nervous system: NAD, Cranial nerves: Intact, Musculo-skeletal system examination:

**Table 1:** Assessment of symptoms

Joint Involved	Pain	Swelling	Stiffness	Redness	Tenderness	Warmth
Shoulder joints	Rt-3	Rt-2	Rt-2	Rt-2	Rt-3	Rt-2
	Lt-3	Lt-2	Lt-2	Lt-2	Lt-3	Lt-2
Wrist joints	Rt-3	Rt-3	Rt-3	Rt-3	Rt-3	Rt-3
	Lt-3	Lt-3	Lt-3	Lt-3	Lt-3	Lt-3
Meta carpal joints	Rt-3	Rt-3	Rt-3	Rt-3	Rt-3	Rt-3
	Lt-3	Lt-3	Lt-3	Lt-3	Lt-3	Lt-3
Interphalangeal joints	Rt-3	Rt-3	Rt-3	Rt-3	Rt-3	Rt-3
	Lt-3	Lt-3	Lt-3	Lt-3	Lt-3	Lt-3
Ankle joints	Rt-3	Rt-3	Rt-2	Rt-2	Rt-3	Rt-2
	Lt-3	Lt-3	Lt-2	Lt-2	Lt-3	Lt-2
Meta tarsal joints	Rt-3	Rt-3	Rt-2	Rt-2	Rt-3	Rt-2
	Lt-3	Lt-3	Lt-2	Lt-2	Lt-3	Lt-2

Note:

Grading of Symptoms:

1. Pain in the joints:
• No pain -0
• Mild (on motion only) - 1
• Moderate (at rest) - 2
• Severe (wakes patient from sleep) - 3

2. Morning stiffness (duration in hours):
• 0-5 min. -0
• 5 min. - 2 hrs. -1
• 2 - 8 hrs. -2
• 8 hrs. or more -3

3. Swelling in the joints:
• Absent- 0
• Mild -1
• Moderate- 2
• Severe- 3

4. Redness:
• Absent- 0
• Mild- 1
• Moderate- 2
• Severe- 3

5. Warmth:
• Absent- 0
• Mild- 1
• Moderate- 2
• Severe- 3

6. Tenderness in the joints:
• No tenderness- 0
• Says tender- 1
• Patient winces-2
• Winces and withdraws- 3
• Not allowed to be touched- 4

**Diagnostic criteria:**

Based on European league against Rheumatism/ American College of Rheumatology 2010 Criteria

Score obtained – 10

Patient with a score of 6 or more than 6 are considered to have definite RA.

DIAGNOSIS: Amavata/ Rheumatoid Arthritis.

**Intervention**

Following procedures were done for a period of 7 days.

- Kshara Basti – In Kaala Basti format
- Alepa
- Dhanyamladhara

**Results:** Effective result was obtained in terms of remission of symptoms and improvement in haematological parameters.

**Table 2:** Showing symptomatic improvement

JOINT INVOLVED	PAIN	SWELLING	STIFFNESS	REDNESS	TENDERNESS	WARMTH
Shoulder joints	Rt-1	Rt-0	Rt-0	Rt-0	Rt-0	Rt-0
	Lt-1	Lt-0	Lt-0	Lt-0	Lt-0	Lt-0
Wrist joints	Rt-1	Rt-0	Rt-1	Rt-1	Rt-1	Rt-0
	Lt-1	Lt-0	Lt-1	Lt-1	Lt-1	Lt-0
Metacarpal joints	Rt-1	Rt-0	Rt-1	Rt-1	Rt-1	Rt-0
	Lt-1	Lt-0	Lt-1	Lt-1	Lt-1	Lt-0
Interphalangeal joints	Rt-1	Rt-0	Rt-1	Rt-1	Rt-1	Rt-0
	Lt-1	Lt-0	Lt-1	Lt-1	Lt-1	Lt-0
Ankle joints	Rt-1	Rt-0	Rt-1	Rt-0	Rt-1	Rt-0
	Lt-1	Lt-0	Lt-1	Lt-0	Lt-1	Lt-0
Metatarsal joints	Rt-1	Rt-0	Rt-1	Rt-0	Rt-1	Rt-0
	Lt-1	Lt-0	Lt-1	Lt-0	Lt-1	Lt-0

## Blood Investigation:

**Table 3:** Showing improvement in haematological parameters.

Blood parameters	Before treatment	After treatment
Haemoglobin	9.75 gm%	10.25 gm%
ESR	130 mm/ 1hr.	68 mm/ 1hr.
RA Factor	126 IU/ml	91.2 IU/ml
C reactive protein	120 mg/L	44.8 mg/L
ASO titer	NEGATIVE	NEGATIVE

## DISCUSSION

'Agni' has got much importance in the pathogenesis of *Amavata* as well in the treatment. Without the *Agni Pariksha* the treatment modality in *Panchakarma* are incomplete. *Panchakarma* procedures have impact on *Dosha*, *Dushya*, *Agni*, *Mala*, *Srotas* and *Udbhavasthana* of the diseases. In case of *Basti* the impact is different when compare to *Vamana* and *Virechana*.

Among *Snehadi karmas Basti karma* is considered as prime modality of treatment. It has multifold actions like *Vajikarana*, *Brimhana*, *Bala varnakara*, *Ayushya* etc. This multifaceted action of *Basti* can be attributed to the permutation and combination of the drugs used for preparing *Basti dravya*. *Basti* is useful in the treatment of *Vata*, *Pitta* and *Kapha dosha* vitiation and even in the derangement of *Rakta dhatu*. Vitiation of *Vata dosha* is considered as the *moola* for the manifestation of diseases in *Shakha*, *Koshta*, *Marma pradesha*, *Urdhwa shareera* and *Sarvaavayava* of *shareera*. *Vata* is responsible for dislodgement or combination of *Vit*, *Mutra*, *Pitta* and *Kapha*. So, vitiation of *Vata dosha* is responsible for disease manifestation. There is no other treatment than *Basti* in the management of vitiated *Vata dosha*. Hence *Basti* is considered as *Ardha Chikitsa* and according to some as *Sampoorna Chikitsa*.

*Amavata* being a disease having the predominance of morbid *Kapha* and *Ama* running in *Shleshmasthan*, requires potent *Vatahara*, *Kaphahara* and *Rasayana* procedure through which disease may be controlled. According to *Chakradatta Kshara Basti* is considered as the main line of treatment for *Amavata*. *Kshara Basti* is formulated using *Amlika*, *Gomutra*, *Guda*, *Shatahva*, and *Saindhava lavana*. It is having *teekshna guna* which helps in combating vitiation of *Kapha* and

*Ama*. In *Kshara Basti Sneha* is not mentioned in the text. But in *Shivadasa Sen* commentary on *Chakradatta*, opinion of *Chandrata* is, in *Niraavarana* or *Shuddha Vata* condition one pala of *Sneha* should be added. In *Aavarana* the *Basti* can be administered without adding *Sneha dravya*. Here *Basti* exhibits its mode of Action in terms of *Vatahara*, *Kaphahara* and *Amahara*. *Alepa* and *Dhanyamladhara* were advised along with *Basti*. *Alepa* is prepared out of *Ushna veerya dravyas* like *Haridra*, *Sarshapa*, *Lashuna*, *Lavanga*, *Maricha* and *Vatahara* leaves. This helps in attaining *Niramavastha*. *Dhanyamladhara* is another procedure employed here which helps in relieving stiffness, pain. Thus, these two procedures showed its action by giving symptomatic relief along with *Kshara Basti*. *Kshara Basti* is not only having its action by relieving pain etc. symptoms but its main action is over root cause of the disease. The main action of *Basti* is attributed to the *veerya* of the drugs. The *veerya* of *Basti* from *Pakwashaya* spreads all over the body in the same manner as the water poured at roots of tree reaches up to the leaves.

## CONCLUSION

*Basti* is considered as main line of treatment for diseases caused due to vitiation of *Vata Dosha*. *Amavata* is a disease of *Tridosha* involvement where in *Vata* and *Kapha Dosha* is predominantly vitiated along with the formation of *Ama* due to *mandagni* and other causative factors. Thus, the treatment selected should be having the capacity to tackle vitiated *Vata*, *Kapha* and *Ama*. *Kshara Basti* helps in this case. *Kshara Basti* is a type of *Teekshna Basti*, which helps in mitigating vitiated *Vata*, *Kapha* and *Ama*. Thus, helps in treating the disease *Amavata*.

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