

VERSATILITY OF VAITARANA BASTI-A RETROSPECTIVE STUDY

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ABSTRACT

Vaitarana basti is a type of *shodhana basti*, which has been indicated by authors after the period of *brihatrayi*. The indications mentioned by *Vangasena* highlights its importance which includes a wide range of conditions like *Katiprishta shotha*, *Shula*, *Vata vyadhis*, chronic *Urusthamba*, *Gridhrasi*, *Janu sankocha*, *vishmajwara* & *Klaibya*. The name *vaitarana* itself signifies the name of a river which can bring back dead to live. **Aim and Objective** 'S: To understand the utility of *vaitarana basti* in various disorders in terms of its efficacy. **Materials and Methods**: The clinical data of 100 patients from 2014-2016 treated by single consultant from the Department of Panchakarma KLE's Shri BMK Ayurveda Mahavidyalaya Belgavi Karnataka. **Study Design**: A retrospective analysis **Results & Conclusion**: *Vaitarana basti* showed significant result in *sandigata vata*, *amavata*, *gridhrasi*, *katigraha*, hyperuricemia with associated conditions and Paraplegia/RTA induced.

Keywords: *Vaitarana Basti*, *Shodhana basti*, *Brihatrayi*, *Urusthamba*, *Klaibya*, *Janu sankocha*

INTRODUCTION

Basti is considered as *ardha chikitsa*,¹ because there is no remedy to treat the aggravated *vayu*. It is the responsible factor to cause diseases in *shakha*, *koshthadi rogamargas*. Collection, production and excretion of stool, urine, semen etc and *Samhanana* (collection), *Samvahana* (transportation) of *pitta*, *kapha*, *rasa*, *raktadi dhatus* are also under the control of *vata*.³

Basti not only cures *Vatavikaras* but also an important measure to treat *pitta* and *shleshma vikaras* and *rakta samsargaja vyadis*.⁴ It contains *kashya dravya* prepared by using several drugs and it is al-

ways inserted in warm condition. These factors are quite enough to influence the primary afferent neurons and here by enteric nervous system.⁵ *Basti dravya* by its direct action over nerve endings can control the whole body by influencing hormonal secretion,⁶ the drugs may also be transported to the circulation by local veins and lymphatic's and thus mitigates the disease elsewhere in the body⁷.

The retrospective analysis shows that *Vaitarana basti* is mainly practiced in *Amavata*, *Katigraha*, Central canal stenosis and *Gridhrasi*, even in certain rare disorders like Multiple sclerosis.

Amavata is a disease of chronic joint pain associated with swelling, stiffness, fever, general debility, *aruchi*, *trishna*, *alasya*, *gaurava*, *klama* and in the later stage *vrishchika damshvath vedana*⁸. It can be compared with Rheumatoid arthritis which is a common autoimmune systemic inflammatory disease affecting approximately 1% of the world's population⁹. Non steroidal anti-inflammatory drugs are the mainstay of treatment in this condition but they have adverse effect hence *vaitarana basti* is the best conventional practice¹⁰. Moving to the Low back ache, it is 1 among the top 10 diseases¹¹. Sciatica is relatively a common condition with lifetime incidence of an episode ranges from 1% to 5 %¹² and *Vaitarana basti* is found efficacious in all these disorders both in subjective and objective parameters. *Vaitarana basti* resembles *kshara basti* but the advantage is its indication in *avara bala rogi*. As it contains the *ishat taila* which prevents *vata prakopata*, which might occur due to aggressive *shodhana*¹³. Hence it is a safe form of *shodhana basti*. On the other hand the unique combination makes it beneficial in *samsargaja vyadhi* and *avaranajanya vata vikara*.

MATERIALS AND METHODS:

STUDY DESIGN: Retrospective analysis

SOURCE OF DATA:

The clinical data of the year 2014-2016 treated by the Dept of Panchakarma KLE's Shri B.M.K Ayurvedic hospital and Research Center Shahapur, Belgavi was scrutinized, in this whole data 100 patients, *Sandigata vata* 22, *Katigraha/katishoola* 8, *Amavata* 24, *Gridhrasi* 23, *Stoulya* with *Sandivata* 10, Hyperuricemia with associated conditions 8, Paraplegia/RTA induced 2, who have undergone *vaitarana basti* was statistically analyzed.

Ingredients of *Vaitarana basti* (Acc to *chakradatta*) :
14

- Oil- little quant
- Gomutra*- 1 *kudava*
- Saindava lavana*- 1 *karsha*
- Guda*- 1 *shukti*
- Amlika kalka*- 1 *pala*

In practice:

- Guda* 20 gm
- Lavana*- 12 gms
- Murchita tila taila* – 60 ml
- Chincha jala*- 150 ml
- Kalka* 40 gm

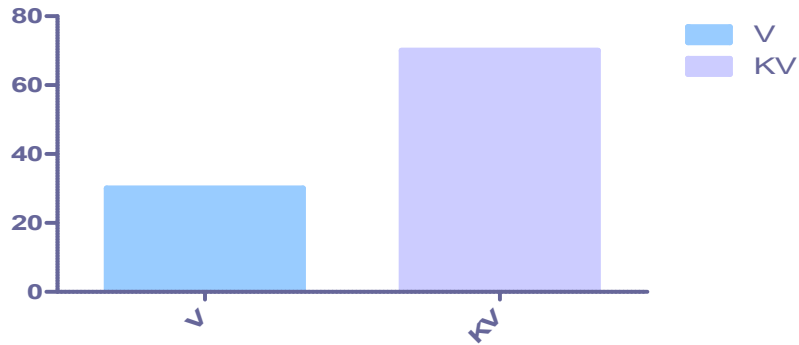
SANDIGATA VATA:

Number of patients treated with *vaitarana basti*: 22
% of improvement-
Vataja-30%
KaphaVataja-70%

Table 1: Sandigata Vata Assessment Criteria

<i>Sandishula</i> score	<i>Sandishotha</i>	<i>Sandigraham</i>	<i>Sparshya asahyata</i>	<i>Akunchana prasarana janya vedana</i>	<i>Sandi sputana</i>
No pain – 0	No swelling - 0	No Stiffness - 0	No tenderness - 0	No pain – 0	No crepitus - 0
Mild pain – 1	Slight swelling – 1	Mild stiffness – 1	Patient says tenderness – 1	Pain without winching of face – 1	Palpable crepitus - 1
Moderate pain but no difficulty in walking – 2	Moderate swelling – 2	Moderate stiffness – 2	Winching of face on touch – 2	Pain with winching of face – 2	Audible crepitus - 2
Slight difficulty in walking due to pain – 3	Severe Swelling – 3	Severe difficulty due to stiffness - 3	Does not allow to touch the joint – 3	Prevent complete flexion – 3	
Severe difficulty in walking - 4				Does not allow passive movement - 4	

GRAPH 1: IMPROVEMENT IN SANDIGATA VATA AS PER DOSHIC INVOLVEMENT



KATIGRAHA /KATISHOOLA:

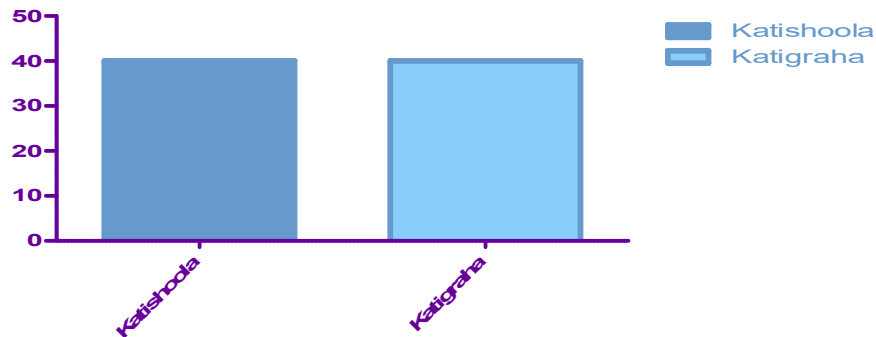
- Number of patient treated with *Vaitaranbasti*- 8
- Percentage of relief

Katishoola- 40%
Katigraha-40%

TABLE 2: ASSESSMENT CRITERIA FOR KATISHOOLA/KATIGRAHA

<i>Sandishula</i> score	Tenderness	Sandi graham
No pain – 0	The joint is non tender – 0	No Stiffness – 0
Mild pain – 1	Patient says tenderness – 1	Mild stiffness – 1
Nagging, Uncomfortable, Troublesome 2	Winching of face on touch – 2	Moderate stiffness – 2
Distressing, miserable pain – 3	Grabs on touching the joint – 3	Severe difficulty due to stiffness – 3
Intense, dreadful, horrible- 4	Patient not allowed to touch the joint-4	Severe stiffness more -4

GRAPH2: IMPROVEMENT IN *KATIGRAHA/KATISHOOLA*



AMAVATA:

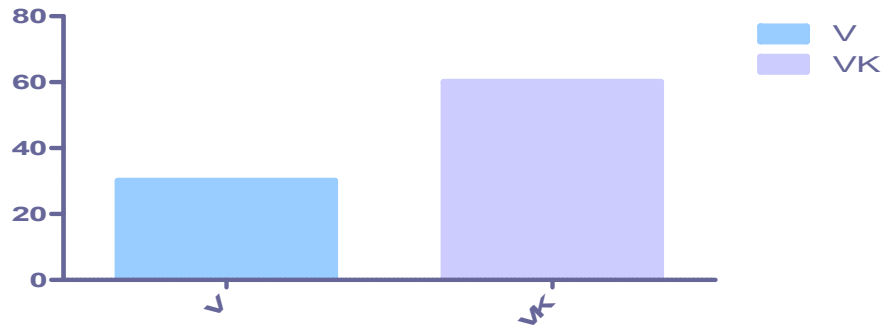
- Number of patient treated with *Vaitarana basti*- 24
- Percentage of relief-
Vatakaphaja -60%
Vataja- 30%

The criteria were laid down by the **AMERICAN ASSOCIATION OF RHEUMATISM** for the di-

agnosis of the disease was followed for the confirmation. Those are:

- Morning stiffness lasting for more than 1 hour
- Arthritis of 3 or more joints
- Arthritis of hand joints
- Symmetrical arthritis
- Presence of rheumatoid nodules
- Radiological changes such as osteoporosis. Loss of articular cartilage or erosion

GRAPH 3: IMPROVEMENT AS PER DOSHIC INVOLVEMENT IN AMAVATA



GRIDHRASI:

➤ Number of patient treated with *Vaitarana basti*- 23

➤ Percentage of relief

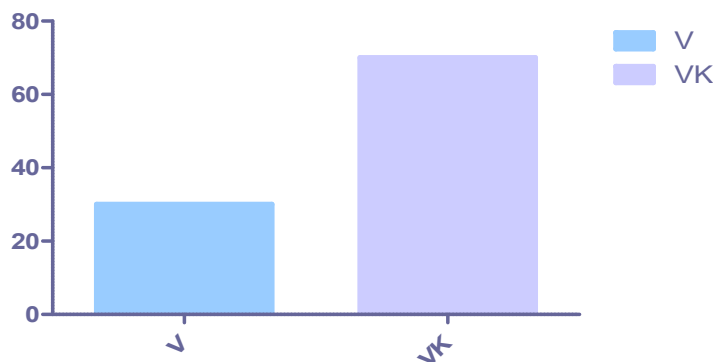
Vataja- 30%

Kaphavataja -70%

TABLE 3: Assessment Criteria For *Gridhrasi*

Pain	<i>Toda</i>	<i>Gaurava</i>	<i>Stamba</i>	<i>Spandana</i>	<i>Aruchi</i>
No pain – 0	No pricking sensation - 0	No heaviness – 0	No stiffness - 0	No Twitching-0	No anorexia - 0
Occasional pain - 1	Occasional pricking sensation – 1	Mild heaviness – 1	Sometimes for 5 – 10 minutes - 1	Sometimes for 5-10 minutes – 1	Mild anorexia - 1
Mild pain but no difficulty in walking - 2	Mild pricking sensation - 2	Moderate heaviness - 2	Daily for 5– 10 minutes - 3	Daily for 10-30 minutes - 2	Moderate anorexia - 2
Moderate pain and slight difficulty in walking – 3	Moderate pricking sensation - 3	Severe heaviness - 3	Daily for 30 – 60 minutes - 3	Daily for 30-60 minutes - 3	Severe anorexia - 3
Sever pain with sever difficulty in walking – 4	Severe pricking sensation – 4		Daily more than 1 hour - 4	Daily more than 1 hour - 4	

GRAPH 4: IMPROVEMENT OBSERVED IN THE GRIDHRASI AS PER DOSHIC INVOLVEMENT



STHOULYA WITH SANDIVATA:

Number of patient treated with *Vaitaranabasti*- 10

➤ Percentage of relief

Kaphavataja-45%

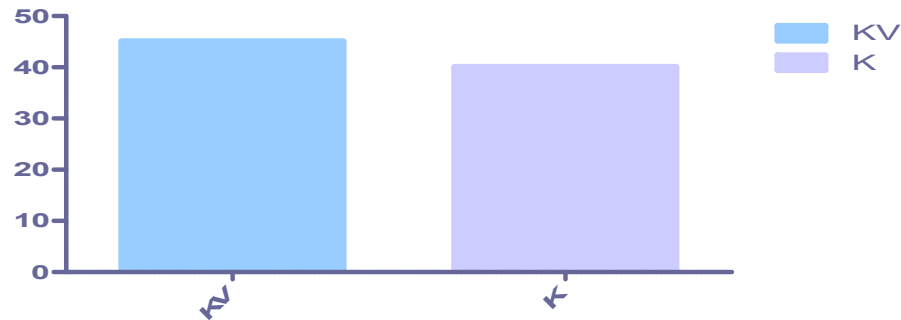
Kaphaja-40%

ASSESSMENT CRITERIA FOR STHOULYA:

- BMI

- Mid arm circumference
- Mid thigh circumference
- Abdominal circumference
- Hip circumference
- Waist circumference

GRAPH 5: IMPROVEMENT OBSERVED AS PER DOSHIC INVOLVEMENT:



HYPERURICEMIA WITH ASSOCIATED CONDITIONS:

Number of patients treated with *Vaitarana basti*- 8

➤ Hyperuricemia- 46.66%

➤ Hyperuricemia with Obesity- 45%

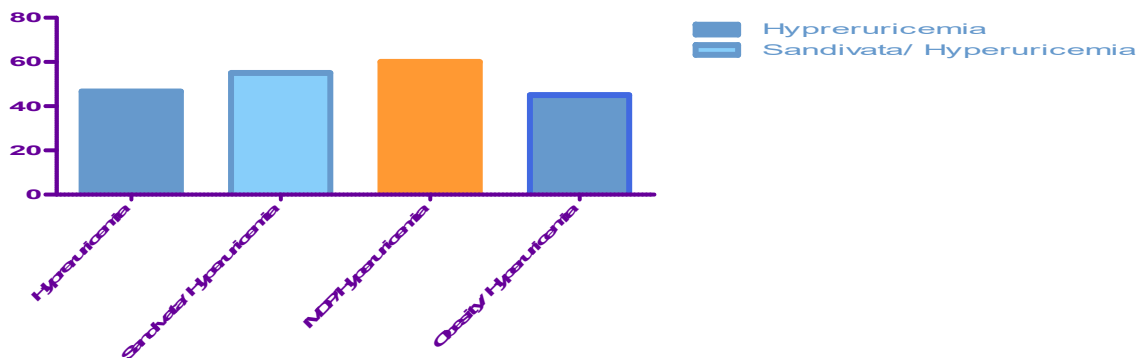
➤ Hyperuricemia with Sandivata- 55%

➤ Hyperuricemia with IVDP- 60%

45 ASSESSMENT CRITERIA:

LAB INVESTIGATION: Uric acid level

GRAPH 6: IMPROVEMENT IN HYPERURICEMIA ASSOCIATED CONDITIONS:

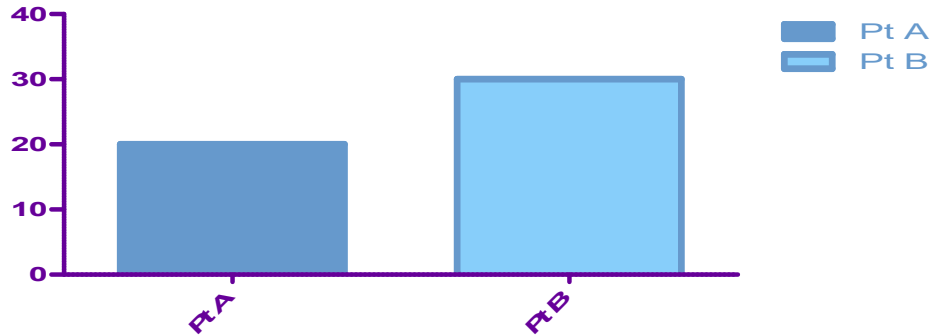


PARAPLEGIA/ RTA INDUCED:

Two patients of paraplegia with the history of Multiple sclerosis (lesions at the level of spinal cord) and Neurological clodication, complaining of *vitsangha*

were treated with the *vaitarana basti*, because it is indicated in *Ghora vata vyadhis*. One patient showed 20%improvement and the other 30%.

GRAPH 7: IMPROVEMENT OBSERVED IN PARAPLEGIA INDUCED BY RTA:



DISCUSSION ON DISEASE:

Gridrasi, Katigrah, Katishool and Amavata in all these diseases there is a involvement of *trikasandi*, which is the seat of *avalambaka kapha*. *Vaitarana basti* has *laghu, ruksha guna* which are opposite to *guru, snigdha guna* of *kapha*, and it is a type of *mridu kshara basti*, works on the basis of *guna vaisheshika siddanta* showed significant result.

Amavata is the *bahudoshavastha* which is indicated for *shodhana*, but the condition is associated with *ama* and *leena dosha* so in this condition for *shodhanarth, dosha nirharanartha basti* is the best modality, specially *vaitarana basti* is indicated because it is *ama-shula-shotha hara* and helps in the removal of *kaphavarana*¹⁵. Two patients with Road traffic induced paraplegia presented with the complaints of *vitsangha*, digital evacuation and Urinary incontinence because of *Apana vata vikriti*, were treated with *vaitarana basti* got 20-30% improvement..

DISCUSSION ON BASTI

THE EFFECT OF VASTI CAN BE-¹⁶

- Encolonic
- Endocolonic
- Diacolonic

The drug administration via the rectum can achieve higher blood levels due to partial avoidance of hepatic first pass metabolism because rectum has rich blood and Lymph supply so the drugs can cross the rectal mucosa as they can cross other lipid membrane.

DISCUSSION ON BASTI DRAVYAS:

Guda (Purana Guda)-

Gunas :- Laghu, Anabishyandi

Karma- Helps in carrying the drug up to micro cellular level¹⁷

Saindava lavana-

Gunas:- Sukshma, Teekshna

Karma- Capable of liquefying the viscid matter

Chincha -Vata- Kapha nashaka

Ruksha-Ushna properties.

Tila taila –

Gunas:-Snigdha, Picchila

*Karma-*Pacifies the vata

Gomutra -Katu rasa, Katu vipaka, Ushna veerya, Laghu, Ruksha, Ushna , TikshnaGuna, Pacifies the *kapha*.

CONCLUSION

Basti should be used according to the *avastha* and *bala* of the patient. Qualities of the *Vaitarana basti* are *laghu, Ruksha, Ushna, Tikshna* and majority of the drugs are having *Vata Kapha shamaka* action, owing to this property antagonism to *Kapha* and *Ama*, *vaitarana basti* showed significant result in *sandigata vata, amavata, gridhrasi* etc diseases where there is involvement of *ama* and *kapha*.

REFERENCES

1. Caraka, carakasamhita, Agnivesh's treatise refined and annotated by caraka and redacted by drudabala, with chakrapanidatta edited by yadavaji trikamji acharya edition 2009 page no

- 683 Siddhi sthana 1st chapter Kalpana siddhi adhyaya Shloka number 38
2. Dr. Bramhananda tripathi, Astanga Hridaya of Vagbhata edited with 'Nirmala' Hindi commentary. Sutra sthana 12/9, Edition 2009
 3. Caraka, carakasamhita, Agnivesh's treatise refined and annotated by caraka and redacted by drudabala, with chakrapanidatta edited by yadavaji trikamji acharya edition 2009 page no 683 Siddhi sthana 1, Kalpana siddhi adhyaya Shloka number 38
 4. Sushruta, Sushruta Samhita with Nibandha Sangraha commentary of Sri. Dalhanacharya and Nyayacandrika panjika of Sri. Gayadasa on Nidana Sthana, Chapter 35/6, Varanasi: Chowkamba Krishnadas Academy; 2004.
 5. Dr. Pulak kanti kar, Mechanism of Panchakarma and its module of investigation. Chapter 4. Mechanism of Basti. Choukhamba publications. ISBN: 978-81-7084-516-9:2013
 6. Dr. Pulak kanti kar, Mechanism of Panchakarma and its module of investigation. Chapter 4. Mechanism of Basti. Choukhamba publications. ISBN: 978-81-7084-516-9:2013
 7. Dr. Pulak kanti kar, Mechanism of Panchakarma and its module of investigation. Chapter 4. Mechanism of Basti. Choukhamba publications. ISBN: 978-81-7084-516-9:2013
 8. Madhavakara, Madhava Nidhana, Vimala Madhudhara Teeka by Brahmanandha Tripathi. Ed .Varanasi. Chaukhambha Surabharati Prakashana. Poorvardha. Adhyaya 25; 2010.p.116-117
 9. Am J Manag Care. 2012 Dec;18 (13 Suppl) Overview of epidemiology, pathophysiology, and diagnosis of rheumatoid arthritis.:S295-302 Weill Medical College of Cornell University, Hospital for Special Surgery, New York, NY, USA. gibofskya@hss.edu
 10. Abhinav, Namjoshi Pradnya Vasanth, Vaitarana basti- A specific treatment modality for Amavata. Int. J. Res. Ayurveda Pharm 2015;6(2):178-181 <http://dx.doi.org/10.7897/2277-4343.06235>
 11. Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010. Lancet, 2012, 380(9859):2163- 96. doi: 10.1016/S0140-6736(12)61729-2. Erratum in: Lancet, 2013, 381(9867):628. Al Mazroa, Mohammad A
 12. Taimela S, Kujala UM, Salminen JJ & Viljanen T. The prevalence of low back pain among children and adolescents: a nationwide, cohort-based questionnaire survey in Finland. Spine, 1997, 22: 1132-1136.
 13. Dr.G. Prabhakar Rao. Chakradatta (Chikitsa sangraha) of Chakrapanidatta, Chaukhambha Samskrita sansthana, Varanasi,
 14. Dr.G. Prabhakar Rao. Chakradatta (Chikitsa sangraha) of Chakrapanidatta, Chaukhambha Samskrita sansthana, Varanasi,
 15. Abhinav, Namjoshi Pradnya Vasanth, Vaitarana basti- A specific treatment modality for Amavata. Int. J. Res. Ayurveda Pharm 2015;6(2):178-181 <http://dx.doi.org/10.7897/2277-4343.06235>
 16. Dr. Pulak kanti kar, Mechanism of Panchakarma and its module of investigation. Chapter 4. Mechanism of Basti. Choukhamba publications. ISBN: 978-81-7084-516-9:2013
 17. Dr. Vasanth. C. patil, Principles & Practice of Panchakarma, foreword by Prof. M. S. Baghel, Atreya Ayurveda Publications, Ilkal. Second edition 2011.

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