



ORIGINAL RESEARCH ARTICLE

CLINICAL STUDY TO EVALUATE THE THERAPEUTIC EFFECT OF BALAGUDUCYADI BASTI AND BALUKA SWEDAN IN THE CASE OF AMAVATA (RHEUMATOID ARTHRITIS)

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ABSTRACT

Background: *Amavata* is a most commonest disorder seen in middle age people which affects both sex characterized by *Angamarda* (Body pain), *Aruchi* (loss of taste), *Trishna* (Thirst), *Alasya* (Lack of enthusiasm), *Gaurava* (Heaviness), *Klama* (Tiredness without doing work), *Apaka* (Indigestion) and fever. In later stage pain may begin to migrate from place to place with a *Vriskchikadamshovata vedana* (Intense pain). The disease “Amavata” can be co-related with Rheumatoid Arthritis. It is an autoimmune disease that cause chronic inflammation of joints mainly peripheral joints associated with varied constitutional symptoms and presence of Rheumatoid factor. **Objective:** To evaluate the therapeutic effect of balaguducyadi basti and baluka swedana in the case of amavata. **Material and methods:** In the present clinical study 30 patients suffering with Amvata were selected randomly from OPD of Shree Baba Mastnath Ayurved College, Rohtak and divided into 2 groups with 15 patients each, administered with *Valuka swedana* followed by *Balaguducyadi Basti* for a period of 23 days. The result of this study were found encouraging. By comparison Group B (*Baluka Swedana* followed by *Basti* therapy) showed better result than *Balukaswedana* (Group A) only. **Conclusion:** Amvata can be efficiently and effectively managed with this said therapy and the complication can be prevented.

Key words: *Amvata*, Rheumatoid Arthritis, *Basti* Therapy, *balaguducyadi basti*, *baluka swedana*.

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INTRODUCTION

Amvata is a disease of chronic joint pain and body pain accompanied by some or all of the synovial joints. *Angamarda, Aruchi, Trishna, Alasya, Gourava, Klama, Apaka* and fever. In later stage pain may begin to migrate from place to place with a *Vrishchika Damshavat Vedana* and burning sensation⁽¹⁾. The sign symptoms of *Amvata* are closely related with Rheumatoid Arthritis in modern onset is gradual (70%) sometimes Acute (10 – 15%). It is common in adults and middle aged subjects (20 – 40 years), and common in female (3 : 1)⁽²⁾. Prodromal symptoms include ill health, weakness, fatigue, malaise, morning stiffness of joints. Gradually swelling of small joints of fingers and toes are seen which may be intermittent at first. Afterwards the disease progress upwards and downwards to involve bigger joints like wrist, elbow and ankle. Muscle wasting ulnar deviation of metacarpophalangeal joints and wrist joints deformity are the cardinal sign & symptom⁽³⁾.

According to modern, management of Rheumatoid Arthritis, includes use of analgesics, steroids for pain management which are having several adverse reaction and drug dependency⁽⁴⁾.

Therefore there is definite need to explore more efficacious and radical cure to this illness. With this background present study has been intended to evaluate the

combined efficacy of *Baluka swedana* and *Balaguducyadi Basti* in the management of *Amavata* (Rheumatoid Arthritis).

AIMS AND OBJECTIVE

1. To evaluate the efficacy of *Baluka swedana* & *Balaguducyadi Basti* in the management of *Amvata* (Rheumatoid Arthritis).

MATERIALS AND METHOD

Research design: Interventional, Randomized, active controlled, open labeled clinical trial

Study population: An accessible population of *amvata* patients in and around asthalbohar, harayana who were representative of target population, participated in the study.

Sampling: Simple random sampling technique was followed using lottery method. Group allocation was done by simple random allocation.

Study sample: Previously known or freshly identified patient of *amvata* from in and around asthalbohar, harayana.

Study setting : The study was carried out in shree baba mastnath ayurvedcollege, asthalbohar, Harayana from january, 2016 to 2017, February.

Sample size: 30 patients

Duration of Study: 23 days

Drop out: Nil

Inclusion Criteria :

- Patient aged between 20 – 60 years.

- Patient having sign symptoms of *Amavata* & Rheumatoid Arthritis.
- Patient fit for *Basti Karma* and *Swedan*.

Exclusion Criteria :

- Age less than 20 years and more than 60 years.
- Patient having other systemic disorders.
- Patient not fit for *Swedan* and *Basti Karma*.

Diagnostic Criteria :

1. patient having feature of *Amavata* and *Angamarda* (Body pain), *Aruchi* (loss of

taste), *Thrishna* (Thirst), *Alasya* (lack of enthusiasm), *Gourava* (Heaviness), *Klama* (Tiredness without work), *Apaka* (Indigestion), *Jwar* (Fever)

2. patient having feature of Rheumatoid Arthritis like –

- Morning stiffness lasting > 1 hour
- Arthritis – 3 or more joints.
- Involvement of hand joints
- Symmetrical arthritis
- Presence of RA factor

Criteria for Assessment :

Criteria	Score
(A) Pain	
• No pain	0
• Mild pain cone occasionally	2
• Moderate pain slight difficulty in joint movement appear frequently	3
• Severe pain requires medication and may remain throughout the day.	4
• Severe pain disturbing sleep.	5
(B) Swelling	
• No swelling	0
• Slight swelling	1
• Severe swelling	3
(C) Stiffness of joint	
• No stiffness	0
• Stiffness lasting for 5 minutes to 2 hour	1
• Lasting for 2 – 8 hours	2
• Lasting more than 8 hours	3

(D) Tenderness of joint	• No tenderness	0
	• Subjective experience of tenderness	1
	• Wincing of face on presence	2
	• Withdrawal of affected part on presume	3
	• Resist to touch	4

Materials :

Treatment Plan :

Group A (15 patients) were treated with *Langhan, Deepan* by *SunthiKashaya* and *BalukaSwedan* for 23 days. And Group B (15

patients) were treated *Langhan, Deepan, BalukaSwedan* followed by Basti therapy for 23 days.

Balaguducyadi Basti⁽⁴⁾ :

Dravya	Quantity
<i>Makshikam</i>	200 ml
<i>Lavan</i>	15 gm
<i>Sahacharaditaila</i> + <i>SukumarGhrita</i>	150 ml
<i>Kalka</i>	30 gm
<i>Kvath</i>	400 ml
<i>Mamsa Rasa</i>	200 ml.

Kashayadravya :Bala, guduchi, triphala, rasna, dashamula, madanphala

Kalka dravya : Yavani, madanphala, vilva, kustham, vaca, shatva, musta, pippali.

OBSERVATION AND RESULTS:

Table 1 : Showing the statistical result of parameter of Group A

Parameter	Mean BT	Mean AT	Mean diff.	Mean %	SD	SE	t	P
Pain	3.8	1.4	2.4	59.64	0.59	0.15	12.60	p < .001
Swelling	2.86	0.73	2.07	73.80	0.79	0.20	10.02	p <

								.001
Stiffness	1.66	0.46	1.2	72	0.56	0.149	8.26	p < .001
Tenderness	3.33	1.26	2.67	62	0.70	0.18	11.37	p < .001

Table 2 : Showing the statistical result of parameter of Group B

Parameter	Mean BT	Mean AT	Mean diff.	Mean %	SD	SE	t	P
Pain	3.6	0.8	2.8	74.07	0.72	0.18	15	p < .001
Swelling	2.86	0.49	2.4	83.72	0.50	0.13	18.5	p < .001
Stiffness	1.8	0.2	1.6	88.8	0.50	0.13	12.22	p < .001
Tenderness	3.46	1	2.46	71	0.74	0.19	12.85	p < .001

Discussion

Amavata is a *Santarpanjanya Roga*. *Langhan (Upavasa)* is very useful to digest "Ama". In this cases all patients were acute in condition. *Shula* (pain) and *Shotha* (Swelling) are the main symptoms. So *Rukshma Swedan (BalukaSwedan)* were applied⁽⁵⁾.

Basti has two actions, expelling the *dosha* and nourishing the body. First ,potency of *basti* and *guna* of *bastidravya* gets absorbed to its systemic action. Its second major action related with the facilitation of excretion of morbid substances is responsible for the disease process into colon, from where they

are evacuated. The active principle of *basti* drugs may also be absorbed because they are water soluble. It may be considered that *niruhabasti* is hyper osmotic which facilitates absorption of morbid factors into solution⁽⁶⁾

Here *Balaguducyadi kashayam* are *tiktakaturasa, ushnaveerya* and it is *kaphashaman, raktaprasadana, sophahara, medahara*⁽⁷⁾. On the other hand *Amvata* is a *vatakaphapradhan tridosajannyavyadhi*. *Sanga* or *margaavarodh* is the basic pathology of this disease. *Katu* rasa and *ushnaveerya* properties helps to reduce *amadasha*.

Moreover Ashtangasangrahakara has elaborated this matter as follows-

At first the *veerya* of *basti* drugs reaches the *apanavayu* and nourishes it. Then it acts on *samanavayu*. After nourishing the *samanavayu*, it nourishes the *vyanvayu*. There after it acts on *udanvayu* and *pranvayu* and nourishes them. When all these five types of *vata* get their normal state, they promote the health. Then *veerya* of *basti* drugs act on *pitta* and *kapha* to bring them into normalcy and provide them nourishment. The whole body gets nourishment by the *veerya* of *basti* drugs carried by five types of *vata* through *srotas*⁽⁸⁾

Basti has its effect on 2 important factors viz. *vata* and *agni*. Both are responsible for formation and nutrition of *dhatu*. *Vata* is said to be the regulator of *dhatu*. So by controlling the *vata*, all *dhatu*s are able to perform their normal functions.

Action of *bastidravya* inside the body⁽⁹⁾ :

Saindhava: *Sukshmaguna*- it reaches up to the micro channel of the body. *Tikshnaguna* – it breaks down the morbid *mala* and *dosasanghata*, *Snigdha* *guna* liquefies the *dosas*. The presence of sodium (*saindhava*) in *vastidravya* may play important role for the absorption of drug.

Madhu: If any drug is administered with appropriate vehicle it can be absorbed and assimilated by the body very quickly. *Madhu* is made of various substances and considered

based among the vehicles. It forms the homogenous mixture with the *saindhava*. Moreover it is considered as best *kaphahara dravya*.

Sneha: *Snehadravya* reduces *vatadusti*, softens micro channels, destroys the compact *mala*, and removes the obstruction in the channels. Apart from these function it also protects the mucus membrane from the untoward effect of irritating drugs in the *bastidravya*.

Kalka kvatha dravya: *Kalka* and *kvathadravya* are the main constituent of the *bastidravya*. These serve the function of *utkleshan* or *dosaharana* or *shamana*. These are selected on the basis of *dosa*, *dusya* and *srotas* so their main action is *sampraptivighatan* of *roga*.

In this clinical study *balaguducyadibasti* in which *sahachartaila* and *sukumarghrita* have included as *snehadravya*. *Sukumarghrita* have *tiktakaturasa*, *ushnaveerya*, *vataharam*, *moodavata anuloman* property, and *sahacharaditaila* have *vata kaphashaman* and *samasheetoshnaveerya*. So both drugs are indicated in *namvata* or chronic rheumatism⁽¹⁰⁾. Considering all these explanations it can be concluded that *Balaguducyadibasti* possess *tridosahara*, *agnideepan*, *pacan*, *srotavishodhan* and *vatanuloman* properties.

CONCLUSION:

Comparatively *Baluka swedana* followed by *Basti* therapy showed better result than only

BalukaSwedan therapy for the management of *Amavata*. There were no side effects observed during the study.

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