Management of Amavata (rheumatoid arthritis) with Baluka sweda and Vaitarana basti: A case report

Srivastava Pravesh and Mangal Gopesh

Abstract
Amavata is a disease in which vitiated Vata Dosha carries Ama to the multiple organs and joint(s) causing swelling, pain, stiffness, loss of appetite and decreases the Agni. Both the Shamana Chikitsa (conservative management) and Shodhana Chikitsa (purification of the body) is advised in Ayurveda for the treatment of Amavata. On the basis of sign and symptoms Amavata closely resembles with rheumatoid arthritis. RA is a chronic, progressive disease which causes pain, inflammation, stiffness, swelling of the joints and sometimes also showing extra articular symptoms. Prevalence of RA is 1 % world-wide and is increasing with population growth. Modern medicines advises NSAID’s, anti-inflammatory drugs, steroids and disease-modifying anti-rheumatic drugs for the management of RA which has limitation for long term use and sometimes having severe side effects. A 45 year old male suffering from multiple joints pain associated with swelling, morning stiffness, body ache, loss of appetite, decreased sleep and restricted movements for past 2 years was diagnosed as Amavata/rheumatoid arthritis (having 6/10 score as per classification criteria for RA, ACR, 2010). The whole treatment includes Deepan Pachana for 3 days, Baluka Sweda and Vaitaran Basti along with Brihat Saindhavadi Taila Anuvasa in Basti format for 30 days along with Shuman Chikitsa. The assessment was made on the basis of laboratory investigations and relief in sign and symptoms. Assessment done after the 3 months shows negative RA factor, CRP unchanged, ESR reduced to 02 mm/hr. with remarkable relief in pain, morning stiffness and marked reduction in swelling of the joints. Thus the above case report emphasizes that Amavata (rheumatoid arthritis) can be controlled with minimum medicines when treated with the same guideline of Amavata Chikitsa as mentioned in Ayurveda. Since the single case is not enough more rooted study in this is required.

Keywords: Amavata, rheumatoid arthritis, Baluka sweda, Vaitarana basti

Introduction
Now a-day’s lifestyle changes including bad food habits, physical inactivity, and wrong body posture disturbed biological clock leads to the manifestation of several diseases [1]. That type of conduct may also give rise to disease called Amavata. Vitiated Vata and Ama plays major role in the manifestation of Amavata [2]. Incomplete digestion of Rasaadi Dhatu leads to the formation of Ama [3]. Vitiated Ama leads swelling, pain, stiffness in multiples joints along with loss of function [4]. On the basis of sign and symptoms Amavata closely resembles with rheumatoid arthritis. Rheumatoid arthritis is a chronic autoimmune disease affecting not only the joints but also the other organs of the body [5]. Prevalence of RA is 1 % worldwide and is increasing with population growth [6]. There is no cure of RA in modern science and treatments aims on limiting joints damage, preventing loss of function and decreasing pain [7]. Chakradutta mentioned Langhana, Swedana, Basti Karma, Saindhavadi Anuvasa Basti as a line of treatment for Amavata [8]. Hence this study includes Raksha Sweda and Vaitarana Basti along with Brihat Saindhvadi taila Anuvasa to manage the Amavata effectively.

Case report
A 45 year old male farmer having 62 kg weight residing at rural area complaining of multiple joints pain visited at Panchkarma OPD, NIA, and Jaipur for treatment. Patient was of Vata-Pittaaja Prakriti suffering from multiple joints pain of bilateral wrist joint, second metatarsophalangeal joint and second proximal interphalangeal joint along with swelling, severe morning stiffness, restricted movements, backache, loss of appetite and disturbed sleep due to pain at night. Pain and morning stiffness was so severe that patient sometimes was unable to move without support in early morning even after having analgesics pills. Pain started from bilateral wrist joints 2 years before. Later on pain started radiating to proximal interphalangeal joints of hands and pain was shifting in nature.
Patient was occasional user of pain killers as the symptoms were not so severe. Since 6 months pain and morning stiffness was aggravated and daily life of patient was hampered even after having pain killers. There was no any history of treatment/RTA/surgery and addictions. Patient used to have curd frequently in his diet since past few years. Patient was diagnosed on the basis of sign and symptoms as Amavata. Patient was admitted in IPD Panchkarma ward, NIA, Jaipur and diagnosis was confirmed by laboratory investigation such as ESR, CRP, RA factor and was classified as Amavata/RA (6/10 classification criteria of RA, ACR, 2010) [9].

Ruksha Sweda and Vaitarana Basti along with Brihatsaindhvadi taila Anuvasaana was planned as per mentioned in the classical texts of Ayurveda.

Patient treatment was started on March 2018. First of all Panchkol Churna 3gm twice a day is given for Deeppan-Pachana for 3 days. After ward Baluka Sweda and Vaitarana Basti was started and continued for 30 days. Baluka Sweda (dry fomentation) was prepared by heating the sand and making a Pottali (Bulus) by the help of cloth. Intermittent application of Baluka Sweda is done for 15-20 minutes in the morning. Vaitarana Basti was started along with Brihatsaindhvadhi Taila Anuvasan Basti in Karma Basti format. Briharsaindhavadi Taila was purchased from market. 60 ml Anuvasan Basti is administered after meal and Vaitarana Basti was administered in empty stomach on alternate day. Along with the procedure Simhanad Guggulu 2tab(500mg) thrice a day, Rasna Saptak Kwath 40ml twice a day and mixture of Nagradhya Churna 1 gm, Shatawari Churna 2gm, Ashwagandha Churna 3 gm and Shankha Bhasma 250 mg twice a day was given for 30 days.

Table 1: Ingredients of Vaitarana Basti

<table>
<thead>
<tr>
<th>Saindhava Lavana</th>
<th>10gm</th>
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<tbody>
<tr>
<td>Guda</td>
<td>50gm</td>
</tr>
<tr>
<td>Tila Taila (Sesamum indic Linn.)</td>
<td>60ml</td>
</tr>
<tr>
<td>Amlleka (Tamarindus Indica Linn.)</td>
<td>50gm</td>
</tr>
<tr>
<td>Gomutra</td>
<td>160ml</td>
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</tbody>
</table>

50 gm of Guda (jaggery) is mixed well with lukewarm water initially. Then Saindhava Lavana 10 gm is added in the mixture and mixed uniformly. Thereafter Tila Taila 60ml is added and stirred well. After then Amlleka 50 gm is mixed to form a homogenous mixture and finally 160 ml of Gomutra is added, mixed well and a homogenous mixture is obtained. Obtained mixture is filtered and kept in plastic bag. The mixture in Basti Putak is made Luke warm with the help of hot water and administered to the patient by Basti netra. Basti was given by proper methods in left lateral position as mentioned in the classical Ayurveda texts. After the completion of Basti Karma and Baluka Sweda for 30 days patient was discharged on conservative management of Simhanad Guggulu [10] 2tab (500mg) thrice a day, Rasna Saptak Kwath [11] 40ml twice a day and mixture of Nagradhya Churna 1 gm, Shatawari Churna 2gm, Ashwagandha Churna 3 gm and Shankha Bhasma 250 mg twice a day for 3 months.

After completion of Basti Karma patient felt 50 % relief on pain, morning stiffness and swelling. Assessment was done after 3 months of treatment. After 3 months patient felt significant relief in the sign and symptoms. Patient was back to his daily regular activities without any restraint and quality life of the patient is improved.

Assessment was done on the basis of sign and symptoms and laboratory investigation. Before Basti Karma RA factor was positive which was found negative after 3 months of treatment. CRP was unchanged and ESR reduced to 02 mm/hr. Pain and morning stiffness was markedly reduced, swelling was subsided, appetite was improved and bodyache was absent. Patient not taking any analgesic after 3 months. The above case is successfully managed by the Ayurveda treatment based on the Amavata Chikistsha.

Discussion

Panchakol churna acts as Deepan - Pachana drug as Amapanchana is mentioned as the first line of treatment for Ama [12]. Panchakol Churna having Laghu, Ruksha, Sukshma Guna and being Ushna Vriya heps in Pachana and Agnideepaan thus corrects the Agnimandhya and maintins the Dhatwagni too.

Vaitarana Basti is advised for Amavata in Chakradutta Niruadhikar 73/72 and Vangasan in Basti Karmadhikar 186-190. Vaitaran Basti having Laghu, Ruksha, Ushna, Tikshna Guna which helps in overcoming the Srotadusti resulting due to Sanga (obstruction due to Ama) and thus help in breaking down the pathogenesis of the disease [13]. Brihatsaindhvadhi Taila is considered as Amahara and Kaphahara in which Eranda Mula having immunizing, analgesic, purgative properties Rasna and Triphala having anti-inflammatory properties [14], Baluka Sweda contains Ruksha, Ushna Guna which liquifies the Doshha and Ama thus increases the blood circulation and decreases the Sandhisotha (Infammation) and Sandhisshooala (Pain) [15]. In this case although CRP remains positive there was marked improvement in the symptoms of Amavata/RA. Patient is now free from any type of analgesic and going through his regular activities comfortably.

Conclusion

Baluka Sweda and Vaitarana Basti along with Brihat Saindhvadhi Taila Anuvasaana Basti shows remarkable symptomatic relief in the features of Amavata/RA. The case indicates that when treatment is done on the base of Ayurveda guidelines Amavata/RA can be effectively managed. The results need to be studied in more numbers of populations for the better assessment.

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Conflict of interest

There is no conflict of interest.

References