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## Role of *Basti Karma (Kala Basti Erandmuladi Niruha Basti + Saindhavadi Anuvasan Basti)* in *Amavata* - A Case Study

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### ABSTRACT

**Background** - *Amavata* is one of the commonest disorder of joints caused by impairment of *Agni* (digestive fire), formation of *Ama* and vitiation of *Vata Dosh*. The *Ama* is carried out by the aggravated *Vata* and deposited in *Sleshmasthanas* producing features like *Angamarda* (body ache), *Aruchi* (loss of appetite), *Sandhiruk* (joint pain), *Sandhisopha* (joint swelling). It is closely correlated with RA according to clinical features. **Method** - Female patient IPD No 2022718 of age 45years admitted in IPD diagnosed as RA. Patient was treated with *Shodhana* and *Shamana* drugs. *Singnada Guggul* 500mg twice a day, *Panchkola Phanta* 20 ml twice a day, *Ajmodhadi Churna* + *Godanti Bhasma* (twice a day) for 1 month and *Baluka Sweda* (HS), *Sarvang Patra Pinda Sweda* and *Kala Basti* plan (*Erandmuladi Niruha Basti* + *Saindhavadi Anuvasan Basti*). **Result** - Patient got relief in pain, swelling & morning stiffness (assessed by CCRAS criteria) and also shows serological changes. **Conclusion:** *Amavata* is a complicated disease, the purpose of treatment in *Amavata* to minimize ama through its metabolism and to normalise the two vitiated *Vata* and *Kapha Dosh*. *Erand Taila* have properties like anti-inflammatory, anti-rheumatic, laxative, analgesic are the major remedial attributes. *Singnada* have *Vata* & *Kaphahara* properties and *Guggul* having *Kaphahara*, *Vedanahara*, *Shophahara* properties.

**Key words:** *Amavata*, *Rheumatoid Arthritis*, *Ayurveda*

### INTRODUCTION

*Amavata* is a disease of *Asthivaha* and *Rasavaha Strotas*. When *Ama* and *Vata* simultaneously get vitiated and enters the *Trika* and *Sandhi* ultimately leads to *Stabdhat* (stiffness) of the body, the circumstance is known as *Amavata*.<sup>[1]</sup> *Ayurveda Acharya*, Sri Madhavakara in his book *Madhava Nidana*

described the features of *Amavata* for the first time.<sup>[2]</sup> Whereas the treatment of *Amavata* was first explained by *Acharya Cakradatta*. *Acharya Madhavakara* has clearly cited the *Roopas* (signs & symptoms) of *Amavata* in *Madhav Nidana*. The *Pratyatma Laksana* (Main symptoms) are *Gatrastabdhat*, *Sandhishula*, *Sandhishoth*, *Sparshasahyata* and *Samanya Laksana* (General symptoms) are *Angmarda*, *Aruchi*, *Trishna*, *Alashya*, *Gaurav*, *Jvara*, *Apaka*, *Angasunnata*.<sup>[3]</sup> According to the clinical features *Amavata* very closely resembles with the rheumatoid arthritis. In modern Rheumatoid arthritis (RA) is a long-term autoimmune disorder that specially influences joints.<sup>[4]</sup> Rheumatoid arthritis is a chronic, progressive autoimmune arthropathy and characterized by bilateral symmetrical involvement of joints with some systemic clinical features.<sup>[5]</sup> The ailment may additionally also influence other parts of the body. This can also result in a low red blood corpuscles count, inflammation round the lungs, and inflammation around the heart. Fever and low

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energy might also be present. The treatment modalities like *Langhana* (fasting therapy), *Swedana* (fomentation therapy), use of drugs having *Tikta Katu Rasa* (bitter and pungent taste), *Deepana* (kindling digestive fire) property, *Snehapana* (oral intake of Ayurvedic medicated ghee), *Virechana* (purgation therapy), *Vasti* (enema) etc. are the treatments advised.

### AIM AND OBJECTIVE

To assess the role of *Kala Basti (Erandmuladi Kwath + Saindhavadi Taila)* in the management of *Aamvat* (RA).

### MATERIALS AND METHODS

**Source of patient** - For this study, patient was taken from the IPD of Pt. Khushilal Sharma Govt. Ayurveda College and Institute Bhopal MP.

### CASE STUDY

Female patient IPD No 2022718 of age 45years admitted in IPD of Ptkls Bhopal with complaint of pain and swelling in B/L knee joint, pain in interphalangeal joints, restricted movement of right leg, morning stiffness (20-30min) with loss of appetite and on/off fever.

**History of past illness** - No

**Surgical history** - Caesarean 10 years back

### Personal History

Diet - Mixed diet, prefers spicy.

Appetite - Decrease

Bowel - Clear

Bladder - Normal

Sleep - Disturbed due to pain.

Allergy and addiction - Nil.

### Examination

#### *Ashtavidha Pariksha*

- *Nadi* (Pulse) - *Vata-Kapha*, 80/ min.
- *Mootram* (Urine) - Normal
- *Malam* (Stool) - Normal

- *Jivha* (Tongue) - *Upalipta* (*Saam* - Coated)
- *Shabdham* (Voice) - Normal
- *Sparsham* (Touch) - Normal but warmth all over body.
- *Drika* (Eyes) - Normal
- *Aakriti* (Built) - Moderately, no deformities

### Local examination

Swelling on both knee joints and deformities in interphalangeal joints.

Tenderness on both knee joints



Range of movements - Restricted & painful movement of joints.

### Investigation

Hb - 10gm%

RA factor - Positive

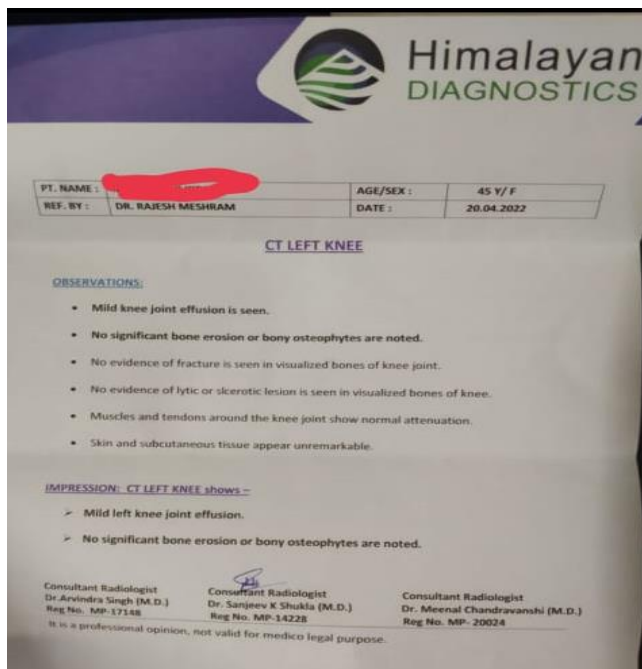
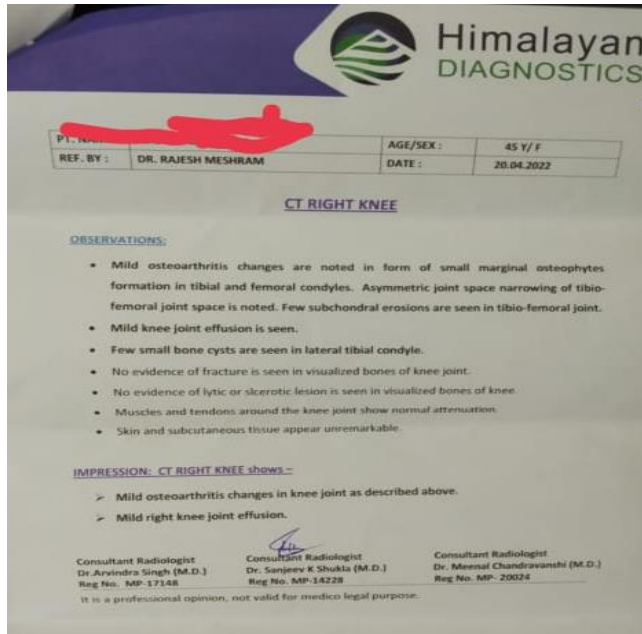
ESR - 25/mm

Anti CCP - 124 RU/mL

Serum Uric Acid - 6.0mg/dl

CT Left Knee - Mild left knee joint effusion.

CT Right Knee - Mild osteoarthritis changes in knee joint. Mild right knee joint effusion. Few small bone cysts are seen in lateral tibial condyle.



**Differential Diagnosis** - Aamvata, Sandhivat, Vatarakta

**Treatment plan**

**Shamana Chikitsa**

- Snignada Guggul 500mg twice a day 30days
- Panchkola Phanta 20 ml twice a day 15days

- Rasraj Ras 1 tab twice a day 15 days
- Ajmodadi Churna (2gm) + Godanti Bhasma (125mg) twice a day

**Shodhana Chikitsa**

Kala Basti plan (Erandmuladi Kwath + Saindavadi Taila) with Sarvang Patra Pinda Sweda

**Kala Basti schedule**

Day	Basti	Dose	Time of Basti Adanakala	Time of Basti Pratyagamana Kala
1.	A	100ml	11:00am	2:00pm
2.	A	100ml	10:40am	3:00pm
3.	N	400ml	10:30am	10:35am
4.	A	100ml	11:00am	2:30pm
5.	N	400ml	10:40am	10:50am
6.	A	100ml	10:20am	4:00pm
7.	N	400ml	10:00am	10:07am
8.	A	100ml	11:15am	3:30pm
9.	N	400ml	10:15am	10:24am
10.	A	100ml	10:30am	3:40pm
11.	N	400ml	10:00am	10:15am
12.	A	100ml	11:00am	3:05pm
13.	N	400ml	10:30am	10:40am
14.	A	100ml	10:35am	2:20pm
15.	A	100ml	10:30am	3:15pm
16.	A	100ml	10:35am	3:20pm

**OBSERVATIONS AND RESULTS**

SN	Symptoms	Score	BT	AT	
1.	Joint pain	No pain Pain occasional, can be managed without drug Pain frequent and can be managed with some pain killer Pain persistent and unmanageable even with drugs	0 1 2 3	3	0

2.	Morning stiffness	No stiffness	0	2	1
		Early morning stiffness upto 30 minutes	1		
		Early morning stiffness more than 30 minutes and less than 45 minutes	2		
		Early morning stiffness more than 45 minutes	3		
3.	Tenderness	No tenderness	0	2	0
		Tenderness but bearable	1		
		Tenderness and winced	2		
		Tenderness winced and withdraw	3		
4.	Swelling	No swelling	0	2	0
		Just covering the bony prominences	1		
		Considerably above the land mark may be with positive fluctuation	2		
5.	Gait	Normal gait	0	2	1
		Pain occasionally	1		
		Walk with support or mild pain	2		
		Walk with support with severe pain	3		
		Unable to walk	4		

## DISCUSSION

*Amavata* occur due to vitiation of *Vata Dosha* and accumulation of *Ama* in our body. *Vriuddh Aahar* and *Vihara Sevana* leads to *Agnimandhya* in our body. *Aacharya Charaka* said that *Agnimandhya* is the main cause of every disease. This *Agnimandhya* leads to *Ama Dosha* accumulation in our body. *Ama Dosha* and aggravated *Vata* goes to *Kapha Sthana* like *Sandhi*, *Aamashya*, *Hridya* etc. Leads to *Sarvadehik* symptoms like *Goravata*, *Daurbalya*, swelling, stiffness and pain in whole joints especially smaller joints. So, in that case improving *Jatharagni* and removal of *Ama* from body is the main aim of treatment. We gave some *Vatahara Aushadhi* to control vitiated *Vata* and also some

*Deepana Pachana Aushadhi* to remove *Ama Dosha*.<sup>[6]</sup> *Basti* also a good procedure for vitiated *Vata* as said by *Aacharya Charaka* plays an important role in removal of vitiated *Vata* and *Ama Dosha*. *Erandmuladi Basti* by their *Laghu* (lightness), *Ruksha* (dryness), *Ushna* (hotness) and *Tikshna* (sharpness) *Guna* reaches to *Pakwasaya* which is the main seat of *Vata Dosha* and destroys *Vata Dosha*. From there it reaches to whole body and destroy the doshas accumulated in the whole body. *Sneha Dravya* present in *Basti* by its *Sukshma* (subtle) *Guna* enters into *Sukshma Srotas* to reach the *Grahani*. Here, it acts on *Samana Vayu*, which lies in the near the seat of the *Jatharagni* leads to ignition of *Jatharagni*. So, *Erandmuladi Basti* performs the function of *Apana Anulomana* and hence increases the *Jatharagni* which are the main cause of *Amavata*.

*Godanti Bhasma* acts on *Tridosha* specially *Pitta Dosha* helps in ignition of *Jatharagni* and malaise occur in *Amavata*. It also improves muscle strength and immunity.

*Ajmodadi Churna* contains *Ajamoda*, *Vacha*, *Kutha*, *Amalvetas*, *Saindha Namak*, *Sajjkshar* etc. All medicines have *Ushna Virya* and having *Deepana Pachana* properties help in ignition of *Jatharagni* and elimination of *Ama Sanchaya* in whole body. Also help in removal of vitiated *Vata Dosha* thus help in breakdown of pathogenesis of *Amavata*. *Eranda Taila* have valuable therapeutic properties such as Anti-inflammatory, emmenagogue, anti-infectious, anti-rheumatic, fungicidal, laxative, immune stimulant, insecticidal, anti-viral, labour inducing, anti-allergic, anthelmintic, rejuvenate, anti-aging, germicidal, disinfectant, and analgesic are the major remedial attribute.<sup>[7]</sup>

## CONCLUSION

The symptoms are produced due to the vitiation of *Vata* (biophysical force) along with the formation of *Ama* (bio-toxin). The *Ama* is carried by the aggravated *Vata* and deposited in *Sleshmasthanas* (Seats of biophysical force, *Kapha* like joints etc.) producing features like *Angamarda* (body ache), *Aruchi* (loss of appetite), *Alasya* (weakness), *Sandhiruk* (joint pain), *Sandhisopha* (joint swelling) etc. The treatment

modalities like *Langhana* (fasting therapy), *Swedana* (fomentation therapy), use of drugs having *Tikta Katu Rasa* (bitter and pungent taste), *Deepana* (kindling digestive fire) property, *Snehapana* (oral intake of Ayurvedic medicated ghee), *Virechana* (purgation therapy), *Vasti* (enema) etc. are the treatments advised. The treatment modalities done showed marked improvement in the patient's signs and symptoms and blood investigations and hence was found fruitful.

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