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Research Article

A CLINICAL EFFICACY OF VAITARANA VASTI ALONG WITH SIMHANADA GUGGULU AND RASNA SAPTAK KWATHA IN THE MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)

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Keywords: *Amavata*, Rheumatoid Arthritis, *Vaitarana Vasti*, *Simhanada Guggulu*, *Rasna Saptak Kwatha*.

ABSTRACT

Objectives: This study was conducted to evaluate the effectiveness of Vaitarana Vasti along with *Simhanada Guggulu* and *Rasna Saptak Kwatha* in the Management of *Amavata* (Rheumatoid Arthritis). *Amavata* is not only a disorder of locomotor system but is a systemic disease and is named after its chief pathogenic constituents i.e. *Ama* and *Vata*. The prolonged use of modern medicines shows some side effects and therefore an attempt was made to find an effective Ayurvedic treatment modality.

Methods: A single blind clinical trial was conducted at O.P.D. and I.P.D. of Post Graduate Department of Kayachikitsa, Ayurveda Mahavidyalaya Hospital, Hubli. *Vaitarana Vasti* was given in followed by *Shamanoushadhi Simhanada Guggulu* 500mg twice and *Rasna Saptak Kwatha* 40ml as *Anupana* for 45 days with 1 month follow-up period.

Results: Out of 15 Patients, 8 Patients (53.33%), 9 Patients (60%) falls under Marked Relief category of Grip strength and Tenderness respectively. 01 Subject (6.66%), 3 Patients (20%) falls under Moderate Relief category of Grip strength and Tenderness respectively. 06 Patients (40%), 2 Patients (13.33%), 12 Patients (80%) falls under Mild Relief category of Grip strength, Tenderness and E.S.R respectively. 1 subject (6.66%), 3 Patients (20%) falls under No Relief category of Tenderness and E.S.R respectively.

Conclusion: *Vaitarana Vasti* Along With *Shamanoushadhi Simhanada Guggulu* and *Rasna Saptak Kwatha* was found to be highly effective in *Amavata* and showing a way out to the individual suffering from this *Amavata* (Rheumatoid arthritis).

INTRODUCTION

Obstruction by the *Ama* and its circulation in the body and getting lodged in Sandhi contribute towards the symptom complex *Amavata*, is the Etiopathogenesis of *Amavata*.

Amavata is a disease in which vitiation of *Vata Dosh*a and accumulation of *Ama* take place in joints, and it simulates *Amavata* (Rheumatoid arthritis). *Shamana* (conservative) and *Shodhana* (biological purification of the body) treatments are advised in

Ayurveda whereas anti-inflammatory, analgesics, steroids, and disease-modifying antirheumatic drugs are required for its management as per modern medicine, which are not free from side effects. A female was suffering from multiple joints pain with swelling, severe morning stiffness, restricted movements, malaise, and *Mandagni* (poor appetite) for the past 1½ year, which was classified as *Amavata/RA* (having 7/10 score as per the RA classification criteria, 2010).^[1]

Basti, a part of the elimination procedure, has been given special status from classical period. One of the treatments of *Amavata* according to *Yogaratanakar* is *Basti*. Owing to the diversity of combination of drugs used in the *Basti*, it can perform diverse functions like *Shodhana* (cleansing) *Shaman* (pacifying) *Sangrahana* (checking). *Amavata* as disease progresses, *Margavarodha* (obstruction) increases. So, it requires cleansing therapy which can cleanse the closed channels and restore its normal function. *Vaitarana Basti* has very potent cleansing action.^[2] It is a kind of *Niruha basti* and is mentioned by *Chakradutta* and *Vangasena*. It got its name due to the specific ability to cure disease.^[3]

MATERIALS AND METHODS

The present study, A Clinical Efficacy of *Vaitarana Vasti* Along with *Simhanada Guggulu* and *Rasna Saptak Kwatha* in the Management of *Amavata* (Rheumatoid Arthritis) was carried out with the following materials and methods.

The following materials were used in the Clinical Trial.

1. Agnitundi Vati ^[4]
2. Vaitarana Vasti ^[5]
3. Brihat Saindhavadi Taila ^[6]
4. Simhanada Guggulu ^[7]
5. Rasna Saptak Kwath ^[8]

Methods

Source of Data:

Patients attending the O.P.D. and I.P.D. of Post Graduate Department of Kayachikitsa, Ayurveda Mahavidyalaya Hospital, Hubli, were selected for the study.

Inclusion Criteria

Patients fulfilling the following conditions were included for the study:

1. The Patients of *Amavata* diagnosed on the basis of signs & symptoms described in Ayurvedic classics.

2. Patients diagnosed as per the criteria laid down by American Rheumatism Association 1988^[8]
3. Patients of age group between 20-60 yrs, of both sex and chronicity less than five year duration.
4. Patients fit for *Vaitarana Vasti* karma were selected.

Exclusion Criteria:

1. Patients associated with uncontrolled metabolic disorders such as Diabetes or Hypertension was excluded.
2. Patients with chronicity of disease more than 5 years with any joint deformity.
3. Steroid dependent Patients.
4. Patients with cervical or Ankylosing spondylosis or S.L.E or Pregnancy.

Parameters of study:

Subjective Parameters

Clinical features of *Amavata* such as-

1. *Sandhi Shoola* (Pain)
2. *Sandhi Shotha* (Swelling)
3. *Stabdata* (Morning stiffness)

Objective Parameters

1. R.A
2. E.S.R
3. *Sparshaasahitwa* (Tenderness)

Sample Size

15 Patients diagnosed with *Amavata* were selected.

Treatment procedure

1. For *Amapachana*, *Agnitundi Vati* 250mg was given thrice daily half an hour before food with Hot water.
2. *Vaitarana Vasti* in *Yoga Vasti* was scheduled for 8 days.
3. Internally, *Simhanada Guggulu*, 500mg tablet was given twice daily before food with *Rasna Saptak Kwatha* (48ml) as *Anupana* for 30 days.
4. *Pathya Ahara* and *Vihara* were advised to all the Patients.

Duration: 38 days

Follow-up: 1 month

Table 1: Data Related To Administration of Vasti

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
Type of Vasti								
Dose								
Time of Administration								
Time of expulsion								
Retention time								
No. of evacuation								
Any other features								

Table 2: Showing Cardinal Feature wise Distribution

Cardinal Feature	No. of patients	Percentage
<i>Sandhishoola</i>	15	100%
<i>Sandhishotha</i>	15	100%
<i>Sandhistabdata</i>	15	100%
<i>Sparshaasahitwa</i>	15	100%

Table 3: Showing Distribution Based on General Symptoms

Other symptoms	No. of patients	Percentage
<i>Angamarda</i>	15	100%
<i>Shoonatanga</i>	4	26.66%
<i>Shoola</i>	13	86.66%
<i>Aruchi</i>	12	79.99%
<i>Trushna</i>	7	46.66%
<i>Alasya</i>	9	59.99%
<i>Gaurava</i>	6	39.99%
<i>Jwara</i>	5	33.33%
<i>Apaka</i>	2	13.33%
<i>Praseka</i>	3	19.99%
<i>Utsahahani</i>	5	33.33%
<i>Vairasya</i>	1	6.66%
<i>Daha</i>	4	26.66%
<i>Bahumootrata</i>	2	13.33%
<i>Kukshi katinya</i>	1	6.66%
<i>Kukshi shoola</i>	1	6.66%
<i>Aanaha</i>	3	19.99%
<i>Aantrakoojana</i>	2	13.33%
<i>Chardi</i>	4	26.66%
<i>Nidraviparyaya</i>	11	73.33%
<i>Bhrama</i>	0	-
<i>Murcha</i>	0	-
<i>Hridgraha</i>	4	26.66%
<i>Vitvibandha</i>	11	73.33%
<i>Jadhya</i>	3	19.99%

Table 4: Showing Distribution Based on Rheumatoid Factor

R.A. factor	No. of patients	Percentage
Positive	06	39.99%
Negative	09	59.99%

Table 5: Showing Distribution of Pain Based on Joint Involvement

Joints	No. of patients	Percentage
Upper extremities		
Shoulder	05	33.33%
Elbow	06	39.99%
Wrist	14	93.33%

MCP	09	59.99%
PIP	15	100%
Lower extremities		
Knee	09	59.99%
Ankle	11	73.33%
MTP	04	26.66%
PIP	06	39.99%
Others	0	-

Table 6: Showing Distribution of Swelling Based on Joint Involvement

Joints	No. of patients	Percentage
Upper extremities		
Shoulder	02	13.33%
Elbow	04	26.66%
Wrist	11	73.33%
MCP	06	39.99%
PIP	12	79.99%
Lower extremities		
Knee	08	53.33%
Ankle	09	59.99%
MTP	02	13.33%
PIP	04	26.66%
Others	0	-

Table 7: Showing Distribution of Stiffness Based on Joint Involvement

Joints	No. of patients	Percentage
Upper extremities		
Shoulder	05	33.33%
Elbow	06	39.99%
Wrist	14	93.33%
MCP	09	59.99%
PIP	15	100%
Lower extremities		
Knee	09	59.99%
Ankle	11	73.33%
MTP	04	26.66%
PIP	06	39.99%
Others	0	-

Table 8: Showing Distribution of Tenderness Based on Joint Involvement

Joints	No. of patients	Percentage
Upper extremities		
Shoulder	02	13.33%
Elbow	04	26.66%
Wrist	11	73.33%
MCP	06	39.99%
PIP	12	79.99%
Lower extremities		
Knee	08	53.33%

Ankle	09	59.99%
MTP	02	13.33%
PIP	04	26.66%
Others	0	-

RESULTS

The results are considered as mirror of the scientific research done by the scholar. The results obtained on Subjective and Objective Parameters are given as follows.

Table 9: Showing the Effect of Vasti on Subjective Parameters

	BT mean	AT mean	% of Relief	SD	SE	't'	P	Remarks
<i>Sandhi Shoola</i>	3.06	2.2	28.26 %	0.63	0.16	5.24	<0.001	H.S
<i>Sandhi Shotha</i>	2.13	1.66	21.87 %	0.51	0.13	3.5	<0.01	S
<i>Stabdata</i>	1.4	0.86	38.09 %	0.51	0.13	4.00	<0.01	S

Table 10: Showing the Effect of Shamanoushadhi after Vasti on Subjective Parameters

	BT mean	AT mean	% of Relief	SD	SE	't'	P	Remarks
<i>Sandhi Shoola</i>	2.2	0.53	75.75 %	0.72	0.18	8.91	<0.001	H.S
<i>Sandhi Shotha</i>	1.66	0.4	76.00 %	0.45	0.11	10.71	<0.001	H.S
<i>Stabdata</i>	0.86	0.46	46.15%	0.50	0.13	3.05	<0.01	S

Table 11: Showing the Effect of Total Therapy on *Sandhi Shoola*

	BT mean	AT mean	% of Relief	SD	SE	't'	P	Remarks
<i>Sandhi Shoola</i>	3.06	0.53	82.60 %	0.83	0.21	11.76	<0.001	H.S
<i>Sandhi Shotha</i>	2.13	0.4	81.25 %	0.70	0.18	9.53	<0.001	H.S
<i>Stabdata</i>	1.4	0.46	66.66%	0.45	0.11	7.89	<0.001	H.S

Table 12: Showing the Effect of Vasti on Objective Parameters

	BT mean	AT mean	% of Relief	SD	SE	't'	P	Remarks
<i>Sparshaasahitwa</i>	2.00	1.26	36.66%	0.45	0.11	6.2	<0.001	H.S
Grip strength	2.4	2.06	13.88%	0.48	0.12	2.64	<0.02	S

Table 13: Showing the Effect of Shamanoushadhi after Vasti on Objective Parameters

	BT mean	AT mean	% of Relief	SD	SE	't'	P	Remarks
<i>Sparshaasahitwa</i>	1.26	0.4	68.42 %	0.63	0.16	5.24	<0.001	H.S
Grip strength	2.06	0.66	67.74%	0.63	0.16	8.57	<0.001	H.S

Table 14: Showing the Effect of Total Therapy on Objective Parameters

	BT mean	AT mean	% of Relief	SD	SE	't'	P	Remarks
<i>Sparshaasahitwa</i>	2.00	0.4	80.00%	0.82	0.21	7.48	<0.001	H.S
Grip strength	2.4	0.66	72.22%	0.70	0.18	9.53	<0.001	H.S

Table 15: Showing the Effect of Total Therapy on E.S.R Values

BT mean	AT mean	% of Relief	SD	SE	't'	P	Remarks
69.66	46	33.97 %	6.39	1.65	14.32	<0.001	H.S

Table 16: Effect of Total Therapy on RA Factor

RA factor	B.T.	%	AT	%
Positive	8	53.33%	8	53.33%
Negative	7	46.67%	7	46.67%

Table 17: Effect of Total Therapy on General Symptoms

General Symptoms	n	B.T	A.T	Percentage of Relief
<i>Angamarda</i>	15	15	7	53.33%
<i>Shoonatanga</i>	4	4	0	100%
<i>Shoola</i>	13	13	7	46.15%

<i>Aruchi</i>	12	12	0	100%
<i>Trushna</i>	7	7	0	100%
<i>Alasya</i>	9	9	3	66.66%
<i>Gaurava</i>	6	6	2	66.66%
<i>Jwara</i>	5	5	0	100%
<i>Apaka</i>	2	2	0	100%
<i>Praseka</i>	3	3	0	100%
<i>Utsahahani</i>	5	5	3	40%
<i>Vairasya</i>	1	1	0	100%
<i>Daha</i>	4	4	0	100%
<i>Bahumootrata</i>	2	2	0	100%
<i>Kukshi katinya</i>	1	1	0	100%
<i>Kukshi shoola</i>	1	1	0	100%
<i>Aanaha</i>	3	3	0	100%
<i>Aantrakoojana</i>	2	2	0	100%
<i>Chardi</i>	4	4	0	100%
<i>Nidraviparyaya</i>	11	11	3	72.72%
<i>Bhrama</i>	0	0	0	-
<i>Moorcha</i>	0	0	0	-
<i>Hridgraha</i>	4	4	2	50%
<i>Vitvibandha</i>	11	11	2	81.81%
<i>Jadhya</i>	3	3	1	66.66%

Table 18: Showing the Total Effect of the Therapy

Assessment criteria	No. of patients	Percentage of Relief
0- 25% No Relief	0	-
26 -50% Mild Relief	1	6.66%
51- 75% Moderate Relief	6	30.00%
Above 75% Marked Relief	8	63.33%

DISCUSSION

Amavata is not only a disorder of locomotor system but is a systemic disease and is named after its chief pathogenic constituents i.e. Ama and Vata. Due to absence of some suitable remedy it is imposing great challenge before the medical world. It runs a very long course and not only makes the patients to cripple but may also restrict them to the bed. An unsatisfactory therapeutic state for the disease concerned in modern science has diversified the treatment selection pattern of majority of Patients and rendered them rushing physician to physician and from one health care system to another. Chronicity and disability associated with the disease has further potentiated the driving force in search of a real cure.

The improvement observed was 33.97%. The results of the therapy was statistically highly significant, with p value ($p < 0.001$). Unpaired 't' test, the Vaitarana Vasti showed statistically highly

significant improvement in the reduction of E.S.R values

Out of 15 Patients, the effect on Subjective parameters was 8 Patients (63.33%) were markedly improved, 6 Patients (30.00%) Moderately improved and lastly 1 subject (6.66%) was mildly improved after the completion of therapy. The effect on objective parameters was, 8 Patients (53.33%), 9 Patients (60%) showed Marked improvement in Grip strength and Tenderness respectively. 01 Subject (6.66%), 3 Patients (20%) were moderately improved in Grip strength and Tenderness respectively. 06 Patients (40%), 2 Patients (13.33%), 12 Patients (80%) showed mild improvement in Grip strength, Tenderness and E.S.R respectively. 1 subject (6.66%), 3 Patients (20%) falls under No Relief category of Tenderness and E.S.R respectively.

CONCLUSION

The Grip strength was also analyzed after administration of *Simhanada Guggulu* with *Rasna*

Saptak Kwatha as *Anupana* for 30 days following *Vasti*. The Grip strength was markedly increased just after *Shamanoushadhi* in statistically highly significant in *Vaitarana Vasti* Group ($p < 0.001$). The effects of total therapy was highly significant improvement in Grip strength with p value ($p < 0.001$). This means that the therapy was very effective in increasing the grip strength in patients of *Amavata*.

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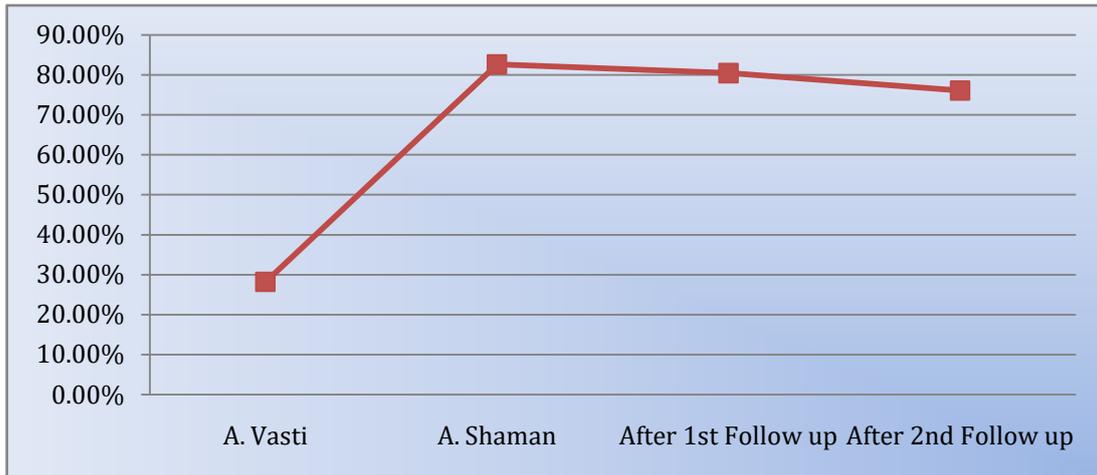
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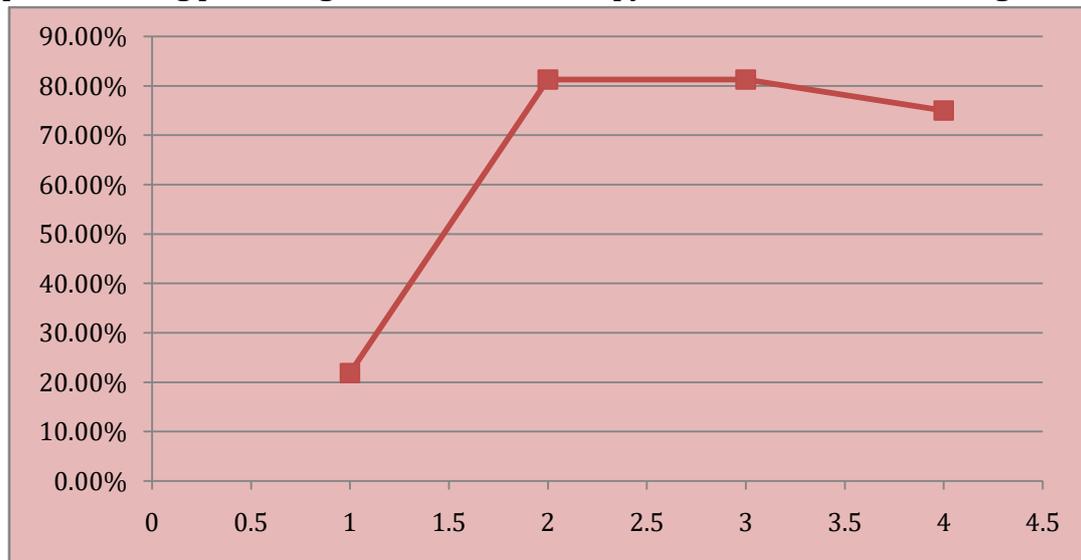
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GRAPHS OF RESULTS

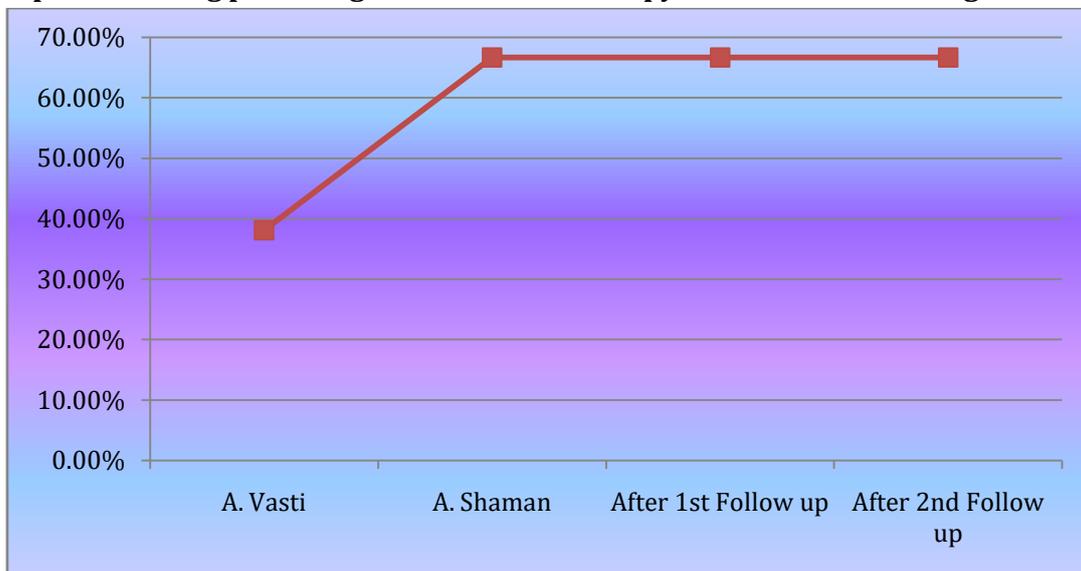
Graph 1: Showing percentage wise affect of therapy on *Sandhishool* including follow-up



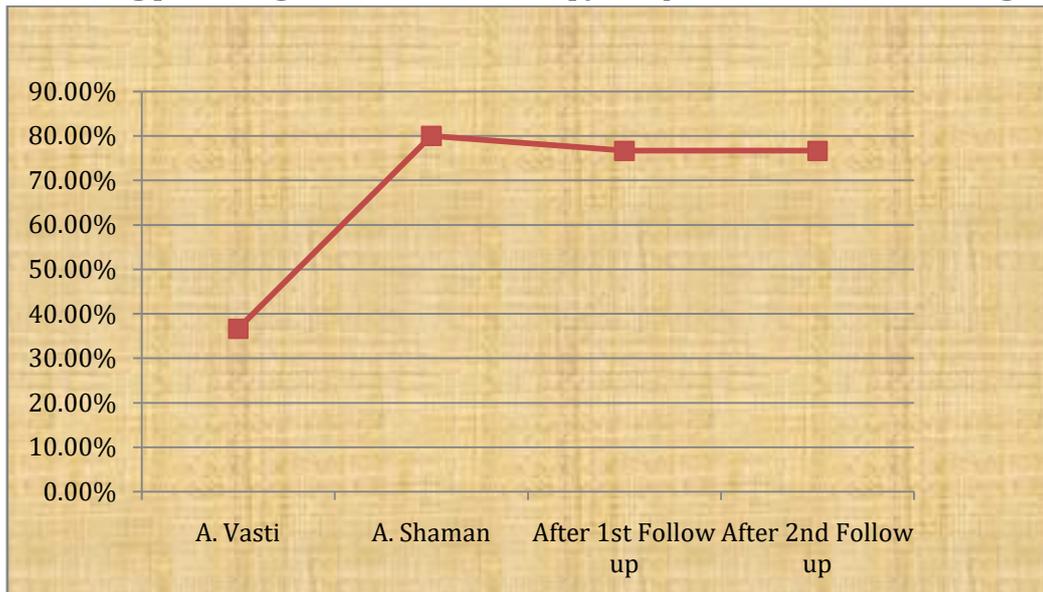
Graph 2: Showing percentage wise affect of therapy on *Sandhishotha* including follow-up



Graph 3: Showing percentage wise affect of therapy on *Stabdata* including follow-up



Graph 4: Showing percentage wise affect of therapy on *Sparshaasahitwa* including follow-up



Graph 5: Showing percentage wise affect of therapy on Grips tremgth including follow-up

