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RESEARCH ARTICLE

CLINICAL EVALUATION OF VAITARANA BASTI ALONG WITH DHANWANTARA TAILA MATRA BASTI IN AAMVATA WITH SPECIAL REFERENCE TO HLAB27: A CASE SERIES

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Abstract

Ayurveda, an ancient medicine explains well about joint disorders. Aamvat is one of them. In this present era Aamvata is one of thecommonest chronic inflammatory disease.HlAB 27 is one of type of rheumaticdisease.SymptomsincludingJoint inflammation,stiffness,generaldebility,sancharivedana,klam (fatigue without physical exertion) are closely related to rheumatic disease.Thisis case series and consist of 5 cases of patients having symptoms of aamvata and they are HLAb27 positive.They all were treated with vaitaranbasti and dhanvantartailmatrabasti in kaalbastiformat.Ama(undigested food)vata are 2 major pathogenic factor for aamvat.Drugs of vaitaranbasti having deepanpachanproperties areopposite to Ama property. And dhanvantartailcauses pacification of vataDosha.Thus relieved from the painful symptoms.So combination of intervention of vaitaranbasti and dhanvantartailmatrabasti,along with medicinesshowed marked improvement in sign and symptoms of aamvat patients who having HlAB27 positive.

Introduction:-

Ayurvedaexplain the concepts like dosh,dushya,dhatu,strotas,mala,Ama.Along with dosh,dushya;Ama is one of the basic and important criteria which has major role in producingManydiseases.Amameans raw or undigested food which produced due to Agnimandya(low digesting fire).In Aamvata, Amaandvataaremain components of the disease. Due to similarity of the sign and symptoms Amavat is compare with Rheumatoid Arthritis. Amavat is explained byAcharyaMadhavakarin Madhavanidanduring 7 CenturyAD.[1] He covered the variety of Rheumatology disorders under the body of Amavat.Main pathological factors areAma, vatadosh, kaphdosha.There is involvement of Rasvahstrotas, so pain spreads from one joint to another very quickly. Aamvat has peculiar symptomsvrushchikdanshvatvedana (pricking pain like scorpion bite), Bahumutrata(frequent urination)SarvSandhishool (multiple jointpain),shoth (swelling) and Sancharivedana (pain at multiple site).[2]As the disease occurs in Madhyamrogmarg and involvement of multiple joints, makes the disease critical to treat.[3] HlAB27 test is ordered to confirm the diagnosis of Ankylosing spondylitis. People having Rheumatoid arthritis can be positive to HlAB27. There's no cure for HlAb 27 positive patient,but treatment is available to help relieve the symptoms. NSAID's are commonly use to treat.Treatment can also help to delay or prevent the process of the spine

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fusing and stiffening.Longterm use of NSAID's having their limitations.Ama,vatdosha,kaphdosha consist of opposite property to each other. And involvement of gambhir dosh dushti(deeply seated objectives) as well as uttangatdosh(superficial components) make the treatment more challenging. As gambhir as well as uttandhatugatavastha and investment of Ama, vatdosh, kaphdosh, agnimandya needs the shodhanchikitsa. AcharyaCharakasaid thatbastichikitsa as half of the treatment of all disease while other Acharyas considered it as complete therapy.[4]Acharyachakradatt explained vaitaranbasti in detailed.He indicated vaitaranabastiin shula (pain), Anaha (flatulence) and Amavata.[5]The name vaitaranasignifies the name of a river which can brings back dead to live.Vaitaranbasti contain drugs which having laghu, ushna, tikshna and rukshagunathat helps in break the avrodh(obstruction) and expels out the vitiatedkapha and Ama from all over, repair the agnimandya thus helps in sampraptibhang(breaking down) of Amavata while Matrabasti of Dhanwantarataila pacifies vitiatedvatadosha and reduced the pain,swelling and stiffness.[6]

5 clinically diagnosed cases of Amavatawho are HlAb 27 positivewere selected for this study and treated by planned protocol (Table 3).After completion of treatment; assessment was taken on the basis of subjective (Table 1, 2) and objective parameters and fervor results were found.There is classical reduction in clinical sign and symptoms (Table 4).

Aim:-

To evaluate the effect of vaitaranbastialong with dhanvantartailmatrabastiin Aamvat with special reference to HlAb 27

Objectives:-

1. To see the effect of vaitaranbasti followed by dhanvantartailmatrabasti in reducing the sign and symptoms of aamvata.
2. To see the effect of vaitaranbastifollowed by dhanvantartailmatrabastiin reducing sign and symptoms of HlAb27

Case summaries

Case1

A 18 years old male patient was suffering from pain atlower back region,bilateralknee joints(pain was more on left knee than right),bilateral shoulder joint,right iliac region;morning stiffness that lasts for 10-12 hours since 8 years.Sometimesvomiting and headache were also reported by the patient with the same duration of time.The onset was gradual with fever, joints pain.He was student and living at village.Oninvestigation,rheumatoid factor and anti CCP were seen to be increased.And he was HLAb 27 positive. All needed investigation mentioned in Table 4.He was diagnosed on a clinical basis.No significant history or any addiction was reported by the patient.

Case 2

A female patientaged 30 years developed pain and stiffness at the bilateral lower back region,both ankle joint,bilateralthighand pelvic region and also gradually increase in numbnessat lower limbsfor 1year.Patient reported walking and getting up from the floor was very painful.The pain was usually aggravating in the morning hours.Painworsens when the cold climate was there and was subsiding by hot fomentation and sudation therapy.Oninvestigations,x-ray of pelvis with hipshowed oval density at right sacroiliac joint.The patient was taking allopathic treatment for 1 year but she didn't get any relief.

Case 3

A 22years old femalepatient presented with chief complaints of pain atlower back side,bilateral shoulder joint,withmild restricted movements since past 3years.Numbness and tingling sensation at lower limb,stiffnessat lumbar region,limited range of motion at the lumbar region and occasionally giddiness were also present.Thepain and stiffness was usually aggravating in the morning.She is ASLO and HLAB 27 positive.MRI of sacroiliac joint revealed that diffused edema and early erosion at sacroiliac joint and acetabulum.MRI of LS spine showed inflammatory spondyloarthropathy.Patient used to feel nausea and giddiness with all other symptoms.

Case 4

A 21 years old male patient worked in IT department was complaining of pain at lower back region, bilateral shoulder joint.Morning stiffness at painful region was alsopresent for 1 year.He had history of dengue fever before 6

years. Patient took allopathy treatment for all above symptoms.But he didn't get relief.He was RA negative and HLAB 27 positive.

Case 5

A 27 years old male patient who was bank accountant was suffering from the complaints of gradual onset of pain in lumbar region bilateral knee joint,cervicaljoint,bilateral shoulder joint,bilateral ankle joint, since past 8 years.He was having painful and restricted joint movements.She also admitted the history of loss of appetite;weakness,fever,giddiness,numbness and tingling sensation in both were there with the same duration of time.The pain was usually aggravating in the morning time.The patient has reported a history of typhoid and malaria 6years ago.He gave the history of fall from bike.And there was injury to right leg.His bowel was not clear regularly.In MRI there was mild sclerosis of iliac and sacral articular surface noted.End plate degenerative changes noted.

Investigation

All patients already came with HIAB27,RA positivereport.All blood routine investigation such as complete blood count,blood sugar level,liver function test,renal function test,lipid profile were within normal limits. Only the ESR was raised.

Methodology:-

Consent-Informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects always observed.

Clinical assessment

Objective criteria-

RA,HlAb27 finding

Subjective criteria-

Schoberstest, BASFI SCORE, BASDAI SCORE before and after treatment.

Table No.1:- BASDI SCORE(Both Ankylosing Spondylitis Functional Index).

That contains 0-10score . O means patient can do activity easily; 10score means impossible to do

1	Pulling on your socks or tight without help	Score 0-10
2	Bending forward from the waist to pick up a pen from the floor without help	Score 0-10
3	Reaching upto high shelf without help	Score 0-10
4	Getting up out of an armless dining room chair without using your hand	Score 0-10
5	Getting up of the floor without help from lying on your back	Score 0-10
6	Standing unsupported for 10mins without discomfort	Score 0-10
7	Climbing 12-15steps without using handrail or walking aid one foot on each step	Score 0-10
8	Looking over your shoulder without turning your body	Score 0-10
9	Doing physically demanding activities	Score 0-10
10	Doing Full days activities, whether it be at home/work	Score 0-10

Table no 2:- BASDAI(Contains 0-10score).

1	Fatigue	Score 0-10
2	Spinal pain	Score 0-10
3	Arthralgia, Joints pain	Score 0-10
4	Enthesis or Inflammation of tendons& ligaments	Score 0-10
5	Morning stiffness duration	Score 0-10

Table no 3:- Treatment protocol.

Sr no	Treatment protocol	Drug and dose	Duration
1	Deepan and pachan	Shunthisiddhaerandkashay(20ml)- in the morning Arogyavardhinivati500 mg BD	30 days

2.	Shaman Chikitsa	Sinhnadguggul 500 mg BD Amrutarisht 20 ml BD Tribhuvankirti 125 mg Bd	30 days
3	Vaitaranbasti	Amlikakalk 40ml Saindhav 10gm Gud(jaggery)1 shukti(24gm) Gomutra1kudav(100ml) Tiltail 50 ml	At empty stomach early in the morning Kalbasti
3	Matrabasti	Dhanvantartail 120 ml	After taking light meal kalbasti
4	Dashanglep		30 days
5	Valukapottalisweda		30 days

Method of preparation of Vaitaranbasti.

Preparation of vaitaranbastiis done according classical methods.At first 24g(1 Shukti) of jaggery was mixed with equal amount of lukewarm water.10g (1 Karsha) of Saindhava added to above mixture. Warm Tilataila (50 ml) was added till the mixture became homogenous.48 g (1 Pala) of AmlikaKalka was taken and added to the above mixture carefully.Lastly60ml (1 Kudawa) Gomutra added slowly and kept stirring Getting of uniform bastidravya.Then filtered it.After filtering, bastidravya was made lukewarm by keeping it into hot water.

Table no4:- Results of cases before and after treatment.

	Case 1		**Case2**		**Case 3**		**Case 4**		**Case 4**	
	BT	**AT**	**BT**	**AT**	**BT**	**AT**	**BT**	**AT**	**BT**	**AT**
Pain by vas scale	**9**	**5**	**10**	**3**	**9**	**4**	**7**	**3**	**10**	**5**
Schobers test	**17cm**	**20cm**	**15cm**	**20cm**	**18cm**	**21cm**	**19cm**	**21cm**	**15cm**	**19cm**
BASFI score	**3.3**	**1.3**	**7.7**	**4**	**7.5**	**3.2**	**6**	**2**	**8.8**	**4**
BASDAI SCORE	**3.3**	**1.1**	**3.7**	**1.8**	**3**	**1.8**	**2**	**1**	**4**	2

Discussion:-

Aamvata is one of most challenging inflammatory disorder.As pathological factors of it possesses exact opposite qualities.MorbidAma along with vitiated vatadosha circulate all over the body.They mostly attack on kaphsthan (sits of kaphdosha)and that are mostly joints.Where they produces symptoms like fever, arthralgia,swelling,stiffness,weakness,polyuria,generaldebility.Same sign and symptoms can be seen in HLAB 27 positive patients.Chronicity of disease is kashtsadhya(not easy to recover fast).Due to similarity in sign and symptoms diagnosis is aamvat.Treatment of aamvat is explained by AcharyaChakradatt in detailed manner.Treatment of this disease is very challenging as we have to treat 2 opposite nature doshassimultaneously.Vatdosh is having laghu, sar, shit properties where ama is ushn,sticky in nature.Kaphdosh possesses sthir, gurugunas.Ayurveda explained many bio-purificative methods which expelled out toxins(ama) from the body. Vaitaranbasti which emphasized by AcharyaChakradatt has good outcome on Above patients.Vaitaranbasti contain jaggery, tiltail, saindhava,gomutra,amlika. Amlika is ruksh, ushnagunatmak and is of amlarasatmak.Which rises the doshas and helps in elimination of them.It is also vatkaphshamak.[9]Puranguda(jaggery) possesses laghu, pathya, anabhishyandi properties so acts as vatkaphshamak. It causes agnideepan.[10]Jaggery and saindhav make homogeneousmixture of basti. Saindhavhas sukshma and tikshn property that leads tostrotoshodhan.Sodrugs can pass through mucosa in the systemic circulation thus reach up to molecular level.[11]Saindhavirritate the colon so eliminate the waste material.And it breaks viscous matter into particles.Tiltail helps in forming uniform solution.It reduces vatdosha.It prevents anal canal from irritation.[12]Among all the drugs; gomutra (cow's urine) is foremost.As it is tridoshshamak so pacified all three doshas, strotovishodhan so can reaches upto molecular level remove ama and kapha, vatanulomak, agnideepak so it repaired impaired Agni.[13]Matrabasti of Dhanvantartailpropitiate vatdosha.[14]Shunthisiddhaerandkashay contain castor oil.It causes anuloman. Shunthimakes deepanpachan. Medicines also having deepanpachan,vatanuloman,kaphshamak properties. Basti interspersed pathophysiology. Hence it plays focal role in reducing aamvat and HlAB27 symptoms.

Conclusion:-

Ama and vata are core component of aamvat.Being opposite in nature,itbecomes hard to reduce them. HLAB 27 is type of rheumatic disease that don't have permanent curativetreatment.In this demanding situationvaitaranbasti and dhanvantartailmatrabastiset right the impaired situation of body.Bring improvement in the health. After this quality of life improves and people can do daily routine work.

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