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A Comparative Clinical Study Of *Virechana* And *Vaitarana Basti* With *Trayodashanga Guggulu* In *Amavata* with Special Reference To Rheumatoid Arthritis.

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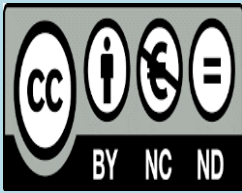
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ABSTRACT: -

The changing life style of human being by means of dietetic and behaviour pattern lays a major role in the manifestation of several disorders. This type of pattern may also lead to the development of the disease *Amavata*. *Amavata* has similarities with rheumatoid arthritis explained in allied sciences, Rheumatoid arthritis is a chronic multi system disease of unknown cause and characteristic feature of rheumatoid arthritis is persistent inflammatory synovitis, usually involving peripheral joints in a systemic distribution. *Amavata* is a disease having the predominance of *Vata dosha*, and also involvement of morbid *Kapha* and *Amadosha*. Hence a treatment which should alleviate morbid *Vata*, *Pitta*, *Kapha* is required in *amavata*. In Ayurvedic literature, a number of herbal preparations are described for the management of the disease. *Vaitarana Basti* is described in Chakradatta Niruhadikara section with its special indication in *Amavata*. *Trayodashanga Guggulu* Has *Katu*, *Tikta Rasa*, *Ushna Virya* And *Vata-Kaphahara Properties*. *Bhavamishra* has indicated it for *Vatavyadhis*, *Asthi-Majja-Sandhi* And *Snayugata Vata*. In this study The patients of group A were given *Virechana* by classical method followed by *Trayodashanga guggulu* for four weeks and Patients of group B were given *Vaitarana Basti* in the format of *Kala Basti* with *Anuvasana of Shunthi Siddha Tila Taila* for 16 days followed by *Trayodashanga guggulu* for four weeks. Results showed remarkable improvement in both groups proving Ayurveda treatment as a integral choice of treatment of *amavata*.

KEYWORDS: *Vaitarana Basti*, *Virechana*, *Trayodashanga Guggulu*, *Amavata*, *Rheumatoid Arthritis*



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INTRODUCTION

The spectrum of disease that results due to Ama ranges from acute conditions like *Visuchika*, *Alsaka*, *Vilambika* etc. to the chronic disorders like *Amavata*, *Grahani* and *Amatisara* etc. In *Amavata*, *Vata* as a Dosha and Ama are chief pathogenic factors. They are contradictory in nature and thus possesses difficulty in planning the line of treatment. It is mostly the disease of *Madhyama Roga Marga* and having *Chirkari Swabhava*. Sometime it can also be manifested as the acute case. Due to their similar mode of presentation, the disease rheumatoid arthritis can be broadly grouped under the heading *Amavata*. Due to wide spectrum of disease, much prevalence in the society and lack of effective medicament, the disease is being chosen for the study. The line of treatment described for the disease as “*Langhanam Swedanam Tiktham.....*” can be summarized under following captions.

- 1) Measures to bring Agni to normal state.
- 2) Measure to digest Ama.
- 3) Measures to eliminate vitiated Vata and Ama.

In this present study, *Virechana* and *Vaitarana Basti* were selected as *Samshodhana* process while, *Trayodashanga guggulu* was selected as *Shamana Yoga*. Both of these procedures are mentioned in *Chikitsa Sutra* described by Chakradatta. In this research work 43 patients were registered and were randomly divided into two groups. Group A was given *Virechana*

followed by *Trayodashanga guggulu* for 4 weeks, while in group B *Vaitarana Basti* was given followed by *Trayodashanga guggulu* for four weeks. *Vaitarana Basti* is described in Chakradatta Niruhadikara section with its special indication in *Amavata*. *Trayodashanga guggulu* described in BhavPrakash^[1] (B.P. 24/117-121) was selected as *Shamana Yoga* was used i.e. *Trayodashanga Guggulu* has analgesic and anti-inflammatory property.

MATERIAL AND METHODS

Source Of Data

- a) **Literary source:** Required literary information for study was procured from Ayurvedic samhitas and modern books, medical journals and retrospective studies.
- b) **Drug source :** the drugs were obtained from the pharmacy of V.Y.D.S Ayurveda Mahavidyalaya, Khurja, U.P.
- c) **Sample source:** Patients diagnosed with *Amavata* were selected from the OPD and IPD of V.Y.D.S Ayurveda Mahavidyalaya, Khurja.

Method Of Collection Of Data

43 patients fulfilling the criteria for the diagnosis of the disease were registered for the present study irrespective of their age, sex, religion, etc. Among these, 13 patients left the treatment before the completion of the therapy. The patients were selected from the O.P.D. & I.P.D.

of Dept. of Panchakarma and Kayachikitsa of VYDS Ayurved college & hospital Khurja.

Grouping

The patients were randomly divided into two groups.

1. Virechana Group (Group A): The patients of this group were given Virechana by classical method followed by Trayodashanga guggulu for four weeks.

2. Vaitarana Basti Group (Group B): Patients of this group were given Vaitarana Basti in the format of Kala Basti with *Anuvasana of Shunthi Siddha Tila Taila* for 16 days followed by *Trayodashanga guggulu* for four weeks.

Diagnostic Criteria

Patients with Rheumatoid Arthritis (Criteria for diagnosis of Rheumatoid arthritis as approved by American Rheumatism Association (ARA), 1987 will be considered.)

Inclusion criteria

- Patients between 20-60 yrs
- patients irrespective of sex, religion, socio-economic status will be included
- Patients fulfilling the criteria of Amavata according to classics (with special reference to RA)

Exclusion criteria

- Patients with any systemic disorders.
- All connective tissue disorders other than Rheumatoid arthritis.
- Chronicity more than 10 years
- Patients with crippling deformity
- Patients who are unfit for svedana karma.

- Patients having AIDS, Diabetes, Tuberculosis etc.

ASSESSMENT CRITERIA

The efficacy of the treatment was assessed for both Ayurvedic and Modern cardinal signs and symptoms and compared throughout treatment, by adopting scoring methods. The patient's response was assessed on subjective & objective parameters.

● Subjective Parameters

1. *Sandhishula* (Pain of Joints)
2. *Sandhishotha* (Swelling of Joints)
3. *Stabdhata* (Stiffness)
4. *Sparshasahyata* (Tenderness)

● Objective Parameters

1. Joint movements
2. Temperature of the joints
3. Swelling
4. Rheumatoid factor
5. Blood routine (Hb% ,TLC, DLC, E.S.R)
6. RA factor
7. RBS
8. Uric acid
9. X-Ray if necessary

Criteria for the assessment of overall effect of the therapies:

The total effect of the therapy was assessed considering the overall improvement in signs and symptoms. For this purpose, following categories were maintained.

- 1) Complete remission: 100% relief in the signs and symptoms.
- 2) Marked improvement: 75%- 99% relief in the signs and symptoms.
- 3) Moderate Improvement:50%- 74% relief in the signs and symptoms.

4) Mild Improvement: 25%- 49% relief in the signs and symptoms.

5) Unchanged: Below 0%-24% relief in the signs and symptoms.

OBSERVATIONS

- Total number of patients taken for study- 43
- Number of patients taken in Group A- 16
- Number of patients taken in Group B- 27
- Number of patients dropped out in both- 13 (Group A-2, Group B- 11)

Incidence observation:

As per the prepared research proforma, observations are made regarding the incidence of Age, Gender, Socio-economic status, Dietary habits, Prakriti, and others . The details are in Table number [1,2,3,4,]

RESULT:

Overall Effect of Therapy on 30 Patients

Effects	Group A		Group B	
	No. of Patients	%	No. of Patients	%
Complete Remission (100%)	0	0	0	0
Marked Improvement(76-99%)	1	7.14%	2	12.5%
Moderate Improvement(51-75%)	8	57.14%	10	62.5%
Mild Improvement(25-50%)	5	35.71%	4	25%
Unchanged (<25%)	0	0	0	0

Virechana Group(14 patients), complete remission was found in none of patients, while marked improvement in 7.14%, moderate

The effect of both the therapies in various signs and symptoms of the disease can be highlighted in **Table 5- Comparative Relief Percent Table.**

Group-A- it has provided significant relief in the symptoms of *Sandhishula, Sandhishotha, Sandhigraha, Angamarda, Aruchi, Trishna, Alasya, Sputa-Anganama, Kukshishula, Bahumutrata, Ushnata* around joints.

Group-B -In this group highly significant level while symptom of *sandhishula, sandhishotha, sandhigraha, Angamarda, Aruchi, Trishna, Alasya, Gaurava, Jwara, Daurbalya, Vibandha, Bahumutrata, Hridgraha, Usnata* around joints and Griping strength, Foot pressure, Functional capacity, were statistically highly significant. And other hematological parameters in both the groups were statistical insignificant.

improvement in 57.15%, mild improvement 35.71% And none of the patients were remained unchanged while in **Vaitarana Basti Group**(16

patients). None of the patients was found Complete Remission, while marked improvement in 12.5%, moderate improvement in 62.5%, mild improvement 25% And none of the patients were remained unchanged Thus, in **Virechana Group** maximum number of patients i.e. **57.15%** showed **Moderate Improvement**, while in **Vaitarana Basti Group** maximum **62.5%** of patients showed **Moderate Improvement**.

OVERALL EFFECT

- ✓ In **Virechana Group (Group A)**-14 patients were treated out of which, marked remission was found in 1 patient (7.14%), 8 patients (57.14%) got moderate improvement and 5 patients (35.71%) got mild improvement.
- ✓ In **Vaitarana Basti Group (Group B)**-out of 16patients, marked remission was reported in 2 patients (12.5%) while 10 patients (62.5%) got moderate improvement and 4 patients (25%) got mild improvement.
- ✓ None of the patient was found complete and unchanged in both the groups.
- ✓ The improvement was statistically highly significant in both the group but comparatively better results were observed in group-B, may be because of the properties of *kupilu* like *vedanasthapana, Deepana, Pachana* which helps to relieve the *shoola* and for the digestion of the Ama.
- ✓ Properties of *kupilu* like immunomodulator *Rasayana*, helps to overcome the immunological derangement induced RA by boosting once immunity which breaks the pathogenesis of the disease better than *Nirgundi Ghan Vati*.

DISCUSSION

An Ayurvedic classic provides a clear therapeutic guideline for the treatment of

Amavata. Namely *langhana, swedana, Tikta-katu-Deepana drugs, virechana* etc. the treatment is based on *Ama pachana* and amelioration of vitiated vata.^{[2][3]}

Since the disease is born out from the vitiated *Vata And Kapha*, in this present study we selected *Trayodashang guggulu*, which has a definite action on vitiated vata kapha dosha specially as well as an immune –suppressant action in modern point of view (RA is an auto-immune disorder in which body's immune response fails to recognize its own antigen & foreign antigen).^{[4][5]}

Trayodashanga Guggulu is well known and popular drug which has possesses *Shothahara And Shoola Prashaman* qualities and gives desired *Rasayana* effect.^{[6][7]} The drug suitably acts one vitiated *Vata & Kapha* and produces the ultimate effect. The clinical trial was conducted in a randomized sample 30 patients divided into two subgroups in GroupA-14, GroupB-16. he result of each therapy was assessed individually on various parameters, before & after treatment monitored cautiously subjected to bio-statistical analysis and family inferences were drawn and are hereby put forward.

30 Patients of this study were between the ages of 18-60 yrs. Maximum patients registered in the age group of 40-50 yrs (34.88%). In this stage of life *Vyadhi Kshmatwa* gradually decreases and accumulation of dosha occurs, particularly *Vata Dosha* which acts as major predisposing factor for this disease process. Thus, this age group is more prone for this disease.

It was observed that most of the patients were female (93.02%) predominance of female was higher. As obvious explanation for the male/female ratio in RA susceptibility may lie at the level of hormonal differences. Hormone

influences on RA Susceptibility may be attributed to sex steroid or other hormones, such as prolactin which have well established immune regulatory effects. Oral contraceptive use increased risk of RA development following pregnancy & following breast feeding and remission of RA during pregnancy.

Most of the patients of this series were 90.47% of vegetarian followed by 11.62% patients were on mixed diet. As per observation most people are vegetarian, they are take khichadi, kadhi, fruits salads with milk etc, which are *Guru And Virudha* in nature, this may be suitable to atmosphere for the causation for the disease. All the patients in the study were of *Dvandaja Doshik* constitution majority of them were having kaphvata prakriti. Thus, they are more prone to *vata kapha disorder like Amavata*. The *Samprapti* of the disease indicates the involvement of ama (similar quality of *Kapha*) *And Vata* chiefly.^[8]

The presence of Rheumatoid Factor does not establish the diagnosis for RA, but it can be of prognostic significance, because patients with high titers tend to have more severe and progressive disease with extra-articular manifestation. Here 32.55% pts were sero positive, while 67.44% pts were sero negative for RA Factor. In 9.30% of pts rheumatoid nodules were present, 4.65% swan neck deformity was present, 81.39% there was no deformity. It was observed that maximum no. of pts. 100% had *sandhishoola*, 60.79% had *sparshasahyata*. Among the general symptoms of the disease, *angamarda*, *Aruchi*, *Trishna*, *Alasya*, *Gaurava*, *Jwara Apaka* and *supta –anganama* was observed as 83.72%, 48.83%, 53.84%, 58.13%, 76.74%, 23.25%, 69.76% and 62.76% respectively. Among the general symptoms of the disease 79.06% had *agnimandya & ushnata* around

joints and 65.11% had Anaha & vibandha, 58.13% had *Nidra-viparya*, 27.90% had *hridgraha*, 16.27% had *bahumutrata*, 13.95% had *kukshishoola*, 6.97% had *antrakujana*, 20.93% had *Daha*, 2.32% had each *praseka and chhardi*.

Majority of pts i.e. 81.39% had PIP (Hand) involvement, 76.74% had knee joint involvement, 60.46% had Ankle joints & hip joints involvement respectively, 58.13% had shoulder joint involvement.

CONCLUSION

An apparent difference of improvement in all the cardinal symptoms was observed, in this respect, treatment schedule of group B proved to be better than group A. Statistically significant difference are found in improvement of *Sandihshula & Sandhishotha*, from the obtained data it was inferred that the treatment schedule of group B was more effective than test drug of group A. when overall improvement in cardinal symptoms are concerned. As per clinical observation both procedures were effective on *Amavata* because both have such type of properties like *Rasa, Guna, Virya, and Vipaka* which can remove the *Samprapti Ghataka of Amavata*. *Amavata* now a days, has become a burning and challenging disease of Medical science but Ayurvedic line of treatment proves to be very useful.

Conflict Of Interest:

The authors have no conflicts of interest regarding this investigation.

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At this amenity of successful accomplishment of my work, I surrender myself to the Almighty **LORD DHANVANTRI & My Family**, who inculcated in me enough strength to discharge my duties, immaculately.

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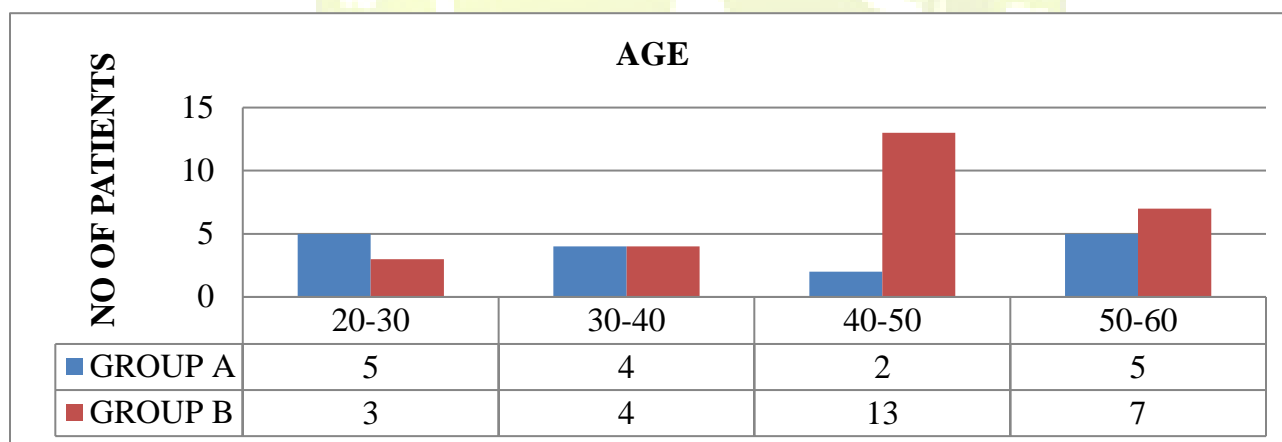
01- DISTRIBUTION OF PATIENTS BASED ON AGE:

(Table no.01 Distribution according to Age)

Age (in Year)	Number of Patients		Total	Percent
	Group A	Group B		
10 – 20	0	0	0	0%
20 – 30	5	3	8	18.60%
30 – 40	4	4	8	18.60%
40 – 50	2	13	15	34.88%
50 – 60	5	7	12	27.90%

It was found that maximum number of patients i.e. 34.88 % belonged to age group of 40 – 50 years, followed by 27.90 % to 50- 60 years,

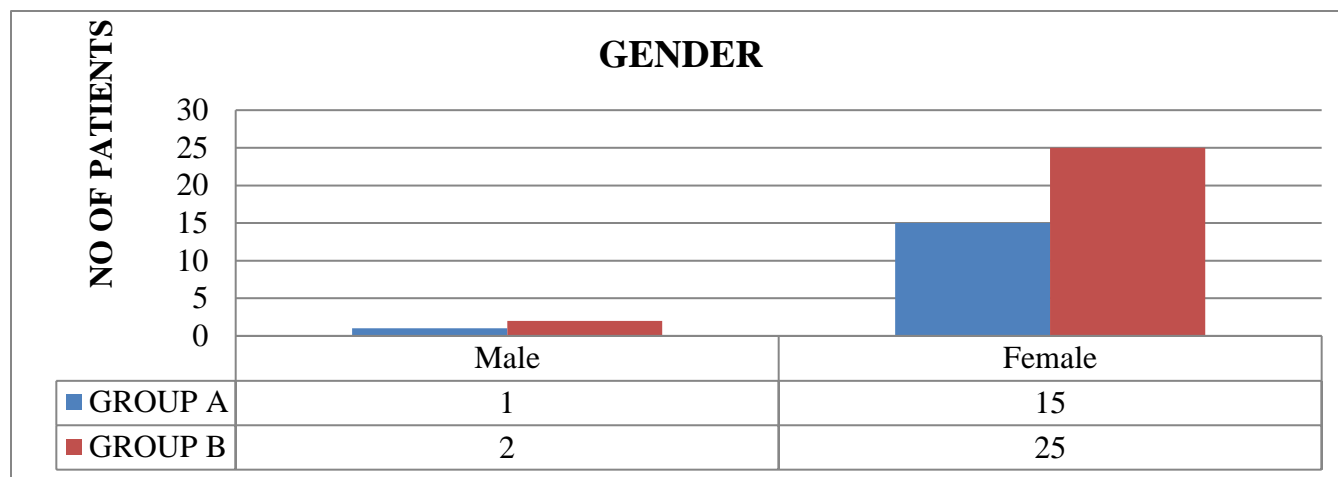
18.60% of patients to 30-40 years, and 20-30 years of age group, and lastly 0% of patients belonged to 10-20 years age wise group.

**02- DISTRIBUTION OF PATIENTS BASED ON GENDER**

(Table no.02 Distribution according to Gender)

Sex	Number of Patients		Total	Percent
	Group A	Group B		
Male	1	2	3	6.97%
Female	15	25	40	93.02 %

In this series, the majority of the patients were female i.e. 93.02 % while the remaining i.e. 6.97 % were male.

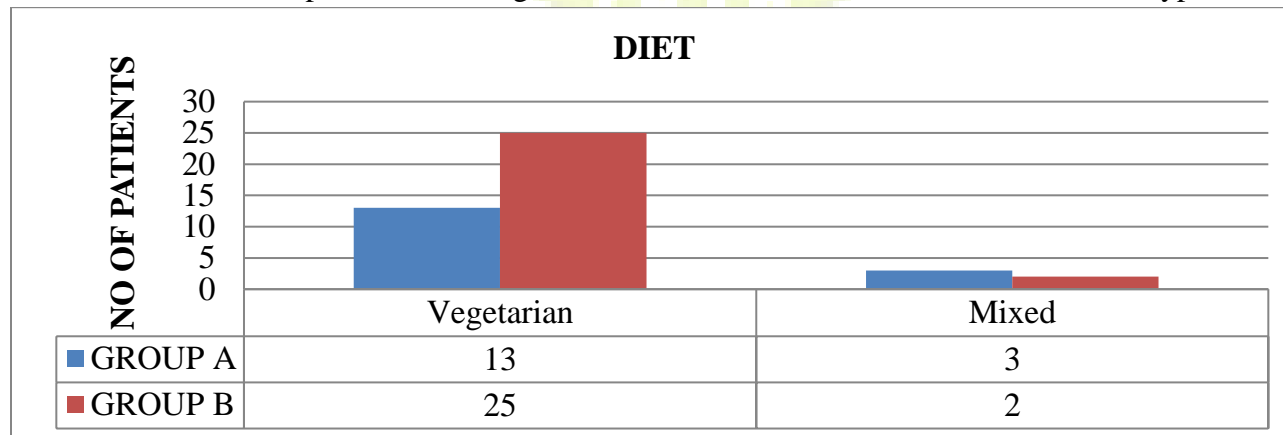


03- DISTRIBUTION OF PATIENTS BASED ON DIETARY HABITS

(Table no.03 Distribution according to Dietary Habits)

Diet	Number of Patients		Total	Percent
	Group A	Group B		
Vegetarian	13	25	38	88.37%
Mixed	3	2	5	11.62%

Maximum i.e. 88.37% patients were vegetarian; while 11.62% were habituated to mixed type of diet.



04- DISTRIBUTION OF PATIENTS BASED ON PRAKRITI

(Table no.04 Distribution based on Prakriti)

Prakriti	Number of Patients		Total	Percent
	Group A	Group B		
Vata-pitta	3	7	10	23.25%
Kapha-pitta	3	10	13	30.23%
Kapha-vata	10	10	20	46.51%

Above table highlights that maximum i.e.46.51% of patients had Kapha-vata Prakriti,

30.23% had Kapha-pitta Prakriti and 23.25% of patients had Vata-pitta

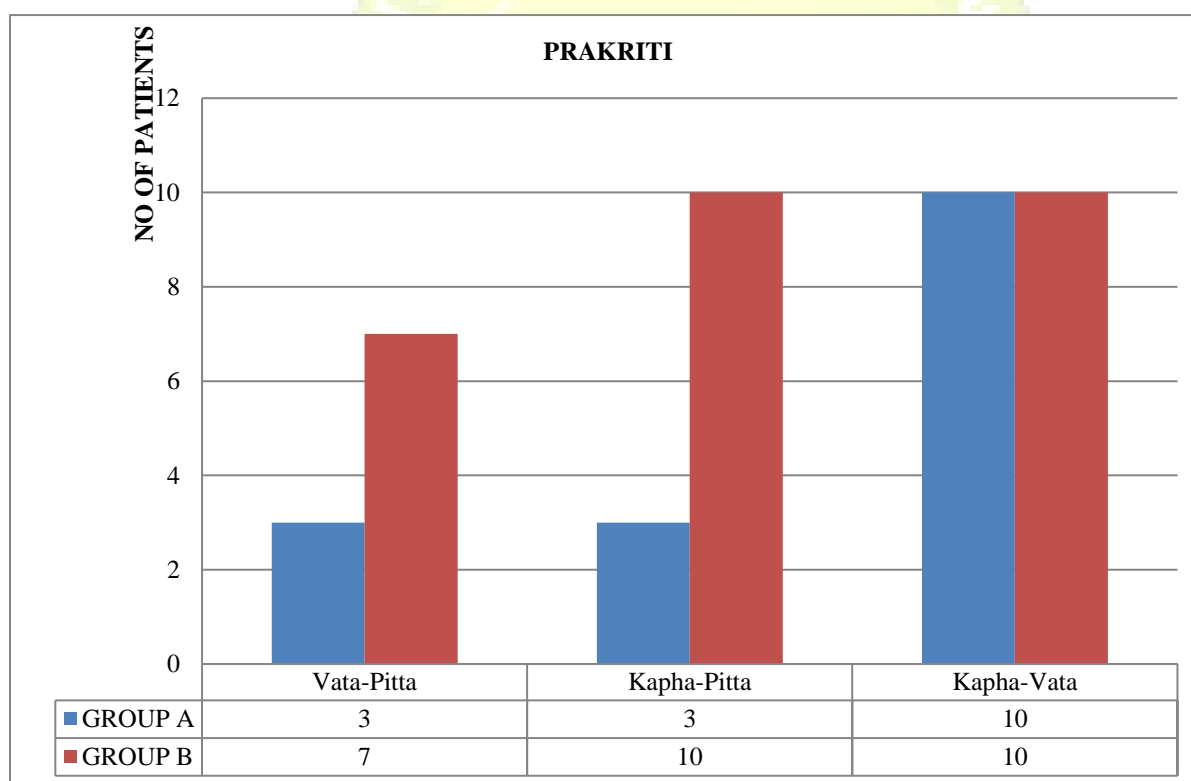


Table 5- Comparative Relief Percent

<i>Symptoms</i>	<i>% Relief</i>	
	<i>Virechana Group</i>	<i>Vaitarana Basti Group</i>
<i>Shula</i>	61.53	67.74
<i>Shotha</i>	72	74.07
<i>Sandhigraha</i>	78.26	76.66
<i>Sparsasahayta</i>	77.27	77.27
<i>Angamarda</i>	59.25	73.07
<i>Aruchi</i>	62.5	80
<i>Trishna</i>	81.25	100
<i>Alasya</i>	93.75	81.25
<i>Gaurava</i>	52	70
<i>Jwara</i>	83.76	85.71
<i>Daurbalyata</i>	46.53	76.19
<i>Agnimandya</i>	57.89	68.18
<i>Vibandha</i>	54.54	69.56
<i>Daha</i>	70	83.33
<i>Supta-anganama</i>	88.88	87.5
<i>Nidra Viparyaya</i>	77.97	60.86
<i>Chhardi</i>	66.66	75
<i>Kandu</i>	66.66	79.16
<i>Kukshishoola</i>	78.57	73.63
<i>Anaha</i>	77.77	100
<i>Bahumutrata</i>	78.57	100
<i>Hridgraha</i>	70	75
<i>Ushnata around joints</i>	78.57	70
Grip strength	68.98	60.71
Walking time	50	50
Foot pressure	69.44	50
Functional capacity	50	46.87
Degree of disease activity	52.17	33.33
ESR	16.20	6.28