

## The effect of *Ksharbasti* in the management of *Amavata* with special reference to *Rheumatoid Arthritis*

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### Abstract:

*Ayurveda* is not only a medical science but also a life science which play a very important role in the management of chronic disease, one of them is *Amavata* which can be compared with Rheumatoid Arthritis due to its clinical appearance. *Basti* (medicated enema) is one among the most important *Panchakarma* therapies which is also considered as “*Chikitsardha*” (half of entire treatments). *Kshara Basti* is selected for the present study as *Samshodhana* process. It is mentioned in *Chikitsa Sutra* described by *Chakradatta*. The word *amavata* is made up of combination of two words *ama* and *vata*. The disease is mainly due to derangement of *agni* like *jatharagni*, *dhatavagni*, etc. resulting in production of *ama*. This *ama* circulate in whole body by vitiated *vata* and gets accumulated in *sandhis* causing pain, stiffness, swelling over joints. Total 50 randomly selected patients of *Amavata* were registered among them Group (A) 25 patients on *Kshara Basti* in the format of *yoga Basti* was given to these patients and Group (B) 25 patients on *Rasonadi kwath* was given for one month. Statistically significant improvement was

found in ESR, RA factor (quantitative) and also highly significant results were found in symptoms of *Amavata*.

**Keywords:** *ksharbasti*, *Amavata*, *rasonadi kwath*, *Rheumatoid Arthritis*.

### Introduction

*Panchakarma* treatment is a truly unique approach for revitalization, rejuvenation and prevention. *Samshodhana* is the first line of treatment mentioned in classics in various chronic and lifestyle disorder [1]. Though *Basti* is mentioned in vitiation all the *Vata*, *Pitta*, *Kapha*, *Rakta Doshika*[2]. *Basti* is chief *Panchakama* procedure used in *Ayurveda*. The pharmacodynamics of systemic effect of *Basti* may be understood through absorption mechanism, concept of system biology, neural stimulation mechanism, and excretory mechanism. As *Basti* is homogenous emulsion mixture of Honey, *Saindhava*, *Sneha Dravya*, *Kalka*, and decoction of crude drugs and *Prakshepa Dravya*, which is given through rectum, is absorbed, hence *Basti* is used as route of drug administration. Through rectal route large quantity of drugs can be delivered for systemic circulation and act

accordingly. *Panchakarma* is applied for the *Shodhana* which contributes greatly towards the treatment and prevention of various diseases the line of treatment of *Amavata* is *langhana swedana tikta deepana* and kutu ras medicine *virechana snehapana bastreshem*. *Amavata* is first described as separate disease in *Madhava Nidana*, where it is mentioned that *Mandagni* plays an important role in the manifestation of the disease. *Amavata* is one such a disease of chronic joint pain and body pain, accompanied by swelling of some or all of the synovial joints, Angamarda (body Pain), Aruchi (loss of taste), Thrishna (thirst), *Alasya* (lack of enthusiasm), *Gourava* (heaviness), *Klama* (tiredness without doing work), *Apaka* (indigestion) and fever. In the later stage pain may begin to migrate from place to place with a *Vrishchika damshavat Vedana* (intense stinging type of pain) and burning sensation [3]. The clinical presentation of *Amavata* closely mimics with the special variety of *Rheumatological* disorders called rheumatoid arthritis, in accordance with their similarities on clinical features, like multiple joint pain, swelling, stiffness, fever, general debility. This disease is chronic debilitating affects mostly in the middle aged group, 80 % of patients suffering with this disease in between the age of 35 to 50 years. Women are affected approximately 3 times more often than men. *Amavata* is caused due to the derangement of *Agni* i.e. mainly *jatharagni* and *dhatwagni* resulting in the production of *ama* and this *ama* circulates in the whole body by the vitiated *vata* and *kapha doshas* and they are located in sandhi sthanas. In *Amvata*, *ama* and *Vata* both get vitiated by *virudhahar vihar*. As per modern, rheumatoid arthritis is immuno

inflammatory disease that affects joints and extra *articular* tissues. Line of treatment includes *Langhana* (light diet or fasting), *Deepana Pachana* (Appetizers, Digestives and Carminatives), *Svedana* (fomentation), *Virechana* (Therapeutic purgation) and *Basti* (Therapeutic rectal administration) [4] *Kshara Basti* has been selected as *Shodhana Chikitsa* which is mentioned in *Chikitsa Sutra* described by Chakradatta [5]. in *Bhaishyajya ratnavali* oreol *Rasonadi kwath* is also mentined for the treatment of *Amavata* [6]. Indian medicine is based on scientific proof that time and which can be proved even now by utilizing the, modern scientific methods. Having prying glance on these factors. I decided to study this disease because of gross problem in society.

### **Aims and Objectives :**

**Aims :** The effect of *Ksharbasti* in the management of *Amvata* with special reference to Rheumatoid arthritis.

### **Objectives:**

- i. To discover appropriate treatment for complete cure of *Amvata* (Rheumatoid arthritis).
- ii. To validate *Ayurved* principles with modern proof.
- iii. To study the action of *Ksharbasti* on the positivity of RA
- iv. To study the action of *Ksharbasti* on the raised E.S.R.
- v. To observed side effects of *Ksharbasti* if any.

### **4] Material and methods**

#### **4.1] Source of Data:**

Study will be undertaken at OPD and IPD of L. K. Ayurved Hospital Yavatmal

#### **4.2] Study design:**

Randomized Comparative Clinical Study

**4.2.1] Type of Study:** Interventional

**4.2.2.] Sampling procedure:**

Subjects of 25-50 ages irrespective of Gender are randomly enrolled from OPD with Rheumatoid arthritis for observing effect of ksharbasti

**4.2.3] Stages and Grouping:** Two groups with 30 subjects in each group

- Group A: 30 *Ksharbasti* with oral *Rasonadi kwath*
- Group B: 30 patients with on only *rasonadi kwath*

**4.2.4] Sample size:** A minimum number of 30 participants in each group

**4.2.4.1] Participants:** Identified Rheumatoid arthritis for study.

**4.3] Data collection tools and process:**

**4.3.1] Inclusion criteria**

Patients presenting with *amavata* (Rheumatoid arthritis)

Patients Ages above 25 and below 50 years

**4.3.2] Exclusion criteria**

- Patients Ages below 20 and above 50 years
- Patients suffering from any complications or chronic illness
- Pregnant and lactating women

**4.4.] Variables (parameters)**

**4.4.1] Screening Parameters:**

- 1) TLC
- 2) DLC

3) Hb%,

4) E.S.R.

5) R.A. Factor

**4.4.2] Clinical Parameters:**

a) *Hastapad shirogulftrik janu sandhishul*

b) *Vurushik danshavata pida*

c) *Sandhi shotha (sarujashotha)*

d) *Shunatangana vata shya lakshanama*

e) *Warmthness over joints*

f) *Jwara*

g) *Aruchi*

h) *Gourava*

i) *Agnidourbalya*

**4.4.3] Investigative Parameters**

1. R.A. Factor

2. Erythrocytes sedimentation rate.

3. C.R.P.

**4.5] Details of materials and experimental design:**

- Identification of the rheumatoid arthritis and disease state
- *Ksharbasti and Rasonadi kwath*

**4.6] Procedure used for data collection:**

a) Case Report Format

**Observations:**

Before medication and after medication

- a) Symptoms
- b) Investigations
- c) Decreasing Complications

**Criteria for assessment**

The results of therapy were assessed on the basis of clinical features of the disease *Amavata*, which are mentioned in Ayurvedic classic as well as with the help of criteria fixed by

American Rheumatism Association in 1987. The scoring pattern adopted for assessment of clinical features is as follows:

<b><i>Sandhi shotha</i></b>	<b>Score</b>
No pain	00
Mild pain of bearable nature	01
Moderate pain but, no difficulty in joint movement	02
Slight difficulty in joint movement due to pain requires medication and may remain through the day	03
Moderate difficulty in moving the joints and pain is severe . Disturbing sleep and requires strong analgesics	04
<b><i>Sandhishotha</i> (Swelling of the joints)</b>	<b>Score</b>
No swelling	00
Slight swelling	01
Moderate swelling	02
Severe swelling	03
<b><i>Sandhistabata</i> (stiffness of joints)</b>	<b>Score</b>
No stiffness or stiffness lasting for 5 min	00
Stiffness lasting for 5 min to 2 hrs	01
Stiffness lasting for 2 to 8 hrs	02
Stiffness lasting for more than 8 hrs	03
<b><i>Sandhisparsha asahyata</i> (tenderness of joints)</b>	<b>Score</b>
No tenderness	00
Subjective experience of tenderness	01
Winching of face on pressure	02
Winching of face with withdrawal of affected parts on pressure	03
Resist to touch	04

#### **Criteria of *upashaya*:**

- 1) Excellent *upashaya*- Sero-ve and symptomatic relief is more than 80%
- 2) Moderate *upashaya*- sero +ve and symptomatic relief is more than 50 to 80 %
- 3) Mild *upashaya* – Sero +ve and symptomatic relief is 30 to 50 %
- 4) No *upashaya* – Sero +ve very less symptomatic relief is less than 30 %

#### **Clinical assessment:**

Sr. No.	Symptoms	Before Treatment	After Treatment			
			1 week	2 week	3 week	4 week
1	<i>Hastpada shirogulf trik janusandhishul (severity of pain)</i>	++++				
2	<i>Vrushik danshavata pida</i>	++++				
3	<i>Saruja shotha (Grip strength)</i>	++++				
4	<i>Shunatanganama vatashya</i>	++++				

	<i>lakshanayama (Duration of morning stiffness)</i>					
5	<i>Warmness of joint (joint score)</i>	++++				
6	<i>Jwara (fever)</i>	++++				
7	<i>Aruchi (anorexia)</i>	++++				
8	<i>Gourava (Heavyness of body)</i>	++++				
9	<i>Agnimandya Loss of appetite</i>	++++				

++++ 100%,+++75%,++50%,+20%, Nil 0%.

### Biochemical laboratory Assessment :

S r. N o.	Sympt oms	Befor e Treat ment	After Treatment			
			1 we ek	2 we ek	3 we ek	4 we ek
1	Rheum atoid factor	++++				
2	Crp	++++				
3	E.S.R.	++++				
4	Hb%	++++				
5	Tlc	++++				

### Regarding Medicine

### Preparation of Ksharbasti :

Sr. No.	Ingredients	Pramana
1	<i>Chincha (Tamrind)</i>	80 ml
2	<i>Guda (jaggery)</i>	80ml
3	<i>Saindhava (Racksalt)</i>	10 gm
4	<i>Gomutra (cow urine)</i>	320 ml
5	<i>Saindhavadi tail</i>	80 ml
6	<i>Shatpushpa (soumf)</i>	10gm

According to Ayurved method of preparation of *Bastidravya* first fine powder of *Lavana* (Rock salt) is taken in *khalvayantra* drop by drop *Saindhava taila* poured in to the *Khalvayantra*. During the pouring *Eranda* tail mix it with Clockwise direction up to the solution of *bastidravya* get emulsified after that

*kalka* of *shatpushpa* is added in the the emulsified *bastidravya*. Lastly cow urine to be added slowly and filter it in another pot as *bastidravya*.

Dose of *bastidravya* is 490 ml and *basti prakshepana kala* is mornig before meal under *yogbasti* i.e. started from *anuvāsana basti* and then *ksharbasti* in this way 3 *anuvāsana basti* and 3 *ksharbasti* given then 2 again *anuvāsana basti* given

### Preparation of Rasonadi kwath :

### Ingredients

- *Lasoon*
- *Sunthi*
- *Nirgundi (Root)*

Above all ingredients of *Rasonadi kwath* are taken equally amount and prepared fine *churna*. 20 gram *churna* of *Rasonadi kwath* and added 320 ml water and made 80 ml *kwath*

**Dose:** 40 ml bd, After meal

### Standardization

#### a) *Bastidravya* –

Viscosity  
Sodium  
Potassium  
PH  
TLC

#### b) *Rasonadi kwath* –

- Loss on drying 110<sup>0</sup>
- Ash

- Acid in soluble ash
- Water soluble extractive
- TLC

### c) Chemical analysis of Rasonadi kwath

## Result & Discussion

### 1) Sex wise Distribution in Amvata

Sr. No.	Sex	Group 'A'	Group 'B'
1	Female	17	15
2	Male	08	10
	Total	25	25

Amvata according to sex have been observed more in **female** Patients

### 2) Age wise Distribution

Sr. No.	Age	Group 'A'	Group 'B'
1	21 to 30 years	08	07
2	31 to 40 years	15	16
3	41 to 50 years	02	02
	Total	25	25

According to age group more patient of *amavata* in Age Group **31 to 40** years are observed.

### 3) Occupation wise distribution

Sr. No.	Occupation	Group 'A'	Group 'B'
1	Labour	03	04
2	Farmer	02	04

## Group 'A' Symptoms wise relief after Treatment

Sr. No.	Symptoms	No. of Patients		
		Before Treatment	After Treatment	
			Cure	Not cure
1	<i>Hastpada shirogulf trik janusandhishul (severity of pain)</i>	25 (100%)	15 (60%)	10 (40%)
2	<i>Vrushik danshavata pida</i>	25 (100%)	15 (60%)	10 (40%)
3	<i>Saruja shotha (Grip strength)</i>	25 (100%)	15 (60%)	10 (40%)
4	<i>Shunatanganama vatashya lakshanayama (Duration of morning stiffness)</i>	25 (100%)	20 (80%)	05 (20%)

3	Businessman	05	04
4	<b>Housewife</b>	<b>06</b>	<b>06</b>
5	Student	05	02
6	Service man	04	05
	Total	25	25

Significant percentage of patients were found in **Housewife**

### 4) Prakruti wise Distribution

Sr. No.	Prakruti	Group 'A'	Group 'B'
1	<i>Vataja</i>	00	00
2	<i>Pittaja</i>	00	00
3	<i>Kaphaja</i>	00	00
4	<b>Vatakaphaja</b>	<b>15</b>	<b>14</b>
5	<i>Pittakaphaja</i>	04	04
6	<i>Vatapittaja</i>	06	07
	Total	25	25

Majority of patients were *Vatakaphaja* prakruti

## Result & Discussion

### 5) Classification according to Agnibala.

Sr. No.	Agni	Group 'A'	Group 'B'
1	<b>Mandagni</b>	<b>15</b>	<b>14</b>
2	<i>Vishmagni</i>	10	11
3	<i>Tikshnagni</i>	00	00
4	<i>Samagni</i>	00	00
	Total	25	25

As per Agnibala more patients are seen in **Mandagni**



5	<i>Warmness of joint (joint score)</i>	25 (100%)	16(64%)	09 (36%)
6	<i>Jwara (fever)</i>	15 (60%)	10 (67%)	05 (33%)
7	<i>Aruchi (anorexia)</i>	20 (80%)	15 (90%)	05 (10%)
8	<i>Gourava (Heavyness of body)</i>	20 (80%)	14 (70%)	06 (30%)
9	<i>Agnimandya Loss of appetite</i>	25 (100%)	10 (40%)	15 (60%)
	Total	<b>205</b>	<b>130 (63%)</b>	<b>75(37%)</b>

### Group 'A' Biochemical Laboratory Assessment

Sr. No.	Investigations	No. Of Patients		
		Before Treatment	After Treatment	
			Cure	No Cure
1	Rheumatoid Factor	25 (100%)	05 (20%)	20 (80%)
2	CRP	25 (100%)	15 (60%)	10 (40%)
3	E.S.R.	25 (100%)	10 (40%)	15 (60%)

### Group 'B' Symptoms wise relief after Treatment

Sr. No.	Symptoms	No. of Patients		
		Before Treatment	After Treatment	
			Cure	Not cure
1	<i>Hastpada shirogulf trik janusandhishul</i> (severity of pain)	25 (100%)	18 (72%)	07 (28%)
2	<i>Vrushik danshavata pida</i>	25 (100%)	16 (64%)	09 (36%)
3	<i>Saruja shotha (Grip strength)</i>	25 (100%)	12 (48%)	13 (52%)
4	<i>Shunatanganama vatashya lakshanayama</i> (Duration of morning stiffness)	25 (100%)	16 (64%)	09 (36%)
5	<i>Warmness of joint (joint score)</i>	25 (100%)	14 (56%)	11 (44%)
6	<i>Jwara (fever)</i>	15 (60%)	12 (80%)	03 (20%)
7	<i>Aruchi (anorexia)</i>	20 (80%)	13 (65%)	07 (35%)
8	<i>Gourava (Heavyness of body)</i>	20 (80%)	12 (60%)	08 (40%)
9	<i>Agnimandya Loss of appetite</i>	25 (100%)	15 (60%)	10 (40%)
	Total	<b>205</b>	<b>130 (63%)</b>	<b>75(37%)</b>

### Group 'B' Biochemical Laboratory Assessment

Sr. No.	Investigations	No. Of Patients		
		Before Treatment	After Treatment	
			Cure	No Cure
1	Rheumatoid Factor	25 (100%)	02 (08%)	23 (92%)
2	CRP	25 (100%)	18 (72%)	07 (28%)
3	E.S.R.	25 (100%)	15 (60%)	10 (40%)

### Statistical Value of Symptoms

Sr. No.	Symptoms	No. of Patients				X <sup>2</sup>	Results
		Group ‘A’		Group ‘B’			
		Before t/t	After t/t	Before t/t	After t/t		
1	<i>Hastpada shirogulf trik janusandhishul (severity of pain)</i>	25	15	25	18	0.8	Group A & Group B are Equally good
2	<i>Vrushik danshavata pida</i>	25	15	25	16	0.8	
3	<i>Saruja shotha (Grip strength)</i>	25	15	25	12	0.74	
4	<i>Shunatanganama vatashya lakshanayama (Duration of morning stiffness)</i>	25	20	25	16	1.71	
5	Warmness of joint (joint score)	25	16	25	14	0.34	
6	<i>Jwara (fever)</i>	15	10	15	12	2.3	
7	<i>Aruchi (anorexia)</i>	20	15	20	13	0.48	
8	<i>Gourava (Heavyness of body)</i>	20	14	20	12	1.82	
9	<i>Agnimandya Loss of appetite</i>	25	10	25	15	2.00	



By applying Chi square test Table value of Chi-square for 1 degree of freedom at 5% level of significant is 3.841, which is more than calculated value of chi-

### Cure Rate & Disease Status

Sr. No.	Group	No. of patients				Total No. Of Patients
		Excellent	Moderate	Mild	Not cure	
1	A	05 (20%)	09 (36%)	06 (24%)	05 (20%)	25
2	B	02 (08%)	13 (52%)	07 (28%)	03 (12%)	25
	Total	07	22	13	08	50

Let us presume that both the treatments are equally good by applying chi-square ( $\chi^2$ ) test on this hypothesis we get following results

After applying chi-square test calculated value is 2.08.

Degree of freedom

$$V = (c-1) \times (r-1)$$

$$= 2-1 \times 4-1$$

$$V = 3$$

Table value of Chi-square for 3 degree of freedom at 5% level of significant is 7.82 which is more than calculated value of chi-square. Thus our presumption is proved to be correct. Hence it may be said both the treatments are equally good in *amavata* between *Ksharbasti*, *Rasonadi kwath*.

### Conclusion

Following conclusion have been drawn from the study:

- 1) One of the aims and objectives of our study is to assess the concept of *Amavata samprapti* hypothetically. It has been described 5 varieties

square. Thus our presumption proved to be correct, hence both treatments are equally good.

according to the predominance of *kapha dosha* involvement. This helps in providing proper management of *amavata*.

- 2) In present research work, we have come out the management of *amavata* which is useful in treating according to the stage of the disease.
- 3) Clinical trials have proved statistically significant reduction results in *Amavata* patients with *nd Rasonadi kwath*
- 4) *Ksharbasti and Rasonadi kwath* have shown significant reduction in positivity of R.A. & CRP.
- 5) From the clinical study it has been observed that, *ksharbasti* has showed significant relief in the pain even in acute condition.
- 6) Over all result are very encouraging and as compared to one course of treatment patients have got encouraging results with three courses of *Ksharbasti and Rasonadi kwath*
- 7) Though results are significant it needs further to draw final conclusion in this direction which more clinical data.

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