

**Immunomodulatory action of “*Mustadi Yapan Basti*”
in *Amavata-a* case study**

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ABSTRACT:

Amavata is inflammatory condition of joints. In *Amavata* there is vitiation of *vata* due to the *Apachit Annarasa* called *Ama*. The symptoms of *Amavata* closely resemble with Rheumatoid Arthritis. According to Modern Science Rheumatoid Arthritis is autoimmune disease, if it is not properly treated for longer time then it causes disability in patient. This Article discusses about Immunomodulatory Action of *Mustadi Yapan Basti* along with *Simhanad guggulu* and *Guduchi ghan vati*. Here a female patient of *Amavata* was observed.

KEYWORDS: *Amavata*, Rheumatoid Arthritis, *Mustadi Yapan Basti*.

INTRODUCTION:

Immune mediated diseases occur either because of lack of an appropriate immune response as in immunodeficiency states or an abnormal response like in allergic diseases and autoimmune disease. Autoantibodies directed against self-antigens are present in many Autoimmune diseases. These may be directed to any constituent of cell, cell membrane, cytoplasm, deoxyribonucleic acid and other proteins in nucleus. Although their pathogenic role is not clear they are good diagnostic

markers due to their frequent association with specific diseases. However, the mere presence of an autoantibody is not necessary to form disease and absence of an autoantibody does not exclude disease¹. Autoimmune diseases may be either systemic or organ specific. Rheumatoid arthritis is systemic autoimmune disease. Rheumatoid Arthritis is a chronic immune inflammatory systemic disease that affects synovial joints with extra articular manifestations². A combination of pain and stiffness leading to loss of function, is a classical feature of joint disease³. In Rheumatoid Arthritis the patients become immunocompromised, if these patient is not treated for longer time disability can occur in patients. Rheumatoid Arthritis which is believed to have a prevalence range of approximately 0.8-1.0% in Caucasians with female to male ratio of 3:1.⁴

Aamvat is one of the most crippling disease found all over globe. *Amavata* is the disease of *Madhyam Rogmarga*. *Mandagni* is root cause for all type of diseases⁵. *Mandagni* causes formation of *apakva annarasa*. In *Amavata* *Aama* and *Vata* are two predominant factors in *Nidana*. *Gatrastabdhata* is considered as the *pratyatma lakshna* of *Amavata*. The

symptoms of Rheumatoid Arthritis most closely resemble with that of *Amavata*.

In chronic cases of *Amavata* the patient becomes immunocompromised, in this regard a case study has been done to evaluate the immunomodulatory action of *Mustadi Yapana Basti*.

MATERIAL AND METHODS:

The treatment included *Mustadi Yapan Basti*, *Simhanad guggul*, *Guduchi Ghan vati* internally treatment and *Sarwanga Bashpa swedan* as external treatment. The study was conducted at R.T. Ayurved Mahavidyalaya and Rugnalaya, Akola. The patient was informed about the treatment and the consent of patient was taken.

CASE REPORT:

A Female patient of age 18 years with O.P.D. No.10290 dated 15.09.2019 visited O.P.D. of R.T.A.M Akola with complaint of multiple joint pains for 6 years.

History of present illness: Female patient at the age of 13 had fever with swelling and pain of left knee joint which subsided after Allopathy treatment, after 8 days she suffered from pain and swelling of Ankle Joint. Gradually She suffered from pain and stiffness in bilateral knee, ankle. She was facing

difficulty in performing her day to day activity. She was also suffering from generalised body ache.

In past 5 years she had undergone multiple therapies. when she visited OPD she was bedridden, emaciated and couldn't walk by her own, thus she was taken to OPD on wheel chair.

Though the case was prediagnosed as *Amavata*, when patient visited OPD she was in *Udarka awastha* of *Amavata*.

History of past illness: No History of any major illness

Family history: Not present

Personal history:

- Diet: Vegetarian
- Micturition: 4-5 times/day, 0-1/night
- Appetite: Poor
- Sleep: Adequate
- Bowel habit: Irregular
- Addiction: Nil

Ashtavidha Pariksha:

- *Nadi* (pulse) :78/min
- *Shabda* (speech): Clear
- *Mala* (stool): Often constipation
- *Sparsha* (touch): Warm on joint
- *Mutra* (urine): Frequency normal
- *Drika* (eyes): Pallor

- *Jivha* (tongue): Sam
- *Akruti* (built): Krusha

General Examinations:

- Temperature: 99.1 °F
- B.P :110/70mmhg
- Respiratory rate:19/min
- Body weight:27kg

Systemic Examination:

On examination, patient was found to be conscious and well oriented to time place and person. Assessment of CNS, CVS, RS of patient was found within normal limits. Clinically, no clinical abnormality was detected on per abdomen examination. On Inspection, of musculoskeletal system, marked swelling on knee and ankle joint, swan neck deformity was present with restriction of all joint movement. On palpation tenderness and local temperature was observed in knee and ankle joint.

Blood investigation: On 18/09/2019

- Hb:9.0 gm%
- ESR:30 mm
- RBC:6.32 mil/cu mm
- Serum Uric Acid:2.1 mg/dl
- TLC:2100/cu mm
- C-Reactive Proteins(CRP):6.2 mg/dl
- Platelet count: 3,83,000/cu mm

- S. Rheumatoid Factor (RA Test):20

TREATMENT PLAN:

Patient was admitted IPD attached to institute. Treatment of patient started from the date of her 1st visit to OPD. Blood investigation was done on 18/09/2019 showing decrease WBC count denoting the immunocompromised state of patient. *Mustadi Yapan Basti* was given for 3days for *Upashay-Anupshaya*. Patient had improvement so *Basti* was continued for 15 days with External and Internal treatment schedule as per written in table 1.

Table 1 Treatment protocol

Treatment	Medicine	Dose	Days
External	<i>Bashpa swedan</i>	once	15 days
	<i>Mustadi Yapan Basti</i>	350ml once	15 days
Internal	<i>Simhnad Guggul</i>	250 mg BD	15 days
	<i>Guduchi ghan vati</i>	250 mg BD	15 days

Criteria for selection of Medicine:

Although *Mustadi Yapan Basti* is not recommended for *Amavata* but patient was so emaciated and

immunocompromised. Along with these, she had severe *Sandhishool* thus “*Mustadi Yapan Basti*” was given. *Bashpa Swedan* was given to reduce pain and stiffness. *Guduchi Ghan Vati* was given for immunomodulatory action. Oral Medication were selected as a *Vyadhipratyanic* drug.

Assessment criteria:

Patient was assessed on the basis of clinical sign and symptoms. Therapeutic effect was recorded using Visual Analog Scale (VAS) and Blood investigations done before and after treatment.

OBSERVATION AND RESULT:

It was observed that (table 2,3,4) patient had marked improvement in severity of symptoms. Patient gradually recovered with the treatment. There was significant improvement in symptoms of *sandhishula* (Joint pain), *Sandhishotha* (Joint swelling), *Kriyahani* (inability to perform activity). Hb % was increased from 9 to 9.2 gm%, TLC count increased from 2100/cu mm to 4500/cu mm and Platelet count increased from 3,83,000/cu mm to 4,00,000/cu mm.

Observations of subjective parameters:

Table 2

<i>Sandhishhula</i>		BT	After 7 days	After 15 days
<i>Janusandhi</i>	Right	10	7	3
	Left	9	6	3
<i>Gulfasandhi</i>	Right	9	6	2
	Left	8	7	1

Table3

<i>Sandhishotha</i>		BT	After 7 days	After 15 days
<i>Janusandhi</i>	Right	16.3cm	13.4cm	11.2cm
	Left	17.4cm	13.7cm	11.1cm
<i>Gulfasandhi</i>	Right	11.4cm	9.8cm	7.8cm
	Left	11.7cm	10.1cm	8.6cm

Table4

<i>Kriyahani</i>		BT	After 7 days	After 15 days
<i>Janusandhi</i>	Right	+++	++	+
	Left	+++	++	—
<i>Gulfasandhi</i>	Right	+++	++	—
	Left	+++	++	—

Observations of objective parameters:

Parameter	Before Treatment	After 7 days	After 15 days
Hb %	9 gm%	9 gm%	9.2 gm%
RBC	6.32 million/cu mm	6.41 million/cu mm	6.31 million/cu mm
TLC	2100/cu mm	2600/cu mm	4500/cu mm
Platelet	3,83,000/cu mm	3,42,000/cu mm	4,00,000/cu mm

DISCUSSION: In *Amavata* mainly *Langhana* treatment is indicated⁶. But here the case presented was

immunosuppressed condition in *Amavata*. In this case *Vyadhihar* treatment along with treatment of

Udarka was given. Although *Laghana* (fasting) is indicated in *Amavata*, but in the present case patient was so emaciated and immunocompromised thus *Langhana* was not suitable. *Langhana* should be prescribed so that it should not overpower physical strength (*prana avirodhi*). Here in this case *Simhnad Guggulu* was given as *Vyadhipratyanic drug* as it is mentioned in *Amavatadhikar*. As everybody knows that *Guduchi* has immunomodulatory action. *Guduchi* promotes strength, alleviates all the three *dosas*, it is *Grahi*, hot, rejuvenating and digestive stimulant, it cures *Jwara* and *Ama* thus *Guduchi Ghan Vati* was given for immunomodulatory action. The aim of all the therapeutic measures was to maintain the strength of body and to boost up by which the patient becomes free from disease⁷.

To increase immunity and strength “*Mustadi Yapana Basti*” was given to patient. *Yapana* type of *basti* is indicated to all patients. It instantaneously promotes strength and rejuvenates the body⁸.

Mustadiyapanbasti contains *Musta*, *Bala*, *Aragawadha*, *Rasna*, *Manjishta*, *Punarnava*, *Bibhitak*, *Guduchi*, *Laghupanchmoola*, *Madanphala*, Milk and Meat soup.⁹

Drug	Actions and uses
<i>Musta</i>	<i>Deepan</i> , <i>Pachan</i> , <i>Jwaraghna</i>
<i>Bala</i>	<i>Balya</i> , <i>Vatahar</i> , <i>Jwaraghna</i> , <i>Ojovardhak</i>
<i>Aragwadha</i>	<i>Jwaraghna</i> , <i>Sansrana</i> , <i>Vatashaman</i> , <i>Vedanasthapan</i> , <i>Shothaghna</i>
<i>Rasna</i>	<i>Pachan</i> , <i>Vatahar</i> , <i>Jwaraghna</i> , <i>Shothahar</i>
<i>Manjishta</i>	<i>Deepan</i> , <i>Pachan</i> , <i>Jwaraghna</i> , <i>Pittasanshaman</i> , <i>Shothahar</i> , <i>Shonitsthapan</i>
<i>Punarnava</i>	<i>Shothaghna</i> , <i>Deepan</i> , <i>Vatakaphashamak</i>
<i>Bibhitak</i>	<i>Deepan</i> , <i>Anuloman</i> , <i>Vedanasthapak</i> , <i>Jwaraghna</i>
<i>Guduchi</i>	<i>Tridoshashamak</i> , <i>Vedanasthapak</i> , <i>Hrudya</i> , <i>Raktashodhak</i> , <i>Jwaraghna</i> , <i>Rasayan</i>
<i>Laghupanch moola</i>	<i>Vatapiitashamak</i> , <i>Shothahar</i>
<i>Madanphala</i>	<i>Kaphavatashodhak</i> and <i>shamak</i> , <i>Shothahar</i> , <i>Pittanissarak</i> , <i>Raktashodhak</i>

Ghruta is *vatapittashamak*, *balya*, *agnivardhak*, *madhur*, *saumya*, *sheetavirya*, *jwaraghna* and *vayasthapak* also.¹⁰ *Ghruta* is having special property i.e. *Yogavahitva* which is helpful in increasing bioavailability of other drugs without losing its own property. *Ghruta* alleviates *pitta* and *vata*.¹¹

Cow milk has 10 properties which are similar to *Oja*, so milk having identical properties is conducive to the promotion of *Oja*, thus milk is an elixir per excellence.¹²

Meat soup is highly nutritive for all. Those who are dehydrated or emaciated, who are convalescence stage and those who aspire better strength and complexion, meat soup is ambrosia. It promotes voice, youth, intelligence, power of sensory organs and longevity.¹³

Rather than more oral medications we focused on “*Mustadi Yapana Basti*”. because of this course pain, inflammation was drastically reduced and patient was able to walk by herself and to do day to day activities by her own.

CONCLUSION:

Although the “*Mustadi Yapana Basti*” does not specifically come under *Aamavat Adhikar*, but in this case

patient's condition was so immunocompromised and emaciated, thus instead of *Langhana*, “*Mustadi Yapana Basti*” was selected. *Sandhishula*, *Sandhishotha*, *Kriyahani* symptoms reduced and overall strength was increased. The drugs were well tolerated by the patient and her WBC count increased significantly as a result of treatment.

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