

**COMBINED EFFECT OF KSHAR BASTI AND AJAMODA CHURNA IN AMAVATA WITH SPECIAL REFERENCE TO ARTHRITIS: A CASE REPORT**Shubhangi D. Chandanpat<sup>1</sup>, Snehal R. Marodkar<sup>2</sup><sup>1</sup>Assistant Professor, Shri K R Pandav Ayurvedic College & Hospital, Nagpur, Maharashtra, India<sup>2</sup>Assistant Professor, Rajendra Gode Ayurvedic College, Hospital & Research Center, Amravati, Maharashtra, IndiaCorresponding Author: [shubhangichandanpat07@gmail.com](mailto:shubhangichandanpat07@gmail.com)<https://doi.org/10.46607/iamj3110042022>

(Published Online: April 2022)

**Open Access**

© International Ayurvedic Medical Journal, India

Article Received: 06/03//2022 - Peer Reviewed: 25/03/2022 - Accepted for Publication: 26/03/2022

**ABSTRACT**

*Amavata* is one of the most crippling disorders. One of the most hazardous diseases to patients and challenging to a physician. It can be compared to Rheumatoid Arthritis (R.A.) based on the similarity of signs and symptoms. Ayurveda literature has a wealth of resource information regarding the measures providing treatment and preventing complications of this disease. Chakrapani has recommended the role of *Kshar Basti* in *Amvata Chikitsa – Adhyaya 25. Ajmoda Churna* has been mentioned by *Sharangdhara* as *Shooloharam Param* in *Churna Kalpana Adhyaya*. In this case report, the combined effect of *Kshar Basti* and *Ajmoda Churna* was tried in a patient of R.A., and assessment was done on the basis of a disease's activity score of 28 by the American Association of R.A, as well as symptoms as per described in *Madhav Nidan*. The result of the treatment was encouraging.

**Keywords:** *Amavata*; Rheumatoid Arthritis; *Kshar Basti*; *Ajmoda Churna*.**INTRODUCTION**

*Amavata* as a disease was first described in detail in *Madhav Nidan*. 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*, *Dhatvaagni*, etc resulting in the production of *ama*.

This *ama* circulates in the whole body by vitiated *Vata* and gets accumulated in *Sandhis* causing pain, stiffness, and swelling over joints. It may Be compared to Rheumatoid Arthritis on the basis of signs and symp-

toms. According to modern medicine, Rheumatoid Arthritis is an autoimmune disorder of unknown etiology, characterized by bilateral symmetrical involvement of joints with some systemic clinical manifestations. It is one of the leading causes of YLD (Years Lived with Disability) at the global level. presently non-steroidal anti-inflammatory drugs (NSAIDs), Disease-modifying anti-rheumatic drugs (DMARDs), glucocorticoids, anti-TNF- agents like adalimumab and golimumab, anakinra (IL-1 receptor antagonist), abatacept (T-cell co-stimulation inhibitor), rituximab (anti-CD20 monoclonal antibody), tocilizumab (anti-il6 monoclonal antibody), etc. are used. As these drugs have many serious adverse effects, there is indeed a need for drugs having good efficacy with low toxicity. Kshar basti and Ajamoda churna are among such preparations which are described in Ayurveda for this debilitating disorder.

#### CASE REPORT

A 35 yrs. old male patient came to Kayachikitsa outpatient (OPD) of Shri. K.R. Pandav Ayurvedic college and Hospital, Nagpur, Dist. -Nagpur, Maharashtra with chief complaints of *Strva Sandhi Shoola, Ubhaya Manibandha, Gulfa, Hastanguli Sandhi Shotha, Angagraha* (especially morning) *Kshudhamandya* since 3 months. The patient had not received any treatment before attending OPD of Shri. K.R. Pandav Ayurvedic College and Hospital Nagpur Dist.-Nagpur patients were thoroughly examined, and detailed history was taken by the attending physician. On examination, his general conditions were fair, having a pulse rate of 72/minute, blood pressure was recorded as 120/80 mm of Hg, the temperature was 98.6 F and mild pallor was

present clinically. The patient was conscious and oriented with time place, and person. Cardiovascular system, respiratory system, and abdomen examinations were within normal limits. Another clinical finding was as follows- *Ashtavidha parikshana Nadi-vatakaphaja, mala-Malavshmtmbha, mutra-sama, jiva-sama, shabda- Spashta, Sparsh-ushna, Druk-pan-duta, Akriti-madhyam.*

*Nidan panchaka:*

*Hetu- Atishrama, vishamashana, Ati upavasa, Aniyamita Bhojan, Nidra viparyaya, atyambupana, Pur-varupa Angagraha. Lakshana-sarva Sandhishoola, Sandhishotha, angagraha Upashaya- langhana, deep-ana, pachana. Strotas-rasa, asthi*

The patient was not having any significant history related to medical, surgical, or drug treatment. The laboratory parameters like ESR and RA factor have been carried out for diagnosis. On admission, laboratory values showed RA factor- 176 IU/ml and ESR- 35 mm/hr. other laboratory investigations like liver function Test (SGOT- 29 IU/L, SGPT- 16 IU/L Serum AIPO4- 51 IU/L Serum total proteins- 6.4 mg%. serum Bilirubin- Direct: 0.3 mg./dl, Total: 0.9 mg/dl) kidney function Test (Blood Urea Level- 35 mg/dl) and ECG come out to be within normal range. The patient was diagnosed with Rheumatoid arthritis on the basis of the American College of Rheumatology European League Against Rheumatism (ACR-EULAR) 2010 Classification criteria for Rheumatoid arthritis. The patient was examined, and a parametric assessment was done before and after the treatment (Table 1).

**Table 1:** Parametric assessment of the patient

Day	Before treatment	After treatment
Angamarda	2	0
Aruchi	1	0
Trishna	1	0
Alasya	2	0
Gauravata	2	1

**Table 2:** Disease Activity Score in 28 Joints (DAS 28) of the patient.

Day	Before treatment	After treatment
Swollen (0-28) joints	14	6
Tender (0-28) joints	10	0
ESR (mm/Hr.)	35	21
VAS (0-100)	70	30
SCORE	6.3	3.92

The patient was treated with *Langhana (Mudgayushpana)* for 3 days followed by *Kshar Basti* for 8 days. *Matra* of *Basti* has been modified as per *Bala* of the patient. It consists of *Saindhav* 10gm, *Shatahva* 10 gm, *Guda* 60 gm *Amalaki* 60 gm, fresh *Gomutra* 200 ml. total *Basti* of 320 ml was given after the meal. *Ajmodadi Churna* consists of *Ajmoda*, *Devdaru*, *Saindava Namak*, *Pippali*, *Chitrak Mula*, *Marich-2 Karsha*, *Sauf*, *Harra-5 Karsha*, *Sunthi-10 Karsha* total of 5 gm was given two times a day with *Sunthi Siddha Jal*. DAS-28 score for the patient was compared before and after treatment as given in table 2.

## DISCUSSION

Rheumatoid arthritis is a complex and variable condition from point of view of severity. It is usually a painful nuisance for which treatment needs to be individualized with an optimum dosage of safe, effective, and affordable drugs. For diagnosis of Rheumatoid arthritis American College of Rheumatology- European League Against Rheumatism (ACR-EULAR) 2010 classification criteria are used. This criterion majorly includes four classifications, with point scores for each viz. joint symptoms (score- 0 to 5); serology including RF and/or ACPA (score- 0 to 3); symptom duration, whether <6 weeks >6 (score- 0 to 1); and acute-phase reactants i.e., CRP and/or ESR (score- 0 to 1). *Kshar Basti* work by the action of ingredients present in it. *Saindhav*- due to its *Sukshma* and *Tikshna Guna* it helps to pass the drug molecules in systemic circulation through mucosa. *Guda* should be *Puranaa*. It has *Laghu Pathya*. *Anabhisyandi*, *Agnivardhak*, *Vata Pitaghna*, *Amlika* have vats *Kaphashamaka*, *Ruksha*, and *Ushna* properties. *Gomutra* is the chief content that using in its *Katu Rasa*. *Katu Vipaka*, *Ushna Virya*,

*Laghu. Ruksha Tikshna Guna* pacifies *Kapha*. *Lekhana* and *Vishodhana* are antagonistic properties to *Ama*, these properties of *Kshara* are hence effective in the treatment of *Amavata*. among *Ajmoda Churna*, *Sunthi* is *Ushna* and *Pachak*, while *Pippali*, *Marich Chitrak Mula* are known for *Deepana*, *Pachana Laghu Guna*. Overall *Amapachana* and *Vataanulomana* are done with the help of *Ajmoda Churna* in *Amavata*.

## CONCLUSION

The combined use of *Kshar Basti* and *Ajmoda Churna* proved effective in symptomatic relief of this patient especially in controlling morning stiffness and also in reducing swelling and tenderness. More studies are needed to prove its efficacy in the treatment of *Amavata*, which may prove a useful alternative to the relatively unsafe and costlier treatment options currently available in modern medicine.

## REFERENCES

1. Yadunanana Upadhyaya, editor. (1995). Madhavakara. Vijayarakshita Srikanthadatta, Madhavanidanam, Amavata Nidanam 25 (part- 1). 25<sup>th</sup> ed. Chaukhamba Sanskrit Sansthan, Varanasi.
2. Prof. P. V. Sharma, editor. (2006). Bhel Samhita text with English translation by Dr. K.H. Krishnamurthy. Chaukhambha. Vishwa bhandani Prakashana, Varanasi.
3. Rastogi s. Rastogi R., Chiappelli F., Ramchandani M. H. Singh R. H (2012). Evidence-based practice in complementary and alternative medicine: perspective, protocols, problems, and potential in ayurveda (illustrated ed.) Springer Science and Business Media. Verlag berlin Heidelberg.
4. Kasper, Braunwald, Fauci, Hauser, Longo, Jameson. (2011). Harrison's Principle of Internal medicine (volume 2). 16<sup>th</sup> ed. Mcgraw Hill Company, New York, USA.

5. <https://drbaljotbharaj.wordpress.com> <tag Amavata/ Dr. Baljot Bharaj
  6. Satoskar R.S Rege N.N Bhandarkar S. D. (2013). Pharmacology and pharmacotherapeutics. 23rd ed. Popular Prakashan Pvt. Ltd. Mumbai.
  7. Bruxton L. I. Chabner B. A Knollman B.C (2012). Goodman and Gilman's The pharmacological basis of therapeutics. 12<sup>th</sup> ed. McGraw Hill, New York.
  8. Ramnath Dwivedi R. editor. (1997). Chakrapanidatta: Chakradutta. 3<sup>rd</sup> ed. Chaukamba Sanskrit Sansthan, Varanasi.
  9. Shilaja Shrivastava S., editor. (2011). Sharangdhara Samhita. Chaukhamba Orientalia, Varanasi.
  10. Jonathan K., Katherine S., Upchurch. (2012). ACR/EULAR 2010 rheumatoid arthritis classification criteria. Rheumatology, 51: vi5 - vi9.
  11. Disease Activity Score in 28 joints (DAS) [www.das-score.nl](http://www.das-score.nl)
  12. Gang Pandey, editor. (1999). Bhava Mishra Ranita. Chaukhamba Bharati Academy, Varanasi.
  13. Shastri G. M. editor. (1996). Bhavamishra virachita. Shastu Sahitya, Mumbai.
  14. Sharma Yadav, editor. (1984). Charak Samhita: Ayurvedadipika vyakhya. Rashtriya Sanskrita Samsthana, New Delhi.
  15. Thanki K, Bhatt N., Shukla V. D (2012). Effect of Kshara Basti and Nirgundi Ghana Vati on Amavata (Rheumatoid Arthritis). An international journal of research in Ayurveda, 33 50-53.
- 

**Source of Support: Nil**

**Conflict of Interest: None Declared**

How to cite this URL: Shubhangi D. Chandanpat et al: Combined Effect Of Kshar Basti And Ajamoda Churna In Amvata With Special Reference To Arthritis: A Case Report. International Ayurvedic Medical Journal {online} 2022 {cited April 2022} Available from: [http://www.iamj.in/posts/images/upload/1039\\_1042.pdf](http://www.iamj.in/posts/images/upload/1039_1042.pdf)