

TO EVALUATE THE EFFICACY OF “YASHTAYAHAV NIRUHA BASTI” IN THE
MANAGEMENT OF “VATARAKTA”Dr. Deepak Saini¹, Dr. Sandeep Singh Tiwari^{2*} and Dr. Rashmi Ssani³¹Assistant Professor in Department of *Panchkarma* at B.K.A.M.C.H., Daudhar, Moga, Punjab.²Assistant Professor in Department of *Rog Nidana* at B.K.A.M.C.H., Daudhar, Moga, Punjab.³Assistant Professor in Department of *Agad Tantra* at B.K.A.M.C.H., Daudhar, Moga, Punjab.

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ABSTRACT

Vatarakta (Gout) is a disease characterized by the vitiation of *Raktadhatu* due to morbidity of *Vata* caused by *Katu*, *Amla*, *Ushan ahar sevan*. It has two types as like *Uthana* and *Gambhir*. *Gambhir Vatarakta* mainly affected *Asthi datum* and *sandhi* which causes severe pain as like *Ashuk visha*. *Vatarakta* (Gout) is a variety of *Vataroga* (Group of diseases caused by *Vayu*). The disease which is caused by excessively aggravated *Vayu* (*Vata*) & vitiated blood (*Rakta*) is called *Vatarakta*. *Panchakarma* is a unique module of management which can eliminate the causative pathogen from the system for complete eradication of disease process. *Basti* is one of them, which is also called as *Ardhchikitsa* by *Acharya Charak*. It is multidimensional therapeutic effect because mixing the different drugs. It has been performed the action like *Samshodhan*, *Saman*, *Vruhan* and *Sthulam*. *Vatarakta* is symptomatically resembles to Gout disease which is a heterogeneous disorder that results in the deposition of uric acid in the form of mono-sodium urate mono hydrate in and around of the joint and soft tissue or crystallization of uric acid in the urinary tract. Prevalence of gouty arthritis is 2.0 to 2.1 per 1000 patients, usually the age group of 18 to 60 years. A randomized clinical trial was conducted in 15 patients of *Vatarakta* (with hyper-uremia) from OPD & IPD of L.R.B.P. Ayurvedic medical college and research un islampur sangli. 600 ml of *Yashtayahav Niruha Basti* is administered in *Yog Basti karma*. E.S.R & Serum uric acid test is done before and after 14th day of *Basti karma*. Paired T- test is used for statistical analysis of the observations. After observation and discussion we concluded that *Yashtayahav Niruha Basti* is effective in *Vatarakta*.

KEYPOINTS: *Yashtayahav Niruha Basti*, *Vatarakta*, Gout.

INTRODUCTION

"*Vatarakta*" (Gout) is a great medical problem throughout the world. It is a great enemy in the society, because it distresses the life of human being. In ancient medical literature like *Charak*, *Sushrut*, *Vagbhatta*, *Yogaratanakar*, *Madhav Nidan* etc. have been suggested many treatment to get rid of this disease. In *Vatarakta* (Gout), both *Vata* and *Rakta* are aggravated and vitiated by their etiological factors and ultimately *Vayu* gets obstructed by vitiated *Rakta*.^[1] The disease characterized by the vitiation of *Raktadhatu* due to morbidity of *Vata* is called as *Vatarakta*. Cause as like *Katu*, *Amla*, *Ushan*, *Vashandi Ahar Ashav Yaan* etc is mention. It has two types as like *Uthana Vatarakta* and *Gambhir*.^[2] *Gambhir Vatarakta* mainly affected *astir datum* and *sandhog* and causes severe pain as like *asker Visa*.^[3]

Mostly habits, life style and environment are cause for occurring of *Vatarakta*. Asked on sign and symptoms, *Vatarakta* can be compared with Gouty arthritis.

Prevalence of gouty arthritis is 2.0 to 2.1 per 1000 patients, usually the age group of 18 to 60 years.

Gout is a heterogeneous disorder that results in the deposition of uric acid in the form of mono-sodium urate mono hydrate in and around of the joint and soft tissue or crystallization of uric acid in the urinary tract. It causes include over production or impaired excretion of uric acid, 10-15% and 80-90% respectively. Its prevalence is increasing, more over is a potential signal for unrecognized disorder like as obesity, metabolic syndrome, diabetes mellitus, hypertension, cardio vascular disease, renal disease etc. in its chronic run it land up in severe joint destruction. The verity of drugs as like *allopurinol*, *NSAIDS* are used to treat the gouty arthritis symptomatically, which have many potential adverse effects like vomiting, G.I. bleeding, hepato-renal toxicity etc.^[4]

Panchakarma is a unique module of management which can eliminate the causative pathogen from the system for

completes eradication of disease process. Among the *Panchakarma*, *Basti* is considered as superior from another *Panchakarma* therapies because it is multidimensional therapeutic effect because mixing the different drugs. It has performed the action like *Samanya*, *Sanshaman*, *Vruhanam* and *Sthulam*.

It is considered as one of the best treatment for Vata predominant disease and *Basti* is called *Ardhachikitsa*. In the context of *Vatarakta Chikitsa* both Acharya Charaka and Vagbhata have indicated *Ksheer Basti*. They consider it is the first and best line of treatment. The *Ksheer Basti* prepared by *YashtiMadhu Ksheerpaka*, *Madhu*, *Ghritha*, and *Madanphal Pippali Mishareya*.^[5] Though *Ksheer Basti* is administered continuously it will not aggravate the Vata dhosha because it contains *ksheer* as the main ingredient which is having the properties like *Madhura Rasa*, *Snigdha Guna*, and *Sheeta Virya*.^[6] So we take a clinical study to evaluate the efficacy of "*Yashtayahav Niruha Basti*" in the management of "*Vatarakta*".

MATERIALS AND METHODS

Study design- Randomized clinical trial conducted in 15 patients for 14 days.

Selection of cases- Patients having clinical features of *Vatarakta* were selected.

Inclusion criteria

1. Patient having classical features of *Vatarakta* w.s.r gouty arthritis.
2. Patient between the age group of 18 - 60 years.

Exclusion Criteria

1. Patient having uncontrolled metabolic disorders, systemic and Ano-rectal disorders.
2. Patient having autoimmune diseases of joints.
3. Patient having infection and communicable diseases
4. Emaciated patients will be excluded.
5. Patient having severed deformities and emergencies will be excluded.
6. Age less than 18 and more than 60 will be excluded.
7. Pregnant women will be excluded.

Plan of study

Basti preparation

Basti prepared with *YashtiMadhu Ksheerpaka*, *Ghritha*, *Madhu*, *Saindhava Lavana*, *Pippali*, *Madanaphala* and *Shathapushpa Kalka*.^[7]

Purvakarma

- **Anulomana:** 2 tsp of *Triphala Choorna* was given at bed time on the previous day of *Basti*.
- **Preparation of *Yashtimadhu Ksheerapaka*:** 48gms of *Yashtimadhu Kwatha Choorna* is taken to this 384ml of milk, 1536ml of water is added and boiled & reduced to *Ksheeraavashesha* (384ml). This is freshly prepared everyday early in the morning & administered.

Pradhana karma

Patients were advised to come in empty stomach, every patient was given *Mridu Abhyanga* with lukewarm *Tila Taila* and *Nadi Sweda* locally over abdomen, buttocks and on thighs. Patient was asked to lie on the *Panchakarma Droni* in *Vama Parshwa* (left lateral position with right leg flexed) and asked to take deep breath; *Sukoshna Basti Dravya* was administered slowly with the help of enema can fitted with soft rubber tube. Extreme care was taken to avoid all the *Bastivapat*.

Paschaat Karma

Patient was asked to lie in supine position and to defecate on developing urge. The time of administration, the time of retention, *Pratyagamana Kala* & any complications was recorded carefully.

Pathya-Apathya during treatment period

Patients were advised to take *Katu-Tiktha-Kashaya-Ruksha Varjitha Ahara Dravya* in little quantity. Rice gruel with little milk was advised as the ideal food. Patient was advised to drink hot water, to avoid sexual intercourse, suppression of natural urges, exercise, excessive speech, uneven sitting and lying postures, exposure to wind, cold, heat, dust, anger and grief.

Criteria for assessment

The assessment of the results for this present study was made with Serum uric acid & ESR values before & after *Basti Karma* along with the disease symptoms.

Subjective parameters:- *Ruk* (Pain), *Shotha* (Swelling), *Stambha* (Stiffness), General function capacity, *Sparsh Asahyatwa* (Stiffness) and *Daha* (Burning sensation) were evaluated before and after the treatment.

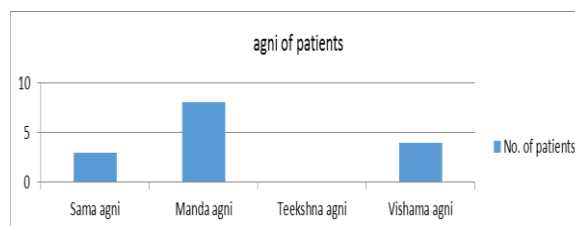
Objective parameters: Before *Basti* and after 14th day of start *Basti Karma*, readings of both E.S.R & Serum uric acid were taken in all the patients and were assessed.

Statistical analysis- For testing significance of data "**Paired t- Test**" was used.

OBSERVATIONS AND RESULTS

1. *Agni* of the patients (Table 01).

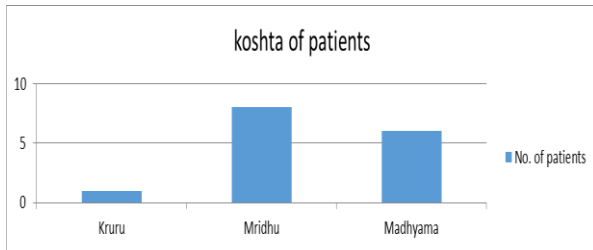
<i>Agni</i>	No. of patients	%
<i>Sama Agni</i>	3	20
<i>Mandan Agni</i>	8	53.33
<i>Teekshna Agni</i>	0	0
<i>Vishama Agni</i>	4	26.67



Graph 01:

2. According to *Koshta* (Table 02).

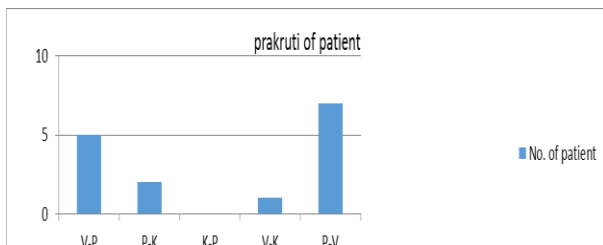
<i>Koshta</i>	No. of patients	%
<i>Kruru</i>	1	6.67
<i>Mridhu</i>	8	53.33
<i>Madhyama</i>	6	40



Graph 02:

3. According to *Prakruti* (Table 03).

<i>Prakruti</i>	No. of patient	%
V-P	5	33.33
P-K	2	13.33
K-P	0	0
V-K	1	6.67
P-V	7	46.67



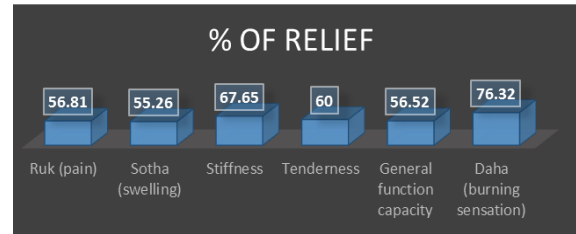
Graph 03:

Table 04:

Symptom	BT score	AT score	Difference	% of relief
<i>Ruk</i> (pain)	44	19	25	56.81
<i>Sotha</i> (swelling)	38	17	21	55.26
Stiffness	34	11	23	67.65
Tenderness	35	14	21	60
General function capacity	23	8	13	56.52
<i>Daha</i> (burning sensation)	38	9	29	76.32

Effect of therapy at clinical features:- (table no.05)

Symptom	BT score	AT score	Difference	% of relief	Paired "t" test	p-value	Test of significance
<i>Ruk</i> (pain)	44	19	25	56.81	3.46	<0.05	Significant
<i>Sotha</i> (swelling)	38	17	21	55.26	3.03	<0.05	Significant
Stiffness	34	11	23	67.65	3.22	<0.05	Significant
Tenderness	35	14	21	60	2.99	<0.05	Significant
General function capacity	23	8	13	56.52	2.64	<0.05	Significant
<i>Daha</i> (burning sensation)	38	9	29	76.32	3.31	<0.05	Significant



Graph 04:

In this study totally 18 patients were registered. All the patients were randomly selected and 3 patients discontinued the treatment due to some inevitable reasons. According to *Agni* of patients, (table no.01) (Graph no.01) 20% had *Samagni*, 53.33 % had *Mandagni*, 0% had *Teekshnagni* and 26.66 % had *Vishmagni* among the 15 patients incorporated in the study. According to *Koshta*, (table no.02) (Graph no.02) *Kurua Koshti* had 6.67%; *Mridhu Koshti* had 53.33% and *Madhyama Koshti* 40% patients. According to *Prakruti*, (table no.03) (Graph no 03) 33.33% had *Pitta – Vata*, 13.33 % patients had *Pitta-Kapha*, *Kapha – Pitta Prakruti* had 0%, *Vata-Kapha* had 6.67% and 46.67% patients were *Pitta-Vata Prakruti*. According subjective parameters, (table no.04) (Graph no.04) in *Ruka* the mean score for B.T. 3.14 & had changed to 1.36 after treatment and t-test value is 3.46; in *Sotha* the mean score for B.T. 2.71 & had changed to 1.21 after treatment, and t-test value is 3.03; in *Stiffness* the mean score for B.T. 2.43 & had changed to 0.79 and t-test value is 3.22; in *Tenderness* The mean score for B.T. 2.5 & had changed to 1.0 after treatment and t-test value is 2.99; in *General function capacity* the mean score for B.T. 1.64 & had changed to 0.57 after treatment and t-test value is 2.64; in *Daha* (burning sensation) the mean score for B.T. 2.7 & had changed to 0.64 after treatment and t-test value is 3.31; after the treatment in all criteria, *Yashtayahav Niruha Basti* showed the marked improvement but excellent improvement 76.32% in *Daha* (burning sensation).

DISCUSSION

Patients shows the irregular dietary habits (Table.no. 01) are one of the precipitating cause of the disease as Nidana like Samashana, Virudhashana, Ahithashana are explained in Vatarakta.^[8] Table.no. 02 shows Mridu Kosta patients are prone in manifestation of Vatarakta. In Table.no. 03 found that maximum number of patients i.e. 46.67% were possessing Pitta-Vata Prakriti. So, it is Justifiable that Pitta-Vata Prakriti person are easily prone to Vatarakta. After treatment five main symptoms of disease found significant relief. According to Table no 04 Daha symptoms is maximum relived due to Pitta Vata Shamak property of Basti Dravyas.^[9]

Vatarakta is caused by Vataprakopaka Hetu & Rakta prakopaka Hetu. Prakupita Vata along with Rakta Dusthi moves throughout the body and takes Sthanasamsraya at the Padangস্থা Sandhi due to its Vyadhiprabhava.^[10] This is told as Anyonya Avarana by Chakrapani.

Vatarakta is considered as *Avaranjanya Vatavyadhi* like *Sukshmatva* and *Saratwa* of *Vayu*, *Dravatwa* and *Saratwa* of *Rakta* spread in body. *Vyanavayu* vitiated *doshas* in *sandhies*. The main and first site of manifestation is pada mula (1stmetatarsophallangeal joint) and then hasta and Pada and from there onwards spread upwards. The process of spreading of manifestations can be understood similar to that of rat poison.^[11]

As Asthidathu is involved in the disease Vatarakta, it is to be assumed that the drug acting upon Pureeshadhara Kala will certainly act on the Asthidathu, as Kalas of both are the same. The active principles of Basti Dravya administered reaches up to the Grahani. As Grahani involves both Pittadharakala and Majjadharakala. So it has to be assumed that the nutrients absorbed will certainly nourish Asthidathu & ultimately results in Vatashamana.^[12]

If Nirooha Basti is given as treatment the Karshana quality of ‘Kashaya’ rules over the qualities of Madhura Rasa and Sheeta Veerya Dravya, then Karshana effect accelerates the Vata, where in Samprapthivighatana do not occur. To avoid Karshana, or corrosive action of Kashaya, Snigdha, Sheetha Gunayukta Ksheera is used to get Pittahara and Rakta Prasadaka effect and Oushada Prayoga is through Basti which does the Vatanulomana.^[13] While dealing with the action of Basti Vagbhata says, the Veerya of Basti being conveyed to Apana to Samana Vata which may regulate the function of Agni then to Udana, Vyana and Apana thus providing its efficacy all over the body. The control gained over Vata leads to the Samprapthi Vighatana of disease.

In the context of Vatarakta Chikitsa both Acharya Charaka & Vagbhata have explained as, the vitiated *Doshas* along with mala should be expelled out by the administration of *Sagritha Ksheera Basti* & there is no other therapeutic measure comparable to its *Basti* in the

management of this disease. Though, *Yashtayahav Niruha Basti* is administered continuously it will not aggravate the *Vata Dosha* because it contains Ksheera as the main ingredient having the properties like Madhura Rasa, Snigdha Guna & Sheetha Veerya.^[14]

Ksheerabasti administered was retained for less than 45 minutes (1 *muhurta*). The active principles of *Ksheera Basti* travels from *Pakwasaya* & get absorbed in the circulation. The chemical reaction sequence originated in *Pakwasaya* passes from cell-to-cell, ultimately in the entire body. 2/3rd of Serum uric acid is excreted through the gut and the remaining 1/3rd through the kidneys, So *Ksheera* because of its laxative action expels 2/3rd of the uric acid through the gut and remaining 1/3rd of the uric acid is excreted by the *Mutrala* action of *Yashtimadhu* through the urine. Along with this high dose administration of *Yashtimadhu* will act as Analgesic, Anti-inflammatory and exhibits corticosteroid action, this might have reduced the E.S.R values in the patients.^[15]

CONCLUSION

Yashtayahava Niruha Basti is an effective, relatively safe and cost-effective treatment modality for management of *Vatarakta*.

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