



ROLE OF CHURNA BASTI IN THE MANAGEMENT OF ACUTE PAIN IN AMAVATA - A CASE REPORT

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ABSTRACT Pain is sensation! *Ayurveda* states “ *Pratikoola vedaneeyam dukham* “, any unpleasant sensation in the body is considered as pain. Pain can be regarded as king of symptoms because Patient tolerate their illness as long as it is not painful. *Amavata* being the most common painful auto immune disorder, highly prevalent disease in present day because of indulgence in incompatible food, changing life style, physical and mental stress, due to changing dietic habits. *Amavata* in the contemporary science can be correlated with Rheumatoid arthritis and its prevalence substantially ranging from 0.3 to 1% of the population. Patients understand disease through pain and for them once pain is relieved disease also relieved. This undoubtedly signifies that success of physician depends upon his skill to efficiently kill the patients pain in its true and complete sense. Most common symptoms are *sandhi shoola*, *shotha*, *gourava*, *stabdata*. Before doing *samprapti vighatana*, it becomes very important for *vaidya* to treat unbearable acute pain and is major challenge faced by any system of medicine. Keeping this in mind study was planned to evaluate the efficacy of *churna basti* in the management of acute pain in *amavata* in a modified pattern of *chaturbhadrakalpa*, i.e 4 *churna basti* and one *anuvasana basti* with *Brihat saindhavadhya taila*. *Churna basti* explained by *Acharya chakrapani* acts as *shoolaghna* and contains *ushnaveerya dravya* as its ingredients helps in attaining *shoolahara* effect and also *amapachaka*, *agnideepaka*, *shothaghna*. Present study was planned based on this concept on a patient and observed effects on various assessment parameters such as *sandhishoola*, *gourava*, *stabdata*, *sandhisparsha asahyata*. Therefore, *churnabasti* considered as good remedy in the management of acute pain in *amavata*.

KEYWORDS : Amavata, churna basti, Rheumatoid arthritis, Pain

INTRODUCTION-

RA is prevalent through the world and involves all the ethnic groups. Onset is more frequent during 4th and 5th decade of life with, 80% of all patients developing the disease between the age of 35- 50years. RA is 3-7 times more common in women¹. Ama is the major morbid factor which plays vital role in causing Amavata. Ama in close association of vata dosha circulates all over the body through dhamani and gets lodged in kapha sthana². This refers to sandhi, because sleshaka kapha is located in sandhi³. It is observed that circulating ama causes shotha and shoola in the sandhis where in ama and doshas are lodged⁴. Basti is considered as artha chikitsa sometimes as poorna chikitsa, as it acts in multidimensional way, cures diseases of shakha, kosta and marma⁵.

Churna basti yoga explained by acharya chakrapani consists of Rasna, bilwa, shatahwa, pootika, krishna, phala, devadaru, kusta, amladravya, saindhava lavana, ushnajala, which acts as mainly shoolaghna⁶.

Based on this principle yoga is modified and is practiced in the management of pain in amavata.

CASE REPORT

A 45-year-old, married, female patient came to the OPD of SJHIM Hospital, Bangalore with chief complaints as- multiple joint pain, stiffness and swelling over the joints since 5years.

Associate complaints:

Disturbed sleep

History of present illness:

A/C to patient, 5yrs ago she developed pain in B/L knee joint, neglected by thinking pain may be due to heavy work.

Few months later she developed pain in B/L shoulder joint, gradually elbow joints also involved.

Pain use to increase during morning.

6 Months later, along with above symptoms she developed pain, stiffness, swelling in small joints of hand. Pain, swelling, stiffness in all joints became more severe. Morning stiffness in the above said joints for about 1 hour since 5years.

7 months ago she suffered from fever. For these complaints she consulted allopathic physician and took oral medication and injections

,symptoms use to subside as long as she continued but again use to aggravate when she discontinued it. Hence she approached our hospital to seek medications.

Past history: Known case of hypertension on Tab.Amlodipine 5mg

Drug history: Patient was on Tab.Wysolone 5mg, Microcid for many months.

Family history: No obvious family history present.

Personal history:

Diet - Mixed (mutton, fish, chicken, occasionally curds),Appetite-Good

Sleep - Disturbed due to pain, micturition - 4-5 times day and 1 time at night

Bowel -Complete evacuation, once in day.

Menstrual history: Cycles are regular and normal.

Obstetric history : Underwent normal delivery, 2 male children.

On examination,Shoulder joint- ROM

Table no 1

	RIGHT	LEFT
Flexion	Painful @ 60 degree,possible till 160 degree	Painful @ 50degree, possible till 170 degree
Extension	Painful and Restricted to 40 degree	Painful and Restricted at 45degree
Abduction	Painful and restricted to 50 degree	Painful and Restricted at 45degree

Table no 2 MCP Joints

	Right	Left
Flexion	Painful at 40 degree, possible	Painful at 55 degree, possible

Table no 3 Knee joint

	Right	Left
Flexion	Painful at 30 degree and Restricted to 50degree	Painful and restricted to 40 degree

Parkruti- kapha vataja, madhyama sara, Madhyama samhanana (moderately built),

Sama pramana, Satmya to madhura rasa, curds, Madhyama satwa (mental strength), Madhyama ahara Shakti (food consumption capacity), madhyama abhyavaharana shakti (moderate digestion capacity)

Investigation:

ESR- 90mm/hr.

RA- 45IU/ml

Diagnosis:

Based on ACR-EULAR (American college of Rheumatology - European League against Rheumatism Collaborative initiative) 2010 criteria for diagnosing Rheumatoid arthritis is diagnosed as Rheumatoid arthritis with a score of 7/10

Treatment plan

Ingredients of churna basti

Rasna churna	-35gms
Vaishwanara churna	-35gms
Saindhava lavana	-6gms
Amla dravya - nimbu swarasa	-2 nimbu
Ushna jala	-300ml

Table no 5-Results

Intervention	Medicines	
Kostashodhana - 1 st day	Gandharva hastadi taila 30ml	Attained 5vegas
Anuvasana - 2 nd day	Bhrihat saindhavadhya Taila 80ml	Vatanulomana,
Churana basti- 3 rd day	Above ingredients	Pain and stiffness relieved by 20%
Churna basti - 4 th day	„	Swelling and heaviness decreased considerably
Churna basti - 5 th day	„	Marked improvement in pain, swelling, and heaviness. Stiffness completely subsided.
Churna basti - 6 th day	„	ROM
		Shoulder joint
		right
		Left
		Flexion
		Painless till 120 degree
		Painless till 130 degree
		Extension
		Painless and possible at 60degree
		Painless and possible at 60degree
		Abduction
		Painless till 150 degree
		Painless till 130 degree
		MCP joint
		Flexion
		Painless till 70 degree
		Painless till 75 degree
		Knee joint
		Flexion
		Painless till 110 degree
		Painless till 100 degree
Anuvasana basti - 7 th day	„	Sleep – sound

Observation -

During the course of treatment she expressed gradual relief in her symptoms.

The retention period of churna basti up to 5-9 min was observed

Retention period of anuvasana basti 4-6 hours was observed.

Patient general condition was stable.

DISCUSSION-

The main symptom which makes the patient to seek medical advice is pain. In amavata, pain so agonizing that it is compared to “vyavidha iva vrischikkai”. Primary intention here is to tackle the pain followed by samprapti vighatana chikitsa. So churna basti is one such treatment modality which tackles amapradhana shoola.

The ingredients present in churna basti yoga vaishwanara, Rasna, saindhava, amladravya, being ushna, deepaka, pachaka, shoolahna, shotaghna, helps in attaining shoolahara property, laghutva, does amapachana. Anuvasan with Bhrihat saindhavadhya taila as it contains eranda taila which is tikshna, ushna, sukshma helps in disintegrating, digesting and clearing channels blocked by ama.

Practicing Churna basti in modified Chaturbhadra Vidhi⁸, continuously 4 Niruha bastis which contain mainly ruksha pradhana dravya definitely act on Ama. Dhatugata amapachana also occurs with the basti which provides in immediate relief from pain due to Ama.

Rectum has rich blood and lymph supply; drugs can cross the rectal mucosa like other lipid membranes. The portion absorbed from the upper rectal mucosa is carried by the superior hemorrhoidal vein into portal circulation. Whereas that absorbed from the lower rectum enters directly into systemic circulation through middle and inferior hemorrhoidal veins. Thus basti dravya are absorbed into systemic circulation. The drug, which are absorbed through middle and inferior hemorrhoid vein, bypass liver hence degradation of drug by liver is minimized⁹.

Severity and duration of pain was decreased after the churna basti.

Bhrihat saindhavadi taila -30ml

Method of preparation:

All the ingredients are procured in the form of fine powder.

In 400ml of boiled water, 70gms of above ingredients were added and mixed to form a homogeneous mixture.

Treatment plan :

Patient is administered with 400ml of churna basti, anuvasana basti with 80ml of Bhrihat Saindhavadi taila in a pattern of modified chaturbhadra kalpa

Table no 4-Schedule of the Basti

	D1	D2	D3	D4	D5	D6
Morning		N	N	N	N	
Evening	A					A

Duration of the treatment

1-6 day: basti in pattern of modified CHATURBHADRA KALPA schedule

Swelling totally subsided. Range of movements of shoulder joint, small joints of hand, Knee joint, ankle joint improved.

CONCLUSION

- PAIN is the only language of the body patients understand.
- Amavata being the most painful debilitating autoimmune disorder having much prevalence in the today's society.
- Churna Basti having amapradhana shoolahara property and can be considered as good remedy to manage acute pain in Amavata.
- In clinical practice, prime importance should be given to pain management.
- Amavata being shoolahpradhana vyadhi, acute pain management should be taken care.
- Churna basti is a ruksha pradhana basti having amahara and shoolahara action.
- With Churna Basti, once attaining shoolahara, laghutva, niram lakshanas, one can start with samprapti vighatana chikitsa.

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