

## A Pilot Study On Rasnadi Aasthapan Basti Invatarakta Patients

Dr Amit Kumar<sup>1</sup>, Dr Sangeeta H Toshikhane<sup>2</sup>, Dr Mahesh M.P.<sup>3</sup>

<sup>1</sup>final Year Pg Scholar Department Of Panchkarma, Parul University, Parul Institute Of Ayurved, Vadodara, Gujarat, India.

<sup>2</sup>professor And Hod, Department Of Panchkarma, Parul University, Parul Institute Of Ayurved, Vadodara, Gujarat, India.

<sup>3</sup>assistant Professor, Department Of Panchkarma, Parul University, Parul Institute Of Ayurved, Vadodara, Gujarat, India.

### Abstract:

*Vatarakta Is One Of The Main Articular Diseases, Which Is Characterized By Severe Pain, Tenderness, Inflammation And Burning Sensation In The Affected Joints. It Is A Tridoshajavyadhi, With Vatapradhanyata And Rakta As Main Dushya. Sedentary Lifestyle Is One Of The Etiological Factors Of Vatarakta. The Etiology And Symptomatology Of Gout Is Very Much Similar To That Of Vatarakta. Gout Is A Pathological Reaction Of Joint Or Periarticular Tissues Which Results From Deposition Of Monosodium Urate Monohydrate Crystals In Joints And Tissues. In Ayurvedic Classics, Although We Find Plenty Of Dravyas For Joint Disorders, The Area Of Joint Diseases Management Still Remains To Be Elusive. Hence The Present Clinical Study Aims To Evaluate The Efficacy Of Rasnadiaasthapanbasti In The Management Of Vatarakta (Gouty Arthritis). In The Present Study, 10 Patients Fulfilling The Diagnostic Criteria Of Vatarakta And Who Met The American College Of Rheumatology (Acr) Criteria For Acute Gouty Arthritis Were Selected. Detailed Profile Which Incorporated Relevant Data Like Symptomatology, Physical Signs And Investigation Reports Were Considered For Assessment Criteria. The Rasnadiaasthapanbasti Was Administered To Patients Of Either Sex In The Modified Kala Basti schedule . After The Course Of Therapy For 10 Days, Symptomatic Improvement Was Observed With Statistically Significant Results ( $P < 0.001$ ) Along With Attainment Of Normal Serum Uric Acid Levels Followed By Feeling Of General Wellbeing. From The Present Study It Can Be Concluded That The Rasnadiaasthapanbasti Showed Promising Results In The Management Of Vatarakta.*

**Keywords:** Vatarakta, Gouty Arthritis, Rasnadiaasthapanbasti, Hyperurecemia.

### Introduction

An Individual's Health Is Totally Determined By His Or Her Food And Lifestyle. Consumption Of Baked Foods, Half-Fried Vegetables, And Other Processed Foods Impairs Protein Digestion And Metabolism, Making Humans Vulnerable To A Variety Of Life-Threatening Illnesses Such As Stroke And Functional Impairments Such As Joint Ailments. (1)Vatarakta Is A Common Pranayama Among Them.Vatarakta Is An Illness Associated With Khavaigunya That Manifests As Vitiated Vata And Blood In The Raktavahasrotas. Vatarakta(2) Primarily Affects Small Joints In The Foot And Hands. Purine Is A Significant Consequence Of Incomplete Protein Metabolism, Which Leads To An Excess Of Uric Acid Synthesis Via Denovo And Salvage Metabolic Pathways. Reduced Uric Acid Clearance In The Kidneys.(3) Gouty Arthritis Is A Complex Protein Metabolism Condition Caused By The Deposition Of Monosodium Urate Monohydrate Crystals In The Joint Area, Resulting In Inflammatory Arthritis. Hyper Urecemia Is The Biochemical Signature Of Gout, Which

Is Caused By An Increase In Uric Acid Synthesis Or A Decrease In Uric Acid Excretion, Or A Combination Of The Two Processes (4,5)

Reported Prevalence Of This Gouty Arthritis Is 2.0 To 2.6 Per 1000 Patients, Usually between. The 25-To-50-Year-Old Age Group Gout Affects About 1% Of The Population, With A High Male Predominance (10:1). Primary Gout Is Almost Exclusively A Male Condition, And It Is The Most Prevalent Cause Of Inflammatory Arthritis In Men Over The Age Of 40, Whereas Secondary Gout Is Caused By Renal Impairment Or Pharmacological Therapy, And It Mostly Affects Adults Over The Age Of 65 And This Form Is Usually Seen In Women (6). Vata, In Theory, Is A Type Of Energy. The Functions And Features Of Vata Are Given A Lot Of Weight In Classical Writings.(7) At The Same Time, As The Most Vital Body Tissue, Rakta Plays An Important Function In Maintaining A Person's Health. Vatarakta Is A Disease That Affects Both Vata And Rakta Due To Different Etiological Factors (8). The Sickness Known As 'Vatadushitamraktamyatrarogavisheshah' Is Characterized By *Vatarakta*. (9)Katu, Amla, Ushna, Vidahiahaaras, Gaja, And Ushtrayaana Are Among The Nidanas Described. When Aggravated Vata Is Blocked By Aggravated Rakta, The Obstructed Vata Vitiates The Rakta Once More. *Vatarakta* (10,11) Is The Name Given To This Diseased State. Anti-Inflammatory Medications, Nsaids, And Glucocorticoids Are Administered/Used To Treat Gouty Arthritis Symptomatically In Current Treatment, Which Have Several Advantages. Therefore, There Is A Definite Need To Explore More Efficacious And Radical Cure To This illness.

Hence The Present Clinical Study Aims To Evaluate The Efficacy Of Rasnadiaasthapanbasti In *vatarakta* .(12) As A Result, The Current Research Was Carried Out With The Goal Of Discovering A More Effective Rasnadiaasthapanbasti ' For *Vatarakta*.

### **Aims And Objectives**

- To Assess The Therapeutic Effect Of (Rasnadiaasthapanbasti) In Remission Of Symptoms/Illness In Patients With *Vatarakta* (Gouty Arthritis)
- To Assess The Efficacy Of Rasnadiaasthapanbasti In hyperuricemia.

### **Materials&Methods**

#### **1. Source of data**

A Minimum Of 10 Patients Suffering From *Vatarakta* were taken from opd&Ip section of panchkarma department, Parulayurvedichospital, Vadodara.

#### **2. Method of collection of data**

It was An open arm clinical study wherein, Patients Of Either Sex Of *Vatarakta* were Selected Randomly.

#### **3. Inclusion Criteria**

- Patients With Characteristic *Vatarakta* Signs And Symptoms In Relation To Sandhis Stated In Ayurvedic Classics.
- Gouty Arthritis Patients With Hyperuricemia.
- Patients Between The Ages Of 18 And 60, Regardless Of Gender.
- Patients Who Have Had Three Or More Acute Gouty Arthritis Events In The Last 12 Months And Have Been Unresponsive Or Intolerant To Standard Treatments..

#### 4. Exclusioncriteria

- Patients Suffering From Metabolic And Other Systemic Problems
- Patients With Autoimmune Joint Illnesses
- Patients Who Take Nsaids And Steroidal Anti-Inflammatory Medicines On A Regular Basis.

#### 5. Investigations:Serum Uric Acid

#### 6. Studydesign

It Was An Open Arm Pilot Clinical Study With Pre-Testandpostdesigns. The Patients Were Advised To Come To After Follow Up.

#### 7. Treatmentadvised:

S.No	Procedure	Basti	Quantity Of The Oil Used
1	Anuvasanbasti	Tila Tail	120ml
2	Niruhabasti	Rasnadiaasthapnbasti	960 MI

#### Basti Posology

1 <sup>st</sup> Day	2 <sup>nd</sup> Day	3 <sup>rd</sup> Day	4 <sup>th</sup> Day	5 <sup>th</sup> Day	6 <sup>th</sup> Day	7 <sup>th</sup> Day	8 <sup>th</sup> Day	9 <sup>th</sup>	10 <sup>th</sup>
Ab	Nb	Nb	Nb	Nb	Nb	Nb	Ab	A.B	A.B
	A.B	A.B	A.B	A.B	A.B	A.B			

#### Drug Of Rasnadiaasthapnbasti :

S. No	Name	Latin Name	Part Used	Proportion
1	Rasna	<i>Pluchelanceolata</i>	Moola	1 Part
2	Amaltas	<i>Cassia Fistula</i>	Phalamajja	1 Part
3	Punarnava	<i>Boerrhaviadiffusa</i>	Moola	1 Part
4	Katuki	<i>Picrorhizakurrooa</i>	Moola	1 Part
5	Khasa	<i>Vetiverzizanioides</i>	Moola	1 Part
6	Nagarmotha	<i>Cyperusrotundus</i>	Moola	1 Part
7	Traymana	<i>Ficusheterophylla</i>	Panchang	1 Part
8	Giloy	<i>Tinosporacordifolia</i>	Steam	1 Part

9	Manjistha	<i>Rubiaccordifolia</i>	Root	1 Part
10	Bilva	<i>Aegelmarmeles</i>	Majja	1 Part
11	Agnimantha	<i>Premnaintegrifolia</i>	Moola	1 Part
12	Patla	<i>Stereospermumsuaveolens</i>	Moola	1 Part
13	Gambhari	<i>Gmelinaarborea</i>	Moola	1 Part
14	Shyonak	<i>Oroxylumindicum</i>	Moola	1 Part
15	Bibhitaki	<i>Terminaliabelerica</i>	Phala	1 Part
16	Bala	<i>Sidacordifolia</i>	Moola	1 Part

### Kalka Dravya

1	Madanphala	<i>Randiaspinosa</i>	Phala	1 Part
2	Madhuyashti	<i>Glycyrrhizaglabra</i>	Moola	1 Part
3	Saunf	<i>Foeniculamvulagarea</i>	Beeja	1 Part
4	Priyangu	<i>Callicarpamacrophylla</i>	Phalamajja	1 Part
5	Indrayava	<i>Hoarrhenaantidysentrica</i>	Moola	1 Part
6	Rasot	<i>Berbisaristate</i>	Phala	1 Part

### Prakshepadravya

1	<i>Draksha</i>	<i>Vitisvinifera</i>	Fruit	1 Part
2	<i>Sovira</i>	<i>Hordeumvulgare</i>	Seed	1 Part
3	<i>Mamsa Rasa</i>	Ajamamsa Rasa	Liquid	1 Part

All The Drugs Taken Will Be In Equal Quantity

Dravya	Quantity
Madhu	120 Ml
Lavan	10 Gm
Sucha (Tiltaila)	240 Ml
Kalka	80 Gm
Kawth	400 Ml
Ajamamsa	40 Ml
Soviraka	40 Ml
Draksha Rasa	40 Ml
Total	960

### 8. Assessmentcriteria

In The Present Study, Before And After Treatment, In This Study, Patients Were Assessed After The

Completion Of Treatment For 10 Days On The Basis Of Subjective And Objective Parameters.

Subjective Parameter	Observation	Scale
Sandhishula	No Pain	0
	Mild Pain	1
	Moderate Pain	2
	Severe Pain	3
Daha	Absent	0
	Mild	1
	Moderate	2
Sandhisotha	Severe	3
	No Swelling	0
	Swelling But Not Apparent	1
Sparshaasahatva	Swelling Obvious On Lesser Than 2 Joints	2
	Swelling Obvious On Greater Than 2 joints	3
	No Tenderness	0
Twaklohita	Mild, Deep Touch Causes Sparshaasahatva	1
	Moderate, Little Touch Causes Sparshaasahatva	2
	Severe	3
Twaklohita	Absent	0
	Present	1

Objective Parameter	Observation
Investigation	
Serum Uric Acid	Before Treatment
	After Treatment

The Gathered Data Were Statistically Analysed In Terms Of Mean, Standard Deviation, And Standard Error Based On The Observation. The Final Results Were  $P > 0.05$  (Insignificant),  $P 0.05$  And  $P 0.01$  (Significant), And  $P 0.001$  (Very Significant) According To The 'T' Test<sup>14</sup>.

### Results And Observation

The Demographic Data And The Effect Of Treatment On The Disease Were Split Into Two Sections In The Descriptive Statistical Analysis Of The Entire Sample.

### Demographic data

According To Tables 2-6, The Majority Of Patients (60%) Were Between The Ages Of 51 And 60, With The Remaining 30 Percent Falling Between The Ages Of 31 And 40. The Majority Of Patients

(70%) Were Males, And A Large Proportion (50% ) Were From The Middle Class, Followed By 1 (10%) Patients From The Upper Middle Class Socioeconomic Status..One-Tenth Of The Patients ( 10% ) Led A Sedentary Lifestyle. The Majority Of The 9 Patients (90 Percent) Ate A Veg-Mixed Diet..

### **Data On Diseases**

Table 9 Shows The Treatment's Effect.

#### **The Impact On Pain (Table 7a)**

The Study Found That There Was A 62.96 Percent Reduction In Pain. The Initial Mean Score Was 2.70, Which Was Reduced To 1.00 After Treatment, Indicating A Statistically Significant Improvement (P 0.001).

#### **The Impact On Burning Sensation (Table 7 B)**

There Was A 90.90 Percent Improvement In Burning Sensation. The Treatment Reduced The Burning Sensation In *Vatarakta* To 0.10 From 1.10, With P 0.001 Indicating A Highly Significant Improvement.

#### **The Impact On Swelling Effect (Table 7 C)**

There Was A Complete Reduction In Swelling. After Of Treatment, The Mean Swelling Score Dropped From 0.40 To 0.00, With A P Value Of 0.050 Indicating Statistical Significance.

#### **The Impact On Tenderness (Table 7 D)**

Tenderness Is Another Symptom Of *Vatarakta*. The Patients' Initial Mean Score Was 0.80, Which Was Reduced To 0.00 After 100 Percent Treatment, With A P Value Of.022 Indicating A Statistically Significant Change.

#### **Effect On Local Colour Change / Discoloration.**

No Patient Found Colour Change In This Study.

#### **The Impact On Serum Uric Acid Levels. (Table 8 Shows)**

After Treatment, Six (60%) Of The Ten Patients With Hyperuricemia (High Serum Uric Acid Levels) Returned To Normal, Whereas Four (40%) Returned To Near-Normal Serum Uric Acid Levels.

The Descriptive Statistical Analysis Of The Entire Sample Was Split Into Two Sections: Demographic Data And Disease-Related Data, As Shown Below.

### **Table2:Distributionaccordingtoage**

Agegroups	No.Ofpatients	Percentage
21 – 30	0	0%
31 – 40	3	30%
41 – 50	1	10%
51 – 60	6	60%

**Table3:Distributionaccordingtosex**

Sex	No.Ofpatients	Percentage
Male	3	30%
Female	7	70%

**Table4:Distributionaccordingtosocio-Economicstatus**

Socio-Economicstatus	No.Ofpatients	Percentage
Poor	1	10%
Lowermiddle	3	30%
Middle	5	50%
Upper Middle	1	10%
Rich	0	0%

**Table5:Distributionaccordingtooccupation**

Physicalactivity	No.Ofpatients	Percentage
More Active	7	70%
Lessactive	2	20%
Sedentary	1	10%

**Table6:Distributionaccordingtodiet**

Type	No.Ofpatients	Percentage
Vegetarian	9	90%
Mixed	1	10%

**Data Pertaining To Subjective And Objective Parameters**

**Table7a:Sandhishula(Jointpain)**

Typeofpain	No.Ofpatients		Percentage	
	Bt	At	Bt	At
Mild Pain	0	10	0%	100%
Moderatepain	3	0	30%	0%
Severepain	7	0	70%	0%

**Table7 B:Daha(Burning Sensation)**

Type	No.Ofpatients		Percentage	
	Bt	At	Bt	At
Absent	1	9	10%	90%
Mild	7	1	70%	10%
Moderate	2	0	20%	0%
Severe	0	0	0%	0%

**Table7c:Sandhishotha(Swelling)**

Type	No.Ofpatients		Percentage	
	Bt	At	Bt	At
Absent	6	10	60%	100%
Slightswelling	4	0	40%	0%
Moderateswelling	0	0	0%	0%
Grossswelling	0	0	0%	0%

**Table7d:Sparshaasahatva(Tenderness)**

Type	No.Ofpatients		Percentage	
	Bt	At	Bt	At
Absent	5	10	50%	100%
Mildtenderness	2	0	20%	0%
Moderatetenderness	3	0	30%	0%
Severetenderness	0	0	0%	-

**Table7e:Twaklohita(Localcolorchange)**

Type	No.Ofpatients		Percentage	
	Bt	At	Bt	At
Absent	10	10	100%	100%
Present	0	0	0%	0%

**Table8:Investigation:Serumuricacid**

Values		No.Ofpatients	Percentage
Bt	6-6.9 Mg/Dl	6	60%
	7-7.9 Mg/Dl	4	40%
	8-8.9 Mg/Dl	0	0%
	9-9.9 Mg/Dl	0	0%
	10and Above	0	0%
At	3-6.9mg/Dl	9	90%



	7andabove	1	10%
--	-----------	---	-----

**Table9:Effectoftreatmentonsubjectiveandobjectiveparameters**

Parameter	Meanscore		Mean(Diff)	%Of Relief	Paired‘T’ Test			
	Bt	At			Sd	Sem	‘T’	Pvalue
Pain	2.70	1.00	1.700	62.96 %	.483	.153	11.129	.000
Burningsensation	1.10	0.10	1.000	90.90 %	.667	.211	4.743	.001
Swelling	0.40	0.00	.400	100 %	.516	.163	2.449	.037
Tenderness	0.80	0.00	.800	100 %	.919	.291	2.753	.022
Localcolorchange	-	-	-	-	-	-	-	-

**Bt– Beforetreatment,At– Aftertreatment, Se– Standarderror,Sd– Standard Deviation,Sem– Standarderrorofmean**

## Discussion

*Vatarakta* Is One Of The Vatavyadhi's Distinctive Illnesses. In Comparison To Other Vatavyadhi, *Vatarakta* Holds A Unique Place In The Literature, Owing To Its Widespread Presence In Society, Increased Occurrence As People Get Older, And So On. Vataprakopakahetu And Raktaprakopakahetu Create *Vatarakta*. Due To Its Vyadhiprabhava, This Prakupitavata, Together With Raktadushti, Goes Throughout The Body And Takes Sthanasamshraya At The Padangushtasandhi. Chakrapani Tells This Storey As Anyonyaavarana. As A Result, *Vatarakta* Is Known As Avaranajanyavatavyadhi. They Spread All Over The Body Due To Qualities Like Sukshmatva And Saratva Of Vayu, Dravatva And Saratva Of Rakta. Vyanavayu Aids In The Propagation Of The Disease. Sandhis Are Where The Doshas Become Stuck. Padamula (1st Metatarsophallangeal Joint) Is The Main And First Site Of Manifestation, Followed By Hasta And Pada, And Then Upwards. The Medicine Utilised In This Study Had Sothahara Properties, Katu&Kashayrasatmak, And Ushna Properties. Dravyaveeryakatuvipak Is A Katuvipak That Is Located Directly Across From Kapha. Kapha Is Pecified In This Way. In *Rasnadiaasthapanbasti*, Guduchi Is Known As The Agryaoushadhi. The Raktavahasrotogami Characteristic Of Guduchi May Be Useful Here Because *Vatarakta* Is A Raktavahasrotavyadi. Tinosporine (Chemical Ingredient) Is A Natural Diuretic That May Help With Blood Uric Acid Excretion. It's Also Anti-Inflammatory And Analgesic.

In *Rasnadiaasthapanbasti* having Mostly Tikta As Pradhana Rasa And Sheetaguna. Due To This Quality It helpstorelieveraktadushti. Any Sickness That Does Not Subside By Guru, Snigdha, Sheetha, And Ushnaguna Independently Is Termed As Raktajavikara, According To Acharyacharaka In Sutrastana, Vidhishoniteeyaadhya. It Also Has Vata As The Major Dosha. Vata And Rakta Have Different Properties In This Case. Rakta With Pitta Ashraya Possesses Snigdha, Visra, Drava, And Ushnagunas, Whereas Vata Has Opposite Traits Such As Ruksha, Sheeta, And So On. To Treat *Vatarakta*, The Medicine Must Have Properties That Relieve Both Factors.

Rasnadiaasthapanbasti Withtikta Rasa Has The Ability To Provide Knowledge Regarding The Rukshaguna's Inclusion. *Rasnadiaasthapanbasti*, On The Other Hand, Has Snigdha, Which Aids In The Reduction Of Vata'srukshaguna. Normally, Tikta Rasa Transforms Into Katuvipaka, Causing Vibanda, But *Rasnadiaasthapanbasti* madhuravipaka Expels Pureesha And Other Impurities. Rakta Is Subdued By Tikta Rasa, And Vata Is Subdued By Madhuravipaka. These Qualities Of

Rasnadiaasthapanbasti Have Beenconsideredtoact Inthepathogenesisofvatarakta.

## Conclusion

*Vatarakta* Can Be Well Associated To Gouty Arthritis In Modern Medicine Based On The Full Symptomatology. The Purpose Of This Scientific Trial Is To See How Effective (Rasnadiaasthapanbasti ).The Research Demonstrated That The Majority Of Patients Experienced Significant Improvement From *Vatarakta* Signs And Symptoms. The Use Of 'Rasnadiaasthapanbasti' Has Also Been Linked To A Considerable Decrease In Serum Uric Acid Levels.. As A Result, It Can Be Stated That The Action Of Rasnadiaasthapanbasti Is More Effective In The Treatment Of *Vatarakta*, And That It Is A Relatively Safe And Cost-Effective Treatment. As A Result, Rasnadiaasthapanbasti Is A Safe And Effective Treatment For *Vatarakta*.

## References

1. Agnivesha, Charakasamhita, Vaidyayadavjitrikamjiacharya,Chaukambaorientalia, Varanasi,5thedition;2009.
2. Sushruta, Sushrutasamhita, Varanasi, Chaukambaorientalia, 7thedition,Nidanasthana;2008.
3. Harsh Mohan, Textbook Of Pathology, 3rd Edition, Jaypee Brother'smedicalpublishersLtd.
4. Nicholas A Boon, Nicki R Colledge And John Aa. Hunter Editeddavidson's Principles And Practice Of Medicine, 20th Edition, Pub:Churchill Living Stone,Elsevier;2006. P. 1111.
5. Braunwald, Fauci, Kasper, Jameson And Longo Edited Harrison'sprinciplesofinternalmedicine,15thedition,Mc.Grawhillcompany,Columbus;2001.P . 1994.
6. Apitextbookofmedicine,Editedbygssainani,6thedition,Associationofphysiciansinindia;1999 .P. 1028.
7. Vagbhata, Ashtangahridaya, Varanasi, Chaukambhaorientalia, 9thedition,,Shareerasthana;2002. P. 402.
8. Agnivesha, Charakasamhita, Vaidyayadavjitrikamjiacharya,Varanasi,Chaukambaorientalia,5thedition;2009.P.124.
9. Radhakanthadeva Raja. Shabdakalpadruma, 1st Edition, 3rd Reprint,Delhi,Nagapublishers;2006.P. 225.
10. Madhavakara, Madhavanidana, Varanasi, Chaukambaorientalia,8thedition,Vataraktanidana;1999.
11. Agnivesha, Charakasamhita, Vaidyayadavjitrikamjiacharya,Varanasi,Chaukambaorientalia,5thedition;2009.
12. Vagbhata, Ashtangahridaya, Varanasi, Chaukambhaorientalia, 9thedition,Uttaratantra;2002.