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A comparative clinical study on the role of *Virechana* and *Basti* in the management of Gouty Arthritis

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ABSTRACT

Background: *Vatarakta* is one of the disease conditions that is manifested due to vitiated *Vata* and *Rakta*. According to *Acharya Charaka* it is also called as *Khudavata* because of its affliction in smaller joints. The disease is compared to gouty arthritis which is manifested due to accumulation of uric acid crystals in the joints. *Virechana* and *Basti* are the *Shodhana Chikitsa* indicated in *Vatarakta*. **Aims and Objectives:** Hence the present study was taken to compare the efficacy of *Virechana* and *Basti* in managing *Vatarakta Vyadhi* and to compare their effect in reducing serum uric acid level. **Materials and Methods:** In the present study 100 subjects were randomly selected with 50 patients in each group. Group A was treated with *Nimbamritadi Eranda Taila Virechana* and Group B with *Dashamoola Kashaya Nirooha Basti* and *Balaguduchyadi Taila Anuvasana Basti* in *Kala Basti Krama.* The efficacy of the therapy was assessed based on the subjective symptoms like *Sandhigraha, Sandhishoola, Vaivarnyata* and *Sparshasahatwa* and objective parameters like serum uric acid level and Mac gills pain scale. **Result:** *Basti Chikitsa* was significant in reducing serum uric acid level as compared to *Virechana* which was not significant. **Conclusion:** It was concluded that *Ardhamatrika Niruha Basti* was more effective in reducing serum uric acid level as compared to *Virechana*.

Key words: *Vatarakta, Ardhamatrika Niruha Basti, Virechana, Serum Uric Acid.*

INTRODUCTION

Ayurveda emphasizes on healthy living with good food practices and a healthy life style. Ayurveda being an ancient science promotes to follow *Dinacharya* and *Rutucharya* which enables one to lead a healthy life without any disease. But due to modernization and changing pace of life, everything has changed be it the food we consume or the professions we are doing. Technological inventions have lessened the physical activities and has enforced one to adopt to sedentary life style in urban culture. It is also not untrue even at rural areas. More usage of gadgets confines one to adopt to sedentary life style. This leads to a plethora of diseases affecting the mankind and one among them is *Vatarakta*.

Vayurvivruddho Vruddhena Raktena Avaritaha Pathi

Kritsnam Sandhushayet Raktam Tat gneyam Vatashonitam.

Vatarakta is one of the disease conditions where vitiated *Vata* and *Rakta* obstruct one another and accumulate in the smaller joints causing painful condition like *Shotha, Twak Vaivarnyata, Shoola, Kandu* and *Daha*. *Vata* and *Rakta* are the two entities which move all over the body and cause the symptoms of the said disease. *Vatarakta* can be compared to gouty Arthritis a condition where uric acid crystal accumulates in the joints and causes deformity in the joint.

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Recent reports of the prevalence and incidence of gout vary widely according to the population studied indicates that it is more common in men than in women. The prevalence of gout increases with age, with the highest prevalence observed in people over 40. The global burden of gout is substantial and seems to be increasing in many parts of the world over the past 50 years. Developed countries tend to have a higher burden of gout than developing countries. Socioeconomic and dietary factors, as well as comorbidities and medications that can influence uric acid levels and facilitate MSU crystal formation, are also important in determining the risk of developing clinically evident gout. The condition now effects 4% of the population.

Various Treatment modalities can be incorporated for the treatment of *Vatarakta*. *Shamana* and *Shodhana Chikitsa* can be effective in its treatment. In the present study an attempt is done to evaluate the efficacy of *Virechana* and *Basti* in reducing the uric acid level in gouty arthritis.

Aims and Objectives

1. Primary objective was to evaluate and compare the efficacy of *Virechana* and *Ardhamatrika Basti* in the management of *Vatarakta*.
2. Secondary Objective was to assess the effect of *Virechana* and *Basti* on raised Uric acid level in gouty arthritis.

Materials and Methods

- The Study was a randomized, Comparative single blind Study where patients were assigned into two groups Group A and Group B.
- The patients attending the OPD of Kayachikitsa at Ayurveda Mahavidyalaya Hubli, with the history of *Vatarakta* and fulfilling the criteria of selection, were selected.
- Before the starting of the clinical trial approval from Institutional ethical committee was obtained. Informed written consent from each patient willing to undergo the treatment was taken before the study.
- The medicines, *Panchatikta Guggulu Ghrita, Nimbamritadi Eranda Taila, Balaguduchyadi Taila, Dashamoola Kwatha Churna* were procured from Pavaman Pharmaceuticals, Vijayapur.

Inclusion Criteria

- Subjects presenting with clinical features of *Vataraktahara* / Gouty Arthritis
- Subjects of either sex between age group of 20-70 yrs.
- Subjects suitable for *Basti Karma* and *Virechana Karma*.
- Subject showing the uric acid level above 6mg/dl (Above Biological Range).

Exclusion Criteria

- Subjects with uncontrolled diabetes, systemic disorders and endocrine disorders.
- Subjects with autoimmune disease of joints.
- Subjects with infection and communicable diseases.
- Subjects not suitable for *Basti* Karma and *Virechana Karma*.

Investigations

1. General Investigations.

Hematological - Hemoglobin %, total leucocyte count (TLC), different leucocyte count (DLC), erythrocyte sedimentation rate and packed cell volume were carried out before the treatment. Random blood sugar was also done before the treatment.

Serological - HIV (human immunodeficiency virus), HBsAg (hepatitis B surface antigen) were done before treatment only.

Urine (routine - microscope) examination was done before the treatment.

2. Specific Investigations.

Serum Uric acid tests were done before and after the treatment.

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Treatment Protocol

In the present study, the patients were randomly divided into two groups (Group A & Group B)

Interventions

Group A: *Virechana*

Hareetakyadi Choorna for *Ama Pachana* till the appearance of *Nirama Lakshana*.

Dose - 5gm twice a day with *Ushnodaka Anupana* Before food.

Poorvakarma

Snehapana

Snehapana was done with *Panchatikta Ghruta Guggulu.* On the first day subjects were given *Hrasiyasi Matra* of *Sneha* i.e. 30ml and based on the duration taken for digestion, the dose was increased each day *And Soon After Samyak Snigdha Lakshanas Seen, The Snehapana Was Discontinued.*

Anupana - Ushnodhaka

Kala - Ananna Kala

Abhyanga - Abhyanga was given for three days by *Bashpa Sweda* till *Swinna Lakshana* is seen.

Pradhana Karma

Nimbamritaerandataila was administered as *Virechana Yoga* considering the *Koshtha* of the patient in the morning. Throughout the day patient was observed for *Samyak Lakshana.*

Paschat Karma

Samsarjana Karma was followed based on *Pravara, Madhyama,* and *Avara Shuddhi.*

Group B: *Basti* in *Kala Basti* Schedule

Hareetakyadi Choorna for *Ama Pachana* till the appearance of *Niramalakshana* is attained.

Dose - 5gm twice a day with *Ushnodaka Anupana* before Food.

Poorva Karma

Sthanika abhyanga with *Balaguduchyaditaila*.

Sthanikaswedana with *Ushnajala*

Laghu Ushna Anabhishyandhi Bhojana, before *Anuvaasanabasti*.

Pradhana Karma

In this study, *Ardhamaatrikabasti* was administered in a *Kalabasti* course, where in six *Ardhamaatrikabasti* will be administered on 2^{nd}, 4^{th}, 6^{th}, 8^{th}, 10^{th}, 12^{th} day in the morning, empty stomach along with five *Anuvaasanabasti* with *Balaguduchyaditaila* which was administered on 1^{st}, 3^{rd}, 5^{th}, 7^{th}, 9^{th}, 11^{th}, 13^{th},15^{th}, 16^{th}, day in the afternoon, immediately after food.

Pashchat Karma

Advised to avoid *Ashtamahadoshkarabhaavas*.

To have *Ushna Laghu Abishyandhibhojana.*

This was advised to follow for 32 days.

1^{st} day A	2^{nd} day N	3th day A	4^{th} day N
5^{th} day A	6^{th} day N	7^{th} day A	8^{th} day N
9^{th} day A	10^{th} day N	11^{th} day A	12^{th} day N
13^{th} day A	14^{th} day A	15^{th} day A	16^{th} day A

N - Niruha A - Anuvasana

Assessment of Result

The parameters of base line data on pre and post medication will be compared with gradations for assessment. Statistical tests will be applied and assessment will be made.

Subjective parameters:

- Grading of Symptoms (Assessment criteria)
- *Sandhi Graha* (Stiffness of joint)
- *Sandhishoola* (joint pain)
- *Shotha* (inflammation)

Objective parameters

- Serum Uric Acid before and after treatment.
- *Vaivarnyata*
- *Sparsha Asahatava* (Tenderness)

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- McGill pain scale for pain assessment

Criteria for Assessment

The efficacy of the therapy was assessed on the basis of reduction in severity of the symptoms like *Sandhigraha, Sandhishoola, Sparshasahatwa, Vaivarnyata, Shotha* and the value of serum uric acid before and after treatment.

To assess the overall response of therapies, Mac gills pain scale was used.

Statistical estimation of results

The obtained data was analyzed for statistical significance using paired T test within the groups and unpaired T test in between the groups. The level of "p" between 0.05 to0.01 and P<0.001 was considered as statistically significant and highly significant, respectively. If the calculated "t" values was more than 0.05 (P>0.05), results were taken as insignificant.

OBSERVATIONS AND RESULTS

Table 1: Comparisons Between Groups A and B in *Sandhi Graha* (Stiffness of Joint)

Assessment Observations Recorded on	Descriptive statistics				Test Statistics		
	Group	N	Mean	± S.D.	Unpaired t test	P value	Remarks
Before treatment	Group A	50	2.16	0.681	4.06	0.001	HS
	Group B	50	2.64	0.485			
After treatment	Group A	50	0.98	0.589	915.000	0.001	HS
	Group B	50	0.66	0.688			
HS: Highly significant							

Table 2: Comparisons Between Groups A and B in *Sandhi Shoola* (Joint Pain)

Assessment Observations Recorded on	Descriptive statistics				Test Statistics		
	Group	N	Mean	± S.D.	Unpaired t test	P value	Remarks
Before treatment	Group A	50	1.96	0.781	1.602	0.112	NS
	Group B	50	2.22	0.840			
After treatment	Group A	50	0.98	0.589	5.140	0.001	HS
	Group B	50	0.32	0.513			
NS: Insignificant, HS: Highly significant							

Table 3: Comparisons Between Groups A and B in *Vaivarnyata*

Assessment Observations Recorded on	Descriptive statistics				Test Statistics		
	Group	N	Mean	± S.D.	Unpaired t test	P value	Remarks
Before treatment	Group A	50	1.28	0.757	0.562	0.575	NS
	Group B	50	1.18	1.004			
After treatment	Group A	50	0.42	0.499	2.962	0.004	HS
	Group B	50	0.16	0.370			
NS: Insignificant, HS: Highly significant							

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Table 4: Comparisons Between Groups A and B in *Sparsha Asahatva* (Tenderness).

Assessment Observations Recorded on	Descriptive statistics				Test Statistics		
	Group	N	Mean	± S.D.	Unpaired t test	P value	Remarks
Before treatment	Group A	50	1.58	1.012	1.319	0.191	NS
	Group B	50	1.82	0.800			
After treatment	Group A	50	0.44	0.644	2.445	0.016	HS
	Group B	50	0.18	0.388			
NS : Insignificant, HS: Highly significant							

Table 5: Comparisons Between Groups A and B in Uric acid (mg/dl)

Assessment Observations Recorded on	Descriptive statistics				Test Statistics		
	Group	N	Mean	± S.D.	Unpaired t test	P value	Remarks
Before treatment	Group A	50	8.48	1.035	1.056	0.294	NS
	Group B	50	8.72	1.230			
After treatment 1	Group A	50	4.74	0.694	5.294	0.001	HS
	Group B	50	5.86	1.325			
NS : Insignificant, HS: Highly significant							

Table 6: Comparisons Between Groups A and B in Mc gills Pain Scale.

Assessment Observations Recorded on	Descriptive statistics				Test Statistics		
	Group	N	Mean	± S.D.	Unpaired t test	P value	Remarks
Before treatment	Group A	50	3.06	0.867	1.350	0.180	NS
	Group B	50	2.80	1.050			
After treatment	Group A	50	0.82	0.873	3.398	0.001	HS
	Group B	50	1.40	0.833			
NS: Insignificant, HS: Highly significant							

Effect of therapies between the two groups.

Sandhi Graha

Effect of treatment on group A on *Sandhi Graha:* The mean before treatment is 2.16 and it has reduced to 0.98 after treatment. It was found highly significant result at the end of the treatment with p value being < 0.001.

Effect of treatment on group B on *Sandhi Graha*: The mean before treatment is 2.64 and it has reduced to 0.66 after treatment. It was found highly significant result at the end of the treatment with p value being < 0.001. In this way *Basti Karma* showed better result than *Virechana Karma*.

Sandhi Shoola

Effect of treatment on group A on *Sandhi Shoola*: The mean before treatment is 1.96 and it has reduced to 0.98 after treatment. It was found non-significant result at the end of the treatment with p value being < 0.101.

Effect of treatment on group B on *Sandhi Shoola*: The mean before treatment is 2.22 and it has reduced to 0.32 after treatment. It was found highly significant

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result at the end of the treatment with p value being < 0.001. This shows that *Virechana* was better than *Basti*.

Sandhi Shotha

Effect of treatment on group A on *Sandhi Shotha*: The mean before treatment is 0.86 and it has reduced to 0.24 after treatment. It was found non-significant result at the end of the treatment with p value being < 0.227.

Effect of treatment on group B on *Sandhi Shotha*: The mean before treatment is 0.60 and it has reduced to 0.16 after treatment. It was found non-significant result at the end of the treatment with p value being < 0.322.

Vaivarnyata

Effect of treatment on group A on *Sandhi Shoola*: The mean before treatment is 1.28 and it has reduced to 0.42 after treatment. It was found non-significant result at the end of the treatment with p value being < 0.568.

Effect of treatment on group B on *Sandhi Shoola*: The mean before treatment is 1.18 and it has reduced to 0.16 after treatment. It was found not significant result at the end of the treatment with p value being < 0.004. This shows that *Virechana* was better than *Basti*.

Sparsha Asahatava

Effect of treatment on group A on *Sparsha Asahatwa*: The mean before treatment is 1.58 and it has reduced to 0.44 after treatment. It was found non-significant result at the end of the treatment with p value being < 0.254.

Effect of treatment on group B on *Sparsha Asahatwa*: The mean before treatment is 1.82 and it has reduced to 0.18 after treatment. It was found not significant result at the end of the treatment with p value being < 0.030. This shows that *Virechana* was better than *Basti*.

Uric acid

Effect of treatment on group A on Uric acid: The mean before treatment is 8.48 and it has reduced to 4.74 after treatment. It was found non-significant result at the end of the treatment with p value being < 0.434.

Effect of treatment on group B on Uric acid: The mean before treatment was8.72 and it has reduced to 5.86 after treatment. It was found give highly significant result at the end of the treatment with p value being 0.001. In this way *Basti* was better than *Virechana Karma*.

Mac gills pain scale

Effect of treatment on group A: The mean before treatment was 3.06 and it has reduced to 0.82 after treatment. It was found non-significant result at the end of the treatment with p value being <0.180

Effect of treatment on group B: The mean before treatment was 2.80 and it has reduced to 1.40 after treatment. It was found give highly significant result at the end of the treatment with p value being 0.001. In this way *Basti* was better than *Virechana Karma*.

DISCUSSION

Sandhi (Joint) is a very important structure in the body of human being - without the joints, the locomotion; the characteristic feature of the animals would not have been possible. *Vatarakta* is one of the prominent disorders affecting the joints. As per the symptomatology and pathogenesis *Vatarakta* can be correlated to Gouty Arthritis in modern science because of the presenting symptoms like *Sandhi Shula, Sandhi Shotha, Vaivarnata,* etc.

The movement of *Vatadosha* is inhibited by the unique pathology of *Raktamargavarana* in *Vatarakta*. This in turn initially manifest with certain clinical signs and symptoms in the form of *Purvarupa*. Alteration in the colour and texture of the skin in the affected part, alteration in sweating, alteration in the sensation, different forms of pain and similar other manifestations are listed as *Purvarupa*.

Depending upon the superficial or deeper *Dhatu* involved, the *Vatarakta* is of two types. When the pathogenesis of *Vatarakta* is limited to *Twak* and *Mamsa Dhatu* it is regarded as *Utthana* (*Anavagadha*) *Vatarakta*. Involvement of deeper *Dhatu* like *Asthi*

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Majja and *Sandhi* signifies the *Gambhira* (*Avagadha*) *Vatarakta*. A third variety of *Ubhayashrita Vatarakta* is also mentioned in literature where in both the superficial as well as deeper *Dhatus* are affected. *Vatarakta* is a progressive disorder.

The symptoms like *Kandu, Daha, Ruka, Ayama, Toda, Sphurana, Shyava/Rakta Tvaka* and such other symptoms probably limited to the *Twak* indicates the *Utthana Vatarakta*. Persistent hard swelling of the affected part, suppurations, involvement of *Sandhi Asthi* and *Majja*, deformities like *Vakrata, Khanja* and *Pangu* all these point towards the *Gambhira Vataratka*.

Various *Chikitsa* modalities are explained for the management of *Vatarakta* i.e., *Raktamokshana*, *Vasti*, *Virechana*, *Shamanaoushadhi*, *Nidana Parivarjana. Shodhana Chikitsa* gives good results compared to *Shamana* therapy. In case of *Vatarakta, Sandhis* (*Asthi Dhatu*) are affected which is *Madhyama Rogamarga*.

In this study**,** *Hareetakyadi Churna* was selected for *Ama Pachana* because it is *Deepana* and *Pachana* in nature. The ingredient of this *Choorna* all are *Agnideepaka* and *Mruduvirechaka*. *Hareetaki* and *Amalaki* are *Srotoshodhaka*. By their *Mruduvirechaka* and *Srotoshodhaka* property *Hareetaki* and *Amalaki* does the *Srotoshodhana* and hence clear the *Srotas*.

Hence *Hareetakyadi Choorna* was used as *Agnideepana Oushadha* before *Virechana*.

Ama Pachana before *Virechana*

Prior to administration of *Snehapana*, the body should have *Nirama* stage, which is achieved by *Ama Pachana* and *Agni Deepana*. The reason behind it is that, the qualities of *Snehana Dravya* need a platform for its action. These drugs which are digestives and carminatives stimulate enzymatic secretions, HCL secretions, pancreatic and bile secretions, thereby proper assimilation of *Sneha* will occur. Hence the *Hareetakyadi Churna* regulates the function of *Shamana* and *Apana Vata* and *Kledaka Kapha.* With this treatment it was observed that most of the patients attained *Samyak Mala Pravrutti.*

Snehapana

The best suited Sneha for *Vatarakta* is *Pancha Tikta Guggulu Ghrita.* This soothes and lubricates the *Srotas* and disintegrates the accumulated *Dosha* and brings to the *Koshta* for their easy elimination. *Nimba*, *Guduchi, Patola* all are *Tikta Rasatmaka* and they are *Swedhagna, Kandughna, Kushtaghna. Nimba* is *Krimihara*. *Patola* by its *Ushna* and *Snigdha Guna* reduces the *Rookshata*. *Tikta Rasa* is formed by *Vayu* and *Prithvi Mahabhoota* and *Rooksha, Sheeta* and *Laghu Gunatmaka*. It is *Kleda Shoshaka.* By its *Mrudu* and *Vishada Guna* it enhances *Vata*. *Guggulu* is having anti-inflammatory property and hence is beneficial in *Sandhi* and *Asthi Majjagata Vikara.*

It mainly acts on body wastes (*Kleda*), Fat (*Meda*), *Lasika* (plasma), *Rakta* (blood), *Pitta*, *Sweda* (sweat) and *Shleshma*. *Nimba* has chemical composition of Nimbin. Nimbidin possesses significant dose dependent anti-inflammatory activity & significant anti-ulcer effect. *Guduchi* (*Tinospora cordifolia*) having Berberin & Tinosporin mainly acts as antioxidant & immune potentiating thus cell layers during disease pathology are improved by this drug. *Vasa* (*Adhatoda vasica*) the Vascicinone has anti- histaminic property as well as it is anti-oxidant & anti- inflammatory. *Patola* (*Trichosanthes dioica*) has anti-oxidant & *Nidigdhika* (*Solanum xanthokarpum*) has anti histaminic property. *Guggulu* (*Commiphora mukul*) has excellent property to act on *Vikrut Kleda* (abnormal body wastes) & *Meda* (fat), *Mamsa Dhatu* (flesh) as it has *Katu, Tikta, Kashaya, Madhura Rasa, Ushna Veerya* & *Katu Vipak. Guggulu* stimulates body activity to build up immune system. *Ghrita* has lipophilic action so helps in ion transportation to a target organ. This lipophilic nature of *Ghrita* facilitates entry of drug into cell & its delivery to mitochondria, microsome and nuclear membrane.

Abhyanga

Acharya Charaka quotes the *Sthana* of *Vayu* is *Sparshanedriya* and *Adhishtana* of *Sparshanedriya* is *Twacha*. Massage acts on three systems namely blood vascular system, lymphatic system and nervous system. The lymphatic system and blood vascular

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system are supplementary to each other. The lymphatic system offers an alternative route for the return of tissue fluid to the blood stream. By application of *Taila* in *Abhyanga* generates heat and thus stimulates lymphatic flow.

In *Vatarakta*, *Sandhi Shula, Sandhishotha, Daha* etc. are seen. *Abhyanga* with *Taila* lessens vitiated *Vata*. The *Veerya* of the drug used in *Taila* for *Abhyanga* enters skin under the influence of *Bhrajakagni*. This helps to penetrate into deeper *Dhatu*, and potency of the drugs enters into all *Srotas* and exhibits its action. While mentioning the *Kala* of *Abhyanga*, *Sushruta* has stated that after 900 *Matra* the *Sneha* can reach *Majja Dhatu*. It signifies the action of *Sneha* on *Asthi-Majja Dhatu* which are mainly involved in *Vatarakta*.

Virechana

Nimbamrita Eranda Taila was used for *Virechana* as generally *Sneha Virechana Yoga* is *Mrudu* in nature. It is *Sukha Virechaka* drug and acts as *Pitta Shamaka* and *Vatanulomaka*.

Virechana Dravya act either by a bulk affect or by irritant or stimulant action on the intestinal wall and so excites the Auerbach's plexus and cause increased peristalsis. The mucosa of the intestinal tract becomes extensively irritated and its rate of secretion becomes greatly enhanced. In addition, the mobility of the intestinal wall usually increases many folds. As a result, large quantities of fluid are made available for washing these irritating agents and at the same time strong propulsive movements propel this fluid forward.

Basti

Acharya Charaka and Vagbhata mentioned *"Na Hi Vasti Samam Kinchit Vatarakta Chikitsitam"* There is no other therapeutic measures equivalent to *Vasti* in treating *Vatarakta*. *Vasti* is considered as *Agrya Oushada* for *Vata*. *Sneha* used in *Basti* helps in proper *Gati* of *Vata* brings *Gatra Mardavata* and removes *Srotorodha*. The *Taila* is having anti-inflammatory, and analgesic effect. *Bala Guduchyadi Taila* possess similar effectiveness in treating the inflammation seen in both acute and chronic *Vatarakta*.

Studies have revealed that the studied plant extract produced significant reduction in uric acid level in both plasma and urine associated with both antioxidant and anti-inflammatory effects which may be due to the presence of phenolic compounds, unsaturated fatty acids, long chain fatty acids and phytosterols. Thus, *Balaguduchyadi Taila* is acting at the level of *Rakta*, *Asthi* and *Majja Dhatu*.

CONCLUSION

The disease *Vatarakta* is due to vitiated *Vata* and *Rakta* the entities which move all over the body get obstructed by one another and get accumulated in the smaller joints leading to the symptoms of *Sandhishoola, Sandhigraha, Sparshasahatwa, Twak Vaivarnyata.* This disease is correlated to Gouty Arthritis, which is manifested due to accumulation of Monosodium Urate crystals in the joints which causes pain in the joints, and causing arthropathy. The accumulation of uric acid is what differentiates it from other joint disorders. Uric acid is a metabolic waste formed by excessive consumption of purine rich food. As uric acid is a metabolic waste *Shodhana Chikitsa* would be effective in reducing uric acid. According to the classics, *Virechana*, *Basti*, *Raktamokshana* are the treatment modalities effective to treat *Vatarakta*. In this study *Virechana* with *Nimbamrita Eranda Taila*, and *Basti* with *Dashamoola Kashaya* and *Balaguduchyadi Taila* were compared for their efficacy in reducing the Uric acid levels. Compared to *Virechana Chikitsa*, *Basti* was effective in reducing the uric acid level.

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