

Clinical Efficacy of Kala Basti with Karpasasthyadi Pinda Swedana Followed by Nagar Churna in Aamavata: An Open-Label Exploratory Study in Rheumatoid Arthritis

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ABSTRACT

Background: Aamavata is described as a disorder involving Ama and aggravated Vata, with prominent joint pain, swelling, stiffness, and functional limitation. It is clinically correlated with Rheumatoid Arthritis (RA). This study evaluated a multimodal Ayurvedic regimen comprising Kala Basti, Karpasasthyadi Pinda Swedana, and subsequent Nagar Churna.

Objective: To assess the efficacy of Kala Basti along with Karpasasthyadi Pinda Swedana followed by Nagar Churna in the management of Aamavata with special reference to RA.

Methods: This was an open-label, single-arm, prospective interventional exploratory clinical study involving 30 patients aged 18–60 years. Treatment lasted 60 days per patient. Karpasasthyadi Pinda Swedana was administered before Basti during days 1–16; a 16-day Kala Basti schedule was used; Nagar Churna 5 g twice daily with lukewarm water after meals was administered during days 17–31; final assessment was performed on day 60. Subjective outcomes were analyzed using the Wilcoxon signed-rank test and objective continuous laboratory outcomes using paired t-tests.

Results: All 30 patients completed treatment. DAS28-ESR, pain, swelling, morning stiffness, tenderness, CRP, ESR, and RF showed significant improvement. Overall, 100% of patients responded positively, with 46.67% showing marked improvement and 23.33% showing excellent response.

Conclusion: The treatment showed significant improvement in disease activity, clinical symptoms, and inflammatory markers. The therapy was found to be effective and clinically beneficial, with a positive response in all patients.

Keywords: Aamavata; Rheumatoid Arthritis; Kala Basti; Karpasasthyadi Pinda Swedana; Nagar Churna

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INTRODUCTION

Aamavata is a disease in which vitiation of *Vata Dosha* and accumulation of *Ama* take place in joints, which simulates Rheumatoid Arthritis (RA) in modern parlance.[1][15][16] Rheumatoid arthritis is a chronic immuno-inflammatory systemic disease affecting mainly the synovial joints, with a possibility of extraarticular manifestations.[4][17][18] The term *Rheum* denotes stiffness, which is one of the hallmark features of RA. Similarly, *Ayurvedic* classics describe the symptom "*Stabdham Cha Kurute Gatram*,"[2] indicating stiffness and restricted movement of the body and joints in *Aamavata*.

Aamavata is first mentioned as a separate disease in *Madhav Nidana*, where it is stated that *Mandagni* plays a central role in the manifestation of the disease.[3][20][21] *Acharya Madhava* has described

the most characteristic feature of this disease: severe pain similar to a scorpion bite. *Asthi* and *Sandhi* are the chief sites of presentation of cardinal symptoms

such as *Sandhishoola*, *Sandhigraha*, and *Sandhi Sotha*. These symptoms resemble the cardinal features of RA pain, swelling, stiffness, fever, and general debility.[3] Classical treatises such as *Bhavaprakasha* and *Cakradatta* further elaborate on the pathogenesis and therapeutic protocols for *Aamavata*. [21][22][23] In the management of *Aamavata*, sequential employment of *Dipana*, *Amapachan*, *Shodhan*, and *Shaman* therapies have been mentioned.[5][22]

Kala Basti is considered one of the most effective *Panchakarma* procedures for *Vata*-dominant disorders and has the potential to alleviate pain, inflammation, stiffness, and functional impairment.[19][28] *Karpasasthyadi Pinda*

Swedana provides additional *Vedanasthapana*, *Shothahara*, and *Stambhahara* effects, while *Nagar Churna* (*Shunthi*; *Zingiber officinale* Roscoe) possesses *Deepana*, *Pachana*, *Amapachana*, and *Vata-Kapha Shamaka* properties.[7][27] The combined administration of these therapies may offer a comprehensive therapeutic approach targeting multiple components of *Aamavata*

2. MATERIALS AND METHODS

2.1 Study Design

Parameter	Description
Study Type	Single arm & Exploratory
Purpose	Clinical and Therapeutic use
Masking	Open label
Control	Single arm
Timing	Prospective
Sample size	30
No. of groups	1

2.2 Ethics and Trial Registration

Ethical clearance was obtained from the Institutional Ethics Committee of Dr. Sarvepalli Radhakrishnan Rajasthan Ayurveda University, Jodhpur, before study commencement (IEC number: DSRRAU/PGIA/IEC/23-24/808). The trial was registered in the Clinical Trial Registry of India

pathogenesis.

Objectives

Primary objective: To assess the clinical efficacy of *Kala Basti* along with *Karpasasthyadi Pinda Swedana*, followed by *Nagar Churna*, in *Aamavata* (Rheumatoid Arthritis).

Secondary objective: To improve quality of life.

under CTRI/2025/05/106632.

2.3 Patient Recruitment

Eligible patients were recruited from the *Panchakarma* OPD, PGIA, Jodhpur, following written informed consent. Clinical data were recorded using a predesigned Case Report Form (CRF).

2.4 Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Age 18–60 years	Severe systemic disease such as cardiac disorders or cancer
Willingness and ability to participate with written informed consent	Age below 18 or above 60 years
<i>Aamavata</i> /RA signs and symptoms fulfilling the 1987 ACR criteria	Pregnancy or lactation
Illness duration <5 years	Illness duration >5 years
Post-chikungunya RA if ACR criteria were fulfilled	Gouty arthritis or osteoarthritis

2.5 Intervention Protocol

2.5.1 Karpasasthyadi Pinda Swedana

The *Karpasasthyadi Sankara Sweda* contained equal parts of *Karpasasthi*, *Kulattha*, *Tila*, *Yava*, *Eranda* root, *Atasi*, *Punarnava*, and *Shana*. *Kanji* was used as the Bhavana/soaking medium and heating agent.[6] The powdered drugs were packed into cotton potalis and heated by *Kanji* steam to achieve a suitable therapeutic temperature. The heated potalis were applied over the affected joints or body parts for approximately 7–15 minutes per area. *Swedana* was continued until signs of adequate sweating, softness, lightness, and relief from coldness were observed. After treatment, the area was wiped gently, and the patient was advised to avoid cold exposure and strenuous activity for at least one hour.

2.5.2 Kala Basti Protocol

A 16-day *Kala Basti* regimen comprised 3 initial *Anuvasana*, 6 alternating *Niruha/Churna* and *Anuvasana*, and 3 concluding *Anuvasana Basti*. *Churna Basti* was prepared using *Rasna*, *Vacha*, *Bilva*, *Shatapushpa*, *Ela*, *Putika*, *Pippali*, *Devadaru*, *Kushta*, *Madanaphala*, *Saindhava*, tamarind, and *Eranda Taila*. *Saindhava* and *Eranda Taila* were mixed with soaked tamarind and lukewarm *Rasnadi Churna* preparation, followed by thorough mixing and filtration. The *Basti* was administered in the left lateral position after lubrication, followed by supine rest and observation for evacuation or retention. *Anuvasana Basti* consisted of 60 mL *Eranda Taila* with *Saindhava* and *Shatapushpa Churna*, warmed by double-boiling and administered after meals. *Niruha Basti* was generally retained for 30–45 minutes, while *Anuvasana Basti* was retained for up to approximately 9 hours when feasible.

2.5.3 Nagar Churna Protocol

Nagar Churna[7] (*Shunthi*; *Zingiber officinale* Roscoe) was administered at 5 g twice daily with lukewarm water after meals for 15 days. Final assessment was conducted on day 60.

2.6 Assessment Criteria

Objective Criteria

- Rheumatoid Factor (Quantitative)
- Erythrocyte Sedimentation Rate (ESR)
- C-Reactive Protein (CRP-Quantitative)

Subjective Criteria

- Ayurvedic parameters: *Angamarda*, *Aruchi*, *Trishna*, *Alasya*, *Gaurava*, *Jwara*, *Apaka*
- Modern parameters: Pain in joints, swelling of joints, stiffness of joints, tenderness at joints (with DAS28 Scale)

2.7 Duration of Treatment

Total duration of treatment was 60 days.

2.8 Statistical Analysis

Percentage relief was calculated from before-treatment and after-treatment scores. The study used

the Wilcoxon signed-rank test for ordinal/non-normally distributed subjective outcomes and paired t-tests for continuous objective outcomes. Statistical significance was set at $p < 0.05$.

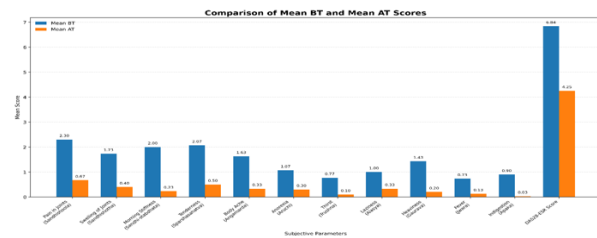
3. RESULTS

3.1 Effect on Subjective Parameters

Table 1: Consolidated Effect of Treatment on All Subjective Parameters (n=30)

S.N o.	Subjective Parameter	Mean BT ($\pm$ SD)	Mean AT ($\pm$ SD)	% Relief	p Value
1	Pain in Joints (<i>Sandhishoola</i>)	2.3 $\pm$ 0.79	0.67 $\pm$ 0.66	71.01 %	<0.001
2	Swelling of Joints (<i>Sandhishotha</i>)	1.73 $\pm$ 0.69	0.4 $\pm$ 0.5	76.92 %	<0.001
3	Morning Stiffness (<i>Sandhistabdhata</i>)	2 $\pm$ 0.69	0.23 $\pm$ 0.43	88.33 %	<0.001
4	Tenderness (<i>Sparshasahatva</i>)	2.07 $\pm$ 0.78	0.5 $\pm$ 0.51	75.81 %	<0.001
5	Body Ache (<i>Angamardha</i>)	1.63 $\pm$ 0.89	0.33 $\pm$ 0.48	79.59 %	<0.001
6	Anorexia (<i>Aruchi</i>)	1.07 $\pm$ 0.83	0.3 $\pm$ 0.47	71.88 %	<0.001
7	Thirst (<i>Trishna</i>)	0.77 $\pm$ 0.77	0.1 $\pm$ 0.31	86.96 %	<0.001
8	Laziness (<i>Alasya</i>)	1 $\pm$ 0.98	0.33 $\pm$ 0.48	66.67 %	0.0004
9	Heaviness (<i>Gaurava</i>)	1.43 $\pm$ 1.01	0.2 $\pm$ 0.41	86.05 %	<0.001
10	Fever (<i>Jwara</i>)	0.73 $\pm$ 0.83	0.13 $\pm$ 0.35	81.82 %	0.0003
11	Indigestion (<i>Apaka</i>)	0.9 $\pm$ 0.71	0.03 $\pm$ 0.18	96.3 %	<0.001
12	DAS28-ESR Score	6.84 $\pm$ 0.69	4.25 $\pm$ 1.21	37.87 %	<0.001
	Grand Total (11)	22.4 $\pm$ 7	7.47 $\pm$ 1.21	66.76 %	Overall p

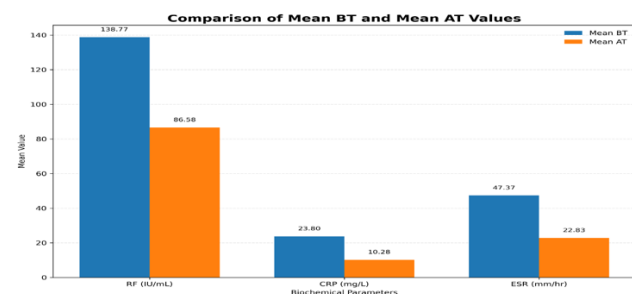
	Subjective Parameters + DAS28-ESR)				< 0.001
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3.2 Effect on Objective Parameters

Table 2: Consolidated Effect of Treatment on Objective Parameters (n=30)

S. No.	Parameter	Mean BT (±SD)	Mean AT (±SD)	Mean Diff	% Relief	t Value	p Value
1	RF (IU/mL)	138.7 ± 16.07	86.58 ± 8.25	52.19	37.61%	4.497	<0.001***
2	CRP (mg/L)	23.80 ± 34.81	10.28 ± 14.55	13.52	56.78%	3.478	0.0016**
3	ESR (mm/hr)	47.37 ± 23.37	22.83 ± 14.56	24.54	51.79%	6.048	<0.001***

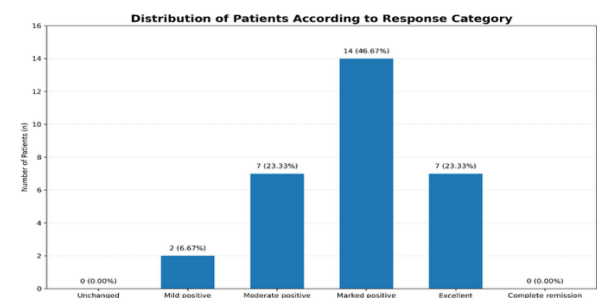


3.3 Overall Therapeutic Response

Table 3: Overall Therapeutic Response (n=30)

Response Category	Reduction	n	%
Unchanged	0–10%	0	0.00
Mild positive	>10–25%	2	6.67
Moderate positive	>25–50%	7	23.33
Marked positive	>50–75%	14	46.67

Excellent	>75–<100%	7	23.33
Complete remission	100%	0	0.00
Total		30	100.00



Overall therapeutic response was positive in all 30 patients: 46.67% showed marked positive improvement, 23.33% showed excellent response, 23.33% showed moderate response, and 6.67% showed mild response.

4. DISCUSSION

The primary joint manifestations improved significantly. Morning stiffness showed the greatest relief among the principal joint symptoms (88.33%), followed by swelling (76.92%), tenderness (75.81%), and pain (71.01%); all were statistically significant at $p < 0.001$. Associated symptoms also improved. *Apaka* showed the highest percentage relief among the reported parameters (96.30%), followed by *Trishna* (86.96%), *Gaurava* (86.05%), *Jwara* (81.82%), *Angamarda* (79.59%), *Aruchi* (71.88%), and *Alasya* (66.67%). DAS28-ESR decreased from 6.84 ± 0.69 to 4.25 ± 1.21 , with a mean reduction of 2.59 ± 1.19 and 37.87% relief ($p < 0.001$). At baseline, all patients had high disease activity; after treatment, 30.00% remained high, 50.00% were moderate, 16.67% were low, and 3.33% were in remission. Laboratory inflammatory markers also decreased significantly: RF declined by 37.61% ($p < 0.001$), CRP by 56.78% ($p = 0.0016$), and ESR by 51.79% ($p < 0.001$).

These findings are consistent with previous clinical studies on *Panchakarma* interventions in *Amavata*. Saharan and Parmar reported significant improvement in RA symptoms with integrative Ayurvedic management.[24] Roy and Bhattacharya demonstrated the efficacy of *Rasnapanchak Kvatha* with *Vaitarana Basti* in reducing disease activity and inflammatory markers.[25] Similarly, Rani and Mehta observed positive outcomes with *Dwipanchmooladi Tailam Matra Basti* and *Baluka Swedana* in *Aamavata* patients.[26] Clinical studies on *Kala Basti* and other *Basti* formulations have also shown significant reductions in inflammatory markers and disease activity scores.[19][28] Furthermore, case reports on comprehensive *Panchakarma* therapy and Ayurvedic management of RA have corroborated these positive

responses, reinforcing the clinical utility of multimodal *Ayurvedic* regimens in managing *Aamavata*. [29][30]

4.1 Probable Mode of Action of *Karpasasthyadi Pinda Swedana*

Improperly metabolized by-products of food are considered the primary causative factor in *Aamavata*, known as *Ama*. As described in the pathophysiology of *Aamavata* in various texts, this *Ama* travels and becomes lodged in different *Kapha sthana* such as *Sandhi* or joints. In *Sankara Sweda*, the affected body part is subjected to a sudation procedure without prior application of oil, which is the distinctive feature of this treatment. For this reason, in conditions like *Aamavata* where *Snehana* (oleation) is contraindicated, *Swedana* (sudation) is performed through this procedure.

This *Ruksha Sweda* (dry sudation) by means of *Pottali* heated over *Kanji* assists in correcting the imbalance of *Kapha Dosha* as well as reducing *Ama Dosha* through *Pachana Karma* of *Agni* or heat. The ingredients of *Sankara Sweda* possess *Usna* (heat), *Ruksha* (dry), and *Tikshna* (sharp) properties along with *Sothahara* (anti-inflammatory) and *Amahara* actions. The use of *Kanji* can be understood from the fact that moist heat penetrates deeper than dry heat alone. [8]

Considering the *Anshansha Guna* (fractional properties) of *Ruksha Swedana*, *Ushna Guna* (hot property) provides heat, helps relieve coldness, and initiates *Ama Pachana*. *Tikshana* (sharp) and *Sukshma* (minute) *Guna* may assist in reaching minute sites where *Ama* or vitiated *Kapha* becomes lodged and help penetrate the morbid complex. With the help of *Sara Guna* (mobile property), the *Ushna Viryata* (hot potency) of the drugs is transmitted and reaches the site of pathology. [8] The unique therapeutic effect of this procedure may help in correcting the lodged *Kapha* and *Ama*, thereby reducing stiffness and swelling. Once the *Avarana* (obstruction or lodgment) of *Vata* is removed and liquefaction of *Ama* and *Kapha* occurs, the progression of the disease may be arrested and relief in symptoms may be observed. [9]

4.2 Probable Mode of Action of *Churna Basti*

The therapeutic effect of *Churna Basti* in *Aamavata* can be explained based on the pharmacodynamic properties of its ingredients and the pathogenesis of *Aamavata*. Since *Aamavata* is predominantly a disorder of *Ama*, *Vata*, *Agnimandya*, and *Srotorodha*, the ingredients of *Churna Basti* act synergistically to digest *Ama*, clear channels, pacify *Vata*, and reduce inflammation. [10][28]

1. *Ama Pachana* and *Agni Deepana*

Most of the ingredients possess *Katu*, *Tikta*, *Kashaya Rasa*, *Laghu-Ruksha Guna*, and *Ushna Veerya*, which stimulate digestive and metabolic functions. *Pippali*,

Vacha, *Ela*, *Shatapushpa*, and *Kushta* are potent *Deepana-Pachana* drugs. [11] *Amladravya* enhances *Agni* and facilitates digestion of *Ama*. *Ushna Jala* helps liquefy and mobilize *Ama*. Thus, *Churna Basti* counteracts the fundamental pathology of *Agnimandya* responsible for *Ama* formation.

2. *Vata Shamana* and *Anulomana*

The colon (*Pakwashaya*) is the principal seat of *Vata*. *Basti* administered through the rectal route directly regulates *Vata Dosha*. *Eranda Taila* is an excellent *Vatahara* and *Anulomana* drug. [12] *Saindhava Lavana* softens accumulated *Doshas* and facilitates their movement. [13] *Bilva*, *Shatapushpa*, and *Devadaru* alleviate *Vata* and relieve pain. This helps in reducing joint pain (*Sandhi Shoola*) and stiffness (*Stabdghata*).

3. *Srotoshodhana*

Ama causes obstruction of body channels leading to impaired circulation and tissue nourishment. *Saindhava Lavana* possesses *Sukshma* and *Vyavayi* properties that facilitate penetration into microchannels. *Vacha*, *Pippali*, and *Kushta* help remove *Srotorodha*. *Eranda Taila* facilitates expulsion of accumulated *Doshas*. This restores normal flow within the channels and improves tissue metabolism.

4. *Shothahara* (Anti-inflammatory) Action

Joint swelling in *Aamavata* results from *Ama*-induced inflammatory processes. *Rasna* is renowned for its anti-inflammatory and analgesic effects. *Devadaru*, *Kushta*, and *Eranda Taila* possess *Shothahara* properties. *Pippali* exhibits anti-inflammatory and antioxidant activities. Consequently, joint swelling and tenderness are reduced.

5. *Vedanasthapana* (Analgesic) Action [14]

Pain is mainly due to aggravated *Vata* and inflammatory mediators. *Rasna*, *Eranda Taila*, *Kushta*, and *Devadaru* provide analgesic effects leading to significant relief in joint pain.

5. CONCLUSION

In this 30-patient study, *Kala Basti* along with *Karpasasthyadi Pinda Swedana* followed by *Nagar Churna* was associated with statistically significant improvement in pain, swelling, morning stiffness, tenderness, associated *Aamavata* symptoms, DAS28-ESR, RF, CRP, and ESR. The highest symptomatic improvement was observed in *Apaka* (96.30%) and morning stiffness (88.33%). DAS28-ESR decreased by 37.87%, while the composite improvement of the 11 subjective parameters plus DAS28-ESR was reported as 66.76%. Overall, 70% of participants achieved marked-to-excellent improvement. The multimodal *Ayurvedic* regimen demonstrated therapeutic efficacy in managing *Aamavata* (Rheumatoid Arthritis) by addressing multiple pathogenic components *Ama* digestion, *Vata*

pacification, channel cleansing, and inflammation reduction through the synergistic actions of *Swedana*, *Basti*, and oral *Churna* therapies.

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