

**ROLE OF PANCHATIKTA-KSHEER BASTI AND SHAMANA
CHIKITSA IN THE MANAGEMENT OF ASTHIMAJJAGATA-VATA
W.S.R. ANKYLOSING SPONDYLITIS: A CASE REPORT**

Aniket Purushottamrao Raut^{1*} and Sadhana A. Kulkarni²

¹P.G. Scholar, Department of Kayachikitsa, R.T. Ayurved College & Hospital, Akola,
Maharashtra.

²H.O.D., Guide, Professor, Department of Kayachikitsa, R.T. Ayurved College & Hospital,
Akola, Maharashtra.

Article Received on
30 August 2024,

Revised on 20 Sept. 2024,
Accepted on 10 October 2024

DOI: 10.20959/wjpr202420-34246



***Corresponding Author**

Dr. Aniket

Purushottamrao Raut

P.G. Scholar, Department of
Kayachikitsa, R.T. Ayurved
College & Hospital, Akola,
Maharashtra.

ABSTRACT

Ankylosing spondylitis (AS) is a chronic autoimmune inflammatory condition belonging to the spondyloarthropathy category of rheumatic diseases. It typically affects the axial skeleton but may also present with peripheral arthritis and extra-articular features. Ankylosing spondylitis tends to occur in patients under the age of 45 years, has higher incidence in males, and can lead to disability and reduced quality of life if not adequately treated. According to Ayurveda this condition can be co-related with *Asthimajjagata-vata*. In Ayurveda *Panchatikta-ksheer basti* which is very helpful in the management of AS. The result strengthens role of *basti chikitsa* in the management of AS. Case report – A 35 years old male patient came to OPD diagnosed with Ankylosing spondylitis was treated with *Panchatikta- ksheer basti chikitsa* for 15 days along with *Shamana chikitsa* such as Yograj guggulu, Lakshadi guggulu, Rasnasaptak kwath for 1 month and got a significant relief. The detail case report will be presented in full paper.

KEYWORDS: Ankylosing spondylitis, *Panchatikta-ksheer basti*, *Asthimajjagata-vata*.

INTRODUCTION

Ankylosing spondylitis belongs to a group of Rheumatic diseases known as the Spondyloarthropathies (SpA), which show a strong association with the genetic marker HLA (Human Leucocyte Antigen) -B27.^[1,2] The prevalence rate is 2 to 3% worldwide. As usually

develops in the second or third decade of life,^[3] affecting young men more frequently than young women, the estimated male-female ratio ranging from 2.5 to 5:1.4 This is a common disorder in the boy's between 15-25 years which is manifested initially by dull pain accompanied by low back, morning stiffness whereas chronic, aggressive disease may produce pain and marked axial immobility or deformity. There is insidious, progressive involvement of spinal joints especially sacro-iliac joint. Axial radiographic findings also include marginal bridging syndesmophytes, interapophyseal joint fusion, and "squaring" of lumbar and thoracic vertebrae, collectively producing the classic appearance of a "bamboo spine." Patients with Ankylosing spondylitis are at risk of complications, some of which may be life-threatening like restrictive lung disease, cauda-equina syndrome, post-traumatic intervertebral fractures, osteoporotic compression fractures, or spondylodiscitis.^[4,5] Movements of joints are restricted due to pain and stiffness. Later, there is kyphosis and progressive ankylosis, muscles spasms and atrophy may be present. Modern medicine has no established treatment for it.

From the Ayurvedic perspective, the disease can fall under Asthimajjagata Vata Category. After detailed assessment, and based on resembling clinical manifestations with Ankylosing Spondylitis, subject was mainly given Panchatikta –Kshir Basti for 15 days adjuvant to Yograj Guggulu, Lakshadi Guggulu and Rasnasaptak kwath internally for 30 days which proved significant in relieving symptoms of Ankylosing Spondylitis such as Pain with walking, local tenderness, restricted movements of joints, stiffness & gait.

MATERIALS AND METHODS

This is a single case study, clinical study conducted at Radhakisan Toshniwal Ayurvedic Hospital, Akola. The patient was treated with specific regimen & prognosis was assessed. After proper counselling, the line of treatment was explained & written informed consent was taken.

CASE HISTORY

Study in which a 35-year-old male patient, who had apparently been normal three years back, Gradually he noticed pain in the lower back region with mild stiffness. After few days, pain got aggravated and found difficulty in the walking with severe stiffness. Patient had visited to orthopedic specialist who diagnosed as having Ankylosing Spondylitis. He was managed accordingly for a week with allopathic medicine, but didn't get any relief. After that, he visited Kayachikitsa- Out Patient Department, for Ayurvedic management. Patient was

thoroughly examined and detailed history was taken & admitted in Kayachikitsa Male Ward for management.

Chief complaint

The onset of symptoms developed around three years back. However, the symptoms such as Pain in the lower back region, Severe stiffness in the lower back region and unable to do the lateral movements, Pain in neck region with difficulty in walking get aggravated since one & half month.

Associated complaint

Disturbed Sleep.

H/O Past illness

History of fall from the bike hitting to the lower back region.

Family history

All the family members are said to be healthy & no hereditary link noted.

Personal history

Diet: Non- vegetarian, preferred spicy food, Time and Frequency of intake: Regular, Appetite: Good, Sleep: Disturbed, Addiction: no specific addiction, Micturition: 5-6 times per day, Bowel: Regular, occasional constipation.

General examination

Pulse – 74/min, BP – 130/80 mmHg, GC – Mod. , Temp. – Afeb., Rs – AE= BE, Clear, CNS – Conscious, CVS – S₁S₂ N, P/A – Soft.

Physical examination

1) Schober's Test – **Positive**

2) Movements

Neck: Flexion – Absent, Extension – Absent, Rotation – Absent,

Lumbar: Lateral Movements -Absent, Backward bending - Slightly

Possible, Forward bending – Slightly possible.

Chest: Chest expansion reduced

Lab. investigation

Hb - 11.5 gm%, ESR – 31 mm/1hr, CRP – 53.0 mg/dl,

Uric Acid – 4.42 mg/dl, Sr. Creatinine – 0.90 mg/dl,

RA Factor – Negative,

HLA- B27 by flow cytometry – **Positive**

Radiographic investigation

1) MRI both Sacro-iliac joints –

i) Subtle signal abnormality is observed on either side of left Sacro-iliac joints.

Hyperintensity on STIR (short-tau-inversion-recovery) images is noted.

ii) Left sacroiliitis is seen.

2) X-ray Lumbar spine – Formation of Syndesmophytes in the upper and lower edges of L1-L2 and L2-L3 is seen.

Diagnosis

Patient was diagnosed as case of Asthimajjagata Vata (Ankylosing Spondylitis).

treatment plan**Shodhan chikitsa**

Patient was given sarvang snehana (Oleation) with Tila tail (oil) & swedana (Fomentation) with Dashmoola Kwatha prior to basti karma (medicated enema).

Basti karma

In this, Panchatikta Kshira Basti dose of 480 ml was given in morning session (10 am to 11am), empty stomach for 15 days. Patient was detained for 30 minutes in left lateral position for optimum effect of therapy.

Ingredients of Panchatikta- Kshira Basti -

Madhu (Honey)– 60gms.

Saindhava lavana (Rock salt)– 05gms.

Guggulutikta ghrita – 90ml.

Panchatikta Ksheer kwath – 300ml.

Shatpushpa, Yashtimadhu Kalka - 30gms.

The contents of Kwatha are Guduchi (*Tinospora cordifolia*), Nimba (*Azadirachta indica*), Patola (*Luffa acutangula*), Vasa (*Adhatoda vasica*) and Kantakari (*Solanum xanthocarpum*).

Shamana chiktisa

Yograj Guggullu - (250 mg) three times a day

Lakshadi Guggulu - (250 mg) three times a day,

Rasnasaptaka Kwath- 40 ml two times a day for one month with lukewarm water

Assessment criteria**Table 1: Gradation parameters of the study.**

Symptoms	Gradation			
	+++	++	+	0
Pain while walking	Severe pain while walking	Moderate pain while walking	Occasionally while walking	No pain while walking
Local Tenderness	Always in rest condition	Radiating pain	Pain on pressure	No pain
Restricted joint movements	No joint movement	Restricted with pain	Partially restricted	No restriction
Stiffness	Whole day and night	After long sitting and walking Almost 30 min	Occasionally present	No stiffness
Gait	Unable to walk	Walk with support with severe pain	Walk with support with mild pain	Normal without pain

OBSERVATION

Assessment of Overall Effect of Therapy.

Table 2: Effect of therapy symptoms.

Symptoms	Follow-up Assessment			
	Day- 1	Day -7	Day -15	Day -30
Pain while walking	+++	++	+	0
Local Tenderness	+++	+++	++	+
Restricted joint movements	+++	++	++	+
Stiffness	+++	+++	++	+
Gait	+++	++	+	0

RESULT

Based on prognosis, Observed Parameters such as Pain while walking & Gait which was Grade III at Day 1 (Initial day), was relieved to mild/ Grade (I) at Day 15 & complete relief on Day 30. Also the parameters such as restricted movements in joints, local pain & stiffness which were Grade III at Day 1 (Initial day), were relieved to moderate/ Grade II at day 15 & mild relieve that is Grade I at Day 30. This proves the Panchatikta- Ksheer Basti chikitsa with

Shamana chikitsa is effective in the management of Asthimajjagata vata with special reference to Ankolysing spondylitis.

DISCUSSION

In Present case study, a patient with chief complaint such as pain in lower back region, severe stiffness in the lower back region & unable to do lateral movements, pain in neck region with difficulty in walking who was diagnosed with Asthimajjagata Vata (Ankolysing spondylitis) was taken for the study. In this study, a combination therapy was given to the patient i.e. Panchatikta–Ksheer Basti for 15 days along with Yograj Guggulu, Lakshadi Guggulu and Rasnasaptak kwath internally for 30 days. This treatment proved significant relief in symptoms such as pain while walking, local tenderness, restricted movements of joints, stiffness, & gait of Ankylosing Spondylitis.

Mode of action of drug

The ingredients of Panchatikta –Ksheera Basti are of Tikta Rasa which is having predominance of Vayu & Aakash Mahabhuta. Hence, it has got resemblance towards body elements like Asthi. Acharya Charaka specified that in the diseases related to Asthi, we should give Basti using Tikta Rasatmaka Aushadhi Dravya along with Ghrut and Ksheer that is Saghrit Tikta Ksheer Basti.^[6] Tikta Rasa increases the Dhatvagni. As Dhatvagni increase, nutrition of all the Dhatus will be increased. As a result, Asthi Dhatu and Majja Dhatu may get stable, and Asthi Dhatu and Majja Dhatu Kshaya will be decreased. It performs Pachana karma, destroys srotorodha (Channel obstruction) leading to pacify vata dosha & improve metabolism. The decoction made in Ksheera which having Madhura & Snigdha properties which helps to control Vatadosa & acts as Brimhana.

Yograj Guggulu^[7] is also Vatashamaka & helps in prevention of pain & stiffness. Similarly, Lakshadi Guggulu is a Asthi Poshaka, Shothaghna, Rasayana property & Rasnasaptaka Kwath^[8] acts as Vatahara, Aamhara, shotha & shoolahara.

CONCLUSION

In this combination of shodhana & shaman chikitsa, Panchatikta – Ksheera Basti along with Yograj Guggulu, Lakshadi Guggulu and Rasnasaptak kwath internally provided significant results in Ankolysing spondylitis. Mild relief found in stiffness, moderate improvement in pain & mobility of spine, marked improvement in neck movements were observed. In fact, the symptoms of patient like stiffness, pain and mobility of the spine and neck movements

were relieved with this treatment. The result strengthens the role of Panchatikta – Ksheer basti chikitsa in the management of Ankylosing Spondylitis.

REFERENCES

1. Clinical features of ankylosing spondylitis by Khan MA., edited by Hochberg MC, Silman AJ, Smolen JS, Weinblatt ME, Weisman MH, editors. Edition-Philadelphia: Elsevier Ltd; Rheumatology, 2003; 1161- 81.
2. ASAS/EULAR recommendations for the management of ankylosingspondylitis, by Zochling J, van der Heijde D, Burgos-Vargas R, Collantes E, Davis JC Jr, Dijkmans B, et al. Ann Rheum Dis, 2006; 65: 442-52.
3. Ankylosing spondylitis in men and women: A clinical and radiographic comparison, by Braunstein EM, Martel W, Moidel R. Radiology, 1982; 144: 91-4.
4. Pleuropulmonary manifestations of ankylosing spondylitis by RosenowE, Strimlan CV, Muhm JR, FergusonRH. Mayo ClinProc, 1977; 52: 641-9.
5. Disability and handicap in rheumatoid arthritis and ankylosing spondylitis results from the German rheumatological database: German, by Zink A, Braun J., Listing J, Wollenhaupt J. Collaborative Arthritis Centers. J Rheumatol, 2000; 27: 613-22.
6. Kashinath shastri Gorhkanatha Chaturvedi (editor), Vidyotinihindi commentary of Charakasamhita, sutrasthana, chapter, edition, Varanasi; Choukambhabharati academy, 2009; 573: 28-27.
7. Govinddas Bhaishajya Ratnavali (Hindi Commentary by AmbikadattaShastri). Varanasi: Chaukhamba Sanskrit Sansthan; Amvata Rogadhikar, 2010; 20.
8. Madhyam Khand, Sharagdhara Samhita, Kwath Kalpana Adhyaya, 2: 88-89.