



## Research Article

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### EFFECT OF PANCHATIKTA-KSHIR BASTI ALONG WITH SHAMANA CHIKITSA IN THE MANAGEMENT OF ASTHIMAJJAGATA-VATA WITH SPECIAL REFERENCE TO ANKYLOSING SPONDYLITIS: A CASE STUDY

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#### ABSTRACT

Ankylosing spondylitis is a type of arthritis that affects the spine and affects about 2 to 3% of the adult population. The common symptoms include pain and stiffness from the neck down to the lower back. In advance condition, the spine bones fuse together, resulting in a rigid spine. It is considered as 'Autoimmune' condition having no specific & curative treatment in modern medicine. According to Ayurveda, based on resembling Clinical manifestations, this condition can be co-related with Asthimajjagata-Vata. This is a single case study, a male patient aged 44-year diagnosed with a case of Ankylosing spondylitis (Asthimajjagata -Vata) was treated with a combination therapy such as Panchatikta-Kshira basti chikitsa in the schedule of Kala Basti for 15 days with adjuvant Shamana drugs such as Yograj Guggulu, Ashwagandha vati, Rasnasaptaka Kwath for one month. The subjective parameters (sign & symptoms) were assessed to see the efficacy of treatment. The overall efficacy of the therapy was assessed purviewing improvement in clinical manifestation such as pain with walking, local tenderness, restricted joint movements, stiffness of joints & gait. The observation revealed mild relief in stiffness, moderate improvement in pain and mobility of the spine, marked improvement in Neck movements. This combination treatment was found highly significant in treating Asthimajjagat Vata (Ankylosing Spondylitis). Though, the subject was given treatment for short term, the result was encouraging & patient was relieved with symptoms such as Pain with walking, local tenderness, restricted movements of joints, stiffness & gait significantly. Moreover, further study with large sample size is desirable to establish the treatment.

**Keywords:** Ankylosing Spondylitis, Asthimajjagat Vata, Panchatikta-Kshir Basti.

#### 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-B27.<sup>1,2</sup> The prevalence rate is 2 to 3% worldwide. As usually develops in the second or third decade of life<sup>3</sup>, affecting young men more frequently than young women, the estimated male-female ratio ranging from 2.5 to 5:1.<sup>4</sup> 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<sup>5,6</sup>. 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.

In modern science, long-term use of steroid & nonsteroidal anti-inflammatory drugs (NSAIDs) and a life-long programme of appropriate regular exercises has been the mainstay of symptom control for almost six decades. Moreover, regimented Ayurvedic

intervention in the early stages of the illness can be highly beneficial in that further progression of the illness can be prevented.

From the Ayurvedic perspective, the disease can fall under Asthimajjagata Vata Catagary. This condition has no specific line of treatment in Ayurveda, however after detailed assessment, and based on resembling clinical manifestations with Ankylosing Spondylitis, subject was mainly given Panchatikta -Kshir Basti for 15 days adjuvant to Ashwagandha Ghanvati, Yograj 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. However, to establish the treatment, further study with large sample size is desirable.

#### METHODOLOGY

This is a single case, clinical study conducted at D.Y.Patil Ayurvedic Hospital, Nerul, Navi Mumbai.

The patient having MRD NO.(114748) was treated with specific regimen & prognosis was assessed. After proper counselling, the line of treatment was explained & written informed consent was taken following International conference of Harmonization-Good clinical Practices Guidelines (ICH-GCP).

#### Case History

Study in which a 44-year-old male patient, who had apparently been normal two year 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 two year 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 and Constipation.

### H/O past Illness

History of repeated 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: Irregular, occasional constipation.

### General Examination

Pallor – Absent, Icterus – Absent, Clubbing – Absent, Cyanosis – Absent, Oedema – Absent, Lymphadenopathy – Absent  
Vitals -Pulse – 80/min, Respiratory Rate – 18/min, B.P. – 120/80 mm of Hg.

### Systemic examination

Locomotor system

Inspection- Curvature of Spine – Altered Deformities – Bulging of spine in lumbar region, No visible Injury, mass and scar mark.  
Palpation-Local Temperature - Slightly raised Tenderness - In C-3 to C-7, Lumbar and Sacral Region.

### Movements

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

Lumbar : Lateral Movements -Absent, Backward bending - Slightly possible, Forward bending – Possible.

### Test

SLR Test – Negative

### Radiographic investigations

MRI Lumbosacral Spine – Sacralization of L5 vertebral body. Diffuse annular bulge at L3-4 and L4-5 Level indenting the thecal sac & abutting the left exiting nerve root at L3-4 level.

### Investigations

The investigations had the following findings. Blood Hb 10.6 g/dl, ESR 35mm/1hr, TC 15,300. DC: N 79%, L 18%, E 2%, B 01%. Random blood sugar 110 mg/dl, CPK 138 U/L, serum creatinine 1.0mg/dl. Widal test – negative. Human leukocyte antigen (HLA) – B27 by flow cytometry – positive. Routine Hematological, Urine and Radiographic investigations were carried out.

### 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, Kala Basti was administered specifically Panchatikta-Kshira Basti given as a Niruha-Basti (without Anuvasana-Basti)<sup>7</sup> in morning session, empty stomach. Patient was detained for 30 minutes in left lateral position for optimum effect of therapy.

Ingredients of Panchatikta- Kshira Basti

Madhu(Honey)– 60gms.  
Saindhavalavana(Rock salt)– 05gms.  
Guggulutiktataghrita– 90ml.  
PanchatiktaKwath– 240ml.  
Putoyavanyadi Kalka - 30gms.  
Kshira(Milk)-240ml.  
The contents of Kwatha are Guduchi (*Tinospora cordifolia*), Nimba (*Azadirachta indica*), Patola (*Luffa acutangula*), Vasa (*Adhatoda vasica*) and Kantakar (*Solanum xanthocarpum*).

#### Shamana chiktisa

Palliative treatment was given as below:

Yograj Guggullu- (250 mg) three times a day,  
Ashwagandha Vati- (250 mg) three times a day,  
Rasnasaptaka Kwath- 40 ml two times a day for one month with lukewarm water.

## Assessment Criteria & Observations

Table 1: Gradation parameters of the study

Symptoms	Gradation			
	+++	++	+	0
<b>Pain with walking</b>	Severe pain while walking	Moderate pain while walking	Occasionally while walking	No pain while walking
<b>Local Tenderness</b>	Always in rest condition	Radiating pain	Pain on pressure	No pain
<b>Restricted joint movements</b>	No joint movement	Restricted with pain	Partially restricted	No restriction.
<b>Stiffness</b>	Whole day and night	After long sitting and walking, Almost 30 min	Almost 30 min. Occasionally present	No stiffness
<b>Gait</b>	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	Follow-up Assessment			
	Day-1	DAY -7	Day -15	Day -30
<b>Pain with walking</b>	+++	++	+	0
<b>Local tenderness</b>	+++	++	++	+
<b>Restricted movement of joints</b>	+++	++	++	+
<b>Stiffness</b>	+++	++	++	+
<b>Gait</b>	+++	++	+	0

## RESULT

Based on prognosis, Observed Parameters such as Pain with 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 combination treatment (Shodhan & Shamana chikitsa) is effective in the management of Asthimajagata vata with special reference to Ankolysing spondylitis.

## DISCUSSION

In Present single 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 Asthimajagata Vata (Ankolysing spondylitis) was taken for the study. The established treatment include steroids & analgesics along with physiotherapy having limited prognosis. In this study, a combination therapy was given to the patient & found efficacious in relieving symptoms. Panchatikta –Kshir Basti for 15 days adjuvant to Ashwagandha Ghanvati, Yograj Guggulu and Rasnasaptak kwath internally for 30 days was given to this patient. This treatment proved significant in relieving symptoms such as pain with walking, local tenderness, restricted movements of joints, stiffness, & gait of Ankylosing Spondylitis.

The ingredients of Panchatikta –Kshira Basti are of Tikta Rasa which is having predominance of Vayu & Akasha Mahabhuta. Hence, it has got resemblance towards body elements like Asthi (bone tissue). Further Tikta drugs having adoptogenicity, proves Vataghna & Rasayana (Dhatuvaradhaka) & improves dhatwagni (metabolic fire). It performs Pachana karma, destroys srotrodha (channel obstruction) leading to pacify vata dosha & improve metabolisam. The decoction made in Kshira (Milk) which having Madhura & Snigdha properties which helps to control Vatadosa & Pitta dosa acts as Brimhana.

Due to Sukshmaguna of Saindhava; it reaches up to micro channel of body & helps to open fresh blood supply to the bone tissue.<sup>8</sup> Yograj Guggulu<sup>9</sup> is also Vatashamaka & helps in prevention of pain & stiffness. Similarly, Ashwagandhavati<sup>10</sup> is a Rasayana, Brimhana property & Rasnasaptaka kwath<sup>11</sup> acts as Vatahara, Aamhara, shotha & shoolahara.

## CONCLUSION

In this combination of shodhana & shaman chikitsa, Panchatikta –Kshira Basti adjuvant to Ashwagandha Ghanvati, Yograj 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 unique Ayurvedic treatment. Hence, it can be effectively used in management of Ankolysing spondylitis. However, to establish this treatment, It is required to study & to evaluate significance of this regimen by further study taking large sample size.

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