



A CASE STUDY TO EVALUATE THE EFFICACY OF KAL BASTI FOLLOWED BY PANCHATIKTA KSHEER SARPI BASTI IN THE MANAGEMENT OF ASTHIMAJJAGAT VATA WITH SPECIAL REFERENCE TO HLA-B27 (ANKYLOSING SPONDYLITIS)

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<https://doi.org/10.46607/iamj4308082020>

(Published online: August 2020)

Open Access

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Article Received: 17/07/2020 - Peer Reviewed: 14/08/2020 - Accepted for Publication: 14/08/2020



ABSTRACT

Ankylosing spondylitis belongs to group of Rheumatic disease known as spondyloarthropathies which show a strong association with genetic marker HLA-B27. Whereas the incidence of HLA-B27 is less than 1 percent in general population, it is present in more than 85% of patients with ankylosing spondylitis. Inflammatory back pain and stiffness are prominent early in the disease whereas chronic aggressive disease may produce pain and marked axial immobility and deformity. HLA-B27 is the most common findings in Ankylosing Spondylitis. In Ayurveda, no typical nomenclature has been found for the said disease but considering all sign and symptom of the patients, it can be treated as *Asthimajjagata vata*. No satisfactory treatment is available in modern medicine for this disorder. Various *Panchakarma* procedures and Ayurvedic drugs have been proved useful for these manifestations. The patient was considered suffering from *Asthimajjagat Vata* (HLA-B27) and was treated with *Guduchi*, *Dashamool* and *Erandmool* as *Niruha* and *Bala-guduchyadi Tail* as *Anuvasana* for 16 days as *Kal basti* followed by *Panchatikta*

ksheera sarpi Basti for 14 days (1 month) was given. Patients condition was assessed for symptoms of *Asthimajagat Vata* (HLA-B27 positive). This study shows successfully managed with Ayurvedic treatment.

Keywords: *Asthimajagat Vata, Kal Basti, Panchatikta ksheer Sarpi Basti, HLA-B27 (Ankylosing spondylitis).*

INTRODUCTION

Ankylosing spondylitis is a chronic inflammatory disorder that primarily involves the sacroiliac joints and the axial skeleton. There is also a variable involvement of peripheral joints and articular structures. Musculo-skeletal pain, stiffness, and immobility of spine due to AS is a major burden. Prevalence of AS in India is 0.03% as per surveys conducted by Bone and Joint Decade India from 2004 to 2010.⁽¹⁾ Late adolescence or early adulthood, before the age group of 40 years, and the male patients are mostly affected than female in the ratio of 3:1.⁽²⁾ Symptoms include initially dull pain deep in the lower back i.e. in lumbar or gluteal region accompanied with morning stiffness improving with activities are found commonly in cost sternal junctions, spinous process, iliac crest, great trochanters, ischial tuberosities, tibial tubercles, and heel. Though the exact nomenclature of the disease is not available in Ayurvedic text, considering *Chakraman kastata* (pain during walking), *Kati shool & stambha* (back pain and stiffness), *Ubhay pad shool* (pain in both legs), *Bala kshaya* (decrease vitality and strength) etc, it can be considered as *Asthimajagata vata*.⁽³⁾

The manifestation of *Vata Vyadhi* (different disease due to *Vata dosha*) is prominent in fully established AS. In AS, the ethereal fibrocartilage is the major target of the immune system, and there may be destructive synovitis. The myxoid subchondral bone marrow is mainly affected. There is the destruction of nearby articular tissues or joint tissues as disease progresses. The new original cartilages are replaced by bone through fusion. This causes fusion of the joint bones that causes stiffness and immobility. In Ankylosing spondylitis, the spine becomes progressively ankylosed, Spinal rigidity and secondary Osteoporosis Predispose to spinal fracture, presenting as acute, severe, well, localised pain (Boon Nicholas et al., 2006). Ayurveda interprets these changes as vitiated *Vata dosha* that affect *Asthi dhatu* (bones). We present a case that was successfully

treated on the line of Ayurvedic management of *Asthimajagata vata* (*vata* disorder involving bone and bone marrow). *Basti karma* is one among the best treatment for *Vata* disorders. Chakrapani on commenting explains that when we nourish the root whole plant will be nourished. In this regard the process of stiffness and degeneration can be successfully treated by *Basti*. The aim of treatment is to relieve pain and stiffness, maintain maximum range of skeletal mobility and avoid deformity.⁽⁴⁾ Therefore, it was selected for the present case. So, this case report is planned to evaluate the effect of *Kal Basti* followed by *Panchatikta Ksheer Sarpi Basti* in the management of *Asthimajagata vata* w.s.r. to HLA-B27 (Ankylosing spondylitis). Here *Basti* therapy can be highly beneficial and it can prevent further progressive of illness.

Aim: To evaluate the effect of *Kal Basti* Followed by *Panchatikta ksheer Sarpi Basti* in *Asthimajagata vata* w.s.r. to HLA-B 27 (Ankylosing Spondylitis).

Methodology

Case Report

Name of Patient- XYZ, Age- 19 yr./Male, Occupation- Student., Reg. OPD No. – 54270, Reg. IPD No. – 3257, DOA – 23/10/2019 DOD - 25/11/2019

Brief History of Case

A 19-year-old male patient complaining of *Kati shool & stambha* (back pain and stiffness), *Ubhay pad shool* (pain in both legs), *Chakraman kastata* (pain during walking), *Bala kshaya* (decrease vitality and strength) for 2 months. He took allopathic treatment like steroids, painkiller, calcium supplements for past 2 months but didn't get any relief. When he was taking medicine that time, he felt relief but after stopped medicine his pain again increased more than before. So, for further management he came to Panchakarma OPD No. 15 of R. A. Podar Hospital Worli, Mumbai.

Diagnosis and Assessment.

HLA-B27 (Ankylosing spondylitis) was diagnosed and assessed as follows. Low back pain and stiffness (*Katishool & graha*) - VAS method was used to assess the pain., Pain in both legs (*Ubhay Pad Shool*) - Assessed by asking present or absent., Difficulty in Straight Leg Rising (*Sakashta Padothankriya*) – has been assessed by SLR test., Decreased vitality and strength (*Bal kshaya*)- has been assessed by weight and asking present or absent.

Observation

Gait- slow and patient has pain after walking., *Prakriti* - *Vatakaphaj.*, *Vaya* – *Tarun*, *Bala* – *Alpa*, *Agni* - *Vishamagni*, *Koshta* - *Madhym koshta*

The Causative factors are *Aahar* - *Akalaj bhojan*, *Kwachit paryusheet annasevan*, *Mansahar*, *Pav-Butter*, *Chaha-Bread*, *Ati katu rasatmak aahar sevan.*, *Vihar* - Long-time sitting work (for study), AC work, Driving., *Dosha* – *Vatakaphaj*, *Dushya* - *Ashti*, *Majja*, *Mansa.*, *Strotodushti* - *Asthivaha*, *Majjavaha* *Adhistan* - *Katitrik Sandhi*, *Udbhavasthan* - *Pakvashaya*.

Treatment Given

Kal Basti Krama for 16 days

Ingredients of the *Kal Basti* as *Niruha* are *Guduchi*, *Erand mool*, *Dashmoola*. The preparation of *Niruha Basti* was done in the usual manner of *Niruha Basti*. *Til taila* 80 ml and *Madhu* 30 ml add together and mixed well then add *Saindhava* 5 gm to it and mixed well. Lastly decoction 550 ml was added to it. The mixture is then filtered through sieve. Total quantity will be – 650 ml should be taken, and the Basti was given at 7.30 am in empty stomach. **For Anuvasana Basti Bala-guduchayadi Taila** 100 ml has been used, and the total quantity were taken is 100 ml, and the time of administration was 12.30 Pm, and this procedure were performed after food.

Panchatikta ksheera sarpi Basti given for 14 days. (after *Kal basti*)

Panchatikta Ksheer Sarpi Basti⁽⁷⁾ 100 ml Decoction of *Panchatikta Dravyas* was made., 100 ml of *Godugdha* was added and the siddha *Ksheer* was prepared., Preparation of *basti*: *Siddhaksheer* 100 ml + *Panchatikta ghrita* 20 ml., Total 120 ml of *Panchatikta Ksheer Sarpi Basti* was given for 7 days., *Basti* was administered & *Basti Pratyahara Kala* was noted.

Table 1: Basti Schedule, one course of *Kala Basti* Administrated as per the schedule that is

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<i>Basti</i>	A	N	A	N	A	N	A	N	A	N	A	N	A	A	A	A

A – *Anuvasan** N – *Niruha**

Table 2: Basti Schedule, *Panchatikta Ksheera Sarpi Basti* Administrated as per the schedule that is

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14
<i>Basti</i>	P	P	P	P	P	P	P	P	P	P	P	P	P	P

P - *Panchatikta Ksheera Sarpi Basti**

Result

The results observed after the treatment were. Improvement was seen in sign and symptoms of the patient. Relief was (near about 80%) found in Low back

pain & stiffness, *Ubhay pad shool*, *Chakraman kashtata*, *Bala kshaya*. Stiffness of lumbosacral joint (*Katitrik sandhigraha*) has gone. Gait has improved.

Table 3: Observation

Observation	Before Treatment	After Treatment
Walking distance	Patient had severe pain after walking 100 mts.	Patient could easily walk without pain about 400 mts.
Walking time	Patient took around 10 minutes to walk 100 steps.	Patient took around 3 minutes to walk 100 steps.
SLRT	Rt – 30° Lt – 30° B/L – 0°	Rt – 90° Lt – 90° B/L – 90°
Weight	46/kg	48/kg

DISCUSSION

The case was treated on the line of management of *Asthimajagata vata*. The established treatment included steroids & analgesics along with physiotherapy having limited prognosis. *Basti* being the most widely used and highly effective treatment modality in *Panchakarma*. Though *basti* is mentioned in vitiation of all the *Vata*, *Pitta*, *Kapha*, and *Rakta Doshas*.⁽²⁰⁾ In this study, *Kal basti* was given for 16 days, as *Niruha* which contain *Guduchi*, *erandamool*, *dashamool*. *Guduchi* has property of *dipana*, *pachana*, *vedanasthapana* (pain relieving action), *tridosahar* (to pacify all three *doshas*) and *rasayana* (rejuvenate). *Dashmoola* act as *shothahara* (anti-inflammatory), *Tridosahara* (to pacify all three *doshas*) and *Vedanasthapana*. *Erandamool* possesses *Ushna*, *guru*, *Sara*, *Teekshna*, *sukshma*, *picchila* and *visra guna*. It is having *Katu*, *Kashaya*, *Madhura* and *Tikta rasa* and *Madhura vipaka*. The action of *Erand moola* is *Strotovishodhana* (clearing all channels), *Lekhana*, *Deepana*, *balya* and *Rasayana*. It has *Vatashleshmahara* effect and effective in condition like *Jangha*, *Kati*, *Anaha* and *Vibandha*. Thus, it effective in the management of *Kati shool* and *stambha*, *ubhay pad shool*, *chakraman kastata*. Mode of action of *Bala-guduchyadi taila*, it is indicated in all types of *Vata-kapha Pradhan vyadhi*. It is highly efficient to reduce *Vata* and increase vitality and strength. Acharya Charak states *Basti* 1st act on *Pakawashaya* and keep the *Vata* in *Samavastha*. It produces *Chedana* of *Vata*. So all the *Vata Vikaras* will be diminished just like the tree which is cut by its root loses the extremities, stem, *Shaka*, *Kanda*, *Pushpa* etc.⁽²¹⁾ Acharya Charaka has said that in the diseases related to *Asthi* and *Majja* we should give *Basti* using *Tikta Rasatmaka Aushadhi*

Dravya along with *Ghrut* and *Ksheer*.⁽²²⁾ As the *Aacharya Dalhana* has said *Asthidhara Kala* is *Purishadhara kala*.⁽²³⁾ *Purishadhara kala* is nothing but *Pakvashaya* (large intestine). “*Pakvashaya*” is very important *Sthan* (Site) of *Vata Dosha*.⁽²⁴⁾ Here there is *Nirmiti* (origin) of *Vata Dosha* and *Asthi dhatu*.⁽²⁵⁾ *Tikta Rasa* has *Shothaghna* (anti-oedematous and anti-inflammatory) and *Pittahara* properties (suppression and elimination of vitiated *Pitta dosha*).⁽²⁶⁾ The substance having *Snigdha* and *Shoshana* (drying) properties and produces *Kharatwa* (roughness) increases *Asthi*, as *Asthi* is also *Khara* by nature. But no substance is available that has both *Snigdha* and *Shoshana* properties. So *Ksheer* and *Ghrut* which are *Snigdha* in nature are advice to be used together in the form of *Ksheera Basti*. This combination has ability to reduce *Kharatwa*. Hence it can be said that *Tikta Ksheer Sarpi Basti* has ability to repair degeneration of bones and cartilage.⁽²⁷⁾ This treatment proved significant in relieving symptoms such as pain with walking, restricted movement of joints and increase vitality and strength.

Drug delivered at the upper part of the rectum is absorbed from the upper rectal mucosa and is carried by the Superior mesenteric vein into the portal circulation, and the drug absorbed from the lower part of the rectum enters directly into systemic circulation via middle and inferior haemorrhoid veins and hence the drug is available in the circulation for immediate action.

CONCLUSION

In the case study we got good results of *Basti karma*. The treatment given for *Asthimajagata vata* was *Kal Basti* (*Niruha-guduchi*, *dashamool*, *erandmool Basti* & *Anuvasana-Bala-guduchyadi taila*) followed by

Panchatikta Ksheer Sarpi Basti. Which helped in *Vatadosha shaman*, relief in symptoms of disease and also an attempt to provide safe and effective treatment to the patient. *Kal Basti & Panchatikta ksheera sarpi Basti* schedule result in complete relief and provide excellent improvement in clinical sign and symptoms of *Asthimajagata vata*. It also provided comparatively better relief in SLR test, walking distance and walking time, weight. But this study needs further evaluation on large number of patients to conclude this treatment.

ACKNOWLEDGEMENTS

I would like to acknowledge M. A. Podar Hospital Worli, Mumbai for encouragement and providing all necessary facilities to conduct this study.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Kesar N. Kshirsagar et al: A Case Study To Evaluate The Efficacy Of Kal Basti Followed By Panchatikta Ksheer Sarpi Basti In The Management Of Asthimajagat Vata With Special Reference To Hla-B27 (Ankylosing Spondylitis). International Ayurvedic Medical Journal {online} 2020 {cited August, 2020} Available from: http://www.iamj.in/posts/images/upload/4291_4296.pdf