

ROLE OF SHAMPAKADI BASTI IN A CASE OF ANKYLOSING SPONDYLITIS

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ABSTRACT

Ankylosing Spondylitis is a chronic inflammatory disease of the axial skeleton with variable involvement of peripheral joints and non-articular structures. It is one of the Sero-negative Spondyloarthropathies with a strong genetic predisposition and clinically manifested with progressive stiffening and restricted movement along with dull aching pain of the axial skeleton (sacroiliac joints and spine). Radiologically Bamboo spine and histopathologically 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 signs and symptoms of the disease, it can be treated as *griva-pristha graha* with *vata-kapha* predominance. In this case of Ankylosing Spondylitis, *Virechan* and *Basti* (*Shampakadi* & *Sahacharadi tail*) preceded by *Abhyanga* & *Swedana* were administered in a specific schedule for three months. After completion of the study, the pain & stiffness of the back & neck were almost reduced. From this result, the authors had tried the same protocol in other 5 cases of Ankylosing Spondylitis which are also very significant. Further study should be carried out in large sample to establish the role of the said therapy in this particular disease.

Keyword: Ankylosing Spondylitis, *Vatavyadhi*, *Virechan*, *Basti*.

INTRODUCTION

Previously Ankylosing spondylitis (derived from Greek *ankylos*, crooked; *spondylos*, vertebra; *-itis*, inflammation) was known as Bechterew's disease & Marie-strumpell disease. Ankylosing spondylitis comes under the group of seronegative spondyloarthropathies, usually correlated with the histocompatibility antigen HLA-B27 and occurs worldwide roughly in proportion to the prevalence of this antigen. In North American Caucasians, the general prevalence of this antigen is 7 percent, whereas over 90% of patients with AS have inherited this antigen¹. 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 3:1². 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 costosternal 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 *gribagraha* (pain in neck), *hasto-padatoda* (pain in hand and foot), *stabdhata* (stiffness), *kubjata* (hump in

back) etc., it can be considered as a special type of *vatavyadhi* with vata-kapha predominance in nature.

AIMS AND OBJECTIVES:

To find out effective Ayurvedic remedy for Ankylosing Spondylitis as because there is no effective remedy in Allopathic Medical Science in spite of some pain killer & RA modifying drugs.

CASE REPORT:

A 58 years old male patient of Khardah, West Bengal, came to Pachakarma dept. of J.B.Roy State Ayurvedic Medical College Hospital with complaints of severe pain in the sole of both legs along with swelling. Swelling and pain first started in left leg.

Past medicinal history: no such

Past Surgical history : No such

Family history : Nothing significant

On examination : Restricted movement of legs, lumbo-sacral spine and cervical spine.

SLR test positive at 20° angle

Investigation : blood reports on 5/4/2014

Reference value

RA factor= negative

Uric acid= 4.75 mg/ dl

ASO titre= 61.7 I.U./ml

< 200 I.U./ml

HLB-B 27= positive

CRP-C Reactive protein--- 73.48mg/L

<5 mg/L

X-Ray of L-S spine Shows (dated 31/8/99) - symmetrical marginal syndesmophytes, sacroiliac joint fusion and generalised osteopenia

Diagnosis: based on clinical presentation, X-Ray, and blood report

TREATMENT:

*Panchokol churna*³ of 4 gm was given to the patient for 7 days for *Agnideepan* about thrice daily before meal. Afterward, internal *Snehapan* by *Dashamoola ghris*⁴ as scheduled for 6 days and *Abhyanga* (massage) and *Swedan* (fomentation) as scheduled for 3 days had been done. *Virechan* (purgation) is done by *Trivritadi leham*⁵ (40 gm) followed by *Samsarjan karma* (dietary regimen) to be followed after *Virechan* strictly for at least 3 days. After 15 days, *Shampakad Basti*⁶ (as *niruha*) and *Sahacharadi Taila Basti*⁷ (as *anubasan*) had been administered in

Thereafter multiple joints of the body were involved along with stiffness of the neck since 1970. He was first diagnosed as Ankylosing Spondylitis in 1998 after X-Ray and blood report in a private doctor's chamber. Gradually the condition became worse and patient complaints of severe back pain during walking and stepping up stairs along with disturbance of sleep, swelling and pain in ankle joint with positive SLR testing at 20° angle on examination. After taking a longstanding unsatisfactory treatment with Allopathic medicines like pain killer & physiotherapy, patient ultimately get admitted in the above said Hospital in 16/9/14.

Karma basti schedule. 3 schedules of such *Basti* were given in one month gap. Patient was advised to take following internal medicines during therapy:

1. *Sahacharadi kashayam*⁸ + *Maharasnadi pachan*⁹ – 4 TSF from each twice daily with equal amount of water in empty stomach.
2. *Pill Mahayogoraj guggul*¹⁰ – 2 pills/ tablets twice daily with Luke warm water.

DISCUSSION

After 1st schedule of therapy with *Virechan* (purgation) and *Basti* (enema), severe pain and swelling of different joints

were reduced significantly with persistence of stiffness in neck and waist. After completion of 2nd schedule of therapy, there was no complaint of pain and stiffness in waist. Only there was moderate stiffness in the cervical region. Final result: After 3rd / final schedule of therapy patient was almost fit to do his daily work and also joined to his office later on with, mild cervical stiffness.

DISCUSSION

Considering all signs and symptoms, it can be concluded that Ankylosing Spondylitis is a *sthambha* and *shula pradhan vatvyadhi* having origin of *vat-kapha doshas*. So, *Virechan* (purgation) was selected for this case. And as *basti* is the choice of treatment in any *Vatvyadhi*, hence *Basti* was done here. *Sthabdhatata* and *shulatva* mainly occurs due to *rukshatva* (dryness) and *chala* (kinetic) property of *Vat dosha*. *Snehan* (oleation) and *Swedan* (fomentation) therapy directly reduces these by virtue of their *guna-karma* (mode of action) Mode of action of *Shampakadi basti*: As it contains *shampaka*, *punarnava*, *ashvagandha*, *shati*, *laghu panchamula*, *bala*, *rasna*, *guduchi*, *devdaru*, *mustak*, *madan phal*, it reduces *pristhashul* and *trikshul* by its *vata-kapha hara* properties. Mode of action of *Sahacharadi taila*--- it is indicated in all types of *vat-kapha pradhan vyadhi* especially lower portion of body and stiffness of joints. Mode of action of *Rasnadi kashayam* --- it is highly efficient to reduce *vayu* and specially indicated in *kubjatva* (hump in back), *gridhashi* (low back pain / sciatica pain syndrome) etc. Mode of action of *Mahayogoraj guggul* --- it is a very popular medicine to cure *vatvyadhi*; hence it was administered to reduce the *shula* or pain.

For these aforesaid qualities, these drugs and therapy were chosen for this case and the result was really very encouraging.

CONCLUSION

Classical *Snehan* (oleation) & *Swedan* (fomentation) followed by *Virechan* (purgation) & *Basti* (enema) therapy and internal application of some specific medication were found highly effective to reduce almost all complaints of Ankylosing Spondylitis (*pristha graha* & *griba graha*). Further study should be carried out in a large sample to establish the role of said therapy on Ankylosing Spondylitis.

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