INTRODUCTION

Becker muscular dystrophy (BMD) is less severe form of X-linked recessive disorder and is approximately 10 times less frequent than Duchenne with an incidence of about 3 per 100,000 live-born males. Dystrophin plays an essential structural role in both cardiac and skeletal muscle, protecting the Sarcolemma from mechanical stresses of muscle contraction whereas BMD is characterized by reduced expression of the protein\(^2\). It is usually becomes apparent between age 5 and 15 yrs and is characterized by slowly progressive proximal muscle weakness of the leg\(^1\). Severity of the disease may be indicated by age of patient at the onset of the disease. Onset at around age 7-8 yrs of age shows more Cardiac involvement and trouble climbing stairs by age 20, if onset is around age 12, there is less Cardiac involvement. The quality of life for patients with BMD can be impacted by the symp-
MATERIAL & METHODS:
Reviewing the various researches in modern science through this paper and prefer Ayurvedic text regarding Vatavyadhi and modern text books made by different material.

RESULT:
Panchakarma shows great result among which Basti may be used to have beneficial effects for pacifying vitiated Vata Dosha and correction of Agni which are responsible for the formation of next Dhatu or give nutrition to the cells and tissues of the body. Therefore, the Basti play a supreme role to normalize Vata Dosha and helps in treating degenerative pathology.

DISCUSSION
Becker muscular dystrophy is characterized by Mamsa-kshaya with manifestation of vitiated Vata and its disorder. Muscular dystrophy indicates there is a depletion of Dhatu (Mamsa). The increase or decrease of a particular Dhatu indicates the increase or decrease of their respective Dhatvagnis. It is genetic predisposition (Bheej dosha) that convert physiological vata element into pathological morbidity. The Srotodushti is responsible for the Mamsa dhatu kshaya. According to Charak, Mamsa-kshaya may be present when there is prolongd Majjagata kupita Vata. The vitiated Vata leads to specific Dhatu kshaya and vice versa Dhatu kshaya further leads to Vata prakopa. Srotorodha produces hypertrophy in particular region, it also manifests as Vata prakopa. This complex pathogenesis is responsible for progressive wasting and necrosis of the affected muscle fibres. We have to focus our attention on the dhatvagni paka of Rasa-Rakta-Mamsa and Meda dhatu besides Asthi and Majja dhatu.

Thus, Basti therapy appears to have significant role to play in this context. Basti is considered as best therapeutic modality in Panchakarma. It performs the function viz shodhana, shamana, sangraham and instantaneously promote the Ayu, Bala, Agni, Medha, Swara, Varna. Therefore, Yapan Basti should be selected for this disorder which is having Brumhana and Balya properties. It clearly shows its efficacy in this condition considering as gambhir dhatu gata vikara. Yapan Basti performs both the function viz shodhana and snehana which is done by Niruha and Sneh Basti respectively. Moreover, the Yapan Basti is having Rasayana effect and can be administered for longer duration without any adverse effect.

CONCLUSION
In Ayurvedic classics, Becker muscular dystrophy is characterized by Mamsa-kshaya with manifestation of vitiated Vata Dosha. The Dhatupaka avastha clearly signifies the importance of Agni which is responsible for the formation of next Dhatu. Panchakarma, among which Basti is useful in the long term management of BMD. Basti offers the shamana of provoked vata which is evident in Muscular Dystrophy as the reason brings a chain of Dhatu Kshaya leading to Vata prakopa and further Dhatu Kshaya due to Vata prakopa. Thus, administration of Basti should be done for the correction of Agni, balancing Doshas and eliminating metabolic toxins from Dhatu through Basti.

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