

THE EFFECT OF RASNA SAPTAK KASHAYA WITH BALA-ASHWAGANDHA GHRITA
BASTI IN ANKYLOSING SPONDYLITIS: A CASE STUDYDr. Komal Kundlikrao Kamalkar*¹ and Dr. Dilip K. Puri²¹PG Student, Government Ayurved College, Nanded.²Professor, Government Ayurved College, Nanded.*Corresponding Author: Dr. Komal Kundlikrao Kamalkar
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ABSTRACT

Ankylosing spondylitis, a common type of spondyloarthropathy It is a rheumatic disease which is associated with the genetic marker HLA B27. It is chronic inflammatory disorder that primarily involves the sacroiliac joints and axial skeleton. It can cause vertebra to fuse in advanced stages. Certain peripheral joints and tendons can also be affected. No satisfactory treatment is available in modern medicine for this disorder. Various *Ayurvedic* drugs and Panchkarma procedures have been proved effective in these manifestations. *Ayurveda* approach is directed towards alleviating the symptoms and also to reduce the disability. According to sign and symptoms AS is correlated with *Vatavyadhi* with special reference to *Asthimajjagata vata*. The present report deals with the case of 45 year old male patient of Ankylosing spondylitis, which was treated for 1 month with a combination of and selected *ayurvedic* drug and Panchkarma procedure. Patient was considered suffering from *Asthimajjagata vata* and treated with *Snehana* with *Ashwagandha siddha oil*, *Shalishashtik pinda sweda*, for 45 days, *Yoga basti* for 8 days and *bala –ashwagandha ghrita basti* for 15 days and Rasna Saptak kashaya which was given internally for 1 month. Patient showed improvement remarkably and could do all routine work properly.

KEYWORDS: Ankylosing spondylitis, vatavyadhi, Asthimajjagata vata, Rasna Saptak kashaya, bala-ashwagandha ghrita basti.

INTRODUCTION

Ankylosing spondylitis is classified along with the Seronegative Spondyloarthritis diseases. Ankylosing spondylitis is a chronic inflammatory disorder that primarily involves the sacroiliac joints and axial skeleton. As time passes it can affect on certain peripheral joints and tendons. Also it leads to fusion of spine which makes it less flexible and it will result in hunched forward posture.^[1] Persistent pain and stiffness for more than 3 months associated with morning stiffness and improvement with exercise or worsening with rest.^[2] Prevalence of Ankylosing Spondylitis in India is 0.03% as per the study conducted by bone and joint Decade India.^[3]

The cause of Ankylosing Spondylitis is unknown, it is believed to involve a combination of genetic and environmental factors. The underlying mechanism is believed to be autoimmune or autoinflammatory. Bamboo spine develops when the outer fibers of the fibrous ring of the intervertebral disc ossify which result in the formation of marginal syndesmophytes between adjoining vertebrae.

As we know that there is no permanent and satisfactory for ankylosing spondylitis in modern science. The strength of Ayurveda in the area of spine and joint treatment is globally appreciated as it works on the root of cause of issue. Various *Panchkarma* procedures and *Ayurvedic* drug have been proved useful for these manifestation. *Ayurveda* considers vitiated *vata dosha* that affect the *majja dhatu* and correlate it with *Asthimajjagata vata*. We present a case that was successfully treated on the line of *Ayurvedic* management of *Asthimajjagata vata*.

A CASE STUDY

History of present illness

A 50 year old male patient comes in an opd with complaints of severe pain in lower back (lumbar region), stiffness in lumbar region, and difficulty in walking and bending forward and backward since 5 years. Patient underwent for several allopathy treatment but got temporary relief. Then patient come to the OPD of Government Ayurved Hospital, Nanded on the date 24-11-2020. Then patient admitted one the same day for further *ayurvedic* treatment.

Sr. No	Chief Complaints	Duration
1	Severe pain in low back (lumbar region)	5 years
2	Stiffness in lumbar region	5years
3	Difficulty in bending forward and backward	5 years
4	Difficulty in walking	5 years

History of past illness

No history of past surgical illness.
No history of DM, HTN, BA.
No history of covid-19
No any history of major illness.

General Examination

Nadi – 76/min
Mala – *Baddhamalapravrutti*
Mutra – *Samyaka Jivha* – *Sama*
Shabda – *Spashta*
Sparsha – *Samshitoshna*
Druka – *Spashta*
Akruti – *Madhyam*
Prakruti – *Vata-Pittaja*
Weight – 58 kg
Blood pressure – 130/80 mm of hg
Temperature – 97.2⁰F

Investigations

Hb – 13.2 g%
TLC – 5500/cumm
ESR – 25 mm/hr
X-ray of LS Spine – Osteoarthritic changes with marginal sclerosis, destruction of SI joint margins. Complete fusion of the vertebral bodies by syndesmophytes and other related ossified areas produced the characteristics bamboo spine appearance.

Assessment Criteria

Assessment of sign and symptoms of patient.

1) Low back pain.

G0	No pain
G1	Mild pain
G2	Moderate pain
G3	Severe pain

2) Stiffness in lumbar region.

G0	No stiffness
G1	Mild stiffness
G2	Moderate stiffness
G3	Severe stiffness

3) Difficulty in bending forward and backward.

G0	Easy bending in forward and backward
G1	Easy bending in forward but difficulty in backward
G2	Easy bending in backward but difficulty in forward
G3	Difficulty in both forward and backward

Nidana Panchaka***Nidana (Causative factors)**

- History of trauma on back 6 years back.
- Prolonged continuous standing and heavy weight lifting.

***Poorvarupa (Prodromal symptoms)**

Pain and stiffness in lower back region.

***Roopa (Manifestations)**

Difficulty in walking, difficulty in bending forward and backward.
Severe pain in back on rest and also on movement.

***Samprapti (Pathogenesis)**

Due to continuous standing and heavy weight lifting and also due to trauma (*aghataj vata*) there is vitiation of *vata dosha* occurs. Such vitiated *vata dosha* causes *Rukshata, Kharata* ,in lumbar vertebrae which causes severe pain in that region. These leads to loss of functioning of *Shleshaka Kapha* i.e. decrease elasticity and flexibility of disc, because of which patient gets difficulty in bending forward and backward.

Vyadhi Ghataka

Dosha involvement – *Vata, Kapha*
Vikruta Srotasa – *Asthivaha srotasa, Majjavaha srotasa*
Avastha – *Jirnavastha*

Treatment Plan

In this case study the treatment for patient includes *Sarvanga Snehana*, with *Ashwagandha tail* and *Shalishashtika Pinda Sweda* followed by *yoga Basti, karma* for 8 days. After 8 days *bala ashwagandha Ghrita Basti* given for 15 days along with internal medicine *Rasna Saptak Kashaya* 20ml – BD for 1month.

Detailed of treatment**Snehana**

Snehana was done on complete body with *Ashwagandha tail* for 15min daily.

Snehana is the line of treatment for *Nirama vata vyadhi* according to classical text. *Snehana* is useful for *Vata Shamana*, here we used *Ashwagandha tail* for *snehana*. *Ashwagandha* has *Rasayana* (Immunomodulator), and *Balya* (Anabolic) properties. *Snehana* with *Ashwagandha tail* reduces *Vata* vitiation and improves immunity as *Ankylosing Spondylitis* is a autoimmune disease. That's why we preferred *Ashwagandha tail*.

Swedana

Shalishashtik pinda sweda was given for lumbar and sacral region for 15 min.

Shalishashtik pinda sweda provides nourishment to muscles, bones, and peripheral nerves, reducing fasciculation and inflammation. *Bala* and *Ksheer* both are *Bruhaniya* and *Jivaniya* that's why provides nourishment.

Ingredient of Niruha Basti.

Sr.no	Ingredient	Quantity
1	<i>Saindhava</i> (Rock salt)	5 gm
2	Honey	60 ml
3	<i>Kalka of Triphala, Erandmula and Madanphala</i>	20 gm
4	Oil- <i>AShwagandha tail</i>	120 ml
5	Dashmoola decoction	400ml

Schedule of *Yoga basti* is as follows.

Days	1	2	3	4	5	6	7	8
<i>Basti type</i>	A	N	A	N	A	N	A	A

Kalka drugs

Triphala i.e. *Haritaki* (*Terminalia chebula*), *Bhibhitaki* (*Terminalia belerica*), *Amalaki* (*Terminalia officinalis*), *Erandmula* (*Ricinus communis*), *Madanphala* (*Randia spinosa*)

Drugs of Dashmoola decoction

Shalparni (*Desmodium gangeticum*), *Prushniparni* (*Urarica picta*), *Kantkari* (*Solanum surattense*), *Bruhata* (*Solanum indicum*), *Gokshura* (*Tribulus terrestris*), *Bilva* (*Aegle marmelos*), *Agnimantha* (*Premna integrifolia*), *Sonapatha* (*Oroxylum arborea*), *Patala* (*Sterospermum surveoleus*), *Gambhari* (*Gmelina arborea*).

Ingredient

The ultimate *upkrama* for *vata* disorder is *Niruha*. We used *Dashmoola Kwatha* for *Niruha*. *Dashmoola* includes *Tikta rasa* drugs which shows *Shoshana* and *Khara Gunas* similar to *Asthidhatu* resulting in *Asthidhatu vriddhi* as per *Samanya vishesh siddhanta*.^[5] *Dashmoola* content having *Ushna Virya* which plays important role in pacifying *Vata dosha*. *Pakwashaya* is the *Sthana* of *Vata dosha* and *Basti* acts on *Pakwashaya*. With the help of *Niruha basti* we done *Pakwashaya*

OBSERVATION

Assessment between Before and after treatment.

Sr.no	Clinical features	Before	After
1	Low back pain	G3	G0
2	Stiffness in lumbar region	G2	G0
3	Difficulty in walking	G3	G1
4	Difficulty in bending forward and backward	G3	G1

Basti (Therapeutic enema)

Yoga basti was given for 8 days followed by *Bala Ashwagandha Ghrita Basti* for 15 days.

Yoga basti includes two types of *Basti*:

1. *Anuvasana Basti* (Oil enema) with *Ashwagandha tail* 120ml
2. *Niruha Basti* (Decoction enema) which includes following ingredient

Shuddhi of Patient then we used *Panchtikta Ksheer basti* for *Bruhan* and *Shaman Chikitsa*.

Bala –ashwagandha Ghrita basti

After 8 days of *Yoga Basti*, *Bala-ashwagandha ghrita basti* (*Matra basti*) was given for 15 days.

- Content: *bala churna*, *ashwagandha churna*, *goghrita* for preparation of *siddha ghrita*.
- *Matra* – 60 ml

Content of Rasna Saptak Kashaya

Rasna (*Pluchea lanceolata*) *Aragvadha* (*Caesia fistuala*), *Devdaru* (*cedrus deodara*), *Amruta* (*Tinospora cordifolia*), *trikantaka* (*tribulus terrestris*), *Erranda* (*ricinus communis*) *Punarnava* (*Boerhavia diffusa*).

Praman – 20ml BD for 1 month

It is useful to promote strength bones and joints, muscles, spine, mainly it has inflammatory, antitoxin and antipruritic action. Drugs pacifies *Tridosha* mainly *Vata* and *Pitta dosha*. *Panchtikta ghrita guggula* provides nourishment to *Asthi* and *Majja dhatu*.

DISCUSSION

The Ayurvedic diagnosis of “Asthimajjagatavata” is made for Ankylosing spondylitis in present case. Here we treated the patient by Panchkarma procedure and internal medicine viz. *Shodhana chikitsa* i.e. *Basti* and *Shaman chikitsa* i.e. internal medicine. Total two types of *Basti* were given along with *Snehana* and *Swedana*. First is *Yoga Basti* with schedule of 8 days alternate day oil enema and decoction enema. After *Yoga basti*, *Bala ashwagandha Ghrita basti* given to patient for 15 days with continue internal medicine *Rasna Saptak Kashaya* 20ml BD for 1 month.

In the present study *rasna saptak kadha* as oral medication and *bala ashwagandha ghrita* as *matra vasti* has been selected for the patients of *sandhigata vata*. *Rasna saptak kadha* has been mentioned in *vata vyadhi* chapter of *bhaishajyaratnavali* which contain *rasna*, *amrita*, *aragbadha*, *devadaru*, *trikataka*, *erranda*, *punarnava*. It is said to be used for *jangha*, *uru*, *pristha*, *trika* and *prashashula*. *Rasna* is mention as drug for *vatahara* in *charak samhita*. *Aragbadha* has *guru* & *madhurguna* and for that it is *vedana sthapak* and *vata shamak*. *Eranda* has been mentioned as one of the best *vatahara* drug and it is also mentioned in *angamarda prashamak mahahashaya*. *Gokshur* is one of the component of *dashamool* and so it *vatahara* and *rasayana* properties. That is why is helpful for degenerative condition. *Punarnava* has *sothahara*, *vedanasthapan* and *deepan pachan* quality.

Again *bala* and *ashwagandha* has been added as ingredient of *matra vasti* as both of them are *balya*, *vatahara* and hence *rasayana* properties. *Vasti* is mentioned as the half of the treatment of *vata vyadhi*. So *matra vasti* containing *ghee* as *sneha* has been selected, as it is *vata pittashamak*, *rasayan*, *valya* and *yogawahi*.

Patient shows significant results in present symptoms. After all the treatment patient show great improvement in his health about 75-85 % pain and stiffness reduced. Also shows remarkable improvement in forward and backward bending. Now he can do all routine activities properly.

CONCLUSION

Though direct correlation was not mentioned for ankylosing Spondylitis, detailed history taking helped us to understand the *Samprapti* of disease. As we know that Ankylosing spondylitis is not described separately in *Ayurvedic* classical text, but we compare the symptoms and the cause with *Vata vyadhi* with special reference to *Ashtimajjagata vata*. By taking this into consideration, We treated the patient by *Shodhana chikitsa* i.e. *Basti* and *Shaman chikitsa* i.e. internal medicine. Thus from our study it could be concluded that *Rasna Saptak Kashaya* as a oral medicine for 15 days along with *Ashwagandha Ghrita basti* for 8 days showed significant improvement on all the parameters of Ankylosing spondylitis. This

combined *Ayurvedic* treatment had given promising result in management of Ankylosing spondylitis. This mode of treatment can be considered for further management of Ankylosing spondylitis.

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