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## RESEARCH ARTICLE

### ROLE OF VIRECHAN AND BASTI IN A CASE OF ANKYLOSING SPONDYLOSIS (*PRISTHA GRAHA*)

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#### ABSTRACT

Ankylosing spondylosis belongs to a group of Rheumatic disease known as Spondyloarthropathies, which show a strong association with genetic marker HLA- B27. Inflammatory back pain and stiffness are prominent early in the disease where as chronic aggressive disease may produce pain and marked axial Immobility and deformity. In modern medicine there is no promising treatment for the disease. In Ayurveda, it can be co-related to *Pristha – graha* which can be treated as Vata – Kapha disease. *Virechan* Karma followed by *Basti* therapy (Dashamula Niruha and Sahachar taila Anubasan) were administered for that case. Here *Basti* therapy was applied in Karma *Basti* schedule and 3 such schedule were performed. After 4 months of completion of the study, all sign and symptoms of Ankylosing spondylosis were diminished. From this result the author had tried the same protocol in other three cases of Ankylosing spondylosis which is also very significant. Further study should be carried out in large sample to establish the rule of said therapy on this particular disease.

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#### INTRODUCTION

Ankylosing spondylosis is an inflammatory disorder of unknown cause that Primarily affects the axial skeleton, peripheral joints and extra articular structures are also frequently involved. The disease usually begins in second or third decade; male to female prevalence is bet<sup>n</sup> 2:1 and 3:1 (Lango *et al.*, 2012). The overall prevalence is around 0.5% in most communities, but is much greater in the Pima and Haida Indians who have a high prevalence of HLA – B27 (Boon Nicholas *et al.*, 2006). The symptoms are most marked in the early morning and after inactivity and are relieved by movement. Although the lumbosacral area is usually the first and worst affected region, some patient present with mainly thoracic and neck symptoms. The disease tends to ascend the spine slowly and eventually, after several years, the whole spine may be affected. In Ankylosing spondylosis, the spine becomes progressively ankylosed, Spinal rigidity and secondary Osteo porosis Predispose to spinal fracture, presenting as acute, severe, well, localised pain (Boon Nicholas *et al.*, 2006). In Ayurveda, the disease can be co-related with *pristhograha* and or *Kati graham* (Agnivesha, 2nd century B.C). The specific symptoms are *Stambha*, *Shula*, *Gurutva* in *Pristha* and *Kati Sthana*. Considering all sign and symptoms it can be concluded that disease have Vata – Kapha predominance in nature.

Here Virechan and Basti therapy can be highly beneficial and it can prevent further progression of illness.

#### Aims and objective

To find out the effective Ayurvedic remedy for the disease Ankylosing spondylosis.

#### Case – Reports

A 52 years old male patient, residence of A – 7/B chirantani park, kol – 70, west Bengal, came to panchakarma department in J.B Roy state Ayurvedic Medical College and Hospital with complaints of severe low back pain along with stiffness for 6 months. He has had interittent low back pain. The pain was present all the time and he would even wake up from sleep. He often found it then difficult to go back to sleep due to excessive pain. He also complained that pain was increasing day by day specially during walking or stepping upstairs. In addition to the spinal pain, he has had intermittent pain and swelling in wrist joint, ankle joint and knee joint also. On examination he had very restricted movement to both legs and lumbosacral spine. Tenderness was present in sacroiliac joints. SLR test was positive to 45° angel.

**Past History:** No such

**Drug History:** Pt took pain killer twice daily but no improvement occurs. Patient also took steroid injections, tablet salazopyrin and tablet methotrexate frequently.

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**Surgical History:** Not significant

**Family History:** Father died in Diabetes Mellitus.  
Hyper tension run in family

### Investigation

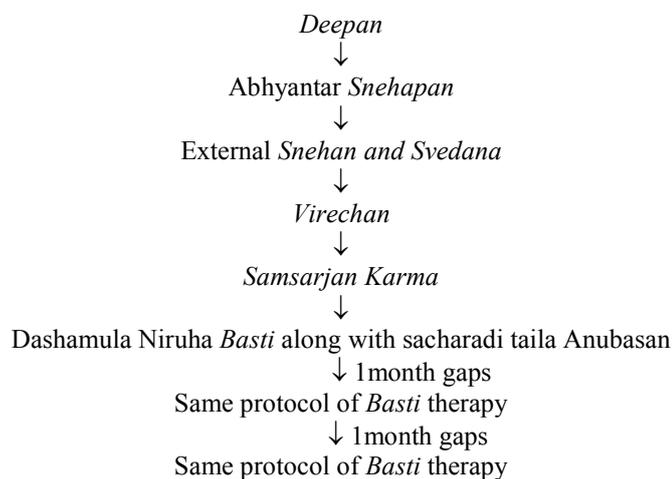
Blood reports on 3/4/14 Ref Range  
RA factor = 6.4 5 I.U/ml < 12 I.U/ml  
ASO titer = 42.76 I.U/ml < 200 I.U/ml  
HLA – B27 = (+) ve  
X-ray of L – S Spine dated on 3/4/14

Symmetrical marginal Syndesmophytes, Sacroiliac joint fusion and generalised osteopenia.

### Diagnosis

Clinical features + Blood report's + X-ray finding suggests that it is a case of Ankylosing spondylosis

### Treatment



Panchakol churna 4gm was given to the patient for 7 days for agni deepan about thrice daily before meal. After wards internal Sneha was administered (Mahatikta ghrita), then External Snehan by Sahacher taila and hot fomentation by dashamula Kvath was given all over body for 3 days. Virechan was done by Trivrit Avaleha (50gm) followed by Samsarjan Karma (Dietary regimen to be followed after Virechan strictly at least 6 days). After 15 days later Dashmuladi niruha and Sacharadi Taila Basti were administered in Karma Basti schedule. Sahacharadi taila Anubasan basti was given after intake of food. There were 1 month gap in each schedule of Basti therapy. Patient was advised to take internal medicine such as Tablet. Mahalaxmibilas and Tablet Mahavatavidhansvan Rasa after Virechan therapy.

## RESULTS AND DISCUSSION

After Virechan and one schedule of Basti therapy almost all sign and symptoms of Ankylosing spondylosis were diminished excepts stiffness and Mild swelling.

**Follow up:** Stiffness is gradually decreasing day by day during second schedule of Basti therapy. After 2<sup>nd</sup> schedule of Basti therapy swelling was subsided completely.

**Final Result:** After completion of study patient felt complete remission from all symptoms.

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## DISCUSSION

Ankylosing spondylosis is a disease of *Vatakapha* Origin. Considering all sign and symptoms, It can be concluded that it is a *stambha and shula* pradhan vyadhi. According to charak samhita. Mridu Virechan is beneficial for all types of vatavyadhi (Agnivesha, 2nd century B.C). So, Virechan were selected for this case. Basti is the main treatment for *Vata dosha*. As Ankylosing spondylosis is a Vata Kapha predominant in nature. So, Vata Kapha shamak Basti is essential to treat this cases. Dashamladi Basti is specially useful in *Vata Kapha* pradhan vyadhi (Agnivesha, 2nd century B.C) and Sahacharadi taila is indicated for all types of vatavyadhi specially lower portion of body and stiffness of joints (Vagbhatacharya, 7th century A.D). So, these Basti were selected.

Mode of action of Mahalaxmibilas (Das Govind, 18th century A.D)

Main ingredient of this drug are Abhra, Gandhak, Harital, Tamra, Svarna which are having vedanasthapana, Shothara and Rasayan property. It is specially indicated in Vata – Kapha Roga and all types of shula Roga.

Mode of action of Vata bidhansavan Rasa (Das Govind, 18th century A.D)

It is well known drug specially indicated in all types of Shula and Tridosaja Vyadhi. For this aforesaid qualities, these drug were selected to trial this cases and result was encouraging.

## Conclusion

Classical Virechan followed by Basti therapy was found to be highly effective in eradication of Ankylosing spondylosis (*Pristhagraha*). It offers hope in the management of Ankylosing spondylosis through Ayurvedic treatment.

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