Efficacy Of Abhyantar Chikitsa With Sthanik Chikitsa In The Management Of Spinal Disorder : A Case Study

Vd. Puri (Giri) Vanita N.
Associate Professor
Swasthavritta Dept.
C.S.M.S.S. Ayurveda Mahavidyalaya, Aurangabad.

Abstract :

In routine practices we come across so many patients among which spinal disorder is the major class. Now a days due to life style modification the prevalence of spinal disorder is getting more. In ayurvedic samhitas spinal disorder has been mentioned as a very common problem, characterized by pain & restricted movements of spine. The etio pathogenesis of the spinal disorders is suggestive of Vata-pradhana vydhi. Asthi is the sthana of vata dosha and vata has said to inversely proportionate relationship with Asthi Dhata as Ashraya Ashrayi relation. Bony degenerative changes may relate Asthi Dhata Kshaya and thus cause vitiation of vayu. The Spinal disorder is the most common cause of disability in population. Studies shown that 80% of population will suffer spinal disorder of moderate to severe type during their life time. Spine disorders are out breaking these days than ever before. In most of the spine disease patients complains about the same complaint of backache & difficulty in doing movements.

In Ayurveda above conditions well explained under the (VATAVYADHI) charak chikitsasthana adhyay 28.

To overcome this problem Ayurveda suggest the very effective treatment. A 48 years old patient came in OPD of swsthvritta Department on 07/01/2015 having complaints of spinal pain, restricted movements, increased pain on movements, stiffness since 2 months.

She was treated by ayurvedic line of treatment i.e. Deepan – Pachan-Matrabasti and got result. Hence presented as case. key word: Spinal disorder, Vata Vyadhi, Deepan, Pachan, Matra Basti, Vata.

Introduction :

Ayurveda is a Science of life & has described how to live a healthy life through Dinacharya, Rutucharya & through some chikitsa. Ayurveda is an eternal Science and provide different treatment modalities in various disorders. Spine has a vital role in locomotion because of stress and strain, improper posture, overexertion, travelling, sports the spine came across many disorders like lumbar pain, difficulty in doing routine activity, tingling sensation, numbness, Stiffness. Spinal disorders are much common now a days in both young and old age group. Modern medicine is helpful but has its own limitations. It gives only symptomatic relief. To overcome this problem Ayurveda suggests the very effective treatment.

Aims & Objectives Of Case Study:
To evaluate role of Abhyantar Chikitsa with Sthanik Chikitsa in the management of spinal disorders.

Types Of Study:
Observational single case design without control group.

Materials And Methodology:

Study Center: C.S.M.S.S. Ayurveda Hospital, Aurangabad.
Study Details:
Name of pt. : xxx
Reg. No. OPD No. - 1079
Date of first visit : 07/01/2015
Age : 48yrs
Gender : Female
Religion : Hindu
Occupation : Housewife
Diet : Veg & Non Veg

Chief Complaint:
- Prushthshul,Katishul : 2 months
- Chankraman Kashtata : 1 month
  (Difficulty in walking)
- Chimchimayan (tingling sensation in spine) : 1 month
- Aruchi Kshudha mandhya: 2 months

Marriage Life: 30 yrs.
No H/o D.M. / H.T
Or previous accidental injury.

Brief History:
48 years old patient complaining of continuous prushthshul, Katishul : 2 months.
Chankraman Kashtata, Chimchimayana : 1 month, Aruchi : 2 months. She had taken treatment for the same at private Hospital but had not got result. So she came at C.S.M.S.S. Ayurved Hospital Aurangabad, for the further management.

General Examination:
1) Obesity ++

Ashtavidha Parikashan :
1. Nadi = 90/min, madhyamabala, niyameet.
2. Mala = Grathit Malapavrutti.
3. Mutra = Samyaka
4. Jivha = Saam
5. Shabdha = Avishesha
6. Sparsha = Anusha
7. Druka = Alpashwetata
8. Akruti = Sthul

Udar Parikshan : Udarsthambha Aanaha & other Lakshanas, Agnimandya, Aruchi, Udarshool

Local Examination: (In Spine) sthanic shoth, shula, Sparsha shthva especially in lumbar spine.

Srota Parikshan Dushita Strotas are:
- Rasa Vaha - Aruchi, Sarvang Gaurav
- Annavaha - Agnimandhya
- Asthivaha - Asthi-Shula, Shoth
- Majjavaha - Asthi – Saudhishula

Diagnosis : Spinal disorder
Treatment on 07/01/2015: As the patient was complaining of Agnimandya she was advised to take 3 Hingvashatak Choorna 2gm twice of day with ghruta before meal for Deepan Karma for 3 days.

2) For 4 Amapachan Ampachakuati 500mg twice a day after meal for 3 days.

3) Then she visited on 12/01/2015 and further was advised for Sarvang snehan 5 Swedan6 matra basti7 with til tail for 3 alternate days from so she visited on 14/01/15, 16/01/15, 18/01/15 and performed sarvang Snehan Suchan Swedan Matra Basti.

4) Then again in next month she had taken sarvang snehan swedan matra basti with til tail for 3 alternate days from 16/02/2015,18/02/2015,20/02/2015 After taking this thearapy she got 70% relief from symptoms.

5) Then again in next month she was advied for the same i.e. total duration of therapy on 18/03/2015,20/03/2015,22/03.2015

This line of treatment i.e. Deepan, Pachan,Sarvang Snehan Swedan Matra Basti was performed for 3 consecutive months.

Observation / Result:- When on next month she came for follow up then all symptoms get reduced.

Discussion:- In this patient this spinal disorder can be correlate with vatavyadhi well explained by charkacharya in different context (cha su. 12/07) probable mechanism of action:

So by Deepan (Hingvashtak Choorna & Ghrut) & Pachan (Aampachak Vati) Nirama Aahar Rasa Nirmati by matra basti (til tail) prakrut gati of Apan Vaya enhanced and becomes of its vatashoman action patient got relief from spinal disorder ultimately from its pain.

Conclusion:-

Thus we can conclude that as compare to modern view the holistic approach of Ayurvedic system of medicine & sthanik chikitsa plays an important role of gives relief to patient from spinal disorder and ultimately patient is in position to walk without support.
Treatment Plan

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Karma</th>
<th>Drug</th>
<th>Dose</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Deepan</td>
<td>Hingavasdhatak Choorna with Ghrut</td>
<td>2gm BD</td>
<td>3 days</td>
</tr>
<tr>
<td>1</td>
<td>Pachan</td>
<td>Ampachak Vati</td>
<td>500 mg BD</td>
<td>3 days</td>
</tr>
<tr>
<td>2</td>
<td>Abhyag</td>
<td>Til Tail</td>
<td>As Required</td>
<td>On day of matra basti</td>
</tr>
<tr>
<td>3</td>
<td>Swedan</td>
<td>Bashpa Swedan</td>
<td>As Required</td>
<td>On day of matra basti</td>
</tr>
<tr>
<td>4</td>
<td>Matra Basti</td>
<td>Til Tail</td>
<td>60 ml</td>
<td>3 days (Alternate Day)</td>
</tr>
</tbody>
</table>

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To assess the Amalaki Rasayan effect in Geriatric problems

Vanita N. Puri*
1. Associate Professor, Department of Swasthavritta, C.S.M.S.S. Ayurved College, Kanchanwadi, Aurangabad. (431002). * Corresponding Author: E.mail : - puri.vanita@yahoo.com Mob. No. 9096890140

Abstract: In routine practice we came across with so many patients among which geriatrics group is the major class. The ageing process or growing age can’t be avoided but it can be delayed at least we can try to treat the changes. Modern medicine treatment fails to give permanent relief from above symptoms completely but Ayurveda may satisfactory answer for this that is “Rasayan Chikitsa”

Keywords: - Rasayan, amalaki, geriatrics..

Introduction: Ayurveda is a science of life & has described how to live a healthy age through Dinacharya, Rutucharya & also through some chikitsa which promotes strength & immunity mostly included in “Rasayan Chikitsa”. [1] Ageing is general response that produces observable changes in structure & function due to environmental stress & disease as well as changes in diurnal habits. Ayurveda has emphasis on prevention. Rasayan Chikitsa has got its importance on preventing the disease to keep healthy to all living individuals. Rasayan Chikitsa is probably promising answer for geriatric problems & the drug which is chosen for this is Amalaki. [2] Amalaki is the richest natural source of viramin ‘C’, bioflavonoids, flavones polyphenols carotenoids [5]

38 The antioxidant effect of Amalaki is significantly greater than that of vitamin ‘C’

Aims & Objectives: The present research work has been under taken with the following aims & objectives. 1) To study the pathogenesis of geriatrics & to correlated it with modern science. 2) To assess the effect of amalaki rasayan in geriatric problems specially joint pain, Inactivity, Kshudha Maudhya[4], Nidranash[5] 3) To introduce an easily available economically cheap & much effective drug for the geriatric problems.

Materials & Methods: Total 60 patients randomly selected & studied. These patients were selected into 2 groups each consisting of 30 patients. The patients were treated for 90 days. Group I – Treated with Amalaki Churna & shakara Group II – Treated with shakara Selection of Patients: The patients who form the materials of present clinical study will be selected from vrudhashrama, Tapovan, Panchavati, Nasik as there are no. of senior citizens which lived together it was possible for me to get all cases under one roof. Criteria for Selection of Patients: The patients were selected for study as per following norms: a) Criteria for inclusion

- Age group: above 50-70 Years
- Sex: Both male & female.
- Patients having following signs & symptoms: (joint pain / Inactivity / Kshudha (Maudhya)/ Nidra (Nash)). Criteria for Exclusion of patients
- Persons below 50 yrs of age
- Persons suffering from diabetes, Hypertension are excluded from present clinical trials. Objective Parameters:


39 Criteria for assessment
1. Joint Pain (Knee joint) 2. Inactivity +++ Severe +++ Severe ++ Moderate ++ Moderate + Mild + Mild 0 Nil 0 Nil 3. Kshudha 4. Nidra +++ Severe +++ Severe ++ Moderate ++ Moderate + Mild + Mild 0 Nil 0 Nil Follow up Chart of Sign & Symptom: Before T/t After T/t lst (1st day) lInd (7th day) lllrd (14 day) lV (30 day) Vth (90 day) A pro-forma of case sheet was prepared. Patients were subjected to detail history taking & clinical examination 1st day patient was thoroughly examined & recording pulse, BP, systemic examination done. Patients were called for the five visit. on 1st, 7th, 15th, 30th, 90th days. Follow up sheet was filled with careful observation & examination effect of the drug on each symptom of all patients was recorded in each case pro-forma with follow up chart for assessment of effectiveness of the drug questionnaire has been framed & given to the patient twice before & after treatment. I have also attached the permission letter of the manager of Elder homes written concern of each patient in my present work

Drug Dose: Amalaki Churna with shakara 4gm twice a day 1) Sharakara 4gm twice a day Duration of Study: 90 days Anupana : Luke warm water.

Observations:
1) Joint Pain: Cure Grade Complete Moderate Mild Total Group I 27 1 2 30 Group II 10 8 6 24 Total 37 9 8 54
2) Inactivity: Complete Cure Grade Moderate Mild Total Group I 27 1 2 30 Group II 18 4 8 30 Total 45 5 10 60 ‘t’ Calculated > to = 8.69 t table = 5.99 This means amalaki Rasayana is more effective in treating joint pain. 2) Kshudha : Cure Grade Complete Moderate Mild Total Group I 27 1 2 30 Group II 18 4 8 30 Total 45 5 10 60 ‘t’ calculated = 8.69 > t table = 5.99 This means Amalaki declines kshudha mandhya 3) Inactivity : Cure Grade Complete Moderate Mild Total Group I 12 10 4 26 Group II 6 12 8 26 Total 18 22 12 52 T = calculated 5.99 > t table = 3.514 thus the treatment is significantly effective in reducing inactivity. 4) Nidra : Cure Grade Complete Moderate Mild Total Group I 22 0 1 23 Group II 10 8 5 23 Total 32 8 6 46 T calculated = 15.18 > t table = 5.99 ISBN 978-93-5173-179-3 ISSN 2320-7329 http://www.ayurlog.com Vol. 2 Issue- 2 nd April 2014 Ayurlog: National Journal of Research in Ayurved Science A Web based quarterly online published Open Access peer reviewed National E-journal of Ayurved

40 Amalaki find more effective in Nidra Nash. Observation: There is reduction in symptoms after 4th follow up in
Group I patients compare to II group. At the end of 90 days, the patients of Group I show significant improvement in the symptoms like inactivity, joint pain kshudha (hungryness) & nidra (sleep).

**Discussion**: Amalaki Churna administered in Geriatric patients might get the results by virtue of its Rasayan properties. As it is the highest source of vit c, it acts as the antioxidant it protects cells against free radical damage preventing ageing process. Hence when it improves immunity it gives resistance to fight the geriatric symptoms more effectively & positively.

**Conclusion**: After reviewing the whole dissertation work in nutshell following conclusion may be given:
1) The result of clinical trial itself is a proof to say that Rasayan Chikitsa has definite role in systemic treatment of Geriatric problems concern with the symptoms like inactivity, joint pain, kshudhamandhya & nidra nash.
2) From socioeconomic view concerned drug ‘Amalaki Churna’ is easy to perform palatable easily available, cheap which gives prompt symptomatic relief to the patient.
3) In geriatric problems the measurable condition of the patient as disability to perform even the routine work this disability can be conquered by Rasayan Chikitsa & the patient is in position to perform his regular activities.
4) These results of Rasayan Chikitsa are encouraging & with this much study it can be said that further research is necessary.

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