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CLINICAL EFFICACY OF VAITARAN BASTI IN THE MANAGEMENT OF ANKYLOSING SPONDYLOSIS

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ABSTRACT:

OBJECTIVE: To evaluate the efficacy of Vaitaran Basti in Ankylosing Spondylosis.

Ankylosing Spondylosis is a chronic inflammatory disease of the axial skeleton with variable involvement of peripheral joints and nonarticular structures. It is a form of spondyloarthritis, where immune mechanisms are thought to have a key role. It mainly affects joints in the spine and the sacroiliac joint in the pelvis, and can cause eventual fusion of the spine. Ankylosing spondylitis has a strong genetic predisposition. There is no cure for Ankylosing Spondylosis, as far as modern medicine is concerned although treatments and medications can reduce symptoms and pain. The disease usually begins in the second or third decade; male to female prevalence is between 2:1 and 3:1.

METHODS: In current study, 30 patients of either sex in the age between 20 to 45 years having signs and symptoms of Ankylosing Spondylosis were selected and Vaitaran Basti was administered for a period of 15 days. Follow up was planned every 15 days till 1 month to assess if there is any recurrence of symptoms.

RESULTS: Highly significant results were observed and improvement in cardinal symptoms of Ankylosing Spondylosis was observed. It also provided highly significant results in improving range of movements and pain intensity.

CONCLUSION: This procedure appears to provide good clinical improvement in patients with Ankylosing Spondylosis

KEY WORDS: Ankylosing Spondylosis, Vaitaran Basti, Chronic inflammatory disease, Spondyloarthritis, Immune mechanisms.

INTRODUCTION

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Ankylosing Spondylosis is a chronic inflammatory disease of the axial skeleton with variable involvement of peripheral joints and nonarticular structures. It is a form of spondyloarthritis, where immune mechanisms are thought to have a key role. It mainly affects joints in the spine and the sacroiliac joint in the pelvis, and can cause eventual fusion of the spine. Ankylosing spondylitis has a strong predisposition. Complete fusion results in a complete rigidity of the spine, a condition known as "Bamboo Spine".²

There are limitations to modern science for treating Ankylosing Spondylosis. Medications indicated in this disease are – Anti-inflammatory drugs, analgesics, Disease modifying anti-rheumatic drugs (DMARDs), Tumor necrosis factor-alpha (TNF α) blockers, Anti-interleukin-6 inhibitors such as Tocilizumab etc...

Potent immunosuppressive agents have so far been relatively safe; seven types of side effects are not rare: Serious infections (disseminated tuberculosis), Hematologic disorders (pancytopenia), Demyelinating disorders, Exacerbation of congestive heart failure, Systemic lupus erythematosus, Hypersensitivity infusion or injection site reactions, Severe liver disease.

Hence, it becomes responsibility of every doctor irrespective of pathy to find out the way out from such disorder. This article will throw light on Ayurvedic aspect of treatment in Ankylosing Spondylosis.

Vaitaran Basti which was selected for present study is given in *Amavata Chikitsa*.³

Keeping in mind the prevalence, rate of disability in productive span of life, intensity of symptoms of disease, lack of current effective treatment for Ankylosing Spondylosis and above all considering classical references of *Amavata* especially co-relating Trika-sandhi with sacro-iliac joint clinical trial was conducted to assess the efficacy of *Vaitaran Basti* in the management of Ankylosing Spondylosis.

MATERIALS AND METHODS

PLAN OF STUDY

An open label clinical trial was conducted, where the patients were given treatment with specific duration with every 5 days follow up. DMARDs and oral corticosteroids were withdrawn at least 4 weeks before commencement of trial. Specific instructions on diet and life style modifications were advised to the patients. Institutional Ethics Committee (IEC) approval was obtained and written consent was taken from the patients prior to the initiation of the study.

SELECTION OF PATIENTS

Patients who reported to Outdoor Patient Department (OPD) and Indoor Patient Department (IPD) of YMT Ayurvedic Medical College & Hospital were carefully selected on the basis of Diagnostic, inclusion criteria.

DIAGNOSTIC CRITERIA

- Patients having the classical signs and symptoms of Ankylosing Spondylosis.
- All Schober's test positive patients.
- Changes on X-rays of lumbo-sacral spine (Anterio - Posterior i.e. AP view and Lateral view)
- All HLAB27 positive patients.

INCLUSION CRITERIA

- Patients of either sex between 20 to 45 years of age.
- Fulfilling the diagnostic criteria, having signs and symptoms of Ankylosing Spondylosis, HLAB27 positive patients and radiological changes.
- Willing to sign the consent for study participation
- Able and willing to comply the treatment schedule.

EXCLUSION CRITERIA

- Patients having spinal tumor, malignant diseases of the pelvis, tuberculosis of vertebral bodies, Multiple Sclerosis.
- Recent lumbar surgery or implanted instrumentation or prostheses.
- If Patients had active tuberculosis within the previous 3 years, a serious infection within the previous 2 months, lymphoproliferative disease or other malignancies within the previous 5 years.

INVESTIGATIONS

- Routine hematological, bio-chemical and urine investigations were recorded.
- HLAB27 test was done.
- Digital X-ray, AP and lateral view of the lumbo-sacral spine were taken.

SELECTION OF THE DRUG/MEDICINES

Vaitaran Basti:

The ingredients of *Vaitaran Basti* are *Saindhava lavana* 1 Karsha (12 gms), *Guda* (jaggary) 1 shukti (24 gms), *Chincha* (tamarindus) 1 pala (50 gms), *Gomutra* 1 kudava (200 ml), *Tila tail* 50 ml.

METHODOLOGY

Duration of therapy was 15 days. *Sarvanga Snehan* with *Vishagarbha Tail* and *Sarvanga Swedan* with *Valukapottali swedan* was done. Lastly, *Vaitaran Basti* will be given. Follow up was kept every 15 days for 1 month.

1. METHOD OF APPLICATION OF THERAPY:

In *Purva Karma* *Sarvanga Snehan* with *Vishagarbha Tail* and *Sarvanga Swedan* with *Valukapottali swedan* was done.

In *Pradhan Karma* after clearing natural urges, patient was instructed to lie on left lateral position and after per rectal examination to eliminate rectal pathologies, luke warm *Basti* material was administered with plastic enema can. The patient was asked to lie down in supine position gradually and buttocks were tapped slowly and gently 3-4 times. Patient was instructed to evacuate the material when urge arises. *Samyak Lakshana* were assessed and observed daily.

In *Pashchat Karma* Evacuation time of *Basti* material and untoward effects (if any) were observed and noted. The patients were explained and instructed to adhere to *Pariharya Vishaya* (code of conduct).

2. CRITERIA FOR ASSESSMENT:

The patients were examined weekly for changes in symptoms as well as general condition. Response in clinical features of Ankylosing Spondylosis before and after treatment according following criteria:

Criteria	Score
Pain in the joint According to Visual Analogue Scale	
No pain	0
Mild pain , comes occasionally	1
Moderate pain, slight difficulty in joint movement, appears frequently	2
Severe pain, requires medication and may remain throughout the day	3
Severe pain ,disturbing sleep and requires strong analgesics	4
Swelling of the joint	
No swelling	0
Slight swelling (swelling occurring during particular time of day e.g. early morning or evening)	1
Moderate swelling (swelling occurring after joint movements)	2
Severe swelling (persistent swelling over joints)	3
Stiffness of the joint	
No stiffness or stiffness lasting for 5 min	0
Stiffness lasting for 5 min to 2 hrs	1
Stiffness lasting for 2 to 8 hours	2
Stiffness lasting for more than 8 hours	3
Tenderness of joints	
No tenderness	0
Subjective experience of tenderness	1
Wincing of face on pressure	2
Withdrawal of affected parts on pressure	3
Resists to touch	

OVERALL ASSESSMENT OF THERAPY:

1. Complete remission: 100% relief in chief complaints, relief in associated symptoms.
2. Marked improvement: Above 75% relief in chief complaints, relief in associated Symptoms
3. Moderate improvement: Above 50% but less than 75% relief in the chief complaints, Relief in associated symptoms.

4. Improved: More than 25% but less than 50% relief in the chief complaints with slight presence of associate symptoms
5. Mild Improvement: Less than 25% relief in the chief complaints with slight improvement in associate symptoms
6. Unchanged: No relief in any of the signs and symptoms

Observations

In the present study, a total number of 31 patients were registered, out of which 30 patients completed the treatment and

remaining one patient had to leave treatment due to personal reason.

while 26.47% of patients noticed recurrence.

RESULTS

Effect on Subjective Criteria

Vaitaran Basti provided statistically highly significant (P < 0.001) effect on improving Spinal pain, Joint pain / swelling, Areas of localized tenderness (also called *enthesitis*, or inflammation of tendons and ligaments), Morning stiffness duration, and Morning stiffness severity. The frequency of pain killers was reduced to statistically significant level. Table: 2

DISCUSSION

Ankylosing Spondylosis can be co-related to *Ayurvedokta Amavata*. Vitiated *Vata* and *Kapha* enter *Trika-sandhi* and give rise to stiffness in body. *Trika-sandhi* refers to sacrum or sacroiliac joints. In Ankylosing Spondylosis areas which are mainly affected are neck (cervical region) and low back (lumbo-sacral region)¹.

Symptoms	Mean B.T.	Mean A.T.	Mean Diff.	Mean %	S.D.	S.E.	t	P
Pain	3.6	0.8	2.8	74.07	0.72	0.18	14	<0.001
Swelling	2.86	0.46	2.4	83.72	0.50	0.13	18.5	< 0.001
Stiffness	1.8	0.2	1.6	88.8	0.50	0.13	12.22	< 0.001
Tenderness	3.46	1	2.46	71	0.74	0.19	12.85	< 0.001

Overall effect of the therapy

In present study, 35% of patients achieved marked improvement, 25% of patients achieved mild improvement and 15% of patients had complete remission and 10% of the patients showed improved state.

FOLLOW UP

Maximum (73.53%) patients reported no recurrence of symptoms after one month

The *Swedana* due to its *Ushna* property overcomes the *sheeta* property of *Vata* inturn *Sheeta* (cold), *Shoola* (pain) and *Sthamba* (stiffness) will be relieved. So *Valuka Sveda* helps in relieving the signs and symptoms of Ankylosing Spondylosis. *Saindhava lavana* by its *Sukshma* and *Tikshna* properties, it helps to pass the drug molecule in systemic circulation

through mucosa. Thus, it helps the *Basti Dravya* to reach up to the molecular level. It is also helpful for the elimination of waste due to its irritant property. It is capable of liquefying the viscid matter and breaking it into minute particles. In this *Basti* instead of honey (*Madhu*) jaggary was used. It along with *Saindhava* makes homogenous mixture, to form a solution having properties to permeable the water easily. The retention of the irritative substances may be favored by making its solution as nearly isotonic as possible by using colloidal fluids. Here, *Purana Guda* should be taken as it is *Laghu, Pathya, Anabhishyandi, Agnivardhaka* and *Vatapittaghna*. It also helps in carrying the drug upto micro-cellular level. In this *Basti, Tila Taila* mixed with the solution of jaggary and *Saindhava* help in forming the uniform mixture. *Chincha* is having *Vata-kaphashamaka, Ruksha* and *Ushna*

properties. In *Vaitarna Basti*, the *Gomutra* is chief content, which owing to its *Katu Rasa, Katu Vipaka, Ushna Virya, Laghu, Ruksha* and *Tikshna Guna* pacify the *Kapha*. It is having *Tridosahara, Agnideepana, Pachana, Srotovishodhana* and *Vatanulomana* properties.^{4,5}

CONCLUSION

In addition to pain and stiffness, fatigue and sleep problems are important concerns in patients with AS, while few reported problems with mood or social relationships. Less educated patients had lower quality of life in many different aspects.

Vaitaran Basti holds promising hope as non-invasive intervention in the management of Ankylosing spondylosis. There is improvement in patients' routine life which gets tremendously affected by pain and other symptoms.

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