

A Clinica Study: Role of Bastikarm and Erandpaka in the Management of sandhigatavataw. S. R to Cervical Spondylosis

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Abstract & Introduction : Cervical Spondylis has become a very common health issue of the human beings in present scenario. Prevalent among middle aged and elderly people with more than 85% of are affected by cervical spondylitis is a degenerative disease or condition of cervical spine due to aging factor . it is depends on sex, occupation, any trauma of cervical spondilon and posture of sitting and sleeping. Information technology play a major role in the development of cervical spondylosis. Persons that do their work steadily on p.c and mobile with bending neck in a constant manner.

Sandhigatavata is not included in eighty type of VatananatmajaVikar or Vatavyadhi but it is described in VatavyadhiChikitsaAdhyaya in ChikitsaSthan of CharakSamhita. Here MaharshiCharak quoted the three main cardinal symptoms of Sandhigatavata. eVatapurnadritisparsh, Shodh and PrasarnakuchanVedanabut wereslient about the specific treatment of Sandhigatavata. Symtoms of cervical spondylosis and Sandhigatavata are mostly similar to osteoarthritic changes in joints. Thereis no satisfactory treatment except Analgesic and anti-inflammatory drugs in modern science.

SandhigatavataVyadhi is a vitiated vata dosh in the Sandhi of whole body and the concept of “MandagnauSarverogapi” is added Aamdosh in SandhigatavataVyadhi that is cause of shoth and restricted movements with pain in the joints. Bastikarma has described as “Chikitsarda” and Erandpaka is Aamdoshnashakwith this hypothesis a clinical study “Role ofBastikarm and Erandpaka in the management of sandhigatavata with special reference to cervical spondylosis” has done and founded results. The findings of this clinical study are detailillustrated by this Article.

Key words:vatavyadhi, Sandhigatavat, Mandagni, Aamdosh, Basti, Agni

I. RESEARCH WORK PLAN:

Conceptual Study/Litrary review:- There is no clear cut description of sandhigatavata in cervical region but some disease have similarity with sandhigatavatalike disorder of spine such as lumber spondylosis and cervical spondylosis, Grivahundanum, Grivagraha, Manyastambha and Manyagraha. These were described in Samhintas but can't say that above stated disease are as cervical spondylosis because everyone has different pathological change. Here cervical spondylosis is dealt as sandhigatavata in gross view because both are almost similar in symptoms.

Symptoms of Sandhigavata-

1 Vatapurandritisparsh(Feeling of fullness in the joints)

2.Shoph (Swelling in the Joint)

3. Prasarnakunchanyo Vedana (Restricted Joint Movementswith pain)

Symptoms of cervical spondylosis –

1.Pain in neck region or cervical spodylon,refered pain in Arm.

2. Painful restricted cervical movement.

3. Felling tenderness ,stiffness in cervical region

Clinical Study :Selection of patient -patients with classical symtoms of sandhigatavata and cervical spondylosis according to the OPD /IPD madanmohanmalviyaAyurvedic College & Hopital, Udaipur Raj. Are randomly selected for the clinical study irrespective of religion and occuoation. The patient fulfilling the diagnostic and inclusion criteria are registered on the performa and scoring of the different clinical features based on the assessment criteria. Thirty patients was selected

as sample size for this clinical study and divided into two groups A & B.

Inclusion criteria :- Patients were included classical symptoms and pain in the cervical region referred pain in arm & hand, tenderness and restricted movements and vertigo.

Exclusion criteria:- severe & traumatic cases were not included for the clinical trial

Diagnostic criteria: Basic symptoms of cervical spondylosis such as pain in cervical region, Restricted cervical movements and headaches & vertigo, X-Rays, MRI and CT scan.

Discontinuation criteria –severe condition of patient, patient’s willing would not carry on.

Assessment criteria:- the assessment was done on the basis of subjective and objective parameters and scoring pattern was followed before treatment and after treatment.

Subjective parameter :- For pain (Table-1)

Condition	Severity	Score
Pain	no	0
Agree with movement	mild	1
Agree with movement	severe	2
Radiate to	arm	3
Disturbed	Sleep	4

For Cervical Movement: Flexion (Table -2)

Difference b/w chin & ICN	Score
No diff.	0
Up to 2cm.	1
2-3cm.	2
>4	3

Such grading was decided for extension (angle) rotation (any difficulty) lateral rotation and other symptoms.

Drug Review:

Bastikarm is one of the most effective Panchkarm therapy and described as ‘Chikitsa’ in the management of Vata disorders, in the Ayurvedic texts. Basti has specified manner of days Basti consists of various formulated of Ayurvedic medicinal Ghee, Oils, and Kwath decoctions. Basti is Malavahshrotos Shodhini, Apan Vayu Anulomak Agnivardhak, Vedana Shamak also.

Choice of Basti and drug: Kalabastikarm was selected for clinical study with Dashmool Kwath as Niruh and Brihata Saindhawadi Tail as Anuvasan Basti and Erandpaka.

Drugs of niruh basti (Dashmool): - Bilwa, Agnimanth, Shyonak Patala, Gambhari, Shalparni, Prishniparni, Gokshura, Kantakari, Brahti

Drugs of Anuvasan (Brihatsaindhawadi tail) Erandoil, Saindhavlan, Triphal, Rasna, Pippli, Gajpippli, Sarjikshar, Marich, Shunthi, Sauvarchal Lavan, WidL

avan, Yawani, Pushkarajajaji, Madhuk, Shatpushpika, Erand Tail, Shatpushpa, Watermilk, Kanji

Method of Intervention: selected drugs -dashmool kwath for Niruh basti, brihatsaindhawadi tail for Anuvasan Basti and Erandpaka.

form of medicine kwath, tail and paka (granules)
contents of niruh basti - dashmool kwath --400 ml. Honey- 50ml. , til tail - 50ml., prakshepdravya - 50ml. ,

prepared niruh basti Quantity (vol.) - 550ml
Anuvasan basti Quantity (vol.) -- 50 ml

Route of administration:- Rectal & Manner of kalbastikarm was used according to described in the Ayurvedic texts as Anuvasan, Anuvasan, Niruh, Anuvasan----- for 16 days alternately Anuvasan (10 basti) –of brihatsaindhawadi tail (50ml.) Niruh (6 basti) –of Dashmool kwath (550ml.)

Erandpaka (granules) Dose - 5gm B.D, Orally Group A was given only erandpaka for 30 days and Group B was given kalbastikarm (16 days) then after Erandpaka was given for 30 days.

Composition of Erandpaka

Name of Ingredient	Quantity
Vatari beej/Erand seeds	2 kg
Goudugd (cow milk)	15 litre
Goughrit (cow ghee)	1.00kg
Sarkara	4.00kg
Shunthi, Marich, Pippli, Ilayachi, Tejpra, Nagakesar, Pippli Mula, Chavya, Sowa, Saunph, Kachur, Bilwa, Ajawayan, Jeera, Krishna Jeer, Haridra, Daru Haridra, Ashwagandha, Bala, Patha, Hauber, Bayvidanga, Pushkar Mula, Gokshur, Aruka (Kusha). Hatitaki, Vibhitaki, Amalaki, Deva Daru Bark of Babool, Alua, Shatavari, Dalchini	Each are 50gms

Follow up data collection: the follow up period was of 30 days. Patient was visit after 30 days completion of treatment and data were collected in Group A and after one and half month were datacollected in Group B.

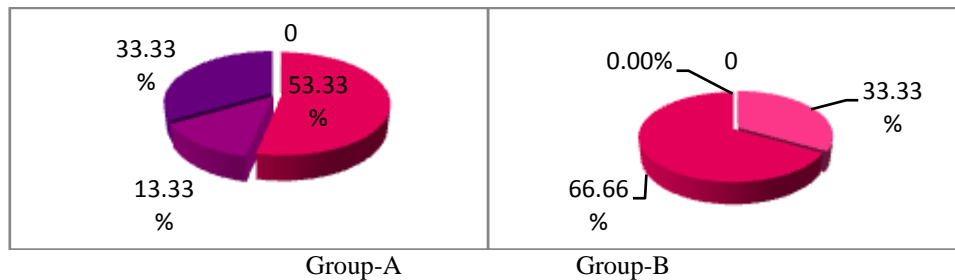
Observation & result :-In the patient study general findings founded as such 76.66 % were middle age group(31-60), 56.66% were females, 56.66% were Ambulatory occupation, 63.33% were middle socio-economic, 73.33% were vegetarian, 80% were non addict.

Comparison of Clinical recovery in both groups:

Clinical finding	groupA	GroupB
Pain	35.13%	51.06%
Stiffness	73.33%	100%
Restricted movement	48%	60.71%
- Flexion		
- Extention	38.46%	53.57%
- Rotation	21.05%	61.90%
- Lat.flexion	20.68%	47.06%
Hadache	60.00%	83.33%
Vertigo	50.00%	56.67%
Burning Sensation	16.66%	53.335
Weakness in hands	61.25%	45.00%
Spastic weakness in lower imb	00.00%	00.00%
ESR	34.00%	40.91%
X-Rays Finding	00.00%	00.00%

Overall assessment of therapy in groups were Founded as -

Response	Group A	GroupB
Good Response (51-70%)	13.33%	66.66%
Fair response (31-50%)	53.33%	33.33%
Poor response (11-30%)	33.33%	00.00%
No response(0-10%)	00.00%	00.00%



II. DISCUSSION & CONCLUSION:

This clinical study was conducted to assess the role of Bastikaram and Erandpaka in the management of sandhigatavata with special reference to cervical spondylosis. For to achieve this object thirty clinically patients of sandhigatavata (cervical spondylosis) were selected and randomly divided in following two groups of 15 patients in each. Group-A was treated with Erandpaka only and Group B was treated by Bastikaram with Erandpaka. All patients were advised dietary and conductive restrictions as possible which described in Ayurvedic texts.

The present study has show higher incidence of sandhigatavata (C.S) in madhyam aged persons (76.66%) of pitta-kaphajprakriti. Maximum number of patients (90%) were female, (56.66%) and Hindu (83.33%). The incidence of sandhigatavata was significantly high in the patients of middle class (63.33%) of socio-economic status having vegetarian habits. Ambulatory nature of work were found to be in higher number. Maximum number of patients (80%) were have not any Addiction only 13.33% patients has addiction of smoking. Mostly patients could be have samyaknidra (good sleep). Madhyamsatva, Madhyamkhostha, vyayan, and jeernashaktimedasaar patients were dominated in the current series.

On clinical evaluation it was indicated that there was a considerable improvement in subjective parameters. Majority of the patients demonstrated a significant increase in feeling of well being after the therapy in both groups but more in group B. there was 36.90%, 52.63% improvement in clinical parameters of group-A & B respectively. In the both groups maximum improvement was seen in ESR and no changes was seen in X-Rays findings.

In Group A maximum number of patients shows the fair response (53.33%), 33% patients show the poor response and 13% patients show the good response but nobody shows no response.

Statistically highly significant improvement was seen in pain, flexion, extension, lateral flexion, headache, Vertigo and ESR findings and significant improvement in Rotation and Spastic weakness in lower limbs but non-significant in stiffness, weakness in hands and burning sensation

In Group B: In group Maximum number of patients 66.66% show the good response, 33.33% patients shows fair response and nobody shows poor or no response. In same group marked improvement was noticed in stiffness (100%), Headache, (83.33%) and flexion (60.71%) rotation (61.90%) of main symptomatology. Statistically highly significant improvement was seen in all presenting symptoms except stiffness and x-rays findings

On intra group Statistically comparison only pain, Rotation, lateral, Flexion, burning sensation, weakness in hands show highly significant improvement and stiffness, flexion, headache, vertigo shows significant improvement but spastic weakness and ESR findings show nonsignificant improvement. All patients tolerated medicine very well and not single patient complaint about side or toxic effects of drugs used in trial but some patients (mridukosthi) complaint of defecation of two or more times in a day but not complaint of loose motion.

The present research was of a very short period conducted on very few numbers of patients and with limited resources in a very short span of time it is proposed the project may be conducted on a larger series of patients with more scientific parameters to reach concrete conclusion.

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