A Case Presentation Of Asthimajjagat Vata (Spondylosis)
& Ayurvedic Chikitsa

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Introductions:
Greatest number of vyadhi in ayurveda is vatavyadhi, so almost all vyadhi contains the main vata dosha. Pitta & Kapha has inert property without the vata dosha, so all vyadhi nidan some parts have vata dosha. In asthi-majjagata vata forms asthi-majjagata kshay. Dhatukshayatmak samprapti is done with nirupstambhit vata in Asthi-majjagata vata.

In spondylosis is degenerative osteoarthritis of joints between center of spinal vertebrae and/ or neural foramina. If it may become severe it may press on nerve roots with subsequent sensory & motor disturbances such as pain, parasthesia & muscle weakness in the limbs & then compression of nerve root emerging from the spinal cord may result in radiculopathy. In neck vertebrae involved called cervical spondylosis & if lower back involved called lumbar spondylosis.

A case of cervical & lumbar spondylosis(asthi-majjagata vata) & its ayurvedic chikitsa is as follow:

Patient name- P.V.D.

- Age- 55 yrs    Sex- Male
- Occupation- Farmer
- Diet- Mixed (veg & nonveg)
- Address- Ratnagiri
- Addiction- no any
- Date of admission- 16/10/2014
• C/O- bilateral upper limb & lower limb weakness
  - unable to walk
  - multiple joint pain & stiffness
  - no swelling at any joint
  - constipation (hard stools passed on & off)
  - Insomnia

H/O CVA before 10 months

N/K/C/O – DM/HTN/PTB/BA/IHD/EPILE

N/H/O- Malaria/Typhoid/Jaundice

N/H/O- BT/ Drug allergy/ Surgical illness

N/H/O- PR bleed/ Fissure/ Heamorrhoids

O/E- pulse- 74/min , B.P- 110/80 mm of hg, Temp-98.4 F

S/E- RS- AEBE Clear , CVS- S1 S2 normal, CNS- conscious oriented

RTDS RTVC

Pupils- Rt & Lf- NSRTL , Plantars Rt & Lf- Flexor

DTR A K B T

MPG UL LL

Rt +3 +3 +3 +3 RT

4+/5

Lf +3 +3 +3 +3 LT

4+/5

Neck stiffness - +

P/A- Soft nontender , U- Passed(5-6 times/day), S-Hard stools passed

No S/o- Pallor/ Cynosis/ Clubbing/

Icterus/Lymphadenopathy

• Ashtavidha pariksha-

Nadi-74/min regular

Druk- Dina

Mala- Hard stools with strain

Akruti- krusha

Mutra- 1200ml/day pale yellow

Sparsha-Khara

Jivha- Niram

Twak-Ruksha

• Dushta Strotas parikshan-

Ashtvaha Strotas- Asthi-sandhi shool, balakshay

Majjavaha Strotas- Aswapna, Stabdhata,

Asthiruja, Asthi saushirya

Purishvaha strotas- malavshtambha

• Observations- Local examination

Stifness at bil UL & LL At Knee, elbow & Shoulder joint

L/E- Rt Knee jt. Lf Knee jt.

Local temp - -

Swelling - -

Crepitation +2 +2
Tapping -
Redness -
Angle of flexion 30° 30°
Angle of extension 160° 160°
Cm from ground 20 20
Rt elbow Lf elbow
Angle of Flexion Full Full
Angle of Extention 150° 150°
Palmar grip + +
Unable to hold properly any object
Unable to walk on admission
No speech altered
- Investigations-

MRI Spine- 21/1/2014
-Loss of cervical lordosis with mild reversal seen. Dessication of cervical intervertebral discs seen . Diffuse posterior & bilateral foraminal bulge of c3-c4 intervertebral disc seen effacing the anterior subarachnoid space , compressing the cervical cord & bilateral transversing nerve roots (L>T). Mild post. Longitudinal ligament thickening is seen.
- Mild scoliotic deformity of dorsal spine with convexity towards right. Ligamentum flavum hypertrophy at D3-D4,D5-D6,D7-D8,D9-D10 levels identing the post thecal sac. Loss of lumbar lordosis with disc desiccation with post disc bulge is seen at L1-L2, effacing the thecal sac, compressing the cauda equine.


Urine- pale yellow, proteins-neg, pus cells-1-2, bacteria- nill

Lipid profile- T.Chol-137, T.Trg-88, HDL-50, LDL-69, VLDL-18
- Nidan panchak-
1.Hetu- Sannikrushta- Bharvahan, Ruksha ahar, atichankraman, alpa ahar, vyayam, postural habbits Viprakrushta- Vardhakya
2.Purvaroop- numbness in all extremities
3.Roop- All limbs weakness,unable to walk, all extremities joint stiffness, pain & insomnia
4. Samprapti-

Vata prakopak hetu sevan
Dhatu kshayjanya ahar
At asthi & majja vaha strotas
Rukshata, parushta, Kharata
Asthi mruduta, Saushirya
Rikta strotas vayu purana
Dhatu Kshayjanya vatavyadhi (Asthimajjagata)

dhatu kshayjanya vihar
Bharavahan, Atichankraman
Kati, Pada suptata
Kati Pada asthi saushirya, rukshata, kharata

5. Chikitsa-

As per samparapati of spondylosis is degenerative disease in that asthi saushirya occurs (osteoarthritis) due to sarakta majja kshay occurs then vata vrudhi occurs at asthi. If dhatuvruthi and Kshay occurs that dhatu ashrit dosha also increase or decrease, except for asthi dhatu. If asthi kshay occurs vayu vrudhi is occurs & vice versa.
So as per the asthivaha strotas & vayu vruddhi, Snehan, Swdan, basti chikitsa & Abhyantar asthiposhak & Vata shaman chikitsa given.

**Treatment given** -

1) Snehan – Mahamash tail
2) Swedan- Pinda sweda
3) Basti - Panchatiktak kshirabasti+ Mahasneha (Karma basti)
4) Abyantar- lakshadi guggulu 2 tds
   - Gandharva haritaki 3gm Hs
   - Shatavaryadi Ghrut 30 cc
   - Rasayan kala
   - Baladi kshirapaka 30 cc bd

1) Mahamash Tail- It is good balya sneha for all vatavyadhi. This tail adhikar is Pakshaghat but its contains all vatashamak dravyas so it may used in vatavyadhi. So it can cause vata shaman effect by sneha guna of tail. It decrease ruksha, kharaparusha gunas of asthi.

2) Pinda Sweda- In Kerala ayurveda it is famous swedan prakar for vatavyadhi. In panda swedan contains Shali(rice), Bala, Dugdha, which all are bruhan & vatashaman in nature. It also increases the tone of muscles & decrease the pain due to vata vruddhi. Direction in panda sweda also have some special importance. It uses in all vatavyadhi.

3) Basti- Asthivaha strotas chikitsa contains Tikta rasatmak kshir basti with ghrut or other sneha is indicated. Panchatikta basti contains kantakari, nimb, patol, guduchi, vasa all of they are tikta gunatmak & with kshirpak it also acts vatashaman karma. Tikta guna acts as alpa pachan and dhatvagni vruddhi so for that asthi dhatvagni vruddhi done in proper manner & good forms of asthi dhatu develops & asthi kshay stops. In basti Mhasneha acts as vatashaman property and bruhan of asthi dhatu occurs.

4) Lakshadi Guggul- It contains Laksha, asthi sanharak, arjun, ashvagandha, nagbala & guggulu. All of are tikta rastmak and asthibalya action. Asthidhatu kshay is decresed.

5) Gandharva haritaki- vatanuloman, purish mala shodhan

6) Shatavari Ghruta- It contains Shatavari, Godugdha, Gogruta, jivaniya gana. All are
uttam paushtik vata shamak. Abhyantar
snehapan is important in all nirupastambhit
vatavyadhi.

7) Baladi Kshirpaka- Bala, ashvagandha,
guduchi,shatavari, masha all are balya for
mansa & asthi so decrease vata vrudhi &
bruhan of asthi dhatu done.

Pathya: 1) Nidan parivarjan
2) Aharaj- Snigdha, Madhur, Guru
anna sevan
3) Viharaj- Ratraujagaran varjya, No
lifting of heavy weight

<table>
<thead>
<tr>
<th>Observation</th>
<th>At admission</th>
<th>1st wk</th>
<th>2nd wk</th>
<th>3rd wk</th>
<th>4th wk</th>
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</thead>
<tbody>
<tr>
<td>SLR RT</td>
<td>70</td>
<td>70</td>
<td>80</td>
<td>80</td>
<td>90</td>
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<tr>
<td>LF</td>
<td>60</td>
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<td>70</td>
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</tr>
<tr>
<td>BOTH</td>
<td>40</td>
<td>40</td>
<td>50</td>
<td>60</td>
<td>80</td>
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<tr>
<td>Knee joint</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Ang of flex.</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td>Ang of Ext.</td>
<td>160</td>
<td>160</td>
<td>160</td>
<td>160</td>
<td>170</td>
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<tr>
<td>Dist. From ground(cm)</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>15</td>
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<tr>
<td>Elbow joint</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Ang of flex.</td>
<td>full</td>
<td>full</td>
<td>full</td>
<td>full</td>
<td>full</td>
</tr>
<tr>
<td>Ang of Ext.</td>
<td>150</td>
<td>150</td>
<td>150</td>
<td>150</td>
<td>160</td>
</tr>
<tr>
<td>Walk</td>
<td>Unable to walk</td>
<td>Unable to walk,jt.</td>
<td>No walk, stand with support</td>
<td>Walk with help of walker</td>
<td>Walk without support</td>
</tr>
</tbody>
</table>

~ 6 ~
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Cite this article:

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