A CLINICAL STUDY OF PANCHATIKTA NIRUH BASTI AND PATRAPINDA SWEDAN IN THE MANAGEMENT OF SPINAL CORD COMPRESSION (EVIDENCE BASED)

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ABSTRACT

Spinal cord compression is a rare entity affecting vertebrae. It is caused by bone fragments from a vertebral fracture or a tumour or an abscess ruptured inter-vertebral disc compressing spinal cord. It causes paralysis of limbs and decreased sensation below the level of compression. The patient selected was a 50 years old female having spinal cord compression with L4-L5 bulges causing cauda equina lesion. She was started with Panchatikta Kshir Basti. The pain and heaviness associated with the disease aggravated due to Basti. So then patient was given Panchatikta Niruh Basti along with Patra Pinda Sweidan. The spinal cord compression with L4-L5 bulges causes the oedema around tissues of vertebral column. The Basti given was hyperosmolar in nature so it caused the excretion of vitiated doshas along with it thus reducing the peripheral oedema around the spinal cord. The spinal cord along with the nerves itself is a place for Majjavaha Strotas. The Prana along with Vyan vayu are responsible for Chetana that is liveliness in the body. Due to vitiation of “Chala” and “Ruksha” guna of Vyana and Prana, the nerve conduction get hampered. PatraPinda Swed is a type of Snigdha Swed containing Eranda, Arka and Nirgundi Patra along with Saindhav, Nimbu swaras and Eranda Sneha. The Snigdha, Sthir and Ushna guna of all of of these caused the Shaman of Ruksha, Chala and Sheet guna of vitiated vata respectively. So the pain and the spasticity along with heaviness were reduced. Thus combined effect of the therapy gave significant results in patient. Previously she was unable to walk without support. After treatment for about one and half month she could walk without support.
KEYWORDS: Kasheruka, Merudand, Vaatnaadya, Asthi dhtvagni, Karma vaikalya, Dhatukshay.

INTRODUCTION

Spinal cord compression occurs when a mass places pressure on anywhere along the cord due to bone fragments from a vertebral fracture or a tumor or an abscess or ruptured intervertebral disc. It is regarded as a medical emergency, independent of its cause and requires swift diagnosis and treatment to prevent long term disability due to irreversible spinal cord injury. The symptoms included are backache, dermatome, paralysis and decreased sensation below the level of compression.

A bundle of nerves extends downwards from the bottom of the spinal cord, through the lower back bones and over the bones at base of spine. This bundle is called the Cauda Equine, which means horse’s tail in Latin, because that is what the bundle looks like. Cauda Equina may be compressed by a ruptured or herniated disk or a tumor or an abscess. It may be damaged by an injury or swell because it becomes inflammed and the symptoms are called as Cauda Equina Syndrome. The symptoms are pain in lower back and sensation & muscle control impairment.

Pain is felt in the lower back, but sensation is reduced in the buttocks, genital area, bladder and rectum – the area of the body that would touch the saddle. Thus this condition is called saddle anesthesia which is present in this syndrome.

CASE HISTORY

Patients name- ABC
Age/sex - 52 years/F
Address – Sion
Profession – Household work (Farming done previously for 15-20 years)

Present Complaints – Duration
1. B/L lower limb weakness
2. Couldn’t get up from the bed 5 months
3. Couldn’t stand on her own
4. Couldn’t walk without support, not even with a walker – 5 months
5. Backache
6. Tingling numbness over limbs 10-12 months

**History of present illness**
Patient was suffering from the above symptoms since last 10 months. She had a history of fall then. She was on multiple NSAIDS & taken steroids, but was not relieved from pain.

**MRI of the patient**
1. There is a posterior bulge at L4-L5 level compressing nerve roots causing Cord Compression.
2. Indicating Cauda Equina syndrome with the mentioned deformities.

**DISCUSSION**
It was observed that the patient mostly had bilateral lower limb weakness along with tingling numbness over the limbs. The subject was not able to walk, stand and get up from bed on its own. The also causative factor here, is that the trauma she had, 10 months ago and a continuous heavy work lifting which she had done for years.

**Patho-physiology according to Ayurveda**
Cord Compression – Spinal cord that is Merudand goes from the space present in cervical, thoracic and lumbar vertebrae that is Kasheruka. And at each Kasheruka Sandhi, Vaatnadya runs from the bilaterals and then they provide nerve supply to that particular organ. The functions of these particular organs depend upon this nerve supply.

This spinal cord for its proper functioning needs proper space in between. Any reason making space reduction here will cause pressure over the nerves going in between. Due to lack of space in between the Kasheruka and spinal cord, the friction causes the inflammatory changes (Saurambha) creating Shoth, daah, shool and karmagrah and their work gets hampered. Hence the oedema develops and the organs supplied by those nerves also get hampered thus producing Shoth, Chimchimayan, Karma Vaikalya. (Sthanik Sampapti).

Cauda Equina syndrome – In this, the fibres of the spinal cord come out of it abnormally. In this patient also, the pathology was acquired due to her posterior bulge.
In both these conditions there is anatomical defect. This causes obstruction for the normal passage of spinal cord and nerves. Due to space reduction in both of these structures there is inflammatory changes due to friction. Again due to inflammation, these spinal nerves also get irritated and inflamed.

Sthanik dhatu for spine includes Asthi, Majja, Snayu and Kandara which are responsible for a good posture along with the normal nerve conduction. The hetus are responsible for increment in the Ruksha and Khara guna of Vata which causes “Vata prakop”.

The vata prakop along with the sthanik dhatu kshay here caused the anatomical deformity that is Kasheruka Rachanatmak Vikruti. Therefore due its anatomical defect here, the spinal nerves got compressed and that created Shoth along the Vaatnadi.

**EFFECT OF THERAPY**

Cord compression and Cauda Equina syndrome are both anatomical deformities so the surgical treatment becomes the prime treatment. The patient was suggested the same. But the patient was not ready for the surgery so just to give symptomatic treatment, the treatment was started.

In Charak Samhita, the treatment for Asthi and Majjagat vyadhish Panchatikta Kshir basti is recommend. During initial stage of treatment, it was thought that this Avarodhatmak Shoth is the result of Dhatukshay and that may be less. So to correct the Shesh dosh, Dhatu vardhan is required. The patient was given the Panchatikta Kshir Basti, that is Bruhan basti for 8 days. The complaints like heaviness over the limbs along with the body and numbness increased. Thus the symptoms were indicating towards Samata Lakshanas. In samata, the pain and heaviness on movements increases and in niramata vice versa. Here the samata lakshanas got increased so the treatment to be given should not only act on the Samata but also on the Asthi Dhatvagni. Panchatikta Niruha basti is Shodhan, Pachan and Deepan. It is hyperosmolar in nature. So it removes the vitiated doshas along with it thereby reducing the oedema, that oedema which is present around the tissues of vertebral column.
Panchatikta niruha basti contains Panchatikta (Kantakari, Guduchi, Patol, Vasa, Nimba) along with Sahachar tail with Madhu and Saindhav. The Kaal basti (one cycle) was given to the patient.

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<tr>
<th>Dravya</th>
<th>Mode of action</th>
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<td>Panchtikta siddha Kashay (300 ml)</td>
<td>Tikta ras causes reduction in the inflammation of Asthi and Majja Avaran (tikta ras is best for asthi and Majja dhatvagni) So the Shoth ultimately gets reduced. In turn the spinal nerve compression gets reduced. So the symptoms developing due to them gets reduced like shool, chimchimayan so the organs getting nerve supply from them also gets improved.</td>
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<tr>
<td>Sahachar taila (30 ml)</td>
<td>Vaat treatment includes “Na Ati Snigdha Na Ati Ruksha” conditions. So the sneh is required though it is a niruh Basti.</td>
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<td>Madhu (15 ml)</td>
<td>Phosphorous, Potassium, Magnesium is required for normal bones. Also the Anupravan bhav of the madh helps in rapid action of basti.</td>
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<tr>
<td>Saindhav (5gm)</td>
<td>Sookshma Strotogami</td>
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So in turn the Asthi Dhatvagni must act on the Poshakansha coming from the Med dhatu and the Poshana of ascending dhatus will be appropriate. So here the dravyas selected were Pancha Tikta. The Panchatikta after removing Sarambha, it helps in Asthi and Majja dhatvagni vardhan.

The local snehan treatment is also required as there was spasticity developed due to Sira Kandara Kathinya. Patra Pinda Swedan is a type of Snigdha swed containing Eranda, Nirgundi, Arka Patra along with Saindhav, Eranda sneh and Nimbu swaras. The leaves are to be heated along with sneh and then pottali is to be made with cotton material. The swedan was given from Kati to Ubhaypada.

Here due to Dhatuk shayatmak vaatprakop (ruksha and khara guna) Snehan Chikitsa is required. Patra Pinda Swedan is Snigdha and Ushna in nature. So it reduces the Sheet, ruksha and Khara guna and causes Vata Shaman. Maansagat Stambha is also reduced and after 15-20 days of Patra Pinda Swedan the Sira Kandara Kathinya also decreased.
CONCLUSION

The cord compression syndrome though may need surgical interventions for its complete correction but Ayurvedic Therapy at times proves beneficial in symptomatic relief, as in this case.

The pre and post symptoms and their improvement is as follows.

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<th>PRE</th>
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<td>1. Patient was not able to get up from the bed and stand on her own</td>
<td>1. Patient could get up and stand on her own with little support.</td>
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<td>2. Patient was not able to walk with support also</td>
<td>2. Patient could walk with walker.</td>
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<td>3. Patient had heaviness over bilateral Limbs and her SLR was Rt – 45, Lt - 45, Bilateral – 45 painful</td>
<td>3. Patients heaviness reduced and her SLR improved Rt – 80, Lt – 80, Bilateral – 80 mild painful</td>
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REFERENCES