



**To study efficacy of Ayurvedic Shodhan and Shaman Chikitsa in the  
management of Shosh- case study.**

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**ABSTRACT:**

*Shoash* is one of the major diseases in which there is involvement of all *Dhatus* and *Strotas*. *Shosh* is the synonym of *Rajyakshma*.<sup>[1]</sup> It is a major public health problem in India. Due to the Changes in Dietetic habits, Population Explosion, Under Nutrition, and Lack of Awareness about cause of disease. In modern era *Shosha* is considering as tuberculosis. In 2005 there were 8.8 million new patients with tuberculosis all over the world, and of these, 7.4 million were in Asia and sub Saharan Africa. The Involvement of the spine reportedly occurs in less than 1-2% of patients who contract TB.<sup>[2]</sup> The male to female ratio is reportedly 1.5-2.1.<sup>[3]</sup> Here an effort was made to treat the male patient of age 46 year old using multiple *Ayurvedic* treatment. **Aim and objective:** To study efficacy of *Ayurvedic Shodhan* and *Shaman Chikitsa* in the management of *Shosh Vyadhi*. **Material and Method:** The patients

were selected from the OPD and IPD of concern institution **Result:** At the end of 3 month of treatment resulted in the improvement of overall symptoms. **Conclusion:** The case report shows that combine *Ayurvedic Chikitsa* is potent and safe effective in the treatment.

**KEYWORD:**

*Shosh*, Potts spine, *Shaman*, *Shodhan Chikitsa*.

**INTRODUCTION:**

*Rajyakshma* is a *Madhyama Rogamarga Vyadhi*. In *Atharvaveda*, a wide description about the disease covering its synonyms, aetiology, types and management has been found. When *Agni* is in its proper form, it leads to proper formation of *Dhatus*. But when there is obstruction in the *Strotas*, it leads to depletion of *Dhatus* specially *Rakta*. This result in diminution of *Dhatvagni* and

all these together lead to *Rajayakshma*.<sup>[4]</sup> According to *Chakrapani* this obstruction in the *Strotamsi* is due to *Dosha*. *Dosha* is responsible for the manifestation of disease. The manifestation of *Rajayakshma* by *Kshaya* takes place by two different pathways according to the direction in which depletion of *Dhatus* takes place. It is worse effect not only in patient but also in patient's family, also before planning the treatment it is very necessary to understand the involvement of causes in the diseases and process of pathogenesis. *Ayurved* has potency to treatment in acute disease as well as chronic infected disease.

## AIM & OBJECTIVE

To study the efficacy of *Ayurvedic Shodhan* and *Shaman Chikitsa* in the management of *Shosh Vyadhi*.

## MATERIAL /METHOD

### CASE REPORT:

- Patient Name: - xyz
- Age:-46y
- Sex:-Male
- IPD:-534
- OPD:-3845
- Occupation: - Tea Stall

### PRADHAN VEDANA VISHESH (CHIEF COMPLAINT):

- *Ubhaya Pada Shethilya*
- *Dorbalya*
- *Ubhaya Pada Shula*
- Unable to Seat and Walk

- *MalavaShambha*
- Slightly Prominence in Back region
- Wight loss, Fever

### VARTAMAN VYADHIVRITTA (HISTORY OF PRESENT ILLNESS):

A male patient of 46 yrs old came with complaints of difficulty in walking with and without support, Tingling sensation and Numbness in both lower extremities, weakness. On asking about the course of illness patient narrated that 4 month back he had Fever, weakness, Pain in back region for that he took treatment from Private hospital *Bhandara*. In Spite of that Patient was apparently all right before 3 month he developed general weakness, fever, back Pain and vomiting. After that he had went to government hospital Nagpur and after X ray and MRI investigation it was found that the is Spine infected. And was diagnosed with Potts Spine for that he was taking TAB. AKT -9 1 OD. Before 1 Month he suddenly developed tingling sensation & Numbness in both lower extremities, difficulty in walking with and without support. Hence for the above complaints he is admitted in our hospital

### PURVAVYADHIVRITTA (HISTORY OF PAST ILLNESS):

- H/o DM.....since 7 year
- H/o Urosepsis, UTI.....before 3 month
- H/Potts Spine.....4 Month
- No H/o Any Surgical Illness, blood transfusion

### MEDICAL HISTORY:

- Anti –TB Schedule-9(ATK).....1 Month
- Tab. Oflox 1 BD
- Tab. Arthodare 1 OD 8 Days
- Tab. Tryptomez 1OD

### KULAJVRITTA (FAMILY HISTORY)

- *Matru Kula:* - *Swasth*
- *Pitru Kula:*-Death (death due to heart attack)
- *Swakula:*-3 child *Swasth*

### GENERAL EXAMINATION (SAMANYA PARIKSHAN):

- *Nadi:* 72/m
- *Bala:* *Hin*
- *Shashan:* 18//m
- *Prakruti:* *Doshja:* *VataKaphaj*
- *Manas:* *Rajasik*
- *Dehushma:* *Samtishano*
- *jwar:* 98.6<sup>0</sup>F **SAM**
- *Koshta:* *Krura*
- *Agni:* *Manda*
- *Nidra:* 5 hrly (*Khandit nidra*)
- *Rupa:* *Karsha*
- *Cheshta:* *Alpa*
- *Nakha:*-*Shewtabha*
- *Dehbhar:*
- *Rogpurva:* 60Kg
- *Rogavastha:* 52Kg

(Within four month patient reduce his weight 8 kg)

### S/E:

- RS = Chest Clear, AE=BE
- CVS= S<sub>1</sub>S<sub>2</sub> Normal

- CNS=Conscious, Oriented
- P/A – Soft, Non tender, Bowel Sound is Present

### VERTIBRAL EXAMINATION:-

**Inspection:** - Kyphosis is seen, prominence seen at T8-T9 vertebra, No any scar surgical scar, suture marked seen.

**Palpation:**-Spinal Processes-Tubercle T8-T9

Para spinal region- no any tubercle injury.

### Movement:-

- Cervical –flexion-90<sup>0</sup>
- Extension-50
- Cervical rotation-80
- Lateral flexion-45
- Lumber-Flexion, Extension- unable (patient can't stand)
- Thoracic- Present
- Reflexes: - **DTR**

	BJ	TJ	SJ	KJ	AJ	PR
Upper Limb	++	++	++			
Lower Limb				+++	+++	++

Muscles power grade: - **MPG**

	Upper Limb	Lower Limb
Right	5/5	5/5
Left	0/5	3/5

**ASHTAVIDHA PARIKSHA:**

- *NADI*: 70/m
- *MUTRA*: 3to4 times /day; 2 time at night
- *JIVHA*: *Sama*
- *SHABDA*: *Spasta*
- *SPARSHA*: *Samtishno*
- *DRUK*: *Spasta*
- *AAKRITI*: *Krusha*

**DASHAVIDHA PARIKSHAN**

1. *Dooshyam*: *Majja Dhatu and Vata*
2. *Desham*(Examination of the surroundings): *Sadharan Desha* (Common Region).

**STROTAS PARIKSHAN:**

3. *Balam*(Examination of strength): *Kshaya*
4. *Kalam*(Examination of season): *Grishma*
5. *Agni* : *Mandagni* (which causes loss of Appetite),
6. *Prakriti* : *Vata Prakriti*.
7. *Vayas*(Examination of Age): *Madhyam Avastha*
8. *Satwam* (Examination of Mental Power): *Tamasik*
9. *Satma* : *Asatma*
10. *Strotas* *Dushti*(Systemic Involvement): Generally *Rasavaha, Majjavaha, Medovaha, Asthivaha Strotas Dushti*(affect) found.

Sr. No.	Strotas	Vrudhi	Kshaya	Dushati lakshana
1	<i>Pranvaha Strotas</i>	-		<i>Avishesh</i>
2	<i>Anavaha Strotas</i>	-		<i>Avishesh</i>
3	<i>Udakvaha Strotas</i>	-		<i>Avishesh</i>
4	<i>Rasvaha Strotas</i>	-	<i>Rukshata ,Shosh</i>	<i>Angmard,panduta, Krushangata, valay</i>
5	<i>Rakatvaha Strotas</i>	-		<i>Avishesh</i>
6	<i>Masavaha Strotas</i>	-	<i>Aksha,gad,Ganda, Spikashushkata, Sandhivedana</i>	<i>Avishesha</i>
7	<i>Medovaha Strotas</i>	-	<i>Krushangata</i>	<i>Asthishula</i>
8	<i>Asthivaha strotas</i>	-	<i>Asthitoda</i>	<i>Asthishula</i>
9	<i>Majjavaha Strotas</i>	-	<i>Asthaya, , Soshirya</i>	<i>Sandhishul, ubhaya Pad Shethilya, Kriyahani</i>
10	<i>Shukravaha Strotas</i>	-		<i>Avishesh</i>

## AHAR -VIHAR:-

Ahara:-

	Time	Praman
Ushapan	6.00Am	1 glass
Tea	6:15Am	Without Milk 3to 4 time a day
Breakfast	8:30Am	Upama ,Pohe,two chapati
Lunch	1-2Pm	3chapati,1 katori chaval,1 katori sabji,1 katori varan
Dinner	9-10Pm	3chapati,1 katori chaval,1 katori sabji,1 katori varan
Nishapan	9:30Pm	1 glass

- Vihar:-
- Vavsay:- Shramjivi (Hard Work) Tea Stole
- (Heavy exertion; 3 Kilo meter walking daily, Gas Cylinder lift)
- Margkraman:-Daly 4 Kilo meter
- Vyayama:-Morning walk (4to 5 Kilo meter)
- Nidra:-4to 5 hr (khandit)
- Divaswap: - Absent
- Vyasan:-Bear 2to 3 times per weekly.....10 years

Tobacco chewing.....2 to 3 years

## INVESTIGATION:-

X-ray:- Infective Spondylosis: T8-T9

Osteoporosis with Spondylosis

MRI: - Circumferential diffuse disc bulge with bilateral neuron foramina compromise. There is loss of Cervical lords is with reduce height seen at C5-C6 intervertebral level. There is indentation space seen at C5-C6, C6-C7 level.

Pathology report: - Hb:-9.8gm/dl; WBC:-12.7; Neutrofil-8.8; ESR:-60

## CRITERIA OF ASSESSMENT:-

Sr. no	Symptoms	Grade 0	Grade1	Grade2	Grade3
1	Hast paad tal daah/ Chimchimayan	Absent	Occasional	Persistent but bearable Persistent but bearable	Persistent non bearable requires medicine
2	Fever	Absent	Jwara lakshana,	Jwara lakshana, Temperature upto	Jwara lakshana, Temperature

			without rise in temperature	100 <sup>0</sup> F	>101 <sup>0</sup> F
3	<i>Ubhay pad vedana</i>	Absent	Mild	Moderate	Sever
4	<i>Apaka</i>	No indigestion	Heavy foods not digested properly	Delayed digestion of lighter foods	Impaired digestion of even lighter foods
5	Gait /stance	Walk without support	Can walk with support	Able to stand, but not walk	Unable to stand
6	Voluntary movement	Above shoulder	Up to chest wall	Up to umbilicus	Unable to lift
	Upper limb				
	Voluntary movement	Above knee	Midway bet kneed ankle	Up to ankle	Unable to lift
	Low limb				

#### TREATMENT GIVEN:



<i>Shaman Chikitsa</i>		<i>Shodhan Chikitsa</i>	
1	<i>Suvarna makardhvaj 1BD</i>	1	<i>Swedan- udar,katti</i>
2	<i>Bruhatkasturi Ras 1BD</i>	2	Basti karma:-Morning-N; Evening-Anuvasan Anuvasan: Tila tail 80 ml Niruha: Madhu 80 gm; Sendhava 20 gm; Shatpushpa 50 gm; Tila tail 80 ml; Panchatikta Shira 400 ml
3	<i>Arogyavardhini vatti 2 BD</i>	3	<i>Katti Basti: Chandanbalalakshadi Tail</i>
4	<i>Trifala guggulu 2BD</i>	4	<i>Lepa: Kottambhmuchadi Churna + Rasnadi Churna</i>
5	<i>Mahasudarshan Kashaya 1/2 kapaTDS</i>	5	Tab ATK
6	<i>Lavanbhaskar Churna 2 gm BD</i>		

After two Months: =*Snehan Swedan Sarvang*

*Pushtavansh basti(chandanbalalakshadi) Anuvasan Til tail80ml*

#### OBSERVATION AND RESULT:

Sr. No.	Symptoms	B.T	AT (1 month)	AT(2 month)	AT (3 month)
1	<i>Hast paad tal daah/ Chimchimayan</i>	3	1	1	1
2	Fever	1	0	0	0
3	<i>Ubhay pad vedana</i>	Moderate	Mild	Mild	Absent
4	<i>Apaka</i>	Heavy foods not digested properly	No indigestion	No indigestion	No indigestion
5	Gait /stance	Unable to stand	Can walk with support	Can walk with support	Walk without support
6	Voluntary movement	Up to chest wall	Above shoulder	Above shoulder	Above shoulder
	Upper limb(Left)				
	Voluntary movement	Unable to lift	Up to ankle	Midway bet kneed ankle	Above knee
	Lowe limb(Left)				

#### DISCUSSION

*Hetu: Margkraman, heavy exerstion, Vyayam, Nidra, Vyasan*

*Poorvaroopa: Ubhaya Pada chimchimayan, Sarvang Sandhi Shula.Dorbaly*

*Roopa: Ubhaya Pada Shethilya ,Skashta Aasan, Dorbalya*

*Samprapati: [5]*

*Vata Prakopaka Aahar Vihar and kaal (Vardhakya),*

↓  
Vitiatio of vata

↓  
Causes Asthikshaya And Diminuitation Sandhistha Sheleshaka kapha Prakruti

↓  
*Asthishaya, Asthisoshirya, Asthishula*

Causes Symptoms of pain, Tingling Sensation, Unable to walk and Stand.



## CONCLUSION:

Spine tuberculosis can mimic other diseases. Because back pain is most common and sometime only presenting symptoms misdiagnosis is fairly common. Early diagnosis is very important in the treatment disease like *Shosh*. The case report shows that combine *Ayurvedic Chikitsa* is potent and safe effective in the treatment. There was no adverse effect found in combined *Ayurvedic Chikitsa*. The treatments were found reducing the signs and symptoms of the disease.

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