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# An effective management of collapse compression fracture through Panchakarma - A Case Study

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## ABSTRACT

**Introduction:** A Female patient aged 76 years approached our hospital with severe low back pain, inability to sit or stand since 2 weeks. There was no history of injury. On further examination and investigations, it was diagnosed as collapse compression fracture of D12 vertebral body. **Materials and Methods:** A set of treatment protocols including *Vasa Prusta Basti*, *Majja Matra Bastis* were advocated for a period of 60 days. Along with that internal medications like *Gandha Taila* was given continuously. **Results:** The patient started sitting with support in 15 days, without support in 25 days and started standing in 40 days, walking with support in 50 days. Pain in the lowback also relieved and patient got capable of doing her routine activities independently. **Discussion:** In old age, fractures are difficult to treat. This case study suggest that fracture treatment especially in cases where rest is mainly advised in contemporary medicine, our system of medicine makes the process of healing faster.

**Key words:** Compression Fracture, Vasa Basti, Majja Basti.

## INTRODUCTION

A compression fracture is collapse of vertebrae which may be due to trauma or due to weakening of the vertebra. This weakening is seen in patients with osteoporosis or osteogenesis imperfecta, infection or lytic lesions from metastatic or primary tumors. Acute fractures will cause severe back pain. Compression fractures which develop gradually, such as in osteoporosis, may initially not cause any symptoms, but will later often lead to back pain and loss of height. Incidence is about 75000 people annually. The

occurrence of this condition steadily increases as people age, with an estimated 40% of women age 80 and older affected, 25% of all post menopausal women are said to be affected by this.<sup>[1]</sup> In people with severe osteoporosis, a VCF may be caused by simple daily activities such as stepping out of shower, sneezing forcefully or lifting a light object.<sup>[2]</sup> In contemporary medicine back braces, bed rest and NSAIDs are the main non invasive line of treatment adopted and generally take about 3 months to heal. The surgical interventions are generally not affordable for economically unstable patients and are associated with risk factors like bone cement leakage, paralysis, pulmonary embolism, allergic reactions.

In Ayurveda, *Bhagna Chikitsa* (fracture management) is elaborately explained and this science has a major role to play to reduce the time taken for the fracture to heal and improve the bone and general health of the patient. Taking into account the basic principles of *Bhagna Chikitsa* and *Samanyam Vriddhikaranam*<sup>[3]</sup> - tissues get nourished by factors having similar qualities, an attempt is being made here to treat collapse compression fracture of vertebra.

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**OBJECTIVE OF THE STUDY**

To understand treatment of vertebral compression fracture through *Panchakarma* procedures.

**CASE REPORT**

A 77 year old female patient approached the Panchakarma OPD of Government Ayurveda Medical College, Bengaluru complaining of low back pain, unable to sit, stand or turn from supine to lateral position in bed since 1 month. On detailed history taking following details were noted.

The patient was apparently normal one month ago, one day she bent down and picked up an object from beneath the table, she experienced catchy type of pain and gradually that pain increased, which made the patient bedridden. Took some analgesics without medical advice and found no improvement. Patient is also a known case of Hypertension on Amlodipine 5 mg BD since 8 years.

Patient was admitted in our hospital and was suggested for MRI- LS spine which revealed Collapse compression fracture of D12 vertebrae. Patient was suggested to undergo surgery when referred to higher centres, but patient refused surgery and undertook treatment from our hospital.

On examination of Spine - Normal curvature of spine lost.

Lumbar kyphosis noted.

Doorbell sign - Positive over lumbar and coccygeal region.

SLR - Positive, b/l positive at 5°.

**MATERIALS AND METHODS****Materials**

1. *Godhumadi Upanaha* - *Godhuma* 200g, *Yavachurna* 100g, *Rasna Choorna* 50g, *Kottamchukkadi Choorna* 20g, *Saindhava Lavana* 10g, *Kottamchukkadi Taila* 10ml and Vinegar - Quantity sufficient.
2. *Sandhan Lepa Choorna* (Jark pharma) + *Arjuna Choorna* + egg white - for *Lepa*

3. *Vasa* of goat for *Prusta Basti*
4. *Majja* collected from goat bone, heated and used for *Matra Basti* - 15 ml daily
5. *Gandha Taila* for *Pratimarsha* (Kottakkal)
6. *Chitrakadi Vati* (Aushadi pharmacy - government supply)
7. *Ashwagandha Choorna* (Aushadi pharmacy - government supply)
8. Cap. *Gandha Taila* ( Kottakkal)

**Treatment adopted**

SN	Treatment	Duration	Date
1.	Complete bed rest.	2 months	21.05.2019 - 21.07.2019
2.	<i>Godhumadi Upanaha Bandhana</i> to lower back	7 days	21.05.2019 - 27.05.2109
3.	<i>Sandhaniya Lepa Choorna</i> + <i>Arjuna Choorna</i> + egg white - for <i>Lepa</i>	53 Days	28.05.2019 - 21.07.2019
4.	<i>Vasa Prusta Basti</i>	30 days	28.05.2019 - 27.06.2019
5.	<i>Majja Matra Basti</i> - 1 <sup>st</sup> course	11 days	06.06.2019 - 16.06.2019
6.	<i>Gandha Taila Pratimarsha</i>	30 days	28.05.2019 - 27.06.2019
7.	<i>Majja Matra Basti</i> - 2 <sup>nd</sup> course	11 days	28.06.2019 - 08.07.2019

**Internally**

1. *Chitrakadi Vati* 1-1-1 before food for 4 days.
2. *Ashwagandha Choorna* 5g-0-5g after food for 2 months.
3. Cap. *Gandha Taila* 1-0-1 after food for 2 months.

**Assessment criteria**

1. VAS score for pain

## 2. Straight leg raise test

**OBSERVATION AND RESULTS****Table 1: Showing the Visual Analog Scale scoring for pain as treatment progressed**

Day	VAS score for pain
1	10
15	8
30	5
45	5
60	4

**Table 2: Showing the Straight Leg Raise test results as treatment progressed.**

Day	SLR Test
1	5
15	5
30	10
45	15
60	30

Patient was bedridden, not able to turn or sit even with support while approaching our OPD. Initially *Godhumadi Upanaha* (poultice) was done for 7 days after which, pain and stiffness reduced, but on 6<sup>th</sup> and 7<sup>th</sup> day of treatment the pain again got aggravated. Thus *Sneha Chikitsa* (unctuous treatment) was adopted as next stage of *Chikitsa*. *Vasa* (animal fat) *Prushtha Basti* was done for 30 days continuously. *Lepa* made of *Sandhaniya Lepa Choorna*, *Arjuna Choorna* and egg white was done every day for 2 months. *Majja* (bone marrow) was collected from inside the bones of goat, it was melted and filtered and administered 15 ml daily. Retention was about 30 minutes initially and it improved to 9 hours and more gradually. On 15<sup>th</sup> day of starting treatment the

patient started to sit with support. Patient could sit without support in 25 days and started standing in 40 days, walking with support in 50 days. Second course of *Matra Basti* was started after completion of *Vasa Prusta Basti*. Gradually pain in the lowback also relieved and patient got capable of doing her routine activities independently.

MRI imaging was done before and after 2 months treatment course which had the following findings;

**MRI done before treatment (on 21.05.2019 ) shows,**

- Collapse compression fracture of D12 vertebral body
- Multilevel lumbar intervertebral disc bulges
- Ligamentum flavum hypertrophy noted at L2 to S1 levels.

**MRI done after treatment (on 17.07.2019) shows,**

- Old wedge compression fracture of D12 vertebra.
- Multilevel lumbar intervertebral disc bulges.
- No significant ligamentum flavum hypertrophy.

**DISCUSSION**

*Godhumadi Upanaha* was adopted first to relieve the *Avarana Lakshanas*. Thus pain reduced in initial days but got aggravated after the *Avarana* got removed. Next line of treatment adopted was *Kevala Vatahara Sneha Chikitsa* as the *Avarana* has been removed and also the age factor suggests the need of *Sneha*. *Vasa* is specially indicated in *Sandhi* and *Asthi Ruja* (pain), hence here *Prusta Basti* with *Vasa* was planned. Oral medication *Chitrakadi Vati* was given for four days which improved the *Agni* (digestive fire). Later on *Aswagandha Choorna* as *Ksheerapaka*, *Gandha Taila Pratimarsha* and *Gandha Taila* capsules were started. *Gandha Taila* as mentioned in *Ashtanga Hridaya*,<sup>[4]</sup> *Bhagna Pratisheda Adhyaya* helps in improving bone mass and strength. With the principle of *Samanyam Vriddhikaranam*, similar attributes increases similar *Dhatus* (tissues) in the body, *Majja Matra Basti* was planned. *Sneha Dravyas* generally helps in decreasing *Vata* and is nourishing in nature. *Majja* and *Vasa* are *Sreshtha Vataharas* among the four *Pravara Sneha*<sup>[5]</sup>

and *Basti* is the main treatment for *Vata*. Thus *Majja Basti* is beneficial in this case. Though very significant changes are not seen in MRI except for ligamentum flavum hypertrophy, there was significant reduction in pain and other subjective parameters. Not only *Abhyantara*, but *Bahya Snehas* are equally important in treating *Vata Vyadhis* and to give symptomatic relief.

### CONCLUSION

In this case the combined *Panchakarma* treatment procedures were effective enough to produce desired changes in 2 months, whereas contemporary system takes around 3 months for the same improvement. Compared to *Taila*, *Vasa Prusta Basti* seems to be more beneficial in such conditions. Systemic administration of *Majja* through *Basti* helps in faster healing of fracture pathology. This study may be done with larger sample size to make it more acceptable.

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