

Management of *Khanja* through *Panchakarma* and *Ayurvedic* interventions – a case report

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Abstract

Background -*Khanja* is a disease described in our Ayurvedic texts. It's a *Vata*-dominant disease, one of the 80 *Vata* diseases described in *charak Samhita*. this case shows a similar context that is described in our text, symptoms of the patients match the description of *khanja*. The treatment given to the patient gave us some excellent results, the patient got relief from her symptoms in almost 2 months. Before the treatment patient was having symptoms of *khanja* which started as lower back pain but got worse after 6 months. Panchakarma treatment with *Snehana*, *Patrapinda Sweda*, *Niruha Basti*, *And Matra Basti* played an important role in patients' relief. **Methods** – it's a single case study. A 59-year-old female patient complained of pain in her lower back and one lower limb and came to OPD for treatment. The patient was diagnosed as *khanja* according to symptoms. the patient was treated with panchakarma chikitsa and shaman chikitsa for 2 months. The patient showed improvement in her symptoms after 20-30 days. **Results** – after two months, the assessment was done. The patient showed excellent improvement and was happy with the treatment. **Conclusion** – This case report provides a guideline that *khanja* can be treated by adopting ayurvedic panchakarma treatment.

Keywords – *khanja*, *pangu*, *vata vyadhi*, *Basti*, *anuvrasna basti*

CASE REPORT

Introduction:

When *Vata dosha* in *Kati Pradesh* gets vitiated and moves towards one of the lower limbs making that person halt while walking that condition is described as *khanja* in Ayurvedic texts. If that vitiated *Vata* from *kati Pradesh* moves towards both lower limbs that condition is known as *Pangu* [1].

Vitiated *Vata* gets situated in *Kati pradesha* and makes *sira Kandara,snayu, and Nadi* of one limb *akshipta (chalayamana)* which produces the condition of *Khanja* [2].

While starting to walk, if a person's leg starts to shake and he walks with halting, that condition is known as *kalaykhanja*. it's said that the bond between the joints gets open in this condition [3].

Due to the consumption of *Ahara* and *Vihara* which leads to decreased *Rasa Adi Dhatu*. That empty space of *Strotasa* is then filled with vitiated *Vata*. Vitiated *Vata* travels to the empty *Strotasa* and gets situated there to produce different *Vyadhis* [4].

Just like the above explanation *Vata* gets situated in an empty *Strotasa* in *Kati* and one of the lower limbs in the condition of *Khanja*. *Khanja* and *Pangu* are two of the eighty primary *Vata* diseases that have been listed [5].

The definition of *Vata* states that its typical purpose is to control the motor and sensory systems[6]. Therefore, an impairment of this function is typically a symptom of *Vata* vitiation, which results in the start of the disease. The two fundamental components of the *Vataprakopa* are *Dhatukshaya* and *Margavarana* [7].

Since the sickness starts at the *Kati*, the spinal cord is where *the Dosha Dushya sammurcchana* can be imagined, and a lesion in the spinal cord for any reason makes it difficult for lower limbs to function normally.

PATIENT INFORMATION - It is a single case study having Demographic details mentioned in table no. 1

Table No. 1: Demographic details of the patient

Sr.no.	Demographic details of patient	information
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1.	Name	Abc
2.	Age	59
3.	Sex	Female
4.	Religion	Hindu
5.	Occupation	Housewife
6.	Economic status	Middle class
7.	Address	Wardha, Maharashtra

CLINICAL PRESENTATION

The chief and associated complaints of the patient are mentioned in Table No. 2

Table No. 2: Complaints of patient

Sr. no.	Complaints	Duration
a.	Chief complaints	
1.	Pain in the lumbar region, radiating to the right lower limb.	12 months
2.	Pain in the right knee joint	12 months
b.	Associated complaints	
	Tingling sensation and numbness in lower limbs	6 months

PROGRESSION OF DISEASE –

The patient was well before, then she started suffering from pain in the lumbar region radiating to the right lower limb, occasionally tingling sensation and numbness with pain in B/L knee joints. So, she approached to our ayurvedic OPD, for further treatment.

HISTORY OF PATIENT –

A detailed history of a patient is as follows –

- Family history: No significant family history was found.
- Past history: H/O – hypertension, ligamentary tear.
- Personal history-
 - *Ahara* (diet)– taste preferred
 - *Vihara* (daily routine)- less active
 - *Koshtha* (bowel movements) – *Krura Koshtha*
 - *Agni* (digestive fire) – *Manda* (decreased)
 - *Nidra* (sleep)– *Samyak* (normal)
 - *Vyasana* (habit)– nil
 - *Artava* (menstruation)– menopause
 - *Vyayam* (exercise) - no

CLINICAL EXAMINATION

- *Ayurvedic* examinations

Ayurvedic examinations of the patient are mentioned in table no. 3

Table No. 3: A) Ashtavidh Parikshana

Sr.no	Heading	Observation
1.	<i>Nadi</i> (pulse)	78/min
2.	<i>Mala</i> (bowel)	<i>Samyaka</i> (normal)
3.	<i>Mootra</i> (micturation)	<i>Samyaka</i> (normal)
4.	<i>Jivha</i> (tongue)	<i>Ishatsams</i> (mildly coated)
5.	<i>Shabda</i> (talk)	<i>Spashta</i> (clear)
6.	<i>Sparsha</i> (temperature)	<i>Anushna</i> (normal)
7.	<i>Druka</i> (vision)	<i>Normal</i>
8.	<i>Akruti</i> (body type)	<i>Sthula</i> (obese)

Table No. 3: B) Vital Examinations

s.no	Head	Observation
1.	Heart rate	76/min
2.	Respiratory rate	19/min
3.	Blood pressure	130/90 mmHg
4.	Temperature	97.5° F
5.	Weight	87 kg
6.	Height	160 cm
7.	BMI	34 (overweight)

Table No. 4: Local examinations specific to the disease

s.no	Examination	
1.	Straight leg rise Test	Right – 55° Left – 75°
2.	Tenderness	++
3.	Crepitation's	++

SAMPRAPTI GHATAK (pathogenesis)-

1. *Dosha* (functional energies) – *Vata Dominant Kapha*
2. *Dushya* (vitiated substance)– *Asthi*(bone), *Rasa* (plasma), *Mamsa* (muscle), *Rakta* (blood) *Kandara* (tendons)
3. *Srotas* (physical or energetic pathways) – *Asthivaha*, *Rasavaha*, *Raktavaha* (*Kandara*), *Mamsavaha*, *Annavaha*, *Purishvaha*
4. *Adhithana* (establishment of vitiated enrgies)- *Kati* (lumber region) *And Sakhti Pradeshhi* (hip region)
5. *Vyaktisthan* (manifestation)- *Kati Te Ubhay Pada Pradesh* (lumber to right lower limb)

MODERN EXAMINATIONS –

- Inspection –

- Auscultation: no abnormality
- Percussion: no abnormality

- Palpation
- I. Skin temperature: Absent
- II. Local tenderness: Present

INVESTIGATIONS –

(fig- 1 & 2)

Diagnosis: *Khanja*

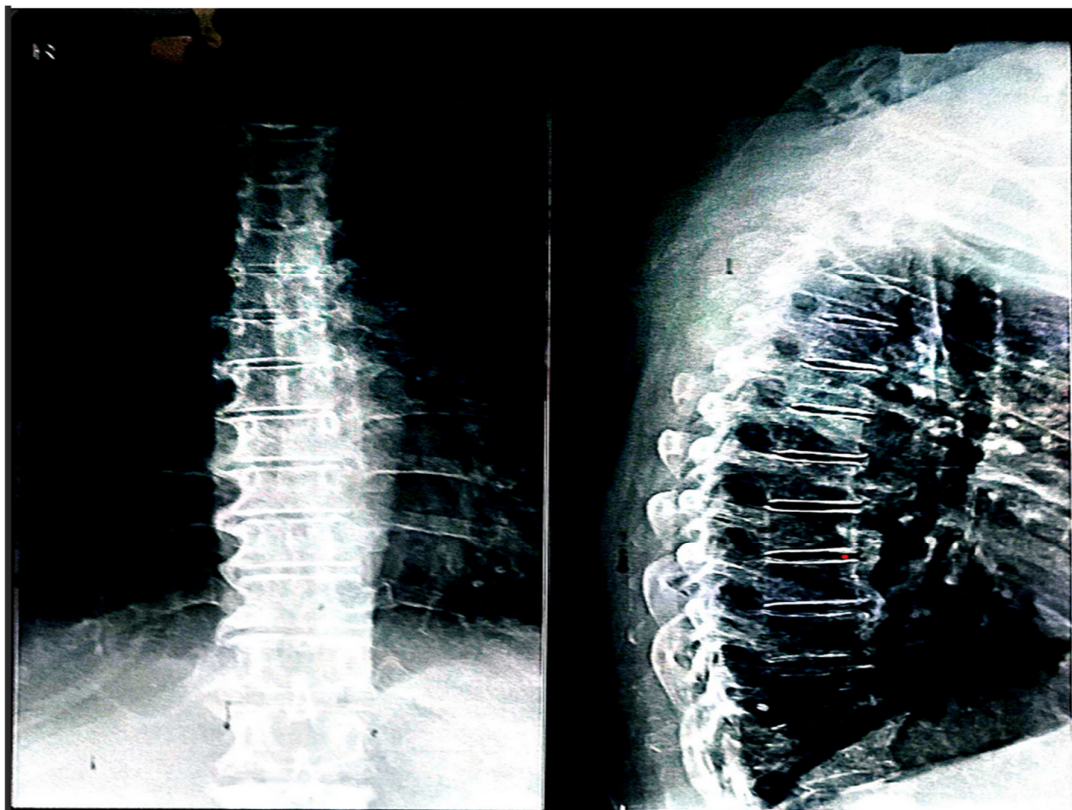


Figure – 1 X-Ray Thoracic Spine AP/LAT View

(Small osteophytosis & narrowed inter- vertebral space is seen in C5& C6 cervical vertebral bodies)

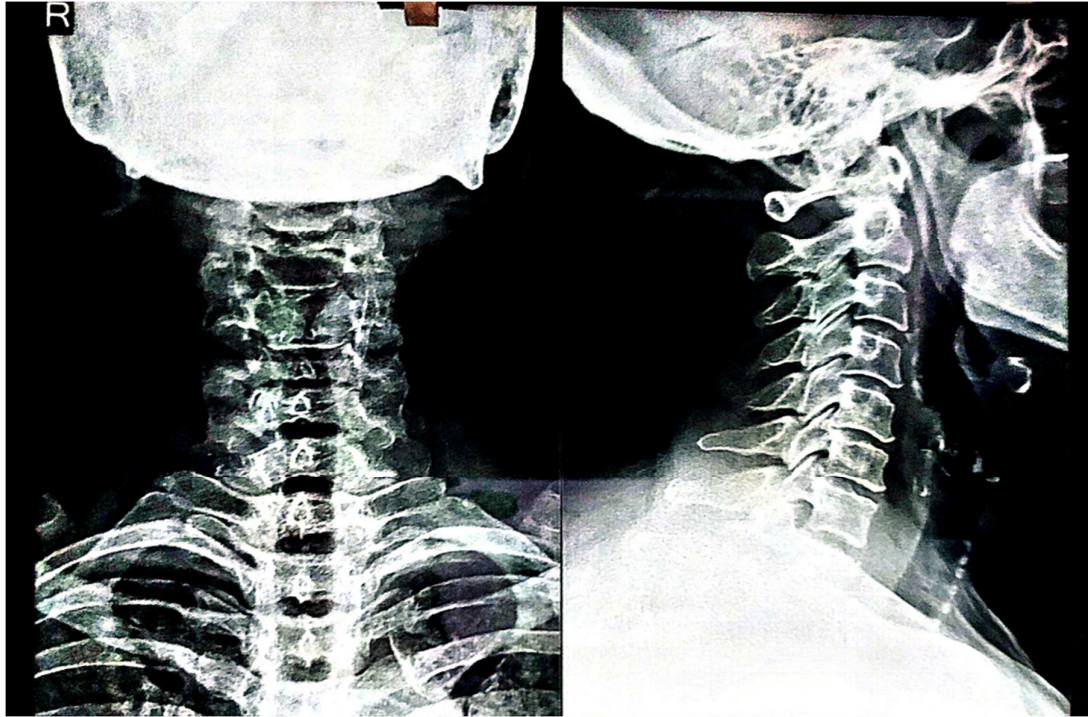
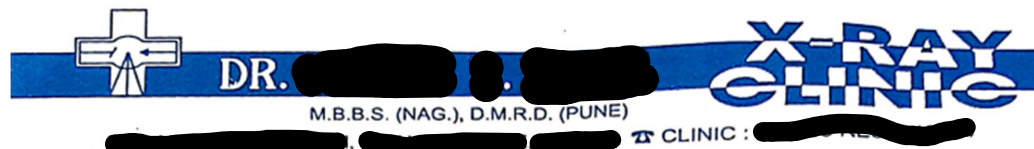


Figure- 2 X-Ray Cervical spine AP/LAT View

(Anterolateral osteophytosis & hyperostosis are seen from lower thoracic vertebral bodies)



Pt's Name : Mrs. [REDACTED]
Ref. by [REDACTED]

X-RAY CERVICAL SPINE A. P. & LAT. VIEWS.

Small osteophytosis & minimally narrowed inter-vertebral space is seen in C5 & C6 cervical vertebral bodies.
Other vertebral bodies & their disc spaces are normal.
Pedicles & processes are intact.
Vertebral alignment is normal.
Bony cervical rib is not seen.

OPINION :

Cervical spondylosis with narrowed C5-C6 disc space.

X-RAY THORACIC SPINE A. P. & LAT. VIEWS.

Large, mainly, antero-lateral kissing osteophytosis & hyperostosis is seen from lower thoracic vertebral bodies.
Their disc spaces are however more or less maintained.
Pedicles & processes are intact.
Vertebral alignment is normal.
Paravertebral soft tissue abnormality is not seen.

OPINION :

? Senile ankylosing hyperostosis.
Their disc spaces are however more or less maintained.

DATE : 10-08-2022.

Figure 3 - Radiological reports

Table No. 5: Type of Panchakarma Chikitsa

s.no	Type of panchakarma Procedure	Drug	Dose	Time of administration	Duration
1.	<i>Snehana</i> (oleation therapy)	<i>Karpooradi oil</i>	As per required	Morning	20 min
2.	<i>Swedana</i> (fomentation therapy)	<i>Nadi sweda</i>		Morning	10 min
3.	<i>Patrapinda sweda</i> (type of fomentation)	<i>Eranda, Nirgundi, Arka, pieces of lemon, Methika, Saindhava Lavana, dashmool Taila</i>		Morning	20 min
4.	<i>Kati Basti</i> (lumber region oil pooling)	<i>Dashmool oil</i>	As per required	Morning	15 min
5.	<i>Janu Basti</i> (knee region oil pooling)	<i>Dashmool oil</i>	As per required	Morning	15 min
6.	<i>Sasneha Niruha Basti</i> (medicated decoction enema)	<i>Guduchi Ashwagandha Triphala Gokshura kwath(800ml) Saindhav 10 gm Honey 50 ml Giduchi curna 10 gm Sahachar oil 50 ml</i>	900 ml	Morning Before food	Started with 3 days of <i>niruha basti</i> then alternated with <i>matra basti</i>

7.	<i>Matra basti</i> (medicated oil enema)	<i>Sahachar oil 25ml</i> <i>Ashwagandha oil 25 ml</i>	50 ml	After food	Alternate <i>matra</i> and <i>niruha basti</i>
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Table No. 6: Ayurvedic Intervention

s.no	Medicine	Dose	Frequency	Time of administration	anupana	Duration
1.	Tab. shallaki xt	1 tab	BD	After food	Water	1 month
2.	Tab ashwagandha	1 tab	BD	After food	Milk	2 months
3.	Syp. Rhumajin	3 tsf	BD	After food	water	2 months

Table No. 7:**Assessment of Subjective Parameters:**

Visual analog scale	Day 0	Day 7	Day 15	Day 30
Radiating pain to the right lower limb	8	7	4	2
Pain in knee joint	6	4	2	2
Subjective parameters for tingling sensation 1)No tingling sensation = 1 2)Mild =2 3)Moderate = 3 4)Severe =4 5)Very Severe=5				
Tingling sensation and numbness in lower limbs	5	3	3	2

s.no	Type of Examination	Day 0	Day 7	Day 15	Day 30
1.	SLR Test	Right – 55 ⁰ Left – 75 ⁰	Right - 60 ⁰ Left – 75 ⁰	Right – 75 ⁰ Left – 85 ⁰	Right- 90 ⁰ Left - 90 ⁰
2.	Tenderness	++	++	+	-
3.	Crepitation's	++	+	+	-

THERAPEUTIC INTERVENTION:

The treatments (*Panchakarma and Ayurvedic Intervention*) are given in Tables 5 and 6, respectively.

THERAPEUTIC OUTCOME: Observations noted are mentioned in the above tables. after successful treatment, the patient slowly showed improvement over the course of treatment and got complete relief from complaints of sciatica like radiating pain from the lumbar to the right lower limb, and tingling sensation over B/L lower limbs after the treatment of 30 days.

DISCUSSION: The Above case gives us an idea about the disease known as *khanja* in *Ayurveda* and its progress with its symptoms in a proper timeline. It gives us an idea about how the symptoms appeared, and how it progressed through time. we can see the manifestation and vitiation of *vata* and can correlate it with the symptoms of *vata vyadhi*. *Shula (pain)* is the main symptom of *vata* and as described in *Khanja Vyadhi vata* gets vitiated and goes to the lumber and one of the lower limb regions which can be seen in our patient.

Patient with low back pain is mostly treated with painkillers and through time it slowly shows side effects and with that, the complaints of the patient worsen. Ayurvedic treatment in other case reports mostly focuses on palliative treatment which shows results but takes more time than usual. With panchakarma and palliative treatment combination we can get more effective and more quick results as seen in our patient.

Symptoms seen in *Khanja* are lower back pain, pain radiating from the lumbar region to either of a lower limb, shooting pain in the leg, etc. Treatment given showed positive results in the

management of the above symptoms. mode of action of planned treatment is described, and explained below -

Mode of action of *panchakarma chikitsa*:

Abhyanga (oil massage)- *Ayurvedic* massage is called *Abhyanga*, Massage in a specific direction improves blood circulation, makes it easier for toxins to be removed from tissues, reduces physical and mental exhaustion, enhances musculoskeletal system performance, gives the body a sense of lightness and freedom from rigidity and weight [8].

Abhyanga with Karpooradi Taila is an *Ayurvedic* treatment that uses coconut oil and *Karpoor* (Camphor) as the primary ingredients. The thick layer of dense nutrients permeates the skin deeply and functions as a lubricant to ease muscle soreness. Additionally, Camphor-*Karpooram* (*C. camphora*) acts as a Topical analgesic, antibacterial, antispasmodic, anti-inflammatory, expectorant, and cold suppression are some of its medical benefits. It is fragrant, and bitter, with actions that are thermogenic, diaphoretic, stimulating, antibacterial, pain-relieving, and anti-inflammatory [9]

Swedana (fomentation therapy) - *Sweda karma* speeds up the *Pakakarma* that leads to *Srotomukhashodhana* (channel cleanser) and abundant *Sweda* production, correcting the function of *Medadhatwagni*(factor for metabolism) and *Bhutagni*. This relieves pain and reduces muscle spasms by causing exudates to move. The portion receives increased circulation from *Swedana* as a result of vascular dilatation. Therefore, performs the roles of *Stambhaghna*(stiffness reliever), *Gourabaghna*(heaviness reliever), *Sitaghna*, and *Prabha Varnakara* (skin brightening)[10].

Patrapinda Sweda - *Patra Pinda Swedana* is generally indicated in *Vata Kaphaja* conditions, owing to the properties of the ingredients used. *Khanja* is a *Vata Pradhana* disease. *Patra Pinda Swedana* being a *Snigdha Sweda* (greasy fomentation) pacifies morbid *Vata*. *Nirgundi Patra Pinda Swedana* owing to the anti-inflammatory action, *Snigdha* and *Ushna Guna*(hot potency) of the materials used subsides the inflammation and pacifies morbid *Vata* and *KaphaDosha* thus reducing pain and stiffness [11].

Niruha Basti (medicated decoction enema) – *Teekshna (sharp)*, *Ushnahot*, *Vyavayi*(diffusing) *Oushadha* used in *Basti* help to drag the vitiated *Doshas* present throughout the body. When a cloth is immersed in water mixed with a dye, the cloth will take the color of dye only from water; like that, the given *Basti* will take out the vitiated *Doshas* from the body. This explains

the specificity of *Basti*. Even though the *Basti* reaches up to *Pakvashaya*(large intestine), the *Veerya*(potency) of *Basti* is transported to all of the body; just like the water poured to the root of the plant reaches the whole plant [12]

Matra Basti (medicated oil enema)- According to modern medical knowledge, the rectum has a rich blood and lymph supply, and drugs can cross the rectal mucosa like any other lipid membrane in the trans-rectal route. As a result of entering general circulation, the *Basti* medicines have an effect on the entire body. *Basti* may have an effect on the neurological system or on gastrointestinal receptors. It may increase local enzyme or neurotransmitter secretion. *Basti* affects the usual bacterial flora, increasing endogenous vitamin B12, vitamin K, and other nutrients [13].

MODE OF ACTION OF AYURVEDIC INTERVENTION:

Tab. *Shallaki Xt* - Tab *Shallaki XT* is indicated in Spondylitis, Gout, and Musculoskeletal disorders. Its main ingredient is *Boswellia serrata*, which is widely used to relieve joint pain, stiffness, and inflammation. The other contents are *Erand Mool* and *Guduchi*, which best relieve inflammation and joint pain, correct autoimmune disorders, and ease inflammation [14].

Tab *Ashwagandha* - The plant extract contains a variety of bioactive substances that have antioxidant, anti-inflammatory, and immunomodulatory properties. Plant extracts and their bioactive components are used to prevent and cure a variety of conditions, such as arthritis, erectile dysfunction, amnesia, anxiety, cancer, and cardiovascular and neurological diseases [15]

Syrup *Rhumajin* - contains shallaki, maharasnadi Gana, tulsi, ashwagandha, nagarmotha, Guduchi, and Triphala trikatu. *Shallaki* According to research studies, *Boswellia Serrata* (*Shallaki*) is a good anti-inflammatory and acts as a pain killer. It is also used to treat osteoarthritis, inflammatory bowel disease, and even asthma problems [16].

CONCLUSION: With *panchakarma* treatment in the case of *khanja* and *Ayurvedic* palliative treatment, we can relieve the complaints of patients more quickly and effectively. Before treatment pain present was intense, after only one setting of *yogbasti* (8 days of enema) we can see that the complaints were reduced significantly. With further treatment, we can presume that

complaints of pain and tingling sensation will diminish. It also reveals that the selected management has a potential effect on curing khanja with the added advantage of being free from side effects.

CONFLICTS OF INTEREST: There is no conflict of interest

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