

## AYURVEDIC MANAGEMENT OF ANKYLOSING SPONDYLITIS – A CASE REPORT

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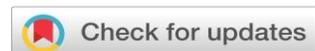
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## ABSTRACT

Ankylosing spondylitis (AS) is a chronic, systemic, inflammatory disease that affects primarily sacroiliac joints and the spine. It is a gradually progressive condition over several years until structural damage manifests clinically as sacroiliitis, loss of spinal mobility, extra-articular symptoms, peripheral arthritis and reduced quality of life. The onset is typically between the ages of 20 to 30, with a male preponderance of about 3:1. Modern science has very limited options to treat Ankylosing spondylitis. So, the necessity of management through *Ayurveda* is very much essential. Various *Panchakarma* procedures and internal *Ayurvedic* medicines have been proved beneficial in the management of Ankylosing spondylitis. The present report deals with a case of 'Ankylosing spondylitis' came to our hospital for *Ayurvedic* treatment. The patient was diagnosed as having '*Asthi-Majja Gata Vata*' according to *Ayurveda* and treated with various *Panchakarma* procedures and internal medicines for 60 days. A criterion of assessment was based on the scoring of 'Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)'. Total two assessments were carried out before and after 60 days of treatment. The patient has shown good improvement on BASDAI (80% relief). Improvement was found in signs and symptoms like fatigue/tiredness, back/hip pain, tenderness and intensity as well as the duration of morning stiffness. *Ayurvedic* treatment seems to be promising in the management of Ankylosing spondylitis without causing any adverse effects.

**Keywords:** Ankylosing spondylitis; *Asthi-Majja Gata Vata*; *Panchakarma*; *Ayurveda*; Bath ankylosing spondylitis disease activity index (BASDAI)

## INTRODUCTION

Ankylosing Spondylitis (AS) is characterized by chronic inflammatory arthritis predominantly affecting the sacroiliac joints and spine, which can progress to the bony fusion of the spine<sup>1</sup>. The onset is typically between the ages of 20 to 30, with a male preponderance of about 3:1<sup>2</sup>. The most common age of onset of symptoms is in the second and third decades of life. The prevalence of AS is generally believed to be between 0.1% and 1.4% globally while in India, around 0.25% population is estimated to be affected<sup>3</sup>. AS is a gradually progressive condition over several years until structural damage manifests clinically as sacroiliitis, loss of spinal mobility, extra-articular symptoms, peripheral arthritis and reduced quality of life. Patients with severe AS have a reduced quality of life, loss of productivity due to work disability and sick leave<sup>4</sup>. Non-steroidal anti-inflammatory drugs (NSAID), corticosteroids and various disease-modifying ant rheumatic drugs (DMARDs) are used to treat/manage AS. However, these treatments are of limited benefit. Corticosteroids are associated with numerous side effects, especially when given systemically over long periods. No effective disease-modifying treatment has been established for AS. AS commences as peripheral arthritis in 47%, low back

pain in 41%, acute anterior uveitis in 10%, and heel pain in 2% of the affected<sup>5</sup>. The cause of AS is multifactorial, as in many of the autoimmune diseases, based on endogenous factors, such as the very strong genetic influences of Human Leukocyte Antigen (HLA-B27) located at chromosome 6 and exogenous factors, such as bacterial infections especially gastrointestinal (with Salmonella, Shigella, Yersinia or Campylobacter) or urogenital (with Chlamydia trachomatis)<sup>6</sup>. Unavailability of treatment not up to the mark in bio-medicine leads to permanent deformity in this disease. It is a need of the hour to explore satisfactory treatment modalities available in another medical system for the benefit of those affected. Regimented *Ayurvedic* intervention in the early stages of the illness reported being highly beneficial, in managing the symptoms as well as preventing further progression. Ayurveda interprets these changes as due to altered *Vata Dosha* resulting from the pathological factors that affect mainly the *Asthi* as well as the *Majja Dhatu*. Selected *Panchakarma* procedures are mentioned for the management in such conditions. Here a case is narrated that was successfully managed with the protocol for *Asthimajjagata Vata*.

**Table 1:** Modified New York criteria for diagnosis of AS<sup>6\*</sup>

| Clinical criteria (Western perspective)  |
|--|
| Low back pain of at least 3 months duration that is improved by exercise and not relieved by rest. |
| Limitation of the lumbar spine in sagittal and frontal planes                                      |
| Chest expansion decreased relative to normal values for age and sex                                |
| Radiographic criterion   |
| Unilateral grade 3 or 4 sacroiliitis or bilateral grade 2 sacroiliitis on plain radiograph         |

\* A patient is classified as having definite Ankylosing spondylitis if the radiographic criterion is present and at least 1 clinical criterion is present.

**Table 2:** Ayurvedic Criteria

| Subjective parameters                              | Objective parameters    |
|--|-------------------------|
| <i>Bheda</i> (pricking pain) in <i>Kati Asthi</i>  | MRI                     |
| <i>Bheda</i> (pricking pain) in <i>Kati Sandhi</i> | Degenerative Changes    |
| <i>Malabadhata</i>                                 | Presence of Osteophytes |
| <i>Satata</i> (continous) <i>Ruja</i>              |                         |
| <i>Balakshaya</i>                                  |                         |

**Case Study:**

A 48-year-old male came to Panchakarma OPD on 15/1/2019 in Sri Ganganagar College of Ayurvedic Sciences and Hospital, Sriganganagar with complaints of low backache, which is not radiating to any leg, stiffness (increased in morning time) associated with occasional numbness in the lower back region since 2 years but the pain got worse from 3 months. Pain worsens in the morning and night but decreases after 2 hr after awakening. Gradually the pain developed in the lumbar region, and he felt difficulty in lying in the supine, standing as well as squatting positions. The patient was healthy for 2 years. When these symptoms developed, he consulted an allopathic physician, got temporary relief with the NSAID's as well as steroid therapy. Then he switched over to homoeopathic medicine and continued for almost 1 year, but the pain persisted. Then he commenced the Ayurvedic medicines at OP level but with no considerable relief. In January, he was admitted to this hospital for IP treatment, after that he got marked relief in the pain and his quality of life was also improved. For the time being, he again developed pain in the low back region for which got admitted again on 25/2/2019. The case history was taken and elaborates all the *Nidana Panchnakas* given below.

**Nidana Panchnakas**

**Dosa:** - Vata (++), Kapha (+), **Doosya:** - Asthi, Majja and Sandhi, **Agni:** - Visamagni, **Koshta:** - Madhyama, **Prakrthi:** - Vata Pitta

**Investigation:** -

**MRI-** Sacralisation of L5 Vertebra and Degenerative Disc Disease L4-L5 Level

**HLA-B27-** Negative

**Diagnostic Focus and Assessment**

The patient had complained of incessant joint pain, fatigue and severely disturbed sleep resulting from pain. These symptoms point towards the condition of *Asthimajjagata Vata* as *Asthibheda* (stabbing pain in the bones), *Parvabheda* and *Sandhi Shoola* (pain in sacroiliac joint and cervical region). *Bala Kshaya* (decreased vitality and strength), *Aswapana* (sleeplessness) and *Satataruk* (continuous pain) are the manifestations of the same<sup>7</sup>. *Adhyasthi* (Fusion of the intervertebral disc) is the manifestation of *Asthipradoshavikara* (diseases of bones)<sup>8</sup>. *Vinamata* (kyphoscoliosis) is the manifestation of *Majjavrita Vata*<sup>9</sup>. The patient was in *Niramaavastha* (stage of disease without *Ama*) condition with apparently normal appetite and approached as *Nirama Vata Vyadhi* (*Vata* disorder without *Ama*).

**THERAPEUTIC FOCUS AND ASSESSMENT****Table 3:** Panchakarma Procedure during I.P.D

| Date                                     | Procedure         | Medicine  | Remarks  |
|--|-------------------|---|--|
| 15/1/19 To 21/1/19 & 25/2/19 To 12/03/19 | Valuka<br>Swedana | -----   | Stiffness relived                              |
| 22/1/19 To 29/1/19 & 25/2/19 To 12/03/19 | Yoga Basti        | Niruh Basti with Dashmoola and Anuvasana with Sahcharadi Taila          | Pain Reduced and Comfortable                   |
| Purvakarma before Basti                  | Snehana & Swedana | Snehana with Kottamchukadi Taila and Bhaspa Swdana with Dashmoola Kwath | For attaining Draveekarana of Dhathugata Dosha |

**Table 4:** Shamana Aushadhi during I.P.D:

| Medicine                | Dose     | Time        |
|-------------------------|----------|-------------|
| Yograj Guggulu          | 2-tab BD | After food  |
| Avipatkar Choorna       | 3gm BD   | Before food |
| Panchkola Choorna       | 3gm      | After food  |
| Gandharvahastadi Kwatha | 25ml     | After food  |

**Assessment:** Assessment of the effect of the therapy was done based on changes observed at the clinical level. A numerical score was assigned for each of the signs and symptoms by using the Visual analogue scale (VAS).

**Table 5:** Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)

| SYMPTOMS                              | BT                  | AT                   | AT                   | 2 <sup>nd</sup> Shift | 2 <sup>nd</sup> Shift |
|---------------------------------------|---------------------|----------------------|----------------------|-----------------------|-----------------------|
|                                       | 1 <sup>st</sup> day | 1 <sup>st</sup> week | 2 <sup>nd</sup> week | 1 <sup>st</sup> week  | 2 <sup>nd</sup> week  |
| Fatigue                               | More                | Less                 | Less                 | Less                  | Less                  |
| Back pain, Hip pain (VAS)             | 100                 | 90                   | 50                   | 60                    | 25                    |
| Morning stiffness- intensity (VAS)    | 100                 | 95                   | 40                   | 55                    | 35                    |
| Morning stiffness –duration (Approx.) | 3hr                 | 2 hr                 | 1 ½ hr               | 1 ½ hr                | 1/2hr                 |

## DISCUSSION

The condition was approached and managed with the principles of management of *Asthimajjagata Vata*. In *Asthimajjagata Vatavyadhi*, two main events are contributing to the pathogenesis of the disease. They are the *Kshaya* of the *Asthidhatu* and the *Vata Prakopa*. According to *Ayurveda*, *Asthi Dhatu* and *Vata Dosha* have *Asraya-Asrayee Bandha*<sup>10</sup> in which the factor causing *Kshaya* of *Vata Dosha* gradually leads to *Vrdhi of Asthi Dhatu* and vice versa leading to a vicious cycle in the pathogenesis.<sup>11</sup> *Rukhsa Swedana* helps to remove the *Avarana* of *Kapha*. So, the first *Valuka Swedana* was done for the first 7 days of treatment to remove the stiffness present due to *Kapha Dosha*. After this *Yoga Basti* planned for the next 8 days. In the next shift, *Valuka Swedana* and *Kala Basti* were given to the patient. The ultimate *Upakrama* mentioned for *Vata* disorder is *Basti*. *Nirooha Basti Dravyas* are having the properties of *Snigdha Guna* plays an important role in pacifying *Vata*<sup>12</sup> and *Tikta Rasa* drugs having *Soshana and Khara Gunas* like *Asthidhatu*, resulting in *Asthidhatu Vrdhi* as per the *Samanya Visheshha Sidhanta*<sup>13</sup>. *Vasti* and *Ghrita* processed with *Tikta Rasa* are therefore indicated for *Asthimajja* pathology in the classics.<sup>14</sup> Foods and drugs having sweet and bitter properties are indicated in *Majja-pradoshajavikaras*.

## CONCLUSION

Ankylosing Spondylitis is not mentioned as a separate entity in the Ayurvedic classical texts. But considering the symptoms and the cause, the disease can be approached with the concept of *Vatavyadhi* with

special reference to *Asthimajjagata Vata*. After assessing the associative *Doshas* and *Ama* status if any, the protocol is to be designed along with the administration of internal medicines. This combined Ayurvedic treatment of the above mentioned oral Ayurvedic drugs and *Panchakarma* procedures had given promising results in the management of AS. This approach may be taken into consideration for further treatment and studies must be conducted in this regard, so that we can effectively use the *Ayurvedic* principles for helping the affected mankind in such conditions.

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