

ROLE OF AYURVEDA IN THE MANAGEMENT OF ANKYLOSING SPONDYLITIS – A CASE REPORT

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ABSTRACT

Ankylosing spondylitis (AS) is a chronic inflammatory autoimmune disease of the axial spine that mainly affects spine joints, causing severe chronic pain; additionally, in more advanced cases it can cause spine fusion. Immune cells and innate cytokines have been suggested to be crucial in the pathogenesis of AS. All the treatment procedures are cost-worthy, and the prognosis is poor. Management of AS aims at the prevention of structural deformity, regulating functional activity, and relief from pain. There is no direct diagnostic correlation to AS in *Ayurvedic* classics, however, signs and symptoms of AS are nearer to *Amavata*. **Objectives-** By considering Ankylosing spondylitis as *Amavata* an attempt has been made in the present study to evaluate the efficiency of Ayurvedic formulation in the conservative management of the disease. **Method-** A case of Ankylosing spondylitis presented with complaints of pain in the cervical, lower lumbar, and hip joint region with difficulty in routine work i.e., walking, sitting, and squatting was treated with *Dashmoola Kashaya Seka* for 7 days, then *Erandamooladi Niruha Basti* and *Anuvasana Basti* with *Brihat Saidhavadi Taila* as per *Kala Basti* schedule (modified), followed by *shamana aushadhi*. **Result-** The patient was observed for clinical examination before & after treatment and the therapy provided marked relief from pain, stiffness, and improvement in joint movements. **Conclusion-** *Panchakarma* procedures along with Ayurvedic oral medications are having encouraging results in the management of Ankylosing spondylitis.

Keywords: Ankylosing Spondylitis, *Ayurveda*, *Panchakarma*, *Amavata*, *Basti karma*.

INTRODUCTION

Ankylosing spondylitis (AS) is a chronic immune-mediated inflammatory arthritis included in the group of seronegative spondylarthritis. The disease typically develops in males in their third decade of life; the axial skeleton and sacroiliac joints are mainly affected. Although the oldest description dates from the time of Galen, it was not until the 19th century that the disease could be accurately diagnosed on the basis of reports by Vladimir Bekhterev, Adolph Strumpell, and Pierrie Marie. The HLA –B27 allele is known to have a strong association with the disease.¹ Chronic back pain and progressive spinal stiffness are the most common features of the disease. Impaired spinal mobility, postural abnormalities, hip and buttock pain, enthesitis, and dactylitis are also associated with AS along with extra skeletal manifestations like IBS (50%), Acute anterior uveitis (25-35%), and psoriasis (10%)². Non-steroidal anti-inflammatory drugs (NSAIDs) and various corticosteroids are used in the management of AS, even though they have limited benefits.

There is no direct reference to Ankylosing spondylitis in Ayurvedic classics, but based on signs and symptoms of the disease, it can be understood under the spectrum of *Amavata*. *Langhana*, *Deepana* and *Pachana* with *tikta* and *katu dravyas*, *Snehapana*, *Virechana* and *Kshara basti* are advocated in the management of *Amavata*.³ This single case study shows better results in providing a better quality of life by treating the disease in the line of management of *Amavata*.

MATERIALS & METHODS

Case Report- 53 years old male patient presented to the OPD of Panchakarma, Government Ayurveda

Dashavidha pariksha: Shown in Table 01

Table 01: *Dashavidha pareeksha*

<i>Prakruti</i>	<i>Vata-Pittaja</i>	
<i>Sara</i>	<i>Madhyama</i>	
<i>Samanana</i>	<i>Madhyama</i>	
<i>Satva</i>	<i>Madhyama</i>	
<i>Saatmya</i>	<i>Katu rasa saatmya</i>	
<i>Ahara Shakti</i>	<i>Abhyavaharana Shakti</i>	<i>Madhyama</i>
	<i>Jarana shakti</i>	<i>Madhyama</i>
<i>Vyayama Shakti</i>	<i>Avara</i>	

Medical College, Bengaluru, Karnataka, India, with chief complaints of pain and stiffness in multiple joints for 2 years with swelling and morning stiffness. The pain and stiffness were gradual in onset and initially noticed in the low back region. As he neglected the condition, in the span of the next 2 years he developed pain and stiffness in the nape of the neck, bilateral hip joints, bilateral shoulder joints, and bilateral knee joints along with swelling and morning stiffness lasting for about 2-3 hours. During the acute exacerbation of symptoms, the patient was feeling feverish along with heaviness all over the body, markedly in the lower limbs. In the past 2 years, he has observed aggravation of pain during morning hours, during the winter and rainy season, after consuming curds, black gram, and potatoes. During noon, summer season symptoms were observed to be mild, and application of hot fomentation was giving slight relief from the symptoms. The patient had taken treatment in various Allopathic and Homeopathic hospitals, as he didn't get satisfactory relief with these medications, he visited the OPD of Panchakarma, Government Ayurveda Medical College, Bengaluru.

Physical findings:

Gait – antalgic, Curvature of the spine – Loss of cervical lordosis, Swelling - present in the medial aspect of bilateral knee joints, nape of the neck, and low back region; Temperature - raised; Tenderness - present Range of movement - restricted in cervical and lumbar spines; bilateral hip joints and knee joints
Schober test – Positive

Vayah	53 yrs. -Madhyama
Pramana	Madhyama

Nidana panchaka: Shown in Table 02

Table 02: Nidana panchaka

Nidana	Aharaja: snigdha, abhishyandi ati sevana Viharaja: doing work soon after intake of food, skipping meals
Purvaroop	Agnimandya
Roopa	Shoola Yukta shotha in hasta, koorpara sandhi, pada, janu, sandhi and trika sandhi Pratah kaalina jadyata, nidranasha, gouravata, utsaha hani
Upashaya	summer season, afternoon hours, immersing joints in hot water
Anupashaya	Winter season, cold water, travelling for long distances

Samprapti ghataka: Shown in Table 03

Table 03: Samprapti ghataka

Dosha	Vata pradhana tridosha	Udbhavasthan	Amashaya
Dushya	Rasa, asthi	Sancharasthana	Sarvashareera
Agni	Jataragni	Vyaktasthana	Sandhi
Agnidushiti	Mandagni	Adhishtana	Sandhi
Srotas	Rasavaha, Asthivaha,	Rogamarga	Madhyama
Srotodusti	Sanga	Sadhyasadhya	Kricchrasadhya

Lab Investigations: Shown in Table 04

Table 04: Lab Investigations

Test description	Values
Hemoglobin	10.2 g/dl
Total Leucocyte count	6.2 x 10 ³ /cumm
Neutrophils	54.5%
Lymphocytes	30%
Eosinophils	6.6%
Monocytes	8.2%
Basophils	0.4%
Platelet count	1.7 x 10 ⁵ /cumm
ESR	79 mm/1 st hr
Serum creatinine	0.73mg/dl
Random blood sugar	138mg/dl
CRP	92.2 mg/dl
RA Factor	Negative
ASO	459 IU/ml
HLA B27	Positive

X-Ray- Bilateral Sacroiliitis

Treatment Protocol Adopted:

Panchakarma procedures along with oral medicines were administered.

Details of treatment are given in Table 05

Table 05: Treatment Protocol Adopted

TREATMENT	DURATION	OBSERVATION				
<ul style="list-style-type: none"> • Dashamoola kashaya seka • Agnitundi vati 1-0-1 B/F • Trayodashanga guggulu 1-1-1 A/F 	7 days	<ul style="list-style-type: none"> • Reduction in morning stiffness duration from 2-3 hours to 1 hour • Reduction in pain and swelling. 				
<ul style="list-style-type: none"> • Koshta Shodhana with Gandharva hasthādi eranda taila 	1 day	-				
<ul style="list-style-type: none"> • Kala basti pattern ▪ Erandamuladi niruha basti ▪ Anuvasana basti with Brihat saindhavadi taila 	9 days	<ul style="list-style-type: none"> • Increase in appetite. • Increase range of movement • Reduction in the heaviness of the body • Reduction in pain and swelling 				
<table border="0"> <tr> <td><i>Erandamuladi niruha basti</i></td> <td><i>Anuvasana basti</i></td> </tr> <tr> <td> <ul style="list-style-type: none"> • Madhu – 80ml • Saindhava lavana – 12gms • Brihat saindhavadi taila– 60ml • Shatapushpa kalka – 12gms • Erandamuladi kashaya – 300ml </td> <td> <ul style="list-style-type: none"> • Brihat saindhavadi taila – 60ml • Shatapushpa churna – 6gms • Saindhava lavana – 6gms </td> </tr> </table>	<i>Erandamuladi niruha basti</i>	<i>Anuvasana basti</i>	<ul style="list-style-type: none"> • Madhu – 80ml • Saindhava lavana – 12gms • Brihat saindhavadi taila– 60ml • Shatapushpa kalka – 12gms • Erandamuladi kashaya – 300ml 	<ul style="list-style-type: none"> • Brihat saindhavadi taila – 60ml • Shatapushpa churna – 6gms • Saindhava lavana – 6gms 		
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<ul style="list-style-type: none"> • Rasaraja rasa 1-1-1 A/F • Trayodashanga guggulu 1-1-1 A/F 		<ul style="list-style-type: none"> • Appetite maintained • Reduction in pain 				

Assessment: Shown in Table 06

Table 06: Assessment of symptoms before and after the treatment.

Parameter	Before treatment	After treatment	
Morning stiffness	2-3 hours	1-1 ½ hour	
Pain (VAS)	7	4	
Swelling	Present	Absent	
Range of movement			
Cervical spine	Flexion	30°	50°
	Extension	30°	45°
	Lateral flexion	40°	45°
Lumbar spine	Flexion	40°	50°
	Extension	10°	10°
	Lateral flexion	20°	20°

DISCUSSION

There is no direct reference for ankylosing spondylitis in Ayurvedic literature, but it can be understood under the spectrum of *Amavata*. Due to incompatible food intake and activities, there will be decreased *Agni* which will result in the formation of *Amarasa*. *Vata*

dosha takes this *Amarasa* to different sites of *Kapha dosha* especially *Sandhis*. Due to simultaneous vitiation of *Vata* and *Kapha doshas* in *Trika sandhi* which will finally lead to the disease *Amavata* causing *Stabdhatā* in the body.⁴ As pathogenesis and symptoms of ankylosing spondylitis and *Amavata* has been

the same, the disease can be effectively managed by adopting the line of treatment of *Amavata*. *Dashmoola Kashaya* is *Tridosahara* and also *Ama pachaka*.⁵ *Dashamoola kashaya seka* being *Sagni* and *drava sweda* helps in relieving *Stambha* and *Gourava*. *Ag-nitundi vati*⁶ has *Deepana*, *Pachana*, *Kaphavatahara*, and *Shoolaghna* properties and hence helps in improving digestion by *Ama Pachana* at both *Koshta* and *Dhatu* levels and relieving pain. *Tryodashanga guggulu* which has *Ushna veerya*, *madhura vipaka*, *Vedanasthapana*, and *Rasayana* properties helps in reducing pain. *Koshta shodhana*⁷ with *Gandhrva Hastadi Taila* was given a day prior to *Basti karma* for quick removal of fecal materials and better assimilation of the *basti dravyas* in the intestine. *Erandamooladi basti* having 34 ingredients which are of *ushna veerya*, helps in *Ama Pachana* hence removing obstruction of *srotas*. As this *basti* has *vatakaphahara* property, helps in reducing *stambha* and *Gourava*. Also, it is indicated in *Trika-Prushta shoola*.⁸ Most of the drugs in this *basti* are *agni deepaka* which helped in improving the *agni* of the patient. *Rasa raja rasa*⁹ has the ability to pacify vitiated *Vata dosha*, as the majority of the ingredients having *Tikta madhura kashaya Rasa*, *Madhura vipaka*, *Snigdha*, and *Vyavayi* in nature with alleviating action on all *Doshas*.

CONCLUSION

There is no permanent cure for Ankylosing spondylitis in contemporary medicine and the condition is managed by using corticosteroids which have their own serious ill effects on long-term use. In this single case study, it has been proven that *Panchakarma* procedures along with Ayurvedic oral medications are having encouraging results and help in improving quality of life.

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