

AYURVEDIC APPROACH FOR MANAGEMENT OF ANKYLOSING SPONDYLITIS: A CASE REPORT

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ABSTRACT

Ankylosing Spondylitis (AS) is a type of arthritis in which there is long term inflammation of the joints of the spine with various skeletal and extra skeletal manifestations. No satisfactory treatment is available in modern medicine for this disorder. Various *Panchakarma* procedures and Ayurvedic drugs have been proved useful for these manifestations. Here we present a case of AS, which was treated for one month with a combination of *Panchakarma* procedures and Ayurvedic drugs. Ayurvedic treatments, in this case, were directed toward alleviating symptoms and to reduce severe disability. The patient was considered suffering from *Asthimajjagatavata* (*Vata* disorder involving bone and bone marrow) and was treated with *ShalishastikaPindaSvedana* (sudation with medicated cooked bolus of rice) with *SarvangDhara* (Medicated Oil poured all over body while massaging) for one month and *MustadiYapanaBasti* (enema with medicated milk) with *Anuvasana* (enema with *Asvagandha* oil) in 30 days schedule along with oral Ayurvedic drugs for one month. Patient's condition was assessed for symptoms of *Asthimajjagatavata* and core sets of Assessment of Spondylo Arthritis showed substantial improvement. This study shows the cases of AS may be successfully managed with Ayurvedic treatment.

Keywords: Ankylosingspondylitis, *Asthimajjagatavata*, Ayurveda, *MustadiYapanaBasti*.

INTRODUCTION

Ankylosing Spondylitis (AS) - a chronic inflammatory disorder - primarily involves the sacroiliac joints and the axial skeleton. There is also a variable involvement of peripheral joints and articular structures. Musculoskeletal pain, stiffness, and immobility of spine due to AS is a major burden. Prevalence of AS in In-

dia is 0.03% as per surveys conducted by Bone and Joint Decade India from 2004 to 2010¹¹. Unavailability of satisfactory treatment in bio-medicine leads to permanent deformity in this disease. Here present a case that was successfully treated on the line of Ayurvedic management

of *Asthimajjagatavata* (~*Vata* disorder involving bone and bone marrow).

Presenting complaints

A 34-year-old Indian, married, non-smoking, nonalcoholic male consulted in Out-Patient Department of Yashwant Ayurvedic College, Kodoli for a complaint of gradually progressive lower back pain along with stiffening and deformity of the spine and hip since last 15 years. The case was subsequently admitted to the male *Kayachikitsa* ward of Yashwant Ayurvedic College, Kodoli on May-10, 2016 for the administration of *Panchakarma* procedures. None of the family members had a history of AS. For a long time, the case was on Modern medication and taking tablet Diclofenac sodium– 75 mg when needed for pain relieving.

Clinical findings

The patient had several episodes of lower back pain which woke him at night, followed by spinal stiffness in the morning. The patient also had pain and stiffness in the bilateral shoulder, hip, knee, and ankle joints. Neck movements were restricted, and both upper limbs had a movement range up to 45°. This patient was an established AS case. On examination, the patient was found to be anxious with disturbed sleep, had a moderate appetite, *Vishmagni* (unstable digestive functions), *KruraKostha* (bowel hard to purgate) with normal micturition. The tongue was clean, the voice was clear, and skin roughness was prominent. Patient had *Vatapittaprakriti* with *Madhyam* (medium) *Sara* (purest body tissue), *MadhyamSamhanana* (medium body built), *SamaPramana* (normal body propor-

tion), *Madhyam*

Sat-

mya (homologation), *Madhyam Satva* (mental strength), *Avara Vyayamshakti* (least capability to carry on physical activities), *Madhyam Aharshakti* and *Jaranshakti* (medium food intake and digestive power). *AsthivahaSrotodusti* (pathology in bone) and *Majjavahasrotodusti* (pathology in bone marrow) were more prominent. The examination also revealed kyphosis, stooping forward position of the neck and flexion deformity of both hip joints. There was a loss of lateral and anterior flexions of lumbar spine and tenderness over the sacroiliac joint. Chest expansion was 2.4 cm, and Schober's test was positive. X-ray of vertebral column showed a complete fusion of vertebral bodies and other associated areas were also ossified which produced a characteristic bamboo spine appearance. Scoliosis of the dorsal spine with convexity towards right side was seen. X-ray of hip joints revealed bilateral sacroiliitis of both sacroiliac joints. Baseline hematological investigation was done on May-12, 2016, which revealed Hemoglobin (Hb) – 13 g%, Total leukocyte count – 7600/mm³, Erythrocyte sedimentation rate (ESR) – 70 mm/hr and C-reactive protein was positive. The human leukocyte antigen (HLA) typing was previously done on April 2004 that was positive for HLA B27.

Diagnostic focus and assessment

The patient had complained of continuous joints pain, kyphosis, scoliosis, limping gait, fatigue, weight loss, and severely disturbed sleep. These symptoms can be compared with symptoms of *Asthimajjagatavata* as *Asthibheda* (stabbing pains in bones), *Parvabheda* (pain in joints of fin-

gers) *Sandhishoola* (pain in joints), *Mamsakshaya* (depletion of muscular tissue) and *Balakshaya* (decreased vitality and strength), *Aswapana* (sleeplessness) and *Satataruka* (continuous pain) are the manifestation of *Asthimajjagatavata*¹. *Adhyasthi* (Fusion of syndesmophytes) is the manifestation of *Asthipradoshavikara* (Diseases of bones). *Vinamata* (bending of the body as kyphosis) is the manifestation of *Majjavritavata*³. *Amavata* and *Vatarakta* (~various diseases of the rheumatic spectrum) was the differential diagnosis in the case. The patient was in *Niramavastha* (stage of disease without *Ama*) condition with apparently normal appetite and no *RaktaDusti* (vitiation of blood) and *Purvaroop*a (prodromal symptoms) of *Vatarakta* was evident, thus patient considered to suffer from *NiramaVataVyadhi* (*Vata* disease without *Ama*). As the disease had become deep-seated showing the features of *Asthimajjagatavata*, thus it was considered as Ayurvedic diagnosis for the case.

Therapeutic focus and assessment

Snehana (oleation), *Svedana* (sudation), and *MriduVirechana*⁴ (mild purgation) are the line of treatment in *NiramaVataVyadhi* as indicated in *CharakaSamhita*. *TiktadiKshiraBasti* is also indicated for any bone pathology in *CharakaSamhita*. At the beginning of treatment, the patient was in *Niramavastha* condition, and his appetite was apparently normal. In the case, *MriduVirechana* with castor oil was given in the dose of 20 ml with milk for the first three consecutive nights before starting

of *Basti* procedure. After *MriduVirechana*, the patient was treated with *ShalishastikaPindaSvedana* (sudation with medicated cooked bolus of rice) for one month and *MustadiYapanaBasti*⁶ (enema with medicated milk) with *Anuvasana* (enema with medicated oil) of *Ashvagandha* oil as *Karma Basti* (30 days schedule) along with combination of oral Ayurvedic drugs – *Rasrajrasa* – 100 mg, *Trayodashanga Guggulu* – 1g, *Ashvagandhachurna* (powder of *Withaniasomnifera*) – 3 g and *Erandamoolachurna* (powder of *Ricinuscommunis* L.) – 2 g twice a day for one month.⁹ After completion of these *Panchakarma* procedures, the patient was discharged on June-13, 2016. At the time of discharge, the patient was advised to continue oral treatment. No concomitant allopathic medication was given during this whole treatment period. For Arthritis were used.

Follow up and outcomes

Hematological parameters were reinvestigated on July-13, 2016. At this time, Hb was 13.6g% and ESR was changed to 40 mm/hr. The patient was re-examined, and hematological investigations were repeated on August-13, 2016 that revealed Hb 14.0% and ESR 20 mm/hr. Very good response was noted on various parameters in this case. Spinal mobility, stiffness, fatigue, pain, and acute phase reactants (ESR) were reduced after treatment. There was an improvement in functional capacity and global condition of the patient. Kyphosis was reduced. The patient had improved physical strength, and 2 kg body weight was increased during the treatment. The patient had both upper limbs movement range up to 90°

and neck movement up to 70° in the left side and up to 60° in the right side.

DISCUSSION

The case was treated on the line of management of *Asthimajjagatavata*. Castor oil which was given for 3 days has *Mriduvirechana*⁴ (mild purgation) property, thus employed before *Basti* procedure for proper evacuation of bowel. *Snehana*, *Svedana*, *Panchakarma* procedures, uses of *Basti*, uses of milk, and *Ghrita* processed with *Tikta Rasa* are indicated for bone pathology. Foods and drugs having sweet and bitter properties are indicated in *Majja-pradoshaja* (disease occurring in vitiated bone marrow) diseases. *MustadiYapanaBasti* is a combination of drugs, which are having *Tikta* and *Madhura Rasa* (bitter and sweet taste) dominance. *Ashwagandha* oil, *Ghrita* and honey are other components. *Tikta Rasa* has *Shothaghna* (anti-edematous and anti-inflammatory) and *Pittahara* properties (suppression and elimination of vitiated *Pittadosha*). *Majja* (bone marrow) was used instead of *Mamsa Rasa* (meat soup) for the formation of *Basti*. *Majja* which was used in *Basti* improved the quality of various tissue especially blood and bone marrow of the case and alleviates symptoms. *ShalishastikaPindaSvedana* provides nourishment to muscles, bones and peripheral nerves, reducing fasciculation, dyspnea (due to atrophy of respiratory muscles) inflammation, enthesitis, and peripheral neuropathy. *Rasrajrasa* has *Balya* (anabolic) and *Vajikarana* (aphrodiastic) properties. It is indicated in Paralysis, all type of *Vatajvikara* (diseases due

to *Vatadosha*), *Dhanu-stambha* (stiffness of spine), *Hanustambha* (lock jaw), *Apatanaka* (spasm of muscles and tetanus like condition) and vertigo. The stiffness of spine and lock jaw condition is the main complaint in AS thus this drug is helpful. *Ashwagandha* has *Rasayana* (immunomodulator) and *Balya* (anabolic) properties. *Trayodashanga Guggulu* is useful in *Snayu-gatavata* (~various tendon and ligament disorders), *Asthigatavata* (disorders of bone), *Majjagatavata* (disorders of bone marrow), *Khanjavata* (limping disorders), and various *Vatadisorders* (~neurological, rheumatic, and musculoskeletal diseases). *Erandamoola* is a potent analgesic with positive action for various rheumatic conditions. These drugs and procedures have the properties to treat the manifestation of AS such as pain, inflammation, stiffness, scoliosis, kyphosis, fatigue, and weight loss. At present, the patient is under continuous observation and oral treatment. The quality of life of the patient has improved. There is no worsening of any symptoms and sign until January 2017. This is an important finding considering the prognosis and unsatisfactory treatment in modern medicine.

CONCLUSION

This combined Ayurvedic treatment of above mentioned oral Ayurvedic drugs and *Panchakarma* procedures were helpful in treating the patient of AS. This approach may be taken into consideration for further treatment and research work for AS.

Patient perspective

The patient was satisfied with the improvement. He was able to walk without any aid and

could move his neck, joint swelling was reduced, and he hopes recovery from Ayurvedic management.

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