



EFFICACY OF *VIRECHANA KARMA* IN ANKYLOSING SPONDYLITIS- A CASE STUDY

¹ Veenu Yadav, ²Rajesh Meshram, ³Vivek Sharma

1. PG Scholar 2.HOD and Associate Professor 3. Assistant Professor
P.G. Department of Kayachikitsa, Pt. Khushilal Sharma Government Ayurveda College and Hospital
Bhopal, MP

Corresponding Author: yadavveenu1998@gmail.com

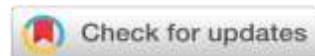
<https://doi.org/10.46607/iamj4011062023>

(Published Online: June 2023)

Open Access

© International Ayurvedic Medical Journal, India 2023

Article Received: 08/05/2023 - Peer Reviewed: 28/05/2023 - Accepted for Publication: 09/06/2023.



ABSTRACT

Ankylosing spondylitis is a type of arthritis that causes inflammation in the joints and ligaments of the spine. 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. Initially, symptoms are chronic dull pain in the lower back or gluteal region with morning stiffness. As the disease progresses, loss of spinal mobility and chest expansion, with a limitation of anterior flexion, lateral flexion, and extension of the lumbar spine are seen. The exact signs and symptoms of ankylosing spondylitis do not resemble any disease mentioned in *Ayurvedic* texts but based on clinical presentation it can be consistent with *Jeerna Aamvata*. In a diagnosed case of AS, a male patient of age 24 years came to the hospital with a complaint of pain in the lower back region with morning stiffness and pain radiating to B/L hip joints for 5 years. Then he started complaining of pain in B/L shoulder joints, and cervical region with a decreased range of motion for the last few months. The patient was treated with the *Panchkarma* procedure (*Virechana karma*). He got symptomatic relief assessed by Bath Ankylosing Spondylitis Disease Activity Index.

Keywords: Pain, lower back, ankylosing spondylosis, *Aamvata*

INTRODUCTION

Ankylosing spondylitis (AS) is a chronic, systemic, inflammatory disease. Ankylosing spondylitis, also known as axial spondylarthritis, is an inflammatory disease that, over time, can cause some of the bones in the spine, called vertebrae, to fuse. This fusing makes the spine less flexible and can result in a hunched posture. ⁽¹⁾ According to a Global recent study, the diagnosed **prevalence** of AS in India is currently around 1.65 million and is estimated to grow at an annual growth rate of 2.95% to reach 2 million in 2028. Ankylosing spondylitis (AS) is typically diagnosed in people younger than 40 years, and about 80% of patients develop their first symptoms when they are younger than 30 years. Less than 5% of patients present when they are older than 45 years. AS is more common among men than women. ⁽²⁾ The affected areas are-the joint between the base of the spine and the pelvis, vertebrae in the lower back, places where tendons and ligaments attach to bones, mainly in the spine, but sometimes along the back of the heel, the cartilage between the breast bone and the ribs, hip and shoulder joints. ⁽³⁾ In *Ayurveda* it is correlated with *jeerna Amavata*. In the pathogenesis of *Amavata*, it is said that the vitiated doshas get lodged in the *trika sandhi* i.e., lumbo-sacral joints and Sacroiliac joints following which they create stiffness in the entire body (spine too). *Stabdhatata* i.e., stiffness will occur due to ankylosis and spondylitis. The goal of treatment is to re-

lieve pain and stiffness and prevent or delay complications and spinal deformity. NSAIDs, TNF blockers, and physical therapies are given.

AIM AND OBJECTIVE- To evaluate the efficacy of *Virechana karma* in the management of Ankylosing Spondylitis.

Material and methods- Selection and source of patient- For this study, the diagnosed patient was taken from the OPD of Pt Khushilal Sharma Govt. Ayurveda College and Institute Bhopal MP.

Case study

In a diagnosed case of AS, a male patient of age 24 years came to the hospital with a complaint of pain in the lower back region with morning stiffness and pain radiating to B/L hip joints for 5 years, he took allopathic treatment (NSAIDs and corticosteroids, physiotherapy) and got some relief. Then he started complaining of pain in B/L shoulder joints, and cervical region with a decreased range of motion for the last few months. He came to our hospital for further treatment.

- **Surgical history-** No
- No history of trauma and past illness
- Complaint of morning stiffness and pain in the lower back region.

INVESTIGATION

HLA-B27 Positive (2019) RA Factor- Negative Anti CCP- 12.76 RU/ml



Fig 1



Fig 2



Fig 3

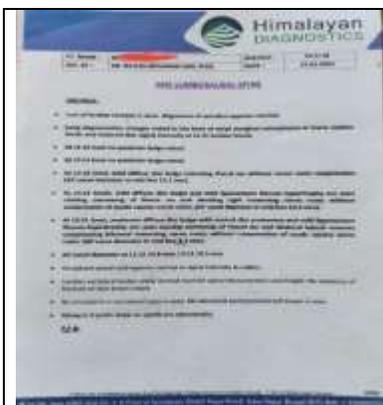


Fig 4



Fig 5



Fig 6

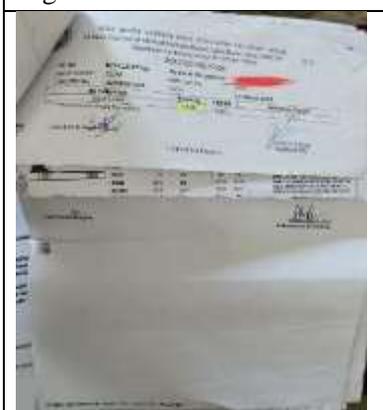


Fig 7

Treatment Plan-

Virechana karma was planned (*Deepan pachana, Snehapan, Virechana kwath, and Sansarjana karma*).

Deepan Pachana- 500mg *Chitrakadi vati* with *Panchkola Phanta (Muhurmuhu)* for 2 days.

Virechana Karma- Firstly assess the patient for *snehapan*. **1 to 7 days-** *Snehapan* was started with an initial dose of 30 ml of *Panchtikta ghrita* once a day followed by a light diet. The amount of ghee was increased by 40 ml daily up to 240 ml on the 7th day as per the protocol of *Snehapan*.

8 to 10 days- *Abhyanga* with *Vatashamak taila* and *nadi swedana* was started on 8th day for three consecutive days after the appearance of symptoms of

snehapan on the 7th day. *Virechana karma* was done by administration of *Kutaki, Nishoth, haritaki, aragwadha siddha kwath* 200 ml, castor oil 100 ml. Wait for 1-hour *virechana vega* was not started then 500mg *Ichhabhedi rasa* was given. After some time *virechana vega* was started and a total of 24 *vega* (passed stool) were observed till the evening.

From 11 th day onward, *Sansarjana karma* (a process of resuming a normal diet) by prescribing *Peya, vilepi, Akruta yush, Krut yush, Krushara*, and normal diet successively for 5 days, from the 16th day, *Pathyakar ahar* was suggested.

OBSERVATION:

The total effect of therapy was assessed by Bath Ankylosing Spondylitis Disease Activity Index

(BASDAI).

Table 1-Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)⁽⁴⁾

Symptoms	BT	AT
Neck pain, back pain, and hip pain	10	4
Pain and swelling in other joints	8	4
Morning stiffness(intensity)	9	5
Joint tenderness	8	4
Morning stiffness(duration)	1.5 hr-2 hr	15-20min

DISCUSSION

The condition was approached with a classical line of treatment of *Jeerna Aamvata* as the characteristics of *Aam* and *Vata Dosha* were clearly reflected in the symptoms mentioned by the patient. *Panchakarma* therapy is designed to eliminate toxins. It is an important component of the Ayurvedic management of disease. The *Vamaka* and *Virechaka Dravya* induce emesis and purgation respectively due to their specific *Prabhav*.⁽⁵⁾ *Virechana* is indicated in *Amavata*.⁽⁶⁾ Drugs of *Virechana* are *Vyavayi*⁽⁷⁾ *Vikasi*⁽⁸⁾ *Ushna Tikshna Sukshma*⁽⁹⁾ *Virechana* drug possessing the above properties reach the *Hridaya* by virtue of its *Virya* and then following the *Dhamani* it pervades the whole body through large and small *Srotas*. On virtue of its *Agneya* properties, it causes *Vishyan-dana* i.e., melting of the *Doshas* and by its *Tikshana Guna*, it is able to disintegrate the accumulated *Dosha*. Due to *Snehana*, *Dosha* smear easily without any hurdle and easily come to *Amashaya* from where *Virechana* evacuates them⁽¹⁰⁾

CONCLUSION

AS is the presence of sacroiliitis on X-ray and other structural changes on spine X-rays, which may eventually progress to the bony fusion of the spine. There is a male-to-female ratio of about 3:1.⁽¹¹⁾ It is correlated with *Jeerna Aamvata* in *Ayurvedic* classics according to signs and symptoms. There is currently a large gap between the prevalence of AS and its treatment rates. Though ankylosing spondylitis cannot be cured completely its symptoms and disease

progression can be effectively managed through Ayurveda. He got symptomatic relief assessed by the Bath Ankylosing Spondylitis Disease Activity Index and improvement in the quality of life.

REFERENCES

1. <https://www.hopkinsarthritis.org/arthritisinfo/ankylosing-spondylitis/>
2. Wang R, Ward MM. Epidemiology of axial spondyloarthritis: an update. *Curr Opin Rheumatol*. 2018 Mar;30(2):137-143. [PMC free article] [PubMed]
3. "Ankylosing Spondylitis -Professional reference for Doctors - Patient UK". *Patient UK*. Archived from the original on 7 April 2014. Retrieved 26 May 2014.
4. <https://www.basdai.com/> BASDAI Bath Ankylosing Spondylitis Disease Activity Index
5. Mridul et al. / *Pharma Science Monitor* 5(3) Supl-1, Jul-Sep 2014, 197-204 Impact factor: 0.3397/ICV: 4.10 199.
6. Chakrapanidatta, Chakradatta, Amavata Chikitsa Prakaranam, Adhaya 25th/ 1, edited by Ramnath Dwivedi, Chaukhamba Sanskrit Bhavan Varanasi.
7. Acharya Sharngadhara, Sharngadhara Samhita, Chaukhamba Ayurvijnan Granthamala, Varanasi, reprinted-2011, pg.50, S. Pu.4/19.
8. Acharya Sharngadhara, Sharngadhara Samhita, Chaukhamba Ayurvijnan Granthamala, Varanasi, reprinted-2011, pg.34, S. Pu.4/20.
9. Cakradatta edited with Vaidyaprabha by Dr. Indradeva Tripathi, Pub. Chaukhambha Sanskrit Sansthana, Varanasi 1997, Edition 3rd.
10. Chakrapani, Charaka Samhita (Ayurveda Deepika Commentary of Chakrapani datta). Yadavaji Trikamji, editor. Chaukhambha Sanskrit Samsthana, Varanasi, 2014. pg.651- 652
11. Jameson, Fauci, Kasper St. Clair, Harrison's Principles of Internal Medicine Volume 2, 20th edition

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Veenu Yadav et al: Efficacy of Virechana Karma in Ankylosing spondylitis- A Case Study. *International Ayurvedic Medical Journal* {online} 2023 {cited June 2023} Available from: http://www.iamj.in/posts/images/upload/1455_1458.pdf