



AN AYURVEDIC MANAGEMENT OF ANKYLOSING SPONDYLITIS – A CASE REPORT

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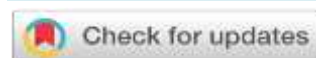
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ABSTRACT

Ankylosing spondylitis is a potentially debilitating and complex disease that is insidious in onset, progressing to radiological sacroiliitis over several years. The pathogenesis of AS is poorly understood. However, immune-mediated mechanisms involving human leukocyte antigen (HLA) B -27 inflammatory cellular infiltrates, cytokines, genetics, and environmental factors are thought to have keys roles. AS patients lose productivity owing to work disability and unemployment, have a substantial use off healthcare resources, and reduced quality of life. The presence of inflammatory back pain with sacroiliitis by radiography, magnetic resonance imaging, or computed tomography in the presence of clinical manifestations is diagnostic for AS. The patient's condition was assessed before and after treatment with disease-specific instruments for AS – Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), Bath Ankylosing Spondylitis Global Score (BAS-G), Bath Ankylosing Spondylitis Metrology Index (BASMI). Here we are reporting a case of AS with 'ANF' positive. According to Ayurveda AS is successfully managed with various *Panchkarma* procedures and internal *Ayurvedic* medicines.

Keywords: Ankylosing Spondylitis, *Panchkarma*, *Ayurvedic* medicines

INTRODUCTION

Ankylosing Spondylitis (AS) is a chronic, systemic, inflammatory disease that affects primarily sacro-iliac joints and the spine. It is classified along with seronegative spondyloarthritic diseases. It typically affects young adults and the male-to-female ratio is closer to 3:1. ⁽¹⁾ The median age of onset is 23 years. Patients with severe AS have a reduced quality of life and loss of productivity due to work disability. ⁽²⁾ No effective disease-modifying treatment has been established for AS. ⁽²⁾ Ankylosing Spondylitis (AS) belongs to a group of rheumatic diseases known as spondyloarthropathies (SpA), which shows a strong association with the genetic marker HLA-B27. The cause of AS is multifactorial, as in many autoimmune diseases, based on endogenous factors, such as the very strong genetic influences of the 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). ⁽³⁾ In AS, the enthesal fibro cartilage is the major target of the immune system, and there may be destructive synovitis. In the due course of time, chronic inflammation of the spine (spondylitis) can lead to a complete fusion of the vertebrae, which leads to marked axial immobility and deformities like Kyphosis of the thoracic spine, a process referred to as ankylosis. There is also the involvement of the peripheral joints and articular structures. There is the destruction of nearby articular tissues or joint tissues as the disease progresses. The new and original cartilages are replaced by bony tissue through fusion. This causes the fusion of the joints, and bones that cause stiffness and immobility.

This fusion leads to bamboo spine formation, a hallmark of AS. ⁽⁴⁾

Case Report

A 46-year-old male patient came to our OPD with a history of hypertension having complaints of severe low back ache accompanied by early morning stiffness, pain in the neck region with deformity (stooping forward of the neck), pain & swelling in B/L knee joints and ankle joints which make him unable to walk without support, tenderness present in knee joints and ankle joints, indigestion, burning in the chest region, burning micturation, fatigue, and weight loss. The pain was insidious in onset which aggravates during the night, early mornings, and after exposure to cold or cold seasons. Morning stiffness lasts for a few hours. The pain became persistent, bilateral, and gradually progressive for the last 4 years. The patient was diagnosed as having 'Ankylosing spondylitis' along with 'ANF' positive. The patient has been taking 'non-steroidal anti-inflammatory drugs' (NSAID) and various 'Disease Modifying Anti-Rheumatic Drugs' (DMARDs) for AS. The patient didn't get satisfactory and sustained relief with these medicines and came for *Ayurvedic* treatment. The patient has also complained of sleep disturbances due to severe pain and functional disability. All these factors affected the patient's daily routine work.

Physical findings such as loss of lumbar lordosis, stooping forward of neck, and exaggeration of thoracic Kyphosis which make the patient's posture abnormal. Pain in sacro-iliac joints and loss of spinal mobility, with restriction of flexion and extension of the lumbar spine, are present. Adduction and abduction movement of the lower limb is also restricted.

Table 1 -: Investigation

Investigation	Report
HLA-B 27	Positive
ANF	Positive
Hb	12.4 gm/dl
RA factor	14.89 IU/ml
CRP	75.35 IU/L
ESR	22 mm/hr
TSH	5.70 microIU/ml
Blood Urea	18.5 mg/dl

S.Creatinine	1.0 mg/dl
S.Uric Acid	5.8 mg/dl
S.Calcium	8.21 mg/dl
Vitamin D	38.23 ng/ml

Table 2 :- Assessment of Ayurvedic Parameters

Dosha	<i>Vata (++)</i> , <i>Kapha (+)</i>
Dooshya	<i>Asthi</i> , <i>Sandhi</i>
Agni	<i>Mandagni</i>
Kostha	<i>Kroor</i>
Prakruti	<i>Vata-Kaphaj</i>
Srotas	<i>Asthivaha srotas</i>

Table 3 :- O/E- Asthvidh Pariksha

Nadi	<i>Vata-Kaphaj</i>	Mala	<i>Kathin</i>
Shabd	<i>Spasth</i>	Akriti	<i>Madhyam</i>
Sparsh	<i>Prakrut</i>	Jivha	<i>Sama</i>
Mutra	<i>Daah</i>	Drik	<i>Prakrut</i>

TREATMENT:

Table 4 :- Panchkarma treatment

S.NO.	PROCEDURE	NO. OF DAYS	MEDICINES	REMARK
1	<i>Snehapan</i>	7 days	<i>Mahatiktak Ghrit</i>	Fatigue, anorexia, nausea, headache, Presence of <i>Snehamsa</i> in stool, Smooth stool, aversion towards ghrit All <i>Samyaka Lakshana</i> attained on the 7 th day.
2	<i>Snehana</i>	3 days	<i>Saindhavadi tail</i>	Pain reduced
3	<i>Swedana</i>	3 days	–	Pain reduced
4	<i>Virechan</i>	1 day	<i>Haritaki -30 gm</i> <i>Kutaki - 20 gm</i> <i>Trivrta - 20 gm</i> <i>Aaragvadha- 20 gm</i> <i>Draksha - 50</i> <i>(Decoction -200 ml)</i> <i>Eranda tail- 100 ml</i>	25 vegas
5	<i>Samsarjan karma</i>	5 days	<i>Manda</i> , <i>Peya</i> , <i>Yush</i> , <i>Vilepi</i>	Agni improved
6	<i>Patrapinda sweda</i>	7 days	<i>Eranda patra</i> , <i>Arka patra</i> , <i>Nirgundi patra</i> , <i>lemon</i> , <i>haridra</i> , <i>coco-nut etc.</i> <i>Saindhavadi tail is used for Abhyanga.</i>	Pain reduced
7	<i>Janu basti</i>	7 days	<i>Saindhavadi tail</i> + <i>Kottamchukadi tail</i>	Relief in knee joint pain and stiffness.

8	<i>Basti (Karma basti)</i>	30 days	<i>Erandmooladi nirooh basti - 350 ml</i> <i>Anuvasana basti - 60 ml</i>	<i>Nirooh basti - 12</i> <i>Anuvasana basti - 18</i>
9	<i>Majja basti (Matra basti)</i>	15 days	<i>Chandanbalalakshadi tail - 60 ml</i> <i>Majja - 40 ml</i> <i>Shatpushpa - 20 gm</i> <i>Saindhav - 5 gm</i>	Strengthen to the bone.
10	<i>Baluka Sweda</i>	SOS	<i>Baluka - 1kg</i> <i>Saindhav- 20 gm</i> <i>Ajwain- 20 gm</i>	Pain reduced

Table 5 -: Internal medicines

S.NO.	MEDICINE	DOSE	DURATION
1	<i>Simhnaad Guggul</i>	2 BD	30 DAYS
2	<i>Vaishvanar choorna</i>	8 gm HS	15 DAYS
3	<i>Avipattikar choorna</i> <i>Kaamdudha rasa</i> <i>Sootshekhar rasa</i> <i>Praval pishti</i>	3 gm 250 mg 250 mg 125 mg	15 DAYS
4	Muscalt forte	2 BD	30 DAYS
5	Neeri KFT	20 ml BD	20 DAYS
6	<i>Panchkol choorna</i> <i>Godanti bhasma</i> <i>Sankha bhasma</i>	3 gm 500 mg 250 mg	20 DAYS
7	Rheumat liniment	L/A	

Assessment

Assessment of the patient was done on the basis of changes at the clinical level before and after treatment. A visual Analogue Scale (VAS) of 10 cm was used for assigning the numerical scale of each sign and symptom.

Table 6 -: BATH ANKYLOSING SPONDILITIS FUNCTIONAL INDEX (BASFI)

DAILY ACTIVITIES	BT	AT
Brushing	7	4
Washing face	8	5
Washing plates	8	6
Holding vessels filled with water	9	5
Combing hair	7	2
Putting socks without help	10	8
Pick up a pen from the floor without aid	10	9
Getting up from an armless chair without aid	9	6
Reaching up to a high shelf without any help	10	8

Table 7 :- BATH ANKYLOSING SPONDILITIS DISEASE ACTIVITY INDEX (BASDAI)

SYMPTOMS	BT	AT
Fatigue	9	4
Neck pain, backpain, and hip pain	10	6
Pain or swelling in other joints	10	5
Morning stiffness- intensity	8	2
Morning stiffness –duration	3-4 hrs	10-15 mins

BATH ANKYLOSING SPONDILITIS METROLOGY INDEX (BASMI)

Axial spine – Kypho-scoliosis (No change after treatment)

BATH ANKYLOSING SPONDILITIS GLOBAL SCORE (BASGS)

The well-being of the patient based on VAS

BT (0 th week) - 10

AT (4th week) – 5

DISCUSSION

The patient has been taking 'non-steroidal anti-inflammatory drugs' (NSAID) and various 'Disease Modifying Anti-Rheumatic Drugs' (DMARDs) which were gradually tapered and completely withdrawn during the initial stages of Ayurvedic treatment. The condition was successfully managed with the help of various Panchkarma procedures such as Snehapan, Snehan, Swedan, Virechan, Erandamooladi Nirooha Basti, Majja Basti, Patra Pinda Sweda, Baluka Sweda, and Janu Basti. Snehan is the major preparatory procedure to be performed before Shodhan. The entire Shodhan procedure depends upon the proper mobilization of Dosha from the Shakha, which is achieved with the help of Snehan and Swedan. In the present case, the patient has been given Mahatiktaka Ghrith as a Shodhan Snehana in the form of Accha Snehana in the Uttama dose in the morning for seven days. The patient got relief in pain during Snehapan. Virechan is indicated in Pitta combined with Kapha and Vatavyadhi. In Ankylosing Spondylitis, the major vitiated Doshas are Vata and Kapha. So Virechan shows the tremendous result on patient complaints. The main Dosha vitiated in AS is Vata, to control this Erandamooladi Nirooha Basti is administered. It is one of the most praised decoctions used for treating Vata disorders. It brings back Vata blocked by Kapha or initiated Vata by any cause to a state of balance. According to physiology Vata

Dosha presides in Asthi Dhatu so the line of treatment of Vatavyadhi in AS is very helpful to elevate the Dosha and normalises the function of Vata Dosha. Thus, Majja Basti is very helpful in relieving the symptoms of AS. The indication of Majja describes that Majja is used in Asthigata Vikara and is also helpful in Bala Vriddhi. Majja given with the Chandanbalalakshadi tail in the form of Snehana Basti helps in reducing the pain and gives strength to the bone. Majja is Balya in nature having Vata Shamak properties and its contents which help in the regeneration of Asthi Dhatu.

CONCLUSION

At the end of therapy, the patient shows remarkable symptomatic relief with increased joint mobility. Due to the Ayurvedic treatment, his quality of life was improved. He started walking without any support and doing daily routine work himself. This is only one case; it needs to be studied further in a greater number of patients for a better assessment.

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