

CASE STUDY OF ANKYLOSING SPONDYLOSIS**^{1*}Vd. Sonam R. Ausare and ²Vd. Prerana P. Jawale**^{1*}Final Year M. D. Kayachikisa, R. A. Podar Medical Ayu College, Worli, Mumbai- 18.²M.D. Asso. Professor, R.A.Podar Medical [Ayu], College, Worli, Mumbai- 18.Article Received on
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Ankylosing spondylosis (AS) belongs to a group of Rheumatic disease known as the Spondyloarthropathies (SpA). It shows a strong association with genetic marker HLA-B 27. It is a chronic, systemic, inflammatory, rheumatic disorder of uncertain etiology primarily affecting the Axial skeleton. Inflammatory back pain and stiffness are prominent in early stage of disease. It usually starts in the late teens and early twenties and can lead to progressive bony fusion of the Sacroiliac joints and Vertebral column. In modern medicine long term use of NSAIDS and Immunosuppressant Drugs has been the mainstay of symptoms control. but it is ineffective in the typical AS Patients. Thus Regimented Ayurvedic Intervention in the early stages of the illness can be highly beneficial in that further progression of the illness can be prevented.

Here i present the case of 33 years old male Patient, whose early diagnosis of AS permitted successful management according to ayurvedic principles. Though initially bedridden due to severe pain, he returned to normal life.

CASE HISTORY

A 33 years old male patient named XYZ, residence of Andheri, Mumbai, who had apparently been normal three months previously, insidiously developing.

- severe lower backache
- morning Stiffness (more than 1 hour)
- intermittent fever associated with chills and headache
- B/L knee joint, B/L ankle joint swelling and pain.

On 9 september 2014 On blood investigation, patient was diagnosed HLA-B27 positive, having Ankylosing Spondylosis (AS). He has taken treatment from KEM Hospital, Mumbai. Then presented to our IPD with report to take Ayurvedic treatment on 20/12/2014.

Family History

The patient had a history of PTB (in 2011), treatment taken Cat I for 6 months and Patient having Childhood Asthma, also patient was newly diagnosed Bronchiectasis. The patient had been prescribed the following medication; Tab Doxoline 400 ×1 BD

Tab Methotrexate 2.5 × 1/week

Nebulisation- Duoline + Budecart × TDS.

On Examination:

Vitals: Pulse- 86/min, regular, full volume.

B.P.- 110/70 mm of Hg.

Temp- 98°F

Respiratory Rate and sound- 20/min and B/L Basal crepitation.

SpO2- 90 %

CNS- Consious and oriented

CVS- S1S2 normal

P/A- Soft and non- tender.

X-ray Whole Spine AP and Lateral- Mild Scoliosis was observed in Thoracolumbar region towards right, Lumbar lordosis obliterated. Tenderness over Sacroiliac joints and over L3 , L4, L5 regions and B/L Sacroilitis.

SLRT (Straight Leg Raising Test)

Rt- 40% M.R.- Painful, L.R.- Painful

LT- 40% M.R.- Painful, L.R.- Painful

The investigations had the following findings: Hb= 10.6 gm%, ESR= 65 mm/hr, RBC= 4.9 mili/cumm, WBC= 4.270 /cumm, RBS= 126 mg/dl,

(09/09/2014) CRP= 30.1, CPK= 130 U/l, Sr. Creatinine= 1.1 mg/dl, HLA-B27 (Human leucocyte antigen) By flow cytometry= positive. Urine= NAD, USG Abdo-Pelvis= NAD.

(20/09/2014) HRCT Of Chest= Tubular bronchiectasis, all segment B/L lower lobe and all segment of Rt UL and ML are calcified. Pantubular emphysema and tubular cystic bronchiectasis changes are seen.

20/09/2014) CT Of Whole Spine= Minimal disc bulges is seen involving cervical vertebrae without causing cord compression on screening Spine. Erosion of Iliac and sacral aspect of both side of joint. Lumbar vertebral joints are spaced. Pubic symphysis is normal.

Then the patient was thoroughly analysed to ayurvedic form, from which by applying the method of exclusion he was diagnosed as having Amavata and treated strategy was formulated.

The vyadhi was considered as Yapyra and the patients relatives were accordingly counseled regarding to the nature of the illness and treatment was begun.

Treatment: As follows

First of all, Deepan and Pachan chikitsa was given;

1] Aarogyavardhini Vati 250 mg \times 2 BID \times Koshna jala.

2] Vishatindook Vati 125 mg \times 1 TDS \times Koshna jala.

3] Rasna Saptak Kwath \times 30 ml \times TDS \times Koshna jala.

For 15
Days

Then gradually over a period of 1 week, the Modern medicine were tapered and stopped. In high grade fever, patient was advised Amritarishtha \times 30 ml \times TDS. When fever had gone, lepa was applied to the Sacroiliac joints and other painful joints. Together with the a healed mixture of **Dashanga lepa + Latakaranj beej majja choorna**. And then swelling over joints subsided.

After this, he was treated with **Merudanda Basti of Karkatadya tail** which was made up of Karkatak Prushtha, Teel Tail, Raktachandan, Rajani, Shatawari and Bilwamajja.



In this way, he was managed for a period of 1 month, after which he was able to walk without support and the severity of the pain reduced. Also the fever had subsided, internal medication was changed.

- 1] Simhanad Guggul \times 250mg \times 2 BID
- 2] Maharasnadi Kwatha \times 30 ml \times TDS
- 3] Hingwashtaka choorna \times 3 gm \times before food with Ghrita
- 4] Samshani Vati \times 250 mg \times QID
- 5] Gandharva Haritaki Choorna \times 3 gm \times at night

Then patient was advised to YogabastiKram for 7 days then shifted to **Panchatiktaghrutaksheer Basti with Anuvasan of Mahavisagarbha tail** for 14 Days.

Mild Spinal exercises were also advised to prevent occurrence of stiffness in due to course of time. Also we advised treatment for Bronchiectasis: 1] Shwaskuthar Ras \times 250 mg \times 2 BID
2] Yashtimadhoo Phanta \times 30 ml \times muhurmu
3] Vardhaman Pippali Rasayan

RESULT

During initial stages of treatment, the patient had to endure increased of pain due to the absence of pain killer. As he gradually started to improve and once the fever had subsided, recovery was fast. After the course of **Merudanda Basti and Panchatiktaghrutaksheer Basti**, he was totally relieved of pain. He was able to move his joints freely without stiffness. His ESR had come down to 10 mm/hr after 3 months of treatment. His SLRT strongly progressed upto 80 %.

CONCLUSION

The case highlight the fact that confidence can be placed in Ayurvedic treatment principles even in a case where modern medicines progress is poor. The patient was diagnosed in Ayurvedic term and treated accordingly Merudanda Basti and panchatiktaghrutaksheer Basti forms the mainstay of treatment in case of Ankylosing Spondylosis (AS). As now he is symptomatically normal, which in the content of modern medicine. According to Ayurveda future exacerbation and relapse can be prevented by medication and proper diet.