

## A CASE STUDY ON THE AYURVEDIC MANAGEMENT OF ANKYLOSING SPONDYLITIS

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### ABSTRACT

Ankylosing spondylitis is a chronic, systemic, inflammatory disease which affects primarily sacro-iliac joints and spine. Ankylosing spondylitis 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. Various Panchkarma procedures and internal Ayurvedic medicines have been proved beneficial in the management of Ankylosing spondylitis. The present report deals with a case of Ankylosing spondylitis came to our care for Ayurvedic treatment. Patient was diagnosed as having Asthi-majja gata vata according to Ayurveda and treated with various panchkarma procedures and internal

medicines. A criterion of assessment was based on the scoring of Bath Ankylosing Spondylitis Disease Activity Index (BASDAI). Total two assessments were carried out before and after treatment. Patient has showed good improvement on BASDAI. Improvement was found in signs and symptoms like fatigue, neck/ back / hip pain, tenderness and intensity as well as duration of morning stiffness. Ayurvedic treatment seems to be promising in the management of Ankylosing spondylitis without causing any adverse effects.

**KEYWORDS:** Ankylosing Spondylitis, Asthi-majja gata vata, Panchakarma; Anuvasan - Niruha basti; Ayurvedic medicines.

## INTRODUCTION

Ankylosing spondylitis is a chronic, systemic, inflammatory disease which affects primarily sacro-iliac joints and spine. It is classified along with the seronegative spondyloarthritic diseases. It typically affects young adults and male –female ratio is closer to 3:1. The median age of onset is 23 yrs.<sup>[1]</sup> Ankylosing spondylitis is a complex, unpredictable disease which has puzzled as well as frustrated clinicians and scientist alike for centuries. Worldwide prevalence of AS is up to 0.9%. Its gradually progressive condition over several years until structural damage manifests clinically as sacroilitis, loss of spinal mobility, extra-articular symptoms, peripheral arthritis and reduced quality of life, loss of productivity due to work disability and sick leave.<sup>[2]</sup>

Non-steroidal, anti-inflammatory drugs (NSAID), corticosteroid and various disease modifying anti-rheumatic drugs are used to treat AS. However, these treatments are of limited benefit. Corticostreoids are associated with numerous side effects, especially when given systemically over long periods of time. No effective disease modifying treatment has been established for AS.<sup>[3]</sup> In Ayurvedic Samhitas, Ankylosing Spondylitis can be correlated with the asthi majja gata vata.<sup>[4]</sup> The symptoms of asthimajjagata vata like asthibhedo (pricking pain in bones), sandhi shoola (pain in joints), mamsa kshya (atrophy of muscles), bala kshaya (weakness), aswapnam(loss of sleep), santata ruka(continuous pain) are similar an Ankylosing Spondylitis. In charak chikitsa sutra, line of treatment mentioned- various panchkarma procedures and internal Ayurvedic medicines.<sup>[5]</sup>

## CASE DESCRIPTION

A 30 yrs. old male patient, visited the OPD of Kayachikitsa deparment, SMBT ayurvedic hospital in dhamangaon, Nashik, with chief complaints of low back pain, neck pain accompanied by early morning stiffness. The pain was insidious In onset which aggravates during night, early mornings and cold seasons. Morning stiffness lasts for few hrs and gradually improves with activity. The pain gradually progressive sinse last 6 yrs. He was taken to an allopathic hospital in Nashik. There, he was diagnosed with Ankylosing Spondylitis. He took allopathic treatment Non –steroidal anti-inflammatory drugs(NSAID), corticosteroids and various Disease modifying anti-rheumatic drugs for AS. Patient didn't get satisfactory relief with these medicines. He then visited the OPD of Kayachikitsa Department of SMBT ayurvedic hospital dhamangaon Nashik.

Physical findings such as loss of spinal mobility, with restriction of flexion and extension of the lumbar spine and neck were found. Restriction in expansion of the chest was also found. Pain in the sacro-iliac joints was elicited with directed pressure. Neck pain and stiffness were noticed which indicates of advanced disease. There are no extra articular manifestations in present case.

## INVESTIGATION

1. Haematological –HLA-B27 was positive with increased levels of C reactive protein(CRP) and a raised Erythrocyte sedimentation rate (ESR).
2. Radiological (X-ray)-Sacroilitis was detected.

All other haematological, biochemical investigations, renal function tests, thyroid profile and urine examination reports were normal.

## DIAGNOSIS, ASSESSMENT & TREATMENT

The most common classification system for the diagnosis of AS is the Modified New York Criteria.<sup>[6]</sup> Plain films of the sacro-iliac joints are the standard initial test for diagnosis of AS. Sacroilitis is the cardinal feature and is essential for diagnosis of AS based on the 1984 modified New York criteria.<sup>[6]</sup> HLA-B27 gene is not a diagnostic test for AS it may be useful in determining the need for further evaluation. Erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) like acute phase reactants may be variably elevated in AS.<sup>[1]</sup> In present case the diagnosis of AS has been made based on the combination of suggestive symptoms, physical examination findings and imaging.

A criterion of assessment in present case was based on the scoring of Bath Ankylosing Spondylitis Disease Activity Index (BASDAI).<sup>[7]</sup> The BASDAI has been the most frequently used measure for AS and has become the gold standard measure for use in clinical trials. The purpose of BASDAI is to measure patient reported disease activity in patients with AS. It consists of 6 items which measures patient –reported levels back pain, fatigue, peripheral joint pain and swelling, localized tenderness and the duration & severity of morning stiffness. Numeric response scale (0-10) anchored by adjectival descriptors “none” and very severe. The final score of BASDAI ranges from ‘0’ (which indicates no disease activity) to ‘10’ (which indicates maximum disease activity). A cut off score of 4 is used to define active disease.<sup>[8]</sup> Total two assessments were taken, pre treatment (baseline) and post treatment (after 6 months completion of treatment). The patient was diagnosed as having Asthi-majja gata vata according to Ayurveda and treated with various panchkarma procedures like Matra basti-

Sahacharadi taila, Niruha basti –erandmuladi basti, various internal medicines and physiotherapy. The purpose of treatment was to alleviate symptoms, to reduce disability and to improve quality of life.

### TREATMENT & METHODOLOGY SCHEDULE

Duration –Treatment was planned in two sittings with a gap period of 6 months

Panchkarma intervention

Treatment		MEDICINE
Abhayanga		Sahacharadi taila
Patra pind swedan		
Basti	Anuvasan basti	Sahacharadi taila (80ml)
	Niruha basti	Erandmuladi basti (470ml)
		Honey-80ml
		Saindhav -5gm
		Sahacharadi taila-80ml
		Erandmuladi kalka-25gm
		Erandmuladi kwath-280ml

MEDICINE	DOSE	FREQUENCY	ANUPANA
Agnitundi vati	250mg	Twice a day, after food	Koshna jala
Simhanada guggulu	250 mg	Twice a day, after food	Ginger juice
Mahavatavidhwansa rasa	250 mg	Twice a day, after food	Koshna jala
Erand sneha	20 ml	HS, after food	Koshna jala
Maharasnadi kwath	20ml	Twice a day, after food	Koshana jala

### DISCUSSION

As belongs to the group of spondyloarthropathies and it is one of the common rheumatic disease. Sacroilitis is the earliest recognized manifestations of AS, but peripheral joints and extra-articular structures may also be affected. It is insidious in onset, striking individuals, mostly men at an early age, subsequently progresses over several years and leads to deformity. The most serious complication encountered in AS is spinal fracture. Even minor trauma to the rigid, fragile spinal column can cause severe damage.

According to Ayurvedic tridosha teachings rheumatic symptoms result from an inequality and disharmony among the three doshas in particular form a predominance and dysfunction of the vata dosha.<sup>[3]</sup> Asthi-majja gata vata is characterized by vitiated vata affecting Asthi dhatu (bones). Asthi-majja gata vata is characterized by the signs and symptoms like, asthibheda (pain in bones), sandhi shoola, mamsa kshaya (atrophy of muscles), bala kshaya, aswapna (disturbed sleep) and santata ruk (continuous pain). Adhasthi

(fusion/ankylosis/osteophyte formation) is the manifestation of Asthi pradoshja vikara (disease of bones). Snehan (oleation), swedan and panchkarma procedures like Anuvasan basti, niruha basti are indicated in bone pathology.<sup>[4]</sup> The present case was diagnosed and treated according to Asthi-majja gata vata.

The patient has been taking various NSAIDs, corticosteroids and DMARDs, which were gradually tapered and completely withdrawn during the initial stages of Ayurvedic treatment. Massage with Sahacharadi taila, sarvang swedan was performed. All ingredients of sahacharadi taila and patra pinda swedan possess vatakapahar qualities which are nourishing in nature and is indicated for brumhana, strengthening dhatus and vata pacification. Abhyanga, alleviates vatadosha and provide strength. Abhyanga with bala tailam and patra pinda swedan was performed in anulomagati because the dosha involved is vata, causing inability to transmit nerve impulse. Patra pinda swedan is a type of swedan it helps to reduced pain and stiffness. Basti is an effective treatment for vata. It facilitates rapid absorption action of medicated oils and decoctions for vata disorders.

Also we started Ayurvedic treatment (shaman chikitsa) based on symptoms and selected Ayurvedic drugs which are follows-

Simhanada guggulu-

simhanada guggulu has strtoshodhak properties, lekhan and agnideepan properties, the relief provided in sandhi shoth- shoola, sandhi graha and sandhi sparsha asahatwa was statistically highly significant.

Agnitundi vati- Agnitundi vati was found more significant in shoola(pain), in stambha (stiffness), in spandan (twitching), relief was found associated symptoms such as arochak, nidra, Gaurav, etc.

Erand sneha- Erand sneha possess properties which causes increase in digestive fire, penetrate into micro-channel, pacify vata –kapha doshas and remove them via purgation.

Maharasnadi kwath, Mahavatavidhwansa rasa etc- Ayurvedic treatment in this case, were directed toward alleviating symptoms and reduce severe disability. These drugs and procedures have the properties to treat the manifestation of ankylosing spondylitis such as pain, inflammation, stiffness, fatigue etc.

The baseline score (before starting our treatment) on BASDAI was '4.5' and after 6 months completion of treatment the score on BASDAI was reduced to 0.9 I.e, there was 80% of

improvement found. Good Improvement was found in fatigue(tiredness) (80%), 'neck/back/hip pain (75% relief),' tenderness (80%), and intensity as well as duration of morning stiffness (88% relief). Patients sleep, appetite and quality of life were improved. No adverse effects were reported by the patient. The patient got clinically meaningful improvement by internal medicines along with dietary restrictions (advised to avoid dairy products and to drink hot water) and life style changes. Ayurvedic treatment seems to be promising in the management of AS with in short period of time and without causing any adverse effect.

## CONCLUSION

The Ayurvedic diagnosis of Asthi-majja gata vata is made for Ankylosing spondylitis in present case. This combined Ayurvedic treatment of above mentioned oral Ayurvedic drugs and panchkarma procedures have provided promising results especially in reducing the pain, decreasing the severity of deformities and also improving quality of life within short time and without causing any adverse effects in present case.

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