

THE ROLE OF AYURVEDIC MANAGEMENT OF ASTHIMAJJAGATVATA W.S.R. TO ANKYLOSING SPONDYLITIS- A CASE STUDY

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ABSTRACT

Background: Asthimajjagatvata Described in Ayurveda Resembles Ankylosing spondylitis, a systemic Inflammatory Auto immune Disease With chronic lower back pain Alternative buttock Pain Due to sacroiliac joint inflammation and progressive spinal rigidity. **Objective:** To evaluate ayurvedic management in case of Asthimajjagatvata (ankylosing spondylitis **Method:** A 31year-old female with restricted movement of the shoulder joint and hip joint, morning stiffness lasting more than 30 minutes, and neck stiffness was treated with Simhanad Guggulu, Punarnava Guggulu, Aamvatari Ras, along with Panchakarma therapies including Vaitaran Basti and Valuka Pottali Sweda. Result: within 15 days of treatment marked improvement was observed in morning stiffness and restricted movement and reduces patient discomfort. **Conclusion:** Ayurvedic medicines in conjunction with Panchakarma therapy are effective in alleviating symptoms of Ankylosing Spondylitis. The

intervention appears to reduce vitiated Vata and Kapha doshas, restore disturbed joint movements, and enhance overall quality of life by nourishing the body and supporting functional improvement.

KEYWORDS: Ayurveda, Asthimajjagatvata, Ankylosing spondylitis.

INTRODUCTION

Ayurveda, the ancient science of life, explains health as a balance of the three doshas – Vata, Pitta and Kapha. Among them, Vata is the prime regulator, and its vitiation leads to various musculoskeletal and degenerative disorders. One such condition is Asthimajjagata Vata, which occurs due to derangement of Vata in the Asthi (bone) and Majja (bone marrow) dhatus, producing symptoms like joint pain, stiffness, restricted movements, and deformities of the spine and large joints. These features closely resemble Ankylosing Spondylitis (AS), a chronic progressive inflammatory disorder of the axial skeleton marked by lower backache, morning stiffness, and eventual spinal rigidity.

भेदोऽस्थिपर्वणां सस्थिशूलां मांसबलक्षयः।

अथर्ग्रा सांतता रुक् च मज्जस्थिकुपपतेजनले॥"च.च. २८/३३. [1]

According to Charaka Samhita, the features of Asthimajjagata Vata include Asthi Parvanam Bheda (crepitus or cracking sounds in joints), Sandhishoola (joint pain), Mamsa Bala Kshaya (muscle wasting and weakness), Asvapna (insomnia due to pain), Satata Ruk (persistent pain), and Majjastikrita Pidnam (deep pain arising from bone and marrow). [1] These classical lakshanas closely resemble the clinical manifestations of Ankylosing Spondylitis.

A chronic systemic Inflammatory Auto immune Disease Classified under axial Spondylo arthropathies Primarily affecting the sacroiliac joints and spine Leading to progressive pain stiffness and potential ankylosis(fusion) of the vertebra characterised by Enthesitis (Inflammation at tendon/ Ligament insertion sites) and Strong genetic association with HLA-B27 Predominantly affects young adults. Peak onset 20 to 30 years with significant implication for physical function and quality of life. Presenting symptoms like, chronic backache, morning stiffness, reduced spinal mobility, large joint involvement, and progressive deformity of the axial skeleton. [2]

AIM

CONCEPTUAL STUDY OF ASTHIMAJJAGATVATA (ANKYLOSING SPONDYLITIS).

MATERIAL AND METHODS

Present work is based on a review of Classical information, relevant Published research work and modern literature.

Method: single case study.

PLACE

PG department of kayachikitsa laxmanrao kalasapurkar Ayurvedic hospital Yavatmal, Affiliated with D. M.M Ayurved college yavatmal.

CASE REPORT

A 31 years old female patient came to OPD of kayachikitsa department With chief complaints of

1. Dwya ansa sandhi shoola & graha. (B/L shoulder joint pain & stiffness)
2. Manya pradeshi graha (Neck stiffness)
3. Katishoola & Prushthashool (back and lower back ache)
4. Dwya manibandha sandhi shoola. (B/L wrist joint pain)
5. Prabhate graha.(morning stiffness).

All symptoms occurring since 6 years.

HISTORY OF PRESENT ILLNESS

A 31year old female patient came to OPD With complaints of B/L shoulder joint pain and stiffness, Backache, lower back ache, B/L wrist joint pain with morning stiffness and neck stiffness since 6 years. Patient also complains lack of sleep due to severe pain. She consulted a Rheumatologist for the same and was diagnosed with ankylosing spondylitis. She took allopathic treatment for 4 years and ayurvedic treatment for one year and experience the very few relief in symptoms. However after stopping the treatment there were increase in morning stiffness and patient was unable to do her daily Activities. Then she consulted to our OPD for the further treatment.

HISTORY OF PAST ILLNESS

No history of Hypertension, Diabetes mellitus, Thyroid And Bronchial asthma, No drug allergy, No any history of surgery.

FAMILY HISTORY

No significant family history showing the same complaints was observed.

ASHTAVIDHA PARIKSHA

- Nadi – 70/min ,regular with vata kapha dominance

- Muta- Samyak 7-9 times/day and 0–1 times/night
- Mala -samyak, 1-2 times/ day
- Jiwha- saam (undigested food particles)
- Shabda -spashta (clear)
- Sparsha - Anushnasheeta (not too hot)
- Drik -Prakruta (normal)
- Akrti (body stature)- sthoola (obese)

LOCAL EXAMINATION

On local examination of manibandha sandhi (b/l wrist joint) moderate swelling was present with marked tenderness and mild redness with mild rise in temperature. Movement of b/l shoulder joint was painful and restricted. stiffness was present in neck and back region.

SYSTEMIC EXAMINATION

RS – B/L Clear

CVS – S1 S2 Normal

CNS – Conscious Oriented P/A – Soft N/T

INVESTIGATION

Hb- 10.2 gm%

WBC Count- 10,340/cmm Platelets- 3,89,000 /cmm

RBC- 3.44 mil/cmm

E.S.R- 25 mm/ 1 hr

RA Factor- Positive (Titre-22.9) CRP Test – Negative

HLA b-27 – positive

SAMPRAPTI^[3]

Nidan sewan (vata kapha prakopak ahar vihar)



Visham jatharagni leads to ama utpatti and vata prakopa



Vimarga gaman of vata dosha along with ama via rasavahini dhamni to asthimajjavaha strotas



Sthan sanshray of vata along with ama in asthi and majja leading to dosha dushya sammurchana produces asthi saushirya and mruduta



Asthimajjagatvata Utpatti (occurrence of symptoms such as sandhishoola, prushthashool, and prabhate graha).

SAMPRAPTI GHATAK

- **Dosha** – Vatakapha Pradhan tridosha
- **Dushya** – Rasa, Mansa, Asthi, Snayu, Sandhi, Kandara
- **Srotas** – Rasavaha Srotas, Asthivaha Srotas, Majjavaha strotas
- **Srotodushti** – Sanga, Vimarg gamana
- **Agni** – Mandhagni,
- **Adhishthana** – Sarva Sandhi
- **Vyadhimarga** – Madhyam Rogmarga (Marmaasthisandhi)
- **Utpatti Sthana** – Pakwashaya
- **Sanchara Sthana** – Pristha, Kati, Manya
- **Upashaya** – Ushna Sweda
- **Vyadhiswabhabha** - Chirkari

DIAGNOSIS: ASTHI MAJJAGATVATA

TREATMENT DETAILS: SHAMAN CHIKITSA

Sr. No.	Medicine	Dose	Duration	Anupan
1	Simhanad Guggul	500 mg	Twice a day	Lukewarm water
2	Punarnava Guggul	500 mg	Twice a day	Lukewarm water
3	Amvatari Rasa	250 mg	Twice a day	Lukewarm water
4	Arogyavardhini vati	250 mg	Twice a day	Lukewarm water
5	Agnitundi vati	250 mg	Twice a day	Lukewarm water
6.	Sutshekhar Rasa	250 mg	Twice a day	Lukewarm water
7.	Vatvidhwansa Rasa	250 mg	Twice a day	Lukewarm water
6	Dashmool, Rasna, Guduchi Trikatu, Avipattikar, Punarnava	1gm each	Twice a day	Lukewarm water
7	Panchsakar Churna	3gm	HS	Lukewarm water
8	Dashmool + Guduchi bharad kwath	30ml	Twice a day	Lukewarm water

PANCHAKARMA TREATMENT

Vaitaran Basti and Valuka pottali sweda

Vaitaran basti

vaitaran basti is a form of Niruha basti i.e decoction of enema. In decoction enema makshik (honey), saindhav lavan (rock salt), Sneha (oil/ ghee), kalka (paste of medicine), kwatha (decoction or gomutra) are added in order. They are made into homogenous liquid mixture and

administered as an enema.



Valuka pottali sweda

Acharya vagbhata mentioned tapa sweda in ashtang hriday sutrasthan; swedavidhi adhyay. One of them is valuka pottali sweda in which valuka (sand) is heated to tolerable temperature and tied in pottali (bolus). The bolus is heated in pan; the heated bolus is continuously rubbed over affected area. It gives relief from the symptoms like pain, stiffness and helps in betterment of movement of joints.



ASSESSMENT CRITERIA AND OBSERVATION

Assessment Criteria- The **BASDAI** Score is the gold Standard for measuring disease activity and thus functional status in the person with Ankylosing Spondylitis. It is a self-reported questionnaire that is made up of 6 questions related to 5 major symptoms I.e.

1. Fatigue
2. Spinal Pain (Back and Neck pain)
3. Arthralgia (Joint Pain/ Swelling)
4. Areas of localised tenderness
5. Morning Stiffness Duration
6. Morning stiffness Severity.

Each question is answered on a 10cm Visual Analogue Scale. 0 score for none symptoms and 10 for very severe symptoms. The total score 0 to 50 divided by 5 to give a Final 0 to 10 BASDAI score. Score of 4 or greater suggest Suboptimal Control of Disease. The higher the

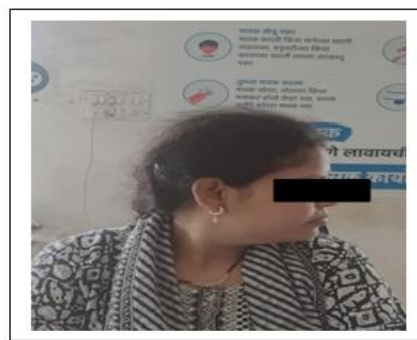
Score, the more severe the patient's disability due to Ankylosing Spondylitis.^[4] The Baseline Score (before starting our treatment) on BASDAI was '6.8' and After 4 months of treatment the score on BASDAI was reduced to '2.2' i.e. there was 68% improvement was found.

RESULT

After shaman chikitsa of 4 months and shodhan chikitsa for 15 days there were marked improvement in all the symptoms in patient, and patient was able to perform her daily activities without any restrictions.



BEFORE TREATME



AFTER TREATMENT

As shown in above pictures before treatment, the patient demonstrated restricted cervical movements with considerable stiffness. After treatment, there was notable improvement in neck mobility along with a marked reduction in stiffness.

DISCUSSION

In the present era of fast-paced lifestyles, irregular schedules, physical strain, and frequent jerky movements during travel contribute significantly to the rising incidence of spinal disorders. Ankylosing Spondylitis (AS), a chronic inflammatory condition belonging to the spectrum of Spondyloarthropathies (SpA), is one such disorder. In Ayurvedic literature, AS can be closely correlated with Asthimajagata Vata, as both conditions exhibit comparable clinical features, including pain, stiffness, and restricted mobility. In this case, the patient was managed with a combined approach of Sanshamana Chikitsa (palliative measures) and Sanshodhana Chikitsa (purificatory therapies) over a duration of four months. Marked clinical improvement was observed, particularly in asthisandhishool (pain in joints) and Prabhate Graha (morning stiffness). Additionally, significant reduction in lower backache, and neck stiffness was recorded, highlighting the therapeutic potential of the intervention. The treatment protocol comprised internal Ayurvedic medicines along with Panchakarma

procedures. Specifically, Deepana–Pachana Aushadhi, Vaitaran Basti, and Sewdan like Valuka Pottali Sweda were administered as part of the regimen. The integrative approach not only alleviated symptoms but also contributed to improved functional capacity and overall quality of life in the patient.

Sanshaman aushadhi chikitsa^[5]

Simhnad Guggulu

It contains guggul, shudha gandhak, triphala, Eranda tail works by digesting and eliminating Ama, pacifying Vata, and detoxifying the joints. It improves Agni (digestive fire), reduces inflammation, and relieves pain, stiffness associated with AS.

Aamvatari Ras

It contains Shuddha parad, Shuddha gandhak, chitrak triphala, guggul, eranda taila works by digesting Ama, pacifying Vata, and reducing joint pain, stiffness, and swelling. Its ingredients help restore Agni (digestive fire), improve metabolism,

Agnitundi Vati

It contains Shuddha parad, gandhak, vatsanabh sajjikshar, yavakshar, chitrak, ajmoda, saindhav namak etc stimulates Agni (digestive fire), helps in Ama pachan (digestion of toxins), and supports Vata balance.

Vatvidhavansa Rasa

It contains Shudha Parad, Gandhak, Vanga, loha bhasma, tamra bhasma, Shudha tankan, Trikatu, Shudha Vatsanabh etc which are Vatakapsha shamak. Vatsanabh is vednasthapak strengthens the nadi sansthan reducing daurbalya.

Other shaman drugs

In asthimajjagatvata combination of dashmool, rasna, avipattikar, Trikatu, Punarnava, Guduchi as administered. Dashmool and Rasna help pacify aggravated Vata and reduce pain and stiffness through their anti-inflammatory and analgesic properties. Trikatu enhances Agni and improves bioavailability of other drugs, while Avipattikar and Punarnava act as mild purgative and diuretic agents, aiding in Ama pachana, detoxification, and reducing inflammation. There by reducing symptoms of asthimajjagatvata.

Shodhan chikitsa and their mode of action

Vaitaran Basti: Vaitaran basti has been given to patient for 8 days.

Vaitarana Basti acts primarily on the Pakvashaya, which is the main sthan of Vata dosha.

The main ingredient, Gomutra has agnideepana (appetizer) and pachana (digestive), strotovishodhana, vatanulomak properties. It helps in breaking down Ama, the sticky, toxic byproduct of indigestion that blocks bodily channels. In vaitaran basti instead of makshik gud is used, as it is laghu, vitmutraamshayashodhak (cleanses faeces, urine, and stomach), vatapittaghna.

The Saindhava is Sukshma (subtle) reaches upto the microchannels of the body enhances the absorption of active ingredients and helps to soften and snigdha guna liquefy accumulated toxins, promoting their removal from the body Amleeka (Tamarind pulp), being vatakaphashamak, ruksha, ushna mildly sour and laxative, stimulates the bowel and assists in cleansing the colon. This helps in the elimination of Ama and regulation of Apana Vata (the subtype of Vata responsible for excretion). Sneha (oil) is added which reduces vatadushti softens the microchannels, helps soothen the intestinal mucosa without aggravating Ama. Through this combined action, Vaitarana Basti Stimulates digestion Breaks down and expels Ama Regulates Vata movement Relieves joint pain and stiffness Reduces inflammation Thus, it is particularly effective in conditions like asthimajjagatvata, amavata etc.

Valuka Pottali Sweda: Valuka pottali sweda has been given to patient for 15 days

Valuka Pottali Sweda acts through localized dry heat, which absorbs ama and kleda, alleviates stiffness and heaviness, and enhances circulation. This results in reduction of pain and swelling with improved mobility in affected joints.

CONCLUSION

The present case study highlights that Ayurvedic Panchakarma interventions combined with internal medications yielded favourable outcomes. These interventions were effective in alleviating pain, minimizing deformity, and enhancing quality of life without producing adverse effects. Modern management of Ankylosing Spondylitis remains largely symptomatic, offering temporary pain relief and inflammation control but failing to halt disease progression, with long-term therapy limited by adverse effects and high cost. In contrast, Ayurvedic treatment approaches aim at correcting dosha imbalance, eliminating ama, and nourishing tissues, thereby providing sustainable symptom relief, functional improvement, and better quality of life.

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