

A CASE STUDY OF AN AYURVEDA-PANCHAKARMA APPROACH TO ANKYLOSING SPONDYLITIS MANAGEMENT

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ABSTRACT

Ankylosing spondylitis is an inflammatory disease affecting the lower back of the body starting with sacroiliitis, in the later stage affect the whole spine by fusing the vertebrae. Extraskkeletal manifestation like IBS (50%), acute anterior uveitis (25-35%) and psoriasis (10%). There is increase in flow of patients in Indian systems of medicine due to poor response of treatment and associated side effect in contemporary medical science.

KEYWORDS: Ankylosing Spondylitis, Amavata, Ayurveda, Panchakarma, Vaitarana Basti, Autoimmune, Case Study.

INTRODUCTION

Ankylosing Spondylitis (AS) is a chronic, inflammatory autoimmune disorder that predominantly affects the axial skeleton. Characterized by sacroiliitis and progressive vertebral fusion, AS also presents with extra-skeletal symptoms such as IBS, uveitis, and psoriasis.

Limitations of contemporary treatment approaches, especially in long-term symptom relief, have directed attention toward traditional Ayurvedic interventions. This study presents a case of AS managed using Panchakarma principles.

Patient Information

Name: K. Raghavendra

Age: 44 years

History: Gradual onset of low back and bilateral joint pain, morning stiffness, and intermittent fever

Comorbidities: Known case of T2DM

Investigations: Elevated CRP, Positive HLA-B27, ESR 40 mm/hr, MRI confirmed sacroiliitis.

CASE REPORT

A case of 44 years old male patient who was apparently been normal before 8 months insidiously he developed pain and stiffness in low back and bilateral hip region it was more during morning and night, pain and swelling in B/L knee and ankle joints, fever, loss of appetite, intermittent fever, early morning stiffness for 1 hour sleep disturbed due to combination of fever and pain and difficulty in walking. K/C/O T2DM from past 5 years.

HISTORIES

Personal History

Appetite: Low

Sleep : Adequate

Bowel : Regular

Micturition: Normal

Addictions: Smoking since 5 years

Family History

Patient father had h/o Ankylosing Spondylitis.

EXAMINATION OF PATIENT

Vitals: Pulse: 80/min,

BP: 120/74 mmHg

Temperature 99.4 F (Low grade fever)

Respiratory rate-20/min.

The nervous system, cardio-vascular system, and respiratory system has not detected any abnormality. Per abdomen examination was normal.

Spine-mild scoliosis was observed in the thoracolumbar region toward right and tenderness over 13, 14, 15 region, also tenderness over bilateral sacroiliac joints.

Other joints- there was swelling, temperature, and tenderness over bilateral knee joints and ankle joints

Movements were restricted and painful.

Straight leg raising test was positive on both sides

Schober's test: Positive

Tiredness

Less appetite

Investigations

1.Haemoglobin : 11.5%

2.CRP: 206 mg/dl

3.RA factor: Negative

4.HLAB27: Positive

5.FBS: 91mg/dl

6.PPBS: 124mg/dl

7. ESR: 40mm/hr

8. Urine Routine

Sugar:++

Albumin: Nil

M/E: Puscells: 3-4 hpf

Endothelial Cells: 2-3 hpf

Ayurvedic Diagnosis

Vyadhi: Amavata, differentiated from Vatarakta and Grdhrasi.

Clinical symptoms aligned with Ama-dominant Vata-Kapha disorders

Treatment Plan

Valuka Sweda (5 days): Localized sudation for joint pain

Deepana-Pachana: Chitrakadi Vati for digestion

Amrutottara Kashaya for fever

Matra Basti: Brhat Saindhavadi Taila (5 days)

Vaitarana Basti: Yoga Basti format (8 days)

2.4 Assessment Tools

Pain and stiffness: NRS scale

BASDAI (Bath Ankylosing Spondylitis Disease Activity Index)

Walking time (10 m test)

Harrison Hip Score

3. RESULTS

Mid-Treatment Outcomes

Pain relief: 20–30%

BASDAI: Reduced to 4/10

Walking time: 17.8 seconds/10m

Hip Score: Rt: 62/100, Lt: 62/100

Post-Treatment Outcomes:

Pain relief: 60%

BASDAI: 2/10

Walking time: 9.7 seconds/10m

Hip Score: Rt: 74/100, Lt: 72/100

Improved gait and mobility

DISCUSSION

This case illustrates the potential of Ayurveda, particularly Panchakarma therapies like Vaitarana Basti, in effectively managing chronic inflammatory diseases such as AS. The integration of tailored therapies based on Ama and Vata-Kapha principles led to significant improvement in patient outcomes. The approach aligns with contemporary understanding of autoimmune mechanisms and showcases the need for broader studies.

CONCLUSION

The successful management of AS in this case through Ayurvedic principles emphasizes the importance of individualized diagnosis and timely Panchakarma intervention. Future relapses may be mitigated with continued medication and dietary regulation as per Ayurvedic recommendations.