

**AYURVEDIC MANAGEMENT OF ANKYLOSING SPONDYLITIS
WITH SACROILIITIS: A CASE REPORT****Akshaya S.*¹, Suwendu Rout²**

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ABSTRACT

Ankylosing spondylitis, a type of arthritis, is a chronic inflammatory disease that primarily affects the spine and sacroiliac joints, potentially leading to stiffness and fusion of the vertebrae. In India, the prevalence of Ankylosing Spondylitis is estimated to be around 0.7 to 1.0 per 1,000 population, with a higher prevalence in men than women.^[5] This case presents a 30-year-old male from Chennai, working as a borewell supervisor, who sought treatment for chronic low back pain lasting six months, worsened after stopping gym workouts. He had a history of back stiffness for 3–4 years and significant weight loss of 25 kg over 1.5 years. MRI revealed bilateral sacroiliitis and mild lumbar disc bulges at L3-L4, L4-L5, and L5-S1. His clinical diagnosis included ankylosing spondylitis with moderate disease activity, as indicated by a

BASDAI score of 4.6, BASFI Score of 5.9 and a Visual Analog Scale (VAS) score of 8. The patient underwent a comprehensive physical examination to assess spinal mobility and sacroiliac joint involvement, including Schober's test, chest expansion, and provocation tests. MRI findings confirmed bilateral sacroiliitis, and further tests indicated ankylosing spondylitis. The patient's pain intensity was high at admission, as reflected in the VAS score. The patient received a combination of internal and external Ayurvedic therapies aimed at balancing the vata dosha and improving spinal mobility. External treatments included Snehnam, Taila Dhara, Swedanam, and Vasthi, along with mild Virechanam everyday.

Internally, ayurvedic medications focusing on Deepana, pachana, vatanulomanam, aamaharam were prescribed. Following treatment, the patient's BASDAI score dropped from 4.6 to 2.2, BASFI Score from 5.9 to 4.5 and the VAS score decreased from 8 to 3. The Ayurvedic approach, centered around Vatavyadhi line of management, provided significant relief for the patient. The combination of external therapies and internal medications helped reduce pain and stiffness, enhancing the patient's mobility and quality of life. The overall therapeutic approach demonstrated the potential of Ayurveda in managing chronic inflammatory conditions like ankylosing spondylitis.

KEYWORDS: Ankylosing Spondylitis , katishoolam/ kati graham, vatavyadhi.

INTRODUCTION

The prevalence of SpA in India to be between 0.1 and 0.2%.^[1] Axial spondyloarthritis (also often referred to as axSpA) is a chronic, immune-mediated disease predominantly affecting the axial skeleton (sacroiliac joints and spine).^[2] The term axial spondyloarthritis covers both patients with non-radiographic and radiographic axial spondyloarthritis, which is also termed ankylosing spondylitis.^[3] The development of new criteria for classification and for screening of patients with axial spondyloarthritis have been crucial for the early identification and treatment of such patients, with MRI being the most important existing imaging method.^[3] Axial spondyloarthritis is predominantly marked by inflammatory pain and/or stiffness affecting the lower back, hips and/or buttocks.^[4]

CASE HISTORY

30 years Old patient, working as bore well supervisor from Chennai, presented to Sri Jayendra Saraswathi Ayurveda College And Hospital OPD on 6th of march 2025 with complaints of pain and stiffness in low back region since 6 months, aggravated after discontinuing gym. The patient initially experienced stiffness in the lower back region for about 3 to 4 years, but he did not pay much attention to it, assuming it was due to his workout routine at the gym. He was about 130 kgs for which he was doing workout and reduced food intake for a period of one and half years. He reduced his weight from 130 kgs to 105kgs. From then he has stopped working out. However, about six months ago, the patient gradually began to experience pain in the lower back. Concerned about the worsening condition, he visited a government hospital, where an MRI, blood investigations was performed to investigate further.

MRI – lumbar spine dated 03/02/2025 revealed the following impression – bilateral sacroiliitis, mild diffuse disc bulge at L3-L4, L4-L5, L5-S1 level causing anterior thecal sac indentation, without neural compromise, ankylosing spondylitis.

Blood investigation like CRP, RF, ASO were negative [dated : 30/01/2025]

He was advised with DMARD, NSAIDS, Analgesics for 1 month and was advised to continue the same medication for a longer period. Concerned with the longer duration of medicine patient had discontinued the medication after 15 days, came to our OPD for betterment.

PERSONAL HISTORY

DIET: Mixed

APPETITE: Regular

SLEEP: Normal

MICTURATION: Normal

BOWEL: Normal

HABITS : Tea / Coffee 4 times a day

ADDICTIONS : nil

GENERAL EXAMINATION:

BP : 130/70 mmHg

PR : 72 bpm

RR : 15bpm

BMI : 36

EDEMA : Absent

ICHTERUS : Absent

HEIGHT : 170 Cm

WEIGHT : 105 kgs

PALLOR : Absent

CYANOSIS : Absent

TEMPERATURE : 35.7

GENERAL EXAMINATION

CVS

S1, S2 heard, No murmur or Other added sounds

RS

No added sound, No history of Bronchial Asthma

GIT

No organomegaly noted. At times flatulence post meal associated with belching, bowel is passed after food intake.

CNS

Conscious and oriented with time, place and person

PHYSICAL EXAMINATION

Schobers test : Difference of 3 cm

Chest expansion During inhalation 110 cm, during exhalation 113 cm difference of 3 cm

Occiput to wall test : Able to place

Tragus to wall test : 5.5 inches

Intermalleolar distance : 109 cm

Lumbar side flexion test : right [normal: 68 cm, after flexion 58 cm] left [normal : 68cm, after flexion : 55cm]

Sacro iliac examination

SLR

Right positive [50 degree] left negative [80 degree]

Bragard test : right – positive

Slump test: right side positive

Pump handle test negative

FABERS's test : right side positive

Compression test : negative

Gaenslens test : positive

Range of movement

Flexion – painful

Extension and lateral bending able to do with mild pain.

Vas scale on the day of Admission: 8/10

Dashavidha pariksha

Prakruthi : vata pitta

Vikruthi: kapha vata dosha, Rasa, Mamsa dhathu, kandara, snayu

Sara: Mamsa

Samhanana: Madhyama

Pramana: Madhyama

Satmya: vyamisra

Satvam: Madhyam

Vayah: Madhyama

Ahara Sakthi : Madhyama

Vyayama shakthi: Madhyama

Ashta vidha pariksha

Nadi: vatapitta

Mootram: Prakrutham

Malam: Nirama

Jihwa: Nirliptam

Shabda: Pravara

Sparsha : Anushnasheetham

Drik : Pravara

Aakruthi: Pravara

LABORATORY INVESTIGATIONS

MRI – Lumbar spine with cervical dorsal spine screening Dated ; 3/2/2025



FIG. 1: Mild diffuse disc bulge at L3-L4, L4-L5, L5-S1 Level.



FIG. 2: Ankylosing spondylitis, Loss of cervical lordosis, Disc desiccation at multiple cervical levels.

Impression

Bilateral sacroiliitis

Mild diffuse disc bulge at L3-L4, L4-L5, L5-S1 level causing anterior thecal sac indentation without neural compromise.

Ankylosing spondylitis

Loss of cervical lordosis

Disc desiccation at multiple cervical levels.

Inflammatory markers

CRP- negative ASO titre – negative

Rf factor – negative

Bio chemistry Dated 6/2/2025

Sr. creatinine – 1.2 mg/dl

Scales assessed

Table 1: Assessment Criteria.

Scale	BT	AT
BASDAI SCORE	4.2	2.2
BASFI SCORE	5.9	4.5
VAS SCORE	8	3

Therapeutic intervention

Table 2: Internal Medication and External Therapies.

INTERNAL MEDICINE	Dose and anupanam	Time of administration	EXTERNAL THERAPY	Duration
Dashamoola kashayam	10ml with 40 ml warm water	6am, 6 pm before food	Abhyangam with dhanwantaram tailam	07 days
Gandharvahasthadi eranda taialm	5ml with kashayam	6am, 6pm before food	Nadi swedam [I] over low back and both upper and lower extremities	10 days
Tab. Orthoflex ds	1 tab Twice daily with water	Afterfood	Lepam [I] with jadamayadi churnam over low back	10 days
Tab. sciatilon	1 tab twice daily with water	Afterfood	Kati dhara with dhanwantaram tailam and murivenna	08 days
			Matra vasthi with dhanwantaram mezhugupakam	06 days
			Kashaya vasthi with saidhavam 12gm, Honey 100ml Dhanwantara mezhugupakam 100ml Erandamooladi kashayam 300ml Shathapushpa churnam 30g	03 days

FOLLOW UP MEDICATION

Table 3: Follow up medication.

On discharge	During 1 st follow up [7/4/2025]	During 2 nd follow up [22/ 04/2025]	3 rd follow up 20/5/2025
Maharasanadi kashayam	Sahacharadi kashayam	Dashamoola ks	Dashamoola kashayam
Dhanwantaram kashayam	Rasnasaptakam kashayam	Sahacharadi kashayam	T.orthoflex DS
Tab. Rheumayog	Ksheerabala 101	T. orthoflex ds	C. Sciatilon
Cap. Lumbaton	C. maharajaprasarini	C. maharajaprasarini	C. Palsineuron
Arlin liniment	T. orthoflex DS	Dhanwantaram tailam	Murivenna
	Murivenna	Sallaki liniment	
	Dhanwantaram		

DISCUSSION

Ankylosing spondylitis (AS) is a chronic inflammatory condition that primarily affects the axial skeleton. The disease is most commonly characterized by persistent back pain and gradually increasing stiffness of the spine. Typical features include involvement of the spine, sacroiliac joints, peripheral joints, digits, and sites of tendon or ligament attachment (entheses). Patients often present with limited spinal mobility, abnormal posture, pain in the buttocks and hips, as well as peripheral arthritis, enthesitis, and dactylitis. In the early stages of ankylosing spondylitis, patients typically present with symptoms such as pain, stiffness, and a sense of heaviness. Treatment protocols aligned with those for Katishoolam or Graham, vatavyadhi can be effectively employed in this context.

Discussion on internal medication

Internal medicines with properties such as deepana, pachana, tikta rasa, and vataanulomana and amahara are utilized to address the early phase of ama. Additionally, nithya virechanam with gandharvahasthadi eranda tailam which acts as a pitta-shamaka (pacifying pitta), helps to control the ongoing inflammatory process.

Tannic acid in dashamoola acts as anti inflammatory, flavannoids inhibit the mediators of inflammation, inhibit production of prostaglandin thus acts as an anti inflammatory agent.^[6]

Tab. Orthoflex DS is an ayurvedic propriety formulation. It is a combination of drugs like shallaki, guggulu, dashamoola, nirgundi, rasna, kalihari. These drug have the action of alleviating pain, stiffness, inflammation and increases joint mobility. Shallaki due to its tikta rasa, ushna virya, katu vipaka it pacifies vata and kapha, thereby reducing shotha, shoolam. Shallaki also increases dhatvagni by its tikta rasa leading to proper nutrition to dhathu.^[7]

External therapies such as Abhyangam, nadi swedam, and kati are incorporated in the treatment regimen. Yoga vasthi, a specialized form of medicated enema, was also administered, given that vasthi is regarded as ardha chikitsa in Ayurveda. Primary symptoms, such as stambha (stiffness) and gauravam (heaviness) were managed with swedanam and snehanam, which help regulate the aggravated vata responsible for pain. Drava swedam, particularly indicated in conditions association with pitta, will be beneficial in this case. Oil selected here for dhara are dhanwantaram tailam and murivenna. It is specifically formulated to balance the Vata and Kapha doshas, making it invaluable for musculoskeletal disorders and neurological conditions. Dhanwantharam Thailam is recognized for its anti-

inflammatory, analgesic, anti-rheumatic, and nervine tonic properties, particularly for Vata and Kapha mixed with Vata conditions.^[8] Murivenna is helpful in reducing the inflammation may be by promoting the microcirculation.^[9] Most of them were Tikta, Katu and Madhura Rasa predominant and are Kapha Pitta Shamana also. Vasthi comprising of erandamooladi niruha vasthi which is mentioned in carakam samhitha sidhi sthanam 3rd chapter is known for its Deepana, lekhana properties. It is indicated where patient is presented with pain in janga, uru, paarshwa, prishtha, kaphaavruha, obstruction to vata, anaham, grahani. Erandamoolam is considered to be sreshta vataharam.^[10] Other dravyam are overall possesses ushna virya, Tikshna Sukshma guna, kaphavataharam, agnideepanam.

CONCLUSION

The present case demonstrates that Ayurvedic management based on the principles of Vatavyadhi chikitsa provided significant symptomatic relief in ankylosing spondylitis with sacroiliitis. The combined approach of internal medications and external therapies helped reduce pain, stiffness, and restriction of spinal movements, thereby improving the patient's functional ability and quality of life. Marked improvement was observed in disease activity, with the BASDAI score reducing from 4.6 to 2.2, BASFI Score reducing from 5.9 to 4.5 and VAS pain score reducing from 8 to 3 after treatment.

Adverse or anticipated events

No adverse drug events noted

Patients perspective

Patient is currently not under any medication for the complaints of stiffness, pain. He has resumed his work which was stopped because of pain and stiffness.

Informed consent

Yes, obtained

Consent obtained

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