

## AYURVEDIC MANAGEMENT OF ANKYLOSING SPONDYLITIS

W.S.R TO *ASTHIMAJJAGATA VATA*: A CASE STUDYDr. Vaishali Shrilal Kokani\*<sup>1</sup> and Dr. Raman Ghugaralekar<sup>2</sup>

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**ABSTRACT**

Ankylosing spondylitis (AS) is a chronic systemic, inflammatory disease which affects primarily sacro-iliac joints and spine. It belongs to a group of rheumatic diseases with various skeletal and extra skeletal manifestations known as spondyloarthritis (SpA), which show a strong association with the genetic marker HLAB27. Inflammatory back pain and stiffness are prominent early in the diseases whereas chronic, aggressive disease may produce pain and marked axial immobility or deformity. The treatment of Ankylosing Spondylitis typically involves use of medications to reduce inflammation, suppress immunity to stop progression of the disease. Treatment is limited in

modern medicine i.e. non steroidal anti inflammatory drug (NSAID), corticosteroids and various disease modifying anti rheumatic drugs (DMARDs) are used to treat or manage Ankylosing Spondylitis. In present study, 25 year old male patient having Reg no.43944 reported to *kayachitisa* OPD of M.A Podar Hospital with chief complaints low backache (felt deep in the lower region), multiple joint pain, restricted movements accompanied by early morning stiffness and mild weakness. Based on clinical examination and blood investigations, diagnosis of *Asthimajjagata Vata* i.e Ankylosing Spondylitis was made and *Vaitaran Basti*<sup>[1]</sup> followed by *Panchatikta Ksheera Basti* and *Shaman treatment* was given. Assessment was done by taking consideration of the both subjective and objective parameters. There was substantially significant improvement and patient felt relieved in pain and inflammation of the joints after the treatment. Thus case study reveals the potential of Ayurvedic treatment in management of Ankylosing Spondylitis.

**KEYWORDS:** Ankylosing spondylitis, Spondyloarthritis, *Asthimajjagata Vata*, *Vaitaran Basti*, *Pachatikta Ksheera Basti*, *Shaman Chiktisa*.

## INTRODUCTION

Ankylosing Spondylitis (AS) belongs to a group of rheumatic diseases known as the Spondyloarthropathies (SpA) which shows a strong association with genetic marker HLAB27. There is insidious onset, progressive involvement of spinal joints especially the sacroiliac joint. Inflammatory backpain and stiffness are prominent in the early stage of diseases, whereas in chronic aggressive state may be produce severe pain and marked axial immobility or deformity. It typically affects young adults and male -to- female ratio is closer to 3:1. The median age of onset is 23 years. Ankylosing Spondylitis is a complex, unpredictable disease which has puzzled as well as frustrated clinicians and scientists alike for centuries. Worldwide prevalence of Ankylosing Spondylitis is upto 0.9%. Its etiology and pathogenesis are not yet fully understood. Ankylosing Spondylitis is a gradually progressive condition over several years until structural damage manifests clinically as sacroilitis, loss of spinal mobility, extraarticular symptoms, peripheral arthritis and reduced quality of life, loss of productivity due to work disability and sick leave.

Treating Ankylosing Spondylitis is really a difficult task. In modern, limited treatment is available for Ankylosing Spondylitis like NSAIDS, DMARDS, steroids and other pathophysiology. However these treatment are of limited benefit, corticosteroids are associated with many side effects especially given for long duration. No effective treatment has been found in Ankylosing Spondylitis.

In *Asthimajjagata Vata*<sup>[2]</sup> *Vatavyadhi*, two main events occurs there is *Kshaya* of the *Asthidhatu* and also the *vataprokopa*. In above patient *Amaavastha* and *Dosha* are *Sukshma Strotogami* and *Lina* i.e. *Dhatugata Avastha* so, that we selected *Vaitaran Basti* in this case. *Mild Rookshan* is ideal which subsides the associative *Kapha* and also enhances *Agni*. So, various *Panchakarma* procedures and *Shaman Chikitsa* have been proved beneficial in the management of Ankylosing Spondilitis. In previous publish articles Ankylosing Spondilitishas co-related with '*Asthimajjagata Vata*'.

## MATERIALS AND METHODS

### CASE REPORT

The present study deals with a diagnosed case of Ankylosing Spondylitis with HLAB27 +ve.

A 25 years old male patient having Reg no.43944 worli came to *kayachikitsa* OPD of M.A Podar Hospital, Mumbai with following complaints –

***Pradhan vednavishesh (chief complaints)***

- 1) Lower backache +++
- 2) Restricted movements can stand and walk with support ++
- 3) Morning stiffness 1 hour ++
- 4) Multiple joint pain +

Patient was having all above complains since 9 months.

***Vartaman vyadhivritta (History of present illness)***

Patient was treated with steroids and DMARD by allopathic doctors since 8 months but was not getting satisfactory result. so, for further treatment he came to our hospital for *Ayurvedic* Management.

**Patient was taking following medicines when he came to opd**

Tab. Indocap SR 25 mg BD

Tab. SAAZ500 mg BD

***Purvavyadhivritta (History of past illness)***

Cholecystectomy before 4 years.

Patient has no family history of any other illness. No history of blood transfusion and didn't had allergy to any drug.

***Aaharaya (Diet)***

Patient has *shita* (cold), *Vataprakopak Aahara* and junk food habits.

***Viharaya (movement)***

Patient occupation was field work.

***Vyasan (addiction)***

Patient was non smoker, non alcoholic.

**Examination on admission**

The general condition of patient was fair and afebrile.

Pulse – 78/min

Blood pressure – 120/80 mm hg

Respiratory rate – 20/min

### Systemic examination

The systemic examination findings of Respiratory and Cardiovascular system within normal limits. Abdomen was soft, non tender and bowel sounds were present. All vitals were normal. Patient was conscious, well oriented and papillary reaction to light was normal. Deep tendon reflex and Muscle power grade was normal.

### General examination

Patient was restless due to aggravation of pain. Palpation revealed tenderness at lumbar region and muscle spasm noted at back region. Range of movement was decreased flexion, extension, lateral bending, rotation of hip joint were affected.

### Straight raising test was performed.

Right	20 <sup>0</sup>	Painful
Left	20 <sup>0</sup>	Painful
Both	20 <sup>0</sup>	Painful

Forward bending was upto mid shank.

Schobers test was positive.

### Investigations

- 1) HLAB27 – positive
- 2) C-reactive protein – 73.5 mg/L
- 3) Erythrocyte sedimentation rate (ESR) – 65 mm/hr
- 4) Rheumatoid factor (RA) – negative.

All other routine blood and urine reports were within normal limits.

### MRI of pelvis with both hip joints on 12/4/2018

S/O of inflammatory changes. Possibility of entitis appears likely.

Arthritic conditions such as ankylosing spondylitis, reactive arthritis etc.

Suggestive of myositis.

Loss of normal joint in B/L sacro iliac joint space – most likely to sacroiliitis.

### MRI Scan of bilateral sacroiliac joints on 19/6/2018

Ankylosis of the B/L sacroiliac joint.

Mild bilateral L5-S1 facetar arthropathy.

### CRITERIA OF ASSESSMENT

The following subjective and objective parameters were used to assess the effect of treatment.

#### Subjective parameters

##### 1) *Sandhishabdhatata* (Joint stiffness).

Grade	Severity
0	No stiffness
+	5 mins to 2 hours
++	2 hours to 8 hours
+++	More than 8 hours

##### 2) *Sandhishoola* (Joint pain).

Grade	Severity
0	No pain
+	Slight pain
++	Moderate pain
+++	Severe pain

##### 3) *Sandhisparsha-asahyata* (Joint tenderness).

Grade	Severity
0	No tenderness
+	Wincing of face on pressure
++	Wincing of face and withdrawal of the affected part on pressure
+++	Resist to touch

##### 4) *Balakshay* (weakness).

Grade	Severity
0	No weakness
+	Feels weakness occasionally
++	Feels weakness after activity or heavy work only
+++	Feels weakness after little work or activity also

#### Objective parameters

- 1) C-reactive protein
- 2) Erythrocyte sedimentation rate (ESR)

#### Treatment

Initially treatment was started with *Pachan Chikitsa* for 15 days.

*Niruha Basti* – *Vaitarana Basti* 150 ml (As per retaining capacity of patient)

*Anuvasan Basti* – *Vishagarbha Taila* 60 ml

*Anuvasana* and *Niruha Basti* was given 1:1 proportion.

Quantity of basti was decided as per retaining capacity of patient.

#### Contents of *Vaitarana Basti*

Sr.no	Contents	Quantity
1	<i>Saindhava Lavana</i>	2 gm
2	<i>Chinchaguda sindhajal</i>	50 ml
3	<i>Erandamula Kwatha</i>	50 ml
4	<i>Mahavishagarbha Taila</i>	20 ml
5	<i>Gomutra</i>	10 ml

Time of Administration – *Niruha Basti*<sup>[4]</sup> before meal and *Anuvasan Basti* after meal.

Along with *Vaitaran Basti Rukshakuti swedan* was given and following drugs as follows –

- 1) *Sinhanad Guggulu* : 250 mg 2 TDS
- 2) *Amapachaka Vati* : 500 mg 2 BD
- 3) *Gandharva Haritaki Churna* : 3 gm at bed time with luke warm water.

After *Pachan*, *Rukshan Niramavastha* of patient was obtained then *Brihan Chikitsa* started with *Panchatikta Ghrutakshira Basti*<sup>[3]</sup> 60 ml for 15 days.

(*Panchatikta Kshirapak* 40 ml+ *Panchatikta Ghrita* 20 ml).

## OBSERVATIONS AND RESULT

### Subjective criteria.

Subjective parameters	Before	After
<i>Sandhishabdhta</i> (morning stiffness)	+3	0
<i>Sandhishula</i> (Joint pain)	+3	+1
<i>Sandhisparsha –asahyata</i> (Joint tenderness)	+3	+1
<i>Balashay</i> (weakness)	+1	0

### Objective criteria

Objective parameters	Before	After
C-Reactive Protein (CRP)	73.50 mg/dl	15 mg/dl
Erythrocyte Sedimentation Rate(ESR)	65 mm/hr	25 mm/hr

Straight raising test was performed after treatment.

	Before treatment	After treatment
Right	20 <sup>0</sup> painfull	80 <sup>0</sup> painless
Left	20 <sup>0</sup> painfull	80 <sup>0</sup> painless
Both	20 <sup>0</sup> painful	60 <sup>0</sup> mild pain

After treatment patient has stopped all allopathic medicines which he was taking previously.

## DISCUSSION

In above patient all symptoms like pain, morning stiffness, tenderness. In *Asthimajjagata Vata Vatavyadhi*, two main events occurs there is *Kshaya* of the *Asthidhatu* and also the *vataprokopa*. There is *Amaavastha* and *Dosha* are *Sukshma Strotogami* and *Lina* i.e. *Dhatugata Avastha* so, that we selected *Vaitaran Basti* in this case. Mild *Rookshan* is ideal which subsides the associative *Kapha* and also enhances *Agni*. So, with *Vaitaran basti*, *Rookshakuti sweda* was given. *Vaitaran Basti* acts as *Panchan* as well *Utkleshan Basti*. *Vaitaran Basti* works by the virtue of action of ingredient present in it and by action of *Basti karma*. Indgredient present are *Chincha*, *Saidhava*, *Taila*, *Guda* and *Gomutra*. *Acharya Chakradatta* mentioned use of *Tila Taila* in *Vaitarana Basti* but we have used *Mahavishagarbha Taila* and *Erandamula Sidha Kwatha* to increase efficacy and potency of *Vaitaran Basti*.

*Saindhav* is *Sukshma Strotogami* and *Tiksha* properties thus it helps *Basti dravyas* to reach at molecular level and elimination of *Doshas* due to its irritant property. *Puran guda* helps in carrying the drug upto microcellular level. *Chincha Vata-kaphashamaka*, *Ruksha* and *Ushna* properties helps in counteracting the *Ama*. *Gomutra* is *Katu rasa*, *Katu viapaka*, *Ushna virya*, *Laghu*, *Ruksha*, *Tiksh guna* divides *Dosha*, *Mala* from cell and does *Bhedan Karma*.

Thus *Vaitarana Basti* separates *Ama* or toxins from cell as it facilitates absorption of morbid substances from blood into gut. And help in their expulsion with the help of osmotic pressure. It activates receptor for micro metabolism, thus relieves in morning stiffness, pain, tenderness. After *Pachan* and *Rookshan chikitsa Niram Avastha* was obtained in patient, then *Bruhan basti* i.e. *Panchatikta Ghruta ksheera Basti* was given 15 days. *Tikta Ksheer Basti* has ability to repair degeneration of bones and cartilage. So, *Ksheer*, *Ghruta*, *Tikta Dravyas* will act on the site of lesion in *Asthimajjagata Vata* i.e., it breakdown the chain of *Samprapti* at one side and arrest the progress of disease on other side and in addition subjective improvement was in patient.

## CONCLUSION

As Ankylosing is not described separately in our *Ayurveda*. But the symptoms and the cause can be approach with *Asthimajjagata Vata*. After assessing the patient there was *Amaavastha* So, *Vaitaran Basti* and *Rookshan* was designed along with *Shaman Chikitsa*. *Vaitaran Basti* acts as *pachan* and does *Amapachan* at cellular level. *Niram avastha* was obtained then *Panchatikta Ghrutasheera Basti* was given for *Bruhan*. *Ghruta* processed with *Tikta Rasa* is

indicated for *Asthimajjagata Samprapti* in the *Ayurvedic texts*. All the above treatment arrest progress of disease delay the degenerative changes in disease. Thus *Vaitaran Basti* followed with *panchatikta ghruta sheera basti* and *Shaman Chikitsa* is very effective treatment in the management of *Ashimajjagata Vata* and on the other hand producing subjective improvement in patient.

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