AYURVEDIC MANAGEMENT OF ANKYLOSING SPONDYLITIS
W.S.R TO ASTHIMAJJAGATA VATA: A CASE STUDY

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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 kayachitsa 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 followied 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 Spondyloarthopathies (SpA) which shows a strong association with genetic marker HLA27. 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 up to 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\textsuperscript{2} 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), Vataparakopak 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.

<table>
<thead>
<tr>
<th></th>
<th>Right</th>
<th>20°</th>
<th>Painful</th>
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<tbody>
<tr>
<td></td>
<td>Left</td>
<td>20°</td>
<td>Painful</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>20°</td>
<td>Painful</td>
</tr>
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</table>

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) Rhematoid 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 ensitis 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 sacroiliatis.

MRI Scan of bilateral sacroiliac joints on 19/6/2018
Ankylosis of the B/L sacroiliac joint.
Mild bilateral L5-S1 facet arthropathy.

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

Subjective parameters
1) *Sandhisthabdhata* (Joint stiffness).

<table>
<thead>
<tr>
<th>Grade</th>
<th>Severity</th>
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<tbody>
<tr>
<td>0</td>
<td>No stiffness</td>
</tr>
<tr>
<td>+</td>
<td>5 mins to 2 hours</td>
</tr>
<tr>
<td>++</td>
<td>2 hours to 8 hours</td>
</tr>
<tr>
<td>+++</td>
<td>More than 8 hours</td>
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2) *Sandhishoola* (Joint pain).

<table>
<thead>
<tr>
<th>Grade</th>
<th>Severity</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>No pain</td>
</tr>
<tr>
<td>+</td>
<td>Slight pain</td>
</tr>
<tr>
<td>++</td>
<td>Moderate pain</td>
</tr>
<tr>
<td>+++</td>
<td>Severe pain</td>
</tr>
</tbody>
</table>

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

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<tr>
<th>Grade</th>
<th>Severity</th>
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<tbody>
<tr>
<td>0</td>
<td>No tenderness</td>
</tr>
<tr>
<td>+</td>
<td>Wincing of face on pressure</td>
</tr>
<tr>
<td>++</td>
<td>Wincing of face and withdrawal of the affected part on pressure</td>
</tr>
<tr>
<td>+++</td>
<td>Resist to touch</td>
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4) *Balakshay* (weakness).

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<tr>
<th>Grade</th>
<th>Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No weakness</td>
</tr>
<tr>
<td>+</td>
<td>Feels weakness occasionally</td>
</tr>
<tr>
<td>++</td>
<td>Feels weakness after activity or heavy work only</td>
</tr>
<tr>
<td>+++</td>
<td>Feels weakness after little work or activity also</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Sr.no</th>
<th>Contents</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Saindhava Lavana</td>
<td>2 gm</td>
</tr>
<tr>
<td>2</td>
<td>Chinchaguda sindhajal</td>
<td>50 ml</td>
</tr>
<tr>
<td>3</td>
<td>Erandamula Kwatha</td>
<td>50 ml</td>
</tr>
<tr>
<td>4</td>
<td>Mahavisharbha Taila</td>
<td>20 ml</td>
</tr>
<tr>
<td>5</td>
<td>Gomutra</td>
<td>10 ml</td>
</tr>
</tbody>
</table>

Time of Administration – Niruha Basti 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 Nimamavastha of patient was obtained then Brihan Chikitsa started with Panchatikta Ghrutakshira Basti 60 ml for 15 days.
(Panchatikta Kshirapak 40 ml+ Panchatikta Ghrita 20 ml).

OBSERVATIONS AND RESULT

Subjective criteria

Subjective parameters | Before | After |
-----------------------|--------|-------|
Sandhisthabdhta (morning stifness) | +3     | 0     |
Sandhishula (Joint pain) | +3     | +1    |
Sandhisparsha –asahyata (Joint tenderness) | +3     | +1    |
Balashay (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.

<table>
<thead>
<tr>
<th></th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
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<tbody>
<tr>
<td>Right</td>
<td>20° painfull</td>
<td>80° painless</td>
</tr>
<tr>
<td>Left</td>
<td>20° painfull</td>
<td>80° painless</td>
</tr>
<tr>
<td>Both</td>
<td>20° painful</td>
<td>60° mild pain</td>
</tr>
</tbody>
</table>

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, Gudaand 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. Ghrita 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.

REFERENCES