

A CASE STUDY ON THE AYURVEDIC MANAGEMENT OF ANKYLOSING SPONDYLITIS

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ABSTRACT

Ankylosing Spondylitis is a form of arthritis that mainly affects the spine and sacroiliac joint. This leads to pain, stiffness, and loss of mobility. The prevalence rate of AS in USA 0.2-0.5% based on the data from multiple countries, the age and sex –adjusted of AS is 0.4-14 per 100,000 annually. No satisfactory treatment is available in modern medicine for this disease. In the present case study, a 30 year old male patient presented with complaints of low back ache, neck pain accompanied by early morning stiffness. The pain was insidious in onset which aggravates during night, early mornings and cold seasons

was brought to OPD of Panchakarma Dept. of Patanjali Ayurvedic Hospital in September 2017. Earlier, the patient was admitted In Lucknow hospital for the same but did not show any sign of improvement so patient was admitted and treated with *Ayurvedic* treatment in the last 2 years. As per Ayurvedic classics, this condition can be correlated with *Asthimajjagta Vata* for which *abhyanga*, *Anuvasana* and *Niruha* is the basic line of treatment in *Charaka Samhita*. The outcome was very remarkable and the patient start walking on his own which was absent earlier.

KEYWORDS: Ankylosing Spondylitis, *Abhyanga*, *Asthimajjagata*, *vata*, *Niruha Basti*, *Anuvasna Basti*.

INTRODUCTION

Ankylosing spondylitis (AS) is a chronic, systemic, inflammatory disease. It primarily affects sacro-iliac joints and spine. It causes inflammation of the spinal joints that can lead to severe, chronic pain and discomfort. It typically affects young adults and male-to-female ratio is closer to 3:1.^[1] AS is a complex, impulsive disease which has mystified as well as frustrated clinicians and scientist alike for centuries. Worldwide prevalence of AS is up to 0.9%. Its etiology and pathogenesis are not yet fully understood. AS is a gradually progressive condition over several years until structural damage manifests clinically as sacroiliitis, loss of spinal mobility, extra-articular symptoms, peripheral arthritis and reduced quality of life. Patients with severe AS have a reduced quality of life, loss of productivity due to work disability and sick leave.^[2] Non-steroidal anti-inflammatory drugs (NSAID), corticosteroids and various disease modifying antirheumatic drugs (DMARDs) are used to treat or manage AS. However, these treatments are of limited benefit. Corticosteroids are associated with numerous side effects, especially when given systemically over long periods of time. Patients with chronic rheumatic diseases are frequent users of alternative and complementary medicine. More than 50% of patients with Ankylosing spondylitis had experience with such treatments.^[3]

In *Ayurvedic Samhitas*, Ankylosing Spondylitis can be correlated with the *Asthi Majja Gata Vata*^[4] The symptoms of astimajjagata vata like asthibhedo (pricking pain in bones), sandhi shoola (pain in joints), mamsa kshya (atrophy of muscles), bala kshya (weakness), aswapanam (loss of sleep), santata ruka (continuous pain) are similar in ankylosing spondylitis. In *charak chikitsa sutra*, line of treatment mentioned is Bahya snehana with *vatahara taila* and abhyantra snehana used in form of Ghrita, taila, vasa, majjai.^[5] Keeping this in mind, ayurveda treatment modality was planned in 2 sittings.

CASE REPORT

A 30 yrs. Old male patient, visited the OPD of Panchakarma department, Patanjali Ayurvedic Hospital in Haridwar, with chief complaints of low back ache, neck pain accompanied by early morning stiffness. The pain was insidious in onset which aggravates during night, early mornings and cold seasons. Morning stiffness lasts for few hours and gradually improves with activity. The pain gradually progressive since last 6 year. He was taken to an allopathic hospital in Lucknow. There, he was diagnosed with Ankylosing spondylitis. He took allopathic treatment 'Non-steroidal anti-inflammatory drugs' (NSAID), corticosteroids and

various 'Disease modifying anti-rheumatic drugs' (DMARDs) for AS. Patient didn't get satisfactory relief with these medicines. He then visited the OPD of Panchkarma Department of Patanjali Ayurvedic Hospital in Haridwar and he was given oral medications for about 3 months. As the patient noticed mild improvement in debility and he was able to move his hand. So further, panchkarma was planned in 3 sittings with a gap period of 5 months.

EXAMINATION ON ADMISSION

General Examination

Blood pressure- 120/ 80 mmHg	R.R- 22/min.
Pulse- 73 times/min.	Temperature- 98.6 F
Weight- 65 kg	Pallor- Absent
Height- 5 ft. 7 inch	Edema- Absent

Physical Examination

Physical findings such as loss of spinal mobility, with restriction of flexion and extension of the lumbar spine and neck were found. Restriction in expansion of the chest was also found. Pain in the sarco-iliac joints was elicited with directed pressure. Patient's posture undergone characteristic changes such as, exaggeration of thoracic kyphosis, stooping forward of neck and loss of lumbar lordosis were present. Neck pain and stiffness were noticed which indicates of advanced disease. Bony tenderness accompanies back pain or stiffness. There were no extra articular manifestations in present case.

Systemic examination

In the systemic examination, findings of respiratory and cardiovascular system were within the normal limits. Abdomen was mildly distended, non-tender, and bowel sounds were present. Patient was conscious and well oriented and pupillary reaction to light was normal.

ASSESSMENT CRITERIA

Grades of pain assessment

- No pain - 0 (VAS)
- Mild pain - 1 (1-3 VAS)
- Moderate pain - 2 (4-7 VAS)
- Severe pain - 3 (8-10 VAS)

Grades of Stiffness

- No stiffness - 0
- stiffness more than 1 hr - 1
- stiffness less than 1 hr - 2
- stiffness more than 12 hr - 3
- stiffness whole day - 4

Grades of range of movement assessment**Flexion**

- Up to ground - 0
- 10cms from ground - 1
- 30cms from ground - 2

Extension

- 20⁰ from medial line - 0
- 10⁰ from medial line - 1
- Pain during movement - 2

Left lateral movement

- 40⁰ from medial line - 0
- 20⁰ from medial line - 1
- Pain during movement - 2

Right lateral movement

- 40⁰ from medial line - 0
- 20⁰ from medial line - 1
- Pain during movement - 2

Rotation

- 40⁰ from medial line - 0
- 20⁰ from medial line - 1
- Pain during movement - 2

Grades of difficulty in walking assessment**Time taken to cover 50mts**

- 0min to 1min 20 sec - 0
- 1min 20sec to 2min 40sec - 1
- 2min 40sec to 4 min - 2

Investigations

- 1) Haematological- HLA-B27 was positive with increased levels of C reactive protein (CRP) and a raised Erythrocyte sedimentation rate (ESR).
- 2) Radiographical (X-Ray)- Sacroiliitis was detected.

All other hematological, biochemical investigations, renal function tests, thyroid profile and urine (routine & microscopic) examination reports were normal.

TREATMENT & METHODOLOGY SCHEDULE

Treatment was planned in two sittings with a gap period of 6 months.

DURATION

1. 1st Treatment from 25-11-17 to 2-12-17.
2. 2nd Treatment from 28-5-17 to 3-6-17.

1st TREATMENT		DATE	MEDICINE
1. Pristha Basti		From 25-11-17 to 2-12-17	Sahacharadi taila
2. Abhayanga		From 25-11-17 to 2-12-17	Sahacharadi taila
3. Patra pind swedan		From 25-11-17 to 2-12-17	
4. Basti	Anuvasana basti	For 5 days i.e. 26,28,30,1 and 2-12-17	PanchatiktaGhrita, Sahacharadi taila (80 ml)
	Niruha	25,27 and 29	Erandmooladi basti (470ml) Honey – 80 ml Saindhava – 5 gm PTG + Sahacharadi taila- 80 ml Erandmuladi kalka- 25 gm Erاندamoola kwath-280 ml

Patient discharged with the following medication and was advised to come for follow up after 2 months:

1. Dashmoola, Sarwakalpa, Giloy kwath – mix all and prepare kwath –take 2 times empty stomach

2. Ekangveer rasa, Mahavatavidhvansak rasa, Brihatvatchintamaniras, Pravapisthi, Giloy sat, godanti bhasam, swarnamakshika bhasam- Mix all the contents and Take 1 dose B.D. ½ an hour before food. With lukewarm water/honey
3. Tab Chandraprabhavati, Singhnada guggulu- Take 1 tab of each thrice a day after food.
4. Ashwagandha capsule -1 cap BD With lukewarm water
5. Sahacharadi taila for local application

FOLLOW UP

Patient was asked to visit the OPD after 2 months of 1st Treatment. And after her visit, he was again examined and the results were tremendous. So, the 2nd Treatment was planned again after 6 months of 1st follow up.

2 st TREATMENT		DATE	MEDICINE
1.Pristha Basti		From 28-5-17 to 4-6-17	Sahacharadi taila
2.Abhayanga		From 28-5-17 to 4-6-17	Sahacharadi taila
3.Patra pind swedan		From 28-5-17 to 4-6-17	
4. basti	Anuvasana basti	For 5 days i.e. 28,30,1,3 and 4-6-17	Mahanarayan taila (80 ml)
	Niruha	29,31 and 2-6-17	Mustadi YapanBasti(471ml) Honey – 80 ml S.lavana – 6 gm MN Taila - 80 ml Mustadi yapan kalka-25 gm Mustadi Ksheer paka – 280 ml

Patient discharged with the following medication

1. Ekangveerrasa, Mahavatavidhvansakrasa, Brihatvatchintamaniras, Pravalpisthi, Giloy sat- Mix all the contents and Take 1 dose B.D. ½ an hour before food With lukewarm water.
2. Chandraprabha vati, Kaishoreguggulu- Take 1 tab of each thrice a day. A/F With lukewarm water.
3. Giloy ghanvati, Tulshighanvati- Take 1 tab of each thrice a day. A/F With lukewarm water.
4. Ashwagandha churana-2 gm twice a day after meal With milk. 5. Mahamash taila- For local application.

OBSERVATIONS AND RESULT

Treatment schedule	Visit	Pain	Stiffness	Walking time	Range of movement		
Before Treatment		3	4	2	Extension	2	
					Flexion	2	
					Left lateral	2	
					Right lateral	2	
					Rotation	2	
After Treatment	1 st Treatment	2	3	2	Extension	2	
					Flexion	2	
					Left lateral	1	
					Right lateral	1	
					Rotation	1	
	2 nd Treatment	1	1	0	1	Extension	2
						Flexion	2
						Left lateral	1
						Right lateral	1
					Rotation	1	

DISCUSSION

In classical texts, Ankylosing spondylosis can be interrelated with *asthimajjagata vata*. *asthi majja gata vata* is characterized by vitiated vata affecting Asthi Dhatu. In ayurveda Sanehana, swedana and basti, used or milk and ghirta processed with Tikta rasa are the basic line of the treatment. It includes *abhyanga*, *patra-pinda-sveda*, *kaala basti*, *matra basti*. Remarkable results were observed in muscle power of all four limbs. After treatment there was no difficulty in deglutition, sitting, standing and walking; and now patient has near to normal movements.

Massage with *Sahacharadi taila*, *sarvang vasp swedana* was performed. All ingredients of the *sahacharadi taila* and *patra pind swedan* possess *vatakaphahara* qualities which are nourishing in nature and is indicated for *brumhana*, strengthening *dhatu*s and *vata* pacification. *Abhyanga*, alleviates *vatadosa* and provide strength. *Abhyanga* with *bala tailam* and *patra pind swedan* were performed in *anulomagati* because the *dosa* involved is *vata*, causing inability to transmit nerve impulses. *Patra pind swedan* is a type of swedan it helps to reduced pain and stiffness. *Basti* is an effective treatment for *vata*. It facilitates rapid absorption action of medicated oils and decoctions for *vata* disorders.

CONCLUSION

Ankylosing spondylosis is an inflammatory disease that, over time, can cause some of the vertebrae in your spine to fuse. It is a disease which can not be cured completely but can be

managed through panchakrma procedure. In ankylosing spondylitis *vatadosha* is elevated so *basti* is considered to be the best treatment to normalize the *vatadosha*. In this the best *basti* for this disease is *Mustadi yapan basti* and *Anuvasana with panchtiktaghirta* and *sahacharadi taila*, and other additional treatment such as, *patra pind swedan*, *pristha basti*, *abhyanga* were given. This patient showed the improvement in his condition and relief in pain, stiffness, and movement of spine. The outmost conclusion is that with the help of Ayurvedic management, the auto-immune disorders like AS can be well managed to some extent, thus providing its utility again in this modern era.

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