



AYURVEDIC MANAGEMENT OF ANKYLOSING SPONDILITIS:
A CASE REPORT

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ABSTRACT

Ankylosing Spondylitis(AS) belongs to a group of Rheumatic disease known as spondyloarthropathies, which shows a strong association with genetic marker HLA B27. It is characterised by a chronic inflammatory arthritis affecting the sacro-iliac joints and spine, which may progress to bony fusion of the spine. It usually begins in second or third decade of life with male to female ratio 3:1. The main symptom are musculoskeletal pain, stiffness and decreased range of movements. AS can be clinically correlated with *Gambhira Vatarakta* in Ayurveda. Various Panchakarma procedures and internal medications have been proved beneficial in the management of AS. The present report deals with a case of Ankylosing Spondylitis diagnosed as *Gambhira Vatarakta* and was treated with *Ardhamatrika Basti* in *kala basti* pattern, *Bahiparimarjana Chikitsa* and *Shamanoushadhis* for 3 sittings and observed a persistent noteworthy improvement in the signs and symptoms of the disease.

Key Words: *Gambhira Vatarakta*, Ankylosing Spondylitis, *Ardhamatrika Basti*, *Bahiparimarjana chikitsa*

INTRODUCTION: Ankylosing spondylitis is a chronic autoimmune, inflammatory disorder of unknown cause included under the group of spondyloarthritis. It typically affects males in their third decade of life and primarily involves axial skeleton, and the sacroiliac joints^{1,2}. It shows strong association with HLA B27³. The prevalence of AS is generally believed to be between 0.1% and 1.4% globally while in India, around 0.25% population is estimated to be affected⁴.

AS initially presents with dull pain, insidious in onset, felt deep in the lower lumbar or gluteal region, accompanied by morning stiffness that improves with activity and returns following inactivity. Nocturnal exacerbation of pain that forces patient to

raise and move around may be frequent. Bony tenderness (Enthesitis) may accompany back pain and stiffness or may be a predominant complaint. In spite of the fact that the lumbosacral region is ordinarily the primarily and most badly affected region, few patients may present with thoracic or neck symptoms. As the disease progresses, loss of spinal mobility, with limitation of anterior and lateral flexion and extension of the lumbar spine and of chest expansion is noted. The disease tends to ascend the spine gradually and in the long run may affect the entire spine resulting in bamboo spine featuring X ray.

In modern medicine treatment of ankylosing spondylitis typically involves the

use of medications to reduce inflammation, suppress immunity to stop progression of the disease, physical therapy, and exercise⁵.

Ankylosing Spondylitis can be paralleled with *Gambhira vatarakta*. In *Gambhira vatarakta* the vitiated *vata* and *rakta* takes *ashaya* in deeper *dhatu*s as in *sandhi*, *sira*, *snayu* producing *shwayathu* (inflammatory oedema), *shula* (pain) and *sthabdhata* (stiffness or rigidity). The progression of the disease leads to *vaikalya* (skeletal deformities) as complication⁶. This explains the joint inflammation with pain and stiffness of axial skeleton producing deformities like bamboo spine, kyphosis etc in case of Ankylosing Spondylitis.

CASE REPORT: A 41 yrs male came to Panchakarma OPD of JSS Ayurveda Hospital, Mysore with the complaints of pain in neck and upper back radiating to both upper limbs associated with stiffness since 20 days.

History of Present Illness: 11 years back patient gradually started with pain in the low back and hip region which used to aggravate during cold season and with strenuous work. It was managed with symptomatic treatment. 7 years later he again gradually developed pain and stiffness in the neck more during morning hours and relieved after activity. He took 3 sittings of chiropractic treatment intending for spine correction. Though he found improvement in first two sittings, in the third sitting pain aggravated. He is a known case of Diabetes Mellitus and Hypertension since 9 years and 5 years respectively and is on medication for the same.

History of Past Illness: Patient has underwent Laparoscopic surgery for gall

stone removal in the year 2006. Lithotripsy in 2015 for renal calculi.

Family History: Both Father and Mother are Diabetic. None of family members had the history of AS.

Personal History:

Aahara: Mishraahari

Vihara: Madhyama

Vyasana: Chronic smoker withdrew since 5 years

Nidra: Prakruta

Mala: Once/Day

Mootra: 4-5 times/ Day & 1-2 times/ Day

General Examination

Built – Moderately built

Nadi - 78/min

Respiratory Rate - 16/min

Dehoshma - 98.6 F

Blood Pressure – 130/90 mm of Hg

DASHAVIDHA PAREEKSHA

Prakrutitaha – Pitta Vata

Vikrutitaha – Vata Rakta

Sarataha – Madhyama

Satwataha – Madhyama

Samhananataha – Madhyama

Saatmyataha - Madhyama

Aaharashakti – Madhyama

Vyayamashakti - Madhyama

Pramanataha – Wt: 60 Kg; Ht: 5 ft

Vayataha - Madhyama

Systemic Examination:

Musculoskeletal:

Inspection

Gait: Normal

Deformity of Spine: Kyphotic

Swelling: Absent

Palpation

Tenderness: Absent

Local raise of temperature: Absent

Range of movements

Cervical Spine:

Flexion, Extension, Lateral rotation - Restricted

Shoulder joint:

Abduction - Restricted

Lumbar Spine:

Flexion, Extension, Lateral flexion – Restricted

To test the involvement of cervical spine

Fleche’s test: Positive

Occiput to wall distance: 10 cm

Tragus to wall distance: 21 cm

To test the involvement of Thoracic spine

Measurement of chest expansion - 5.5 cm

Schober’s test: Negative

Test for detecting Sacro-iliac joint involvement:

Sacro-iliac compression: Negative.

Faber’s test: Negative

Gaenslen’s test : Negative

Investigation :

X ray Pelvis with both Hip AP view: Obliteration of left SI joints - ? Sacro-iliitis/positional

HLA B27 PCR: Positive

Treatment:

Koshta shodhana with *Gandharvahastadi Eranda taila* 15ml with milk before food at 7 PM for 5 days.

Table.1 Panchakarma procedures

Sl. No.	Panchakarma Therapies	Medicines used	Duration
1	<i>Greeva Basti</i>	<i>Balaguluchyadi taila and Mahavishagarbha Taila</i>	15 days
2	<i>Ekanga Kukkutanda pinda sweda from neck to low back</i>		15days
3	<i>Ekanga lepa</i>	<i>Marma gulika, Saindhava lavana and Eranda taila</i>	15 days
4	<i>Ardhamatrika Basti</i>	<i>Anuvasana Basti : Balaguluchyaadi taila -70ml</i> <i>Niruha Basti:</i> <i>Makshika - 100ml,</i> <i>Saindhava lavana- 6gm, Yashtimadhu taila and Guggulu Tiktaka ghrita - 70ml each, Shatapushpa kalka - 15gms, Dashamoola kashaya prepared by adding 1 madhana phala - 350ml.</i>	<i>Kala Basti (16 days)</i>

Patient was treated with these Panchakarma therapies once in a year consecutively for 3 years along with *shamanoushadhis*. These include

During the treatment

1. *Kokilaksha Kashaya and Prasarinyadi Kashaya* 10ml each BD
2. *Amrita Ksheera Kashaya* 30ml in the morning
3. *Kaishora Guggulu DS* 1 tab BD
4. *Vishatinduka Vati* 2 tab BD

During follow up:

1. *Kokilaksha Kashaya and Prasarinyadi Kashaya* 10ml each BD
2. *Amrita Ksheera Kashaya* 30ml in the morning
3. *Kaishora Guggulu DS* 1 tab BD
4. *Gandharvahastadi Eranda Taila* 20ml with 20ml milk 1 hour before food in the night, weekly twice.

OBSERVATIONS AND RESULT:

By the end of treatment patient had significant reduction in pain and stiffness of neck, upper back and shoulder. The range of movement of neck and shoulder was

improved and significant change was also observed in occiput to wall distance and tragus to wall distance.

Test	Before Treatment	After Treatment
Occiput to wall distance	10 cm	5cm
Tragus to wall distance	21 cm	16cm

DISCUSSION: The *Vata* because of its *sukshmatva* and *sarvasaratva*, whereas *rakta* because of its *dravatva* and *sratva* moves all over the body along with *pitta* and *kapha* and gets lodged in different *sandhis*, here in specific axial skeletal joint producing severe pain, inflammation, stiffness in *Gambhira Vatarakta*⁷.

The *vata* and *rakta* here are “*antarashrita*” it lodges in *sandhi*, *asthi*, *majja* producing deformities like *vakrata*, *kanja*, *pangu*⁸ etc. Which explains the possible deformities like bamboo spine, kyphosis etc of Ankylosing spondylitis. Excessive *angagraha*, *kunchana*, *stambhana* that is stiffness with restricted movements are more in *Vataja* variety.

Acharya Charaka has mentioned, there is no other therapy equivalent to *basti* in the treatment of *Vatarakta*. So, *Ardhamatrika basti* in *kala basti* pattern was administered. This *basti* possess half the dosage of maximum permissible dosage for *Niruha basti*, hence the name. It can be administered daily even after having food, without any fear of complications, even to *sukumara*, *vidha*, *stree* and those who have fear towards the procedure⁹. It is indicated in *vatarakta*, and possesses *vata kapha-hara* property and also improves *agni*, *bala* and *varna* of the individual¹⁰. For *Anuvasana basti Balaguluchyadi taila* was selected, which has *vata*, *pittahara*, *rasayana* and *brimhana* property and is indicated in *sarukh*, *sadaha* and *sashophayukta vatarakta*¹¹. As *Bahiparimarjana*

chikitsa Greeva basti, *Ekanga lepa* and *kukkutanda sweda* were done. *Greeva Basti* is both *snehana* and *swedana*. By its *snehana* property it nourishes the *dhatu* and through *swedana* it improves the circulation, relaxes the muscles and helps in reducing inflammation. The ingredients used for *lepa* possess *ushna*, *tiksha vata-kaphahara* property and *Kukuttanda sweda*¹² is *snehana*, *swedana* and *brimhana*. It exhibits *stambhagna*, *gauravaghna*, *ushna*, *shoolaprashamana*, *balya* and *tridoshagna* property. Combination of all these therapies helped in reducing pain and stiffness.

*Kokilaksha kashaya*¹³ contains *Kokilaksha*, *Amrita* and *Krishna*. *Kokilaksha* is *vatapitta shamaka*, *anulomaka*, *shotahara* and *mutrala*. *Amrita* is *tridoshahara* and *agradravya* for *vatarakta*, *pittasaraka* and used in all *rakta vikaras*.

*Kaishora Guggulu*¹⁴ along with *manjish-tadi kashaya* as *anupaana* is mentioned in the treatment of *Vatarakta*. *Guggulu*, *guduchi* and *triphala* are the main ingredients of *Kaishora guggulu*. *Guggulu* is *anabhishtandhi*, *snigdha* and *srotoshodaka*. *Triphala* has *rooksha* and *kapha medho hara* property. *Guduchi* is the drug of choice in *Vatarakta* and acts as *vyadhi pratyaneeka* and *rasayana*.

CONCLUSION: Ankylosing spondylitis can be understood in lines of *Vataja Gambheera Vatarakta* and treated accordingly with *shodhana* and *shamana* treatment has given maximum relief from signs and

symptoms in this case. Patient is doing well with his day to day activities till date.

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