

A CASE STUDY ON EFFECT OF PANCHKARMA IN ANKYLOSING SPONDYLITIS

Dr. Pooja*¹ and Dr. Pushpinder Singh²¹PG Scholar Department of Panchkarma, R. G. G. P. G. Ayu. College, Paprola.²Professor and H.O.D. Department of Panchkarma, R. G. G. P. G. Ayu. College, Paprola.

*Corresponding Author: Dr. Pooja

PG Scholar Department of Panchkarma, R. G. G. P. G. Ayu. College, Paprola.

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ABSTRACT

Ankylosing Spondylitis is form of arthritis that primarily affects the spine, although other joints can become involved. It causes inflammation of the spinal joints (vertebrae) that can lead to severe, chronic pain and discomfort. The hallmark feature of Ankylosing Spondylitis is the involvement of sacroiliac joints during the progression of disease. It typically affects young adults and male-to-female ratio is closer to 3:1. The median age of onset is 23 years. Worldwide prevalence of AS is up to 0.9%. Its aetiology and pathogenesis are not yet fully understood. Ankylosing Spondylitis is not mentioned as a separate entity in the *Ayurvedic* classical texts. But considering the symptoms and the cause, disease can be approached with the concept of *Vatavyadhi* with special reference to *Asthimajjagata Vata*. A 33 year old male presented with AS, which was treated for 22 days with a combination of *Panchkarma* procedures and selected *Ayurvedic* drugs. The condition was diagnosed as *Asthimajjagata Vata* and was treated with *Sarvanga Abhyanga*, *Shastik shaali pinda swedana*, *Erandmooladi Niruha Vasti* and *Kati Vasti* followed by *Shamana* drugs. Patient's condition was assessed before and after treatment with disease-specific instruments for AS—Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI). Here a case report of AS is presented in which there was considerable improvement following the therapy.

KEYWORDS: Ankylosing Spondylitis, *Asthimajjagata Vata*, *Panchkarma*, BASDAI, BASFI.

INTRODUCTION

The word is from Greek Ankylos meaning stiffening. Ankylosis is a stiffness of a joint due to abnormal adhesion and rigidity of the bones of the joint, which may be the result of injury or disease. Ankylosing Spondylitis is a type of arthritis in which there is long term inflammation of the joints of the spine. Typically the joints where the spine joins the pelvis are also affected. In women, joints away from the spine are more frequently affected, than in men. AS is systemic rheumatic disease, meaning it affects the entire body. Inflammation of the spine primarily causes pain and stiffness in and around the spine including neck, middle back, lower back as well as the buttock. The hips and shoulders are affected in about one-third of people with AS. Hip involvement comes on gradually and although the pain often is felt in the groin area. AS commences as peripheral arthritis in 47%, low back pain in 41%, acute anterior uveitis in 10%, and heel pain in 2% of the affected.^[1] Ankylosing spondylitis affects all the age groups, including children. When it affects the children, it is referred to as the juvenile Ankylosing Spondylitis. The most common age of onset of symptoms is in the second and third decades of life. 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 affected.^[2] A strong association has been found between a genetic marker - HLA B-27 and this disease. Whereas incidence of HLA B-27 is less than 1% in general population, it is present in more than 85% of patients with Ankylosing spondylitis.^[3]

Ayurveda interprets these changes as due to altered *Vata dosha* resulting from the pathological factors that affects mainly the *Asthi* as well as the *majja dhatu*. Selected *Panchkarma* procedures are mentioned for the management in such conditions by the *Ayurvedic* scholars. Here a case narrated that was successfully managed with the protocol for *Asthimajjagata Vata*.

Clinical presentation

A 33 yr old Indian Hindu married male, attended our OPD with the complaints of lower back pain since 5 years. First onset of dull pain was from sacroiliac joints, then pain become persistent and involve whole spine. With time, stiffness in whole body joints during morning and night time also observed by the patient. He also felt pain in standing as well as the squatting positions. He consulted many allopathic physician and was diagnosed as AS with HLA-B27 positive. He got temporary relief with the NSAID's as well as the steroid therapy. From a

few days disease was hampering daily activity. Then, patient came to OPD of Panchkarma in R.G.G.P.G. Ayu. College, Paprola and got admission in IPD of Panchkarma with IPD NO. 1363.

Examination of patient

On general examination

Facial expression- anxious
Sleep - disturbed sleep
Appetite- moderate appetite

Table No.-1.

Assessment of Ayurvedic Parameters	
Dosha	Vata(++),kapha(+)
Dooshya	Asthi , Majja and sandhi
Agni	Vishamagni
Koshta	Madhyama
Prakriti	Vatta pitta
srotas	Asthivaha and majjavaha

Panchkarma procedures and medication

Table No.-2.

Sr. no.	Panchkarma procedures	Method of preparation	Method of administration	Ayurvedic medicines
1.	Sarvanga abhyang for 7 days		Massage with Ashvagandha taila was done on whole body for 15 min. followed by whole body massage for 45 min. with the help of cotton bags filled with bolus of processed rice.	
2.	Shastikshaali pinda sevdana for 7 days	A bolus of rice boiled in milk and bala kwatha		Ashvagandha churna 3 gm BD Guduchi satva 250 mg BD Tab. Loswel 1 BD Tab. Dolid 1 BD
3.	Eranadamuladi Niruha Vasti ^[4] and Anuvasana Vasti with Maha Maash taila in Kaal Vasti karma followed by Kati Vasti for 10 days	Prepared as mention in Ayurvedic classics	Vasti was administered following classical Vasti pattern. ^[5]	

Following assessment criteria was given grading according to severity of condition

Table No.-3.

Grade	Symptoms
0	Absent /none
1	Mild
3.	Severe

Scoring criteria before treatment and after treatment

Table No.-4.

S. No.	Assessment criteria	Grade BT	Grade AT
1.	Asthibheda	03	01
2.	Parvabheda	03	01
3.	Sandhishoola	03	01
4.	Bala kshaya	03	01
5.	Bath Ankylosing Spondylitis Functional Index	08	04
6.	Bath Ankylosing Spondylitis Disease Activity Index	10	05

Dashvidh pariksha bhava

- Samhanana - Madhyama Samhanana (medium body built)
- Pramana- Sama Pramana (normal body proportion)
- Rasa satyma- Sarva rasa satmya
- Rogibala- Heena in rogibala
- Satva- Madhyama in Satva (mental strength)
- Vyayamshakti- Avara (least capability to carry on physical activity)
- Abhyavaharana shakti and Jaranashakti- Madhyama (medium food intake and digestive power).

On Spine examination

1. Cervical spine- restricted flexion, extension and lateral bending.
 2. Thoracic spine- kyphosis.
 3. Lumbar spine- loss of lateral flexion and extension.
 4. Sacral spine- pain in Sacro-iliac joint elicited with directed pressure.
- Schober's test was positive well.

DISCUSSION

The case was approached and treated on the line of treatment of Asthimajagata Vata. In Asthimajagata Vatavyadhi, two main events are contributing to the pathogenesis of the disease. They are the kshaya of the Asthidhatu and also the Vata prakopa.

So keeping in mind, Sarvanga Abhyang with Ashvagandha Taila was done for 7 days followed by Shastik Shaali Pinda Swedana. The aim was providing nourishment to muscles, bones and peripheral nerves. The ultimate Upakrama mentioned for Vata disorder is Vasti. Vasti is mentioned in vitiation of all the Vata, Pitta, Kapha and Rakta Doshika disorder but is specially indicated for Vata diseases.^[6] So, Erandamuladi Niruha Vasti was given. Vasti processed with Tikta Rasa is therefore indicated for Asthimajja pathology in the classics. Dravyas having the properties of Snigdha guna plays an important role in pacifying Vata and Tikta rasa drugs having Soshana and Khara gunas similar to Asthidhatu, resulting in Asthidhatu vrddhi as per the

Samanya Vishesh Sidhanta.^[7] Foods and drugs having sweet and bitter properties are indicated in *Majja-pradoshajavikaras*.

Rasayana therapy has been given a crucial place in *Ayurvedic* classics, which mainly aimed for the balance of the *dhatu* metabolism. So, *Ashwagandha churna* was given to the patient. Action of *Rasayana* drugs is mainly based on the following properties like anti-oxidants, anti-ageing, anti-inflammatory and immune modulating action. After treating with this *Panchkarma* and *Ayurvedic* drugs for 22 days patient observe 50% of relief in symptoms of *Asthimajjagata Vata*, Bath Ankylosing Spondylitis Functional Index and Bath Ankylosing Spondylitis Disease Activity Index.

CONCLUSION

The patient was diagnosed having *Asthimajjagata Vata* as *Asthibheda*, *Parvabheda*, *Sandhi shoola* and *Bala kshaya* like symptoms point towards the disease. Beside this, BASFI and BASDAI diagnostic criteria also indicative of AS. After treating the patient with *Panchkarma* procedures and *Ayurvedic* treatment of the above mentioned oral *Ayurvedic* drugs there was 50 % relief in symptoms of disease. The purpose of treatment was to alleviate the symptoms to reduce the disability and to improve quality of life.

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