

AYURVEDIC MANAGEMENT OF ANKYLOSING SPONDYLITIS-A CASE STUDY.Kripa M. Shah^{1*}, Shrikant G. Deshmukh² and Naresh Nimbalkar³

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ABSTRACT

Ankylosing spondylitis (AS) is a rheumatic disease with various skeletal and extra skeletal manifestations which belongs to a group of rheumatic diseases known as the spondylo arthropathies (SpA), which show a strong association with the genetic marker HLA-B27. Ankylosing spondylitis (AS) is a chronic, systemic, inflammatory disease which affects primarily sacro- iliac joints and spine. Inflammatory back pain and stiffness are prominent early in the disease, whereas chronic, aggressive disease may produce pain and marked axial immobility or deformity. From the Ayurvedic perspective, the disease can fall under Asthi majjagata vata, which may be effectively managed when intervention is started in its early stages. No satisfactory treatment is available in modern medicine for this disorder. Various Panchakarma procedures and Ayurvedic drugs have been proved useful for these manifestations. We present a case of AS, which was treated for two months with a combination of Panchakarma procedures and Ayurvedic drugs. Ayurvedic treatments, in this case, were directed toward alleviating symptoms and to reduce severe disability. The patient was considered suffering from Asthimajja gata vata.

KEYWORDS: Ankylosing spondylitis, Asthimajja Gata Vata, HLA B27.**INTRODUCTION**

Greatest number of vyadhi in ayurveda is vatavyadhi, so almost all vyadhi contains the main vata dosha. Pitta & Kapha has inert property without the vata dosha, so all vyadhi nidana some parts have vata dosha. In asthi-majjagata vata forms asthi-majja kshay. Dhatukshayatmak samprapti is done with nirupstambhit vata in Asthi majjagata vata.^[1] Ankylosing Spondylitis is classified along with the Seronegative Spondyloarthritis disease. Ankylosing Spondylitis is a chronic, systemic, inflammatory disease that affects primarily the sacroiliac joints and spine. Certain peripheral joints and tendons can also be affected, and extra-articular manifestations may be present. It typically affects young adults and male-to-female ratio is closer to 3:1. The median age of onset is 23 years. The aetiology of Ankylosing Spondylitis remains unclear.^[2] Around 0.25% population in India is estimated to be affected by these diseases. Early diagnosis is the key to successful management. The pathogenesis of Ankylosing Spondylitis remains unclear to date. It is assumed to be immune mediated. There is an obvious cytokine role, because patients show improvement with anti tumour necrosis factor α (anti TNF α) agents.^[3] Non-steroidal anti- inflammatory drugs (NSAID), corticosteroids and various disease modifying antirheumatic drugs (DMARDs) are used to treat/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. No effective disease modifying treatment has been established for AS.^[4] Various panchakama procedures and internal Ayurvedic medicines have been proved beneficial in the management of AS.^[5]

CASE STUDY

A 18-year-old Indian, unmarried, nonsmoking, nonalcoholic male patient consulted in Out-Patient Department for a complaint of gradually progressive lower back pain along with stiffening and deformity of the spine and hip from 7 months. The pain was insidious in onset which aggravates during night, early mornings and after exposure to cold or in cold seasons. Morning stiffness lasts for few hours and gradually improves with activity.

Clinical findings

The patient had several episodes of lower back pain, followed by spinal stiffness in the morning. The patient also had pain in Right leg while having difficulty in walking. Neck movements were restricted, and both upper limbs had a movement range up to 45°. On examination, the patient was found to be anxious with disturbed sleep, had a moderate appetite, Vishmagni (unstable digestive functions), Krura Kosta (bowel hard to purgates) with normal micturition. The tongue was clean, the voice was clear, and skin roughness was prominent. Patient had Vatapitta prakriti with Madhyam

(medium) Sara (purest body tissue), Madhyam Samhanana (medium body built), Sama Pramana (normal body proportion), Madhyam Satmya (homologation), Madhyam Satva (mental strength), Avara Vyayamshakti (least capability to carry on physical activities), Madhyam Aharshakti and Jaranshakti (medium food intake and digestive power). Asthivaha Srotodusti (pathology in bone) and Majjavaha srotodusti (pathology in bone marrow) were more prominent.

Past history

There is no any past history of HTN, DM, TB, Peptic ulcer or any endocrinedisorder.

Investigation

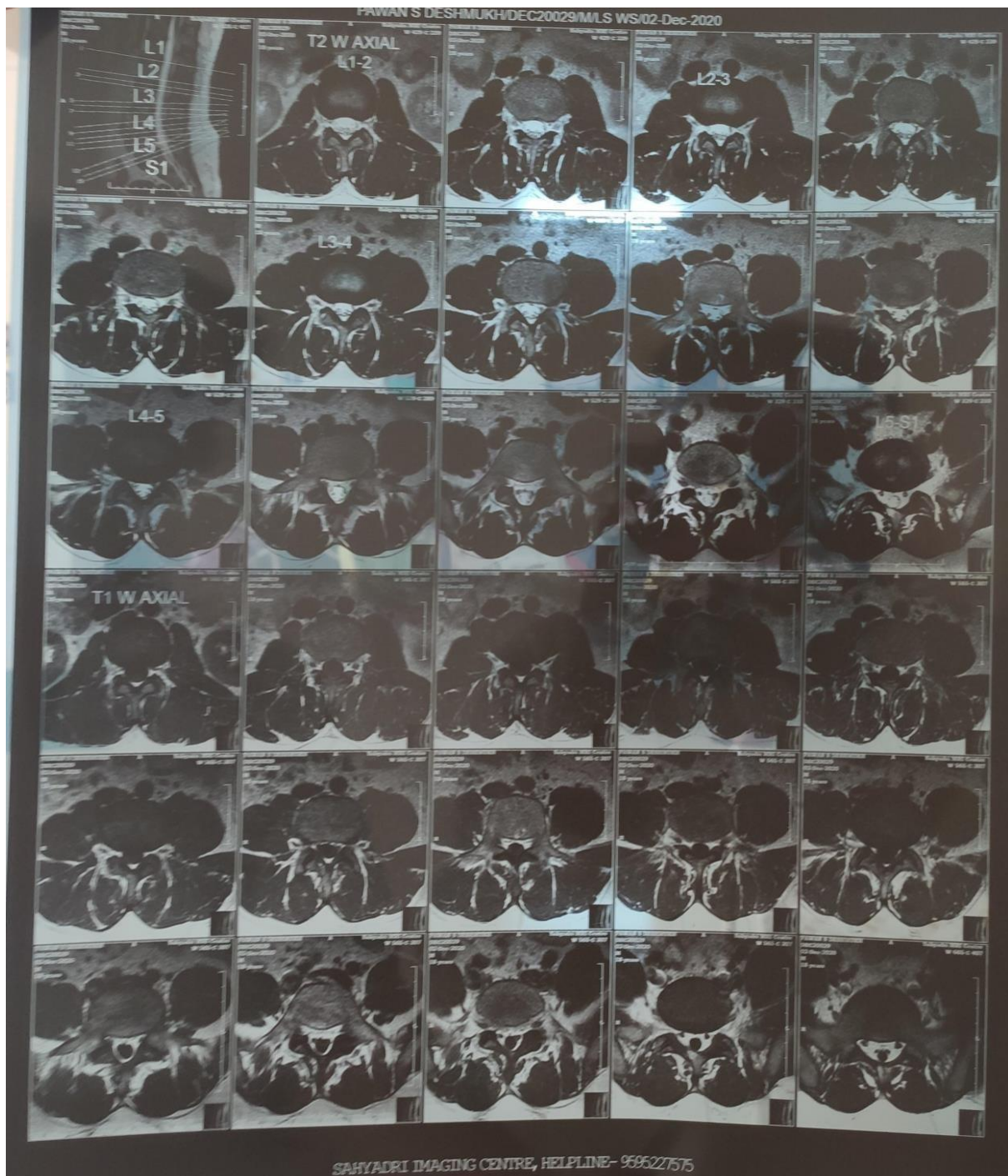
MRI Lumbo sacral scan screening shows

- Mild antero listhesis of L5 over S1 vertebra with bilateral spondylosis.
- Partial disc desiccation, mild bulge a4_5 &L5-S1 levels causing Effasement over thecal sac.

Screening MRI cervical dorso spinal reveals partial disc desiccation at C5-6 level.

Screening MRI PBH reveals- Hyper intense signal Intensity in bilateral sacro-iliac joint suggest bilateral acute sacro-illitis more on right side.





Lab investigation

HLA-B27 associated with ankylosing spondylosis shows positive.

Treatment

The patient was first explained the need of Shodhan therapy. Pathyapathyais followed completely. The details of Treatment protocol are as follows.

Shodhan

- 1) Avagahan swedan (Dashmoola + Nigundi kwath).
- 2) Vaitaran Basti – Anuvasan Basti – Brhat saindhavadi tail

Niruh Basti – Vaitaran Basti.
For 14 days

Shamana

- 1) Simhnaad guggulu 2 tab BD.
 - 2) Rasnasapthak kashaya 20ml BD.
 - 3) Shad dharan choorna 3gm BD with luke warm water.
 - 4) Ashwagandha +Guduchi +Rasna + Shatavari + Shunthi – kadha 1spoon each BD
 - 5) Musta Ghana vati 2 tab BD.
 - 6) Mansadi kwath 40ml BD.
- Advise Physiotherapy.

- Lumbar Traction 25kg OD.
This treatment is given for 15 days.

OBSERVATION

In the treatment period, the patient had not taken anything except these medicines. Assessment criteria were based on the cardinal symptoms as.

Observation	Before treatment	After Treatment
Kati shoola	+++	+
Prustha shoola	+++	+
Sakashtha chakraman	++	+
Dakshin paad shoola	++	+

DISCUSSION

Consequently treatment was planned first to remove the Ama (undigested matter) by improving digestion with Deepana and digesting the Ama with Pachana ones. Basti is mentioned in vitiation of all the Vata, Pitta, Kapha, and Rakta Dosh.^[6] It is specially indicated for Vatika disorders.^[7]

Simhanada guggulu augments the Agni and is indicated in Amavata. Rasna is indicated in Kati graha, shoola and Prustha shoola. Rashna Saptak is Vata Shamana (pacifying) in action and also acts as Analgesic. Guduchi and mixture helps in Ama Pachana due to presence of Tikta Rasa and act as Rasayana.

CONCLUSION

The Ayurvedic diagnosis of 'Asthi-majja gata vata' is made for 'Ankylosing spondylitis' in present case. Various Ayurvedic panchakarma procedures and internal medicines have provided promising results especially in reducing the pain, decreasing the severity of deformities and also improving quality of life within short time and without causing any adverse effects in present case.

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