Avurvedic Management of Ankylosing Spondylitis: Single Case Study

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ABSTRACT

Ankylosing spondylitis is a chronic inflammatory disease commonly affecting young male individuals. Ankylosing Spondylitis presents with pain and stiffness of joints of axial skeleton especially the sacroiliac joints. Sacroiliitis is the earliest recognized manifestation of Ankylosing spondylitis. Along with it, peripheral joints and extra articular structures may also get affected. In Ayurveda, Ankylosing Spondylitis can be understood as Amavata based on classical symptoms and can be treated accordingly. Intervention of Virechana Karma and Matrabasthi in ankylosing spondylitis markedly reverse the pathology of ankylosing spondylitis.

KEYWORDS: Ankylosing spondylitis, Amavata, Matrabasthi

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INTRODUCTION

Ankylosing Spondylitis is an auto immune disease. It This is a single case study of 18 years old male is a rare chronic systemic disease more common in male compared to female and affects the young individuals¹. Ankylosing Spondylitis is characterised by a progressive inflammation of joints, with a predilection for the joints of axial skeleton, especially the sacroiliac joints. Sacroiliac joints get affected first followed by the spine from lumbar to cervical region. In Ayurvedic parlance, we can understand and analyse this condition as Amavata as most of the clinical features get closely resembled. Amavata is a disease of Rasavaha and Asthivaha Srotas. It is mainly caused due to Ama and Prakupita Vata. The Ama formed due to Mandagni is carried by Prakupita Vata and gets deposited in Shleshma Sthanas resulting in features like Angamarda, Aruchi, Alasya, Sandhiruk, and Sandhishotha^{2,3}. Though, Amavata is a disease of Madhyama Rogamarga, and it is said to Kricchrasadhya, Ayurvedic Yapya or managements with Panchakarma plays an important role in reversing the pathology of Ankylosing Spondylitis.

METHODOLOGY:

patient, who was apparently healthy 2 years ago; gradually he developed pain in low back region with mild stiffness. After few days pain got exacerbated and patient was feeling difficult to walk due to severe stiffness. Pain was severe in early morning and gets reduced after a few steps of walk. Patient visited to an Allopathic Hospital and diagnosed as ankylosing spondylitis. Treated accordingly, the patient didn't get any relief. Thereafter, the patient visited Panchakarma OPD of TGAMC&H Ballari, for Ayurvedic management. Patient was thoroughly examined and detailed history was taken and admitted for the management of the condition appropriately.

Chief Complaint:

Patient complains of severe pain and stiffness in lowback region since 2 years. Paient was unable to walk properly due to severe stiffness and unable to bend forward, backward and sidewise.

Associated complaints:

The condition was associated with Constipation and loss of appetite.

General Examination:

Vital readings of the patient were within the normal limits. Systemic examination had not shown any abnormal findings. Jihva was Lipta, Mala was constipated, rest of the findings of Ashtavidha and Dashavidha Pariksha were within the normal limits.

Local Examination:

On inspection, the shape of spine was normal. On palpation, tenderness was present at posterior superior iliac spine. The lateral movements were restricted, Patient was unable to do forward and backward flexion. SLR test: Positive for both the legs, Gaenslen's test: Positive, Fle'che test: Negative.

Radiographic investigations:

MRI report showed there is Bilateral Sacro-ilitis, Left side is more than right.

Blood investigations done:

Hb-14%, ESR-19mm/1hr, CRP- 15.3, RA- 21.9, S. Calcium- 8.4mg/dl

Diagnosis:

Case was diagnosed as Amavata based on the symptoms explained in Ayurveda classics.

TREATMENT:

Kaya Shodhana:

Pachana-Deepana	Snehapana	Abhyanga-Sweda	Virechana
Chitrakadi Vati 1-1-1	Guggulutikthaka Ghritha -	Mahanarayana Taila f/b	Trivruth Lehya with
before food for 4 days	Arohana Matra for 5 days	Bashpa sveda	Ushnodaka Anupana

Virechana Karma was planned in this condition. Pachana - Deepana was achieved with Chitrakadi Vati administered for 4 days. Followed by Snehapana was given with Guggulutikthaka Ghritha in Arohana Matra according to Agni and Kosta for 5 days. Sarvanga Abhyanga with Mahanarayana Taila f/b Baspha Sveda with Dashamoola Kwatha was done. Virechana was administered with Trivruth Lehya with Ushnodaka as Anupana. Pateint attained Madhyama Shuddhi. Samsarjana Krama was advised for 5 days. After 7 days of gap Matrabasthi with Guggulutikthaka Ghritha (36ml) and Chandanabalalakshadi taila (36 ml) was administered for 15 days.

Shamanoushadhis were advised during Parihara Kala : Indiana :

Kaishora Guggulu 1-1-1 (A/F)

Rasna Erandadi Kwatha 15ml BD (A/F)

Development

RESULTS:

Pain and stiffness got reduced after Virechana. Patient can walk normally. Pain is completely absent after completion of Bastikarma. Haematological reports showed marked changes after Parihara Kala i.e Hb- 15gm%, ESR-10 mm/ 1hr, CRP- negative, RA- negative, Calcium- 9.4mg/dl

Haematological criteria	Before treatment	After treatment
Haemoglobin %	14g%	15g%
Erythrocyte Sedimentation Rate	19 mm/1hr	10 mm/1hr
C-reactive protein	15.3	Negative
RA-Factor	21.9	Negative
Calium	8.4mg/dl	9.4mg/dl

DISCUSSION:

Ankylosing Spondylitis is chronic inflammatory disease with Severe Pain and stiffness in joints. This disease can be understood as Amavata. Here there will be formation of Ama due to Mandagni and also there will be Vata Prakopa². Prakupita Vata carries Ama and gets settled in Shleshmasthana leading to the symptoms like Angamarda, Aruchi, Alasya, Sandhiruk, Sandhishotha³. According to Acharya Chakradatta⁴, Langhana, Swedana, drugs having Tikta rasa, Deepana, Virechana, Snehapana and Anuvasana are the principles of treatment in

Amavata. Keeping this in mind, as the condition was in Bahudoshavastha⁵, Shodhana was administered. Kayashodhana yields good results as it removes the Prakupita Dosha inside the body by cleansing. Though Virechana is the main line of treatment in Pitta Dushti, but at the same time it is also useful in Vata and Kapha Dushti⁶. Mrudu Samshodhana is also the line of treatment of Vata Dosha⁷. Shodhana is contraindicated in Samavatha⁸, hence Deepana Pachana are must till the attainment of Niramavasta. After Shodhana, the aim was to treat Prakupita Vata. Snehana is the main line of treatment in

Vataprakopa⁹. After Virechana Karma a gap of 7 days¹⁰ was given and on 8th day, started with Matrabasthi with Guggulutikthaka Ghritha(36ml) and Chandanabalalakshadi Taila (36ml) administered for 15 days.

Chitrakadi Vati¹¹ is Deepaka, Pachaka, Rochaka, Anulomaka, Shulahara, Shothahara, Arochaka, Vibhandhahara, good in Athiparva Guggulutikthaka Ghritha¹² is best in diseases of Asthi, Sandhi, Majja and it has got Tridoshahara properties. Trivruth is Sukhavirechaka¹³, Mrudu indicated in Bahudoshavasta. Rechaka, Chandanabalalakshadi Taila is an antinflamatory, indicated in Vatavyadhis and Shreshta Sapthadhatu Vivardhaka. Yamaka Sneha yields better results rather than single Sneha Yoga, as there will be a combined effect of two Snehayogas. Internally, Kaishora Guggulu was administered as majority of the ingredients Amapachaka, Shothaghna, are Shoolaghna, Amavatahara properties, Tridoshahara and Sarvamayaghna. This reduces the clinical manifestation of symptoms of Amavata, helping in Samprapti Vighatana.

CONCLUSION:

Ankylosing Spondylitis as Amavata can successfully be managed with Ayurvedic principles of Treatment.

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