

**AYURVEDIC MANAGEMENT OF ANKYLOSING SPONDYLITIS  
(ASTHIMAJJAGATA VATA) – A CASE STUDY****Vaishnavi Sunil Deo**3<sup>rd</sup> Year PG Scholar Panchakarma

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**ABSTRACT**

Ankylosing Spondylitis is a type of arthritis that mostly affects spine and has a strong association with genetic marker HLAB27. The etiology of this disease is not much clear, but the pathogenesis can be ruled out to be immune mediated. Late adolescence or early adulthood is the prime age for the onset with symptoms ranging from dull pain with mild stiffness and reaching up to totally fused spine and severe hip joint arthritis. It has been seen that the patients diagnosed with ankylosing spondylitis show a variety of symptoms which can be categorized according to Ayurveda under *aamavata*, *vatarakta*, *sandhigatavata samavastha* or *asthimajjagata vata*. Here in this case study the symptoms of the patients were much like *asthimajjagata vata* and the *dosha dushti* was *lina* up to *asthi* and *majja dhatu*, hence both *shamana* and *panchakarma chikitsa* by the means of *basti* was planned.

**Keywords:** Ankylosing Spondylitis, Arthritis, *Asthimajjagata vata*, *Basti*.**INTRODUCTION**

In today's era, our society is surrounded by numerous types of diseases which hampers one's lifestyle in one or the other way. Ankylosing Spondylitis is one such disease responsible for hampering human lifestyle up to a large extent as it an inflammatory condition

having joint pain, stiffness and a loss of mobility in the spine and lower back. The pain usually starts in the lower back and can spread up to neck or damage joints in other parts of the body. It affects men more than women (near about ratio 3:1) and the onset is

insidious, progressively capturing the spine especially sacroiliac joint. In modern science the disease is managed with NSAIDs, steroids and biologics and rehabilitated with physiotherapy. The range of action of this line of treatment is seen to be limited and with low beneficiary effects. Thus, the role of Ayurveda stands important here as it can treat such patients in accordance with *Asthimajjagata vata*. As cited by *Charakacharya* in 28<sup>th</sup> chapter of *chikitsa sthan*, it is characterized as

- *Bhedo asthiparvanam* (sharp, stabbing pain in bones and joints),
- *Sandhishoola* (joint pain),
- *Mamsabalakshyaya* (muscle and body weakness),
- *Aswapna* (sleeplessness) and
- *Santatam ruka* (continuous severe pain) which can be correlated with the symptoms of ankylosing spondylitis in many patients.

#### Case Study

Chief complaints- A 30yr old male patient came with the symptoms of pain in B/L hip joint, right shoulder along with whole spine (back pain) and neck with mild stiffness and restriction in movement -for 12 years.

H/o present illness- The onset of the disease was with dull pain in lower back region which was radiating to thighs- in the year 2008. Patient took temporary pain killers- and had symptomatic relief for a period. In the year 2010 patient was tested HLAB27 positive and had aggravated above set of symptoms. Patient was prescribed with steroids and pain killers according to the severity of pain. Physiotherapy and steroids gave temporary relief hence the patient came to seek ayurvedic treatment.

#### Etiology and its Ayurvedic aspect-

- *Prakruti- Vata pradhan pittanubandhi*
- *Ahara- Katu ras* dominant, cheese, butter, paneer, frozen food, bread (*ruksha aahar*).
- *Vihara-* IT job (continuous sitting job for 7-8 hours), lived in abroad (cold weather in dominance) for 5-6 years, frequent trekking, 2-3 hrs of gym daily
- *Manasik-* Mental traits like *chinta* in prevalence.
- *Vyasana-* Tea or coffee 2-3 times a day

As *Charakacharya* has mentioned in *Strotoviman adhyaya*, *ati vyayam*, *vatakar aahar-vihar*,

*viruddhahar* are the contributing factors for *asthi* and *majja vaha strotas dushti*.

#### Laboratory Investigations-

1. HLAB27- positive
  2. C-reactive protein – 142.9 mg/L
  3. Erythrocyte sedimentation rate (ESR)- 30 mm/hr
- **MRI Both Hip Joints with Contrast-19/06/2010:** B/L inflammatory synovitis with effusion and marrow oedema.
  - **X-Ray Pelvis with Both Hip Joints (A.P. View)- 06/11/2017:** Features suggestive of secondary osteoarthritis more on left side – chronic inflammatory arthritis.
  - **X-Ray Pelvis with Both Hip Joints (A.P. View)- 24/08/2020** Periarticular mild sclerosis at B/L SI is noted in present radiograph with degenerative changes in left hip joint has marginally increased in form of irregular articular surface.

#### Samprapti Ghataka-

*Nidan- Vatakar aahar vihar, Dosha- Vata, Dushya- Rakta, asthi, majja, snayu, Strotas- Asthi, majja Rogamarga- Madhyama, Udhbhavstan- Pakvashaya, Kati sandhi, Vyaktasthan- Vankshan sandhi, Kati, asthi, Roga swabhava- Chirakari*

#### Material and methods (Treatment plan)-

- According to Ayurveda, *vayu* is the main constituent of the body which initiates and maintains all bodily functions in its natural way. When this *vayu* gets vitiated, it hampers its own pathway and lodges itself into any frail part of the body causing the disease. Here the *vayu* lodges itself into *asthi* and *majja* dhatu causing its *prakopa* and *dhatu's kshaya*. Hence according to *Acharya Charaka*, '*bahya-abhyantar sneha*' is the line of treatment for *asthimajjagata vata* which was carried out in this case.
- Firstly, we went for *pachana* treatment (*aushadhi* and *pathyapathya*) but the main focus was on *vyadhi pratenik chikitsa* and hence a blend of above two treatment modalities was planned. Along with that *bahya karma chikitsa* in the form of *snehana (abhyanga)* and *swedana (bashpa and pinda sweda)* was started for *vata shamana, snehana* and *bala vardhana*.
- *Basti* – the first and foremost *chikitsa* for *vata* was planned by examining *vyadhi swarup, avastha, rugna bala, agni* and *kala*. It not only

pacifies vitiated *vata* but also strengthens the *dhatu* by its *snehana karma*. In this case of *asthimajjagata vata*, *anuvasa basti* was preferred as it a *snehik basti* which by its virtue of *sukhma guna* can reach upto *asthi-majja dhatu* and its *snigdha* and *ushna guna* helps to pacify the vitiated *vata*. Thus, the karma of *sneha* which is ‘*sneho anilam hanti, mrudu karoti deham*’ can be utilized to treat this disease.

- When the *samyak snigdha lakshanas* and *vyadhi lakshanopasham* was observed, *basti* treatment was stopped and patient was prescribed with *shamana chikitsa* for *shesh dosha shaman* and *rasayan karma* to maintain body’s equilibrium.

### 1. *Pachana* and *vyadhi pratyantik chikitsa* - *Abhyantar chikitsa*-

- Cap. *Ksheerguduchi* 2capsules + *samshamani vati* 1tab + *ashwagandha choorna* 250mg twice a day.

- *Drakshasava* special 20ml with water *vyanodana kali*.

### *Bahya karmopachar* –

- *Sarvanga abhyanga*- *Mahanarayana tail*
- *Sarvanga swedana*- *Bashpa sweda* with *dasha-moola kwath*
- *Sthanik pinda sweda*- *Deodara+ashwagandha+vidari siddha ksheer odana pottali*

### 2. *Panchakarmopachara (Anuvasana Basti)*-

- *Mahanarayan tail* 40ml+ *Sukumara ghrita* 20ml (*matra* was increased gradually according to the *sneha jarankala* and *agni bala*)

### 3. *Shamana chikitsa*-

- Cap. *Ksheerguduchi* 2capsules + *samshamani vati* 1tab + *ashwagandha choorna* 250mg + *chopchinnyadi choorna* 500mg with warm water twice a day.

### Assessment Criteria-

The following are the subjective and objective criteria for assessing the effect of treatment.

### Subjective parameters-

#### 1. *Sandhisthabdhata* (Joint stiffness)

Grade	Severity
0	No stiffness
1	5 mins to 2 hours
2	2 hours to 8 hours
3	More than 8 hours

#### 2. *Sandhishoola* (Joint pain)

Grade	Severity
0	No pain
1	Slight pain
2	Moderate pain
3	Severe pain

#### 3. *Balakshaya* (weakness)

Grade	Severity
0	No weakness
1	Feels weakness occasionally
2	Feels weakness after activity or heavy work only
3	Feels weakness after little work or activity also

**Objective Parameters-**

1. C-reactive protein
2. Erythrocyte sedimentation rate (ESR)

**OBSERVATION AND RESULT-****Subjective Criteria**

Subjective parameters	Before	After
<i>Sandhisthabdhata</i> (Joint stiffness)	1	0
<i>Sandhishoola</i> (Joint pain)	3	1
<i>Balakshaya</i> (weakness)	2	0

**Objective Criteria**

Objective parameters	Before	After
C- reactive protein	142.9mg/L	3.66mg/L
Erythrocyte sedimentation rate	30mm/hr	8mm/hr

After 3 months of *karma* and *shamana chikitsa* the above result was seen. Patient got a significant relief and had gradually stopped allopathic medicines.

**DISCUSSION**

*Vata* when lodges itself into deep seated *dhatu* (*gata vata*) like *asthi* and *majja* manifests itself into a *kashta sadhya vyadhi*. The line of treatment in this case study was planned accordingly by administration of *sneha* orally and by the means of *Basti*. Capsule *ksheerguduchi* was administered since day one to strengthen *asthi-majja dhatu* by *snehana* and also for *vata shamana*. *Ashwagandha* having the *vata shamak* and *mamsa balya* properties was also given. *Drakshasava*, an excellent *agnidipaka* helps to maintain *agni* and stimulates other *aushadhi dravyas* to act with their full potency. *Abhyanga*, *bashpa* and *sthanik pinda sweda* were performed for pacifying *vata* and *dhatu bala vardhan*. As the *samprapti* was deep up to *asthi majja dhatu* with *vata* being the chief vitiated *dosha*, only *snehana* was required and hence *yamak sneha* was preferred (*mahanarayan tail + sukumar ghrita*). In 37<sup>th</sup> chapter of *chikitsa sthan* of *Sushruta Samhita* it has been indicated to administer in all 18 *basti* for its potency to reach up to *shukra dhatu*, hence the patient was given 18 *anuvasan basti* along with two *erandamuladi madhutailik niruha basti* in the middle for *dosha anuloman*.

**CONCLUSION**

In modern medical science ankylosing spondylitis has a limited scope for treatment. The symptoms can be correlated with *asthimajjagata vata* up to a large

extent and hence it's effective management can be done as per the *chikitsa* indicated in our texts. Thus, the above case study can be a documented evidence for effective management of ankylosing spondylitis (*asthimajjagata vata*) through *basti* and *shaman aushadhi chikitsa*.

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