AYURVEDIC APPROACH FOR MANAGEMENT OF ANKYLOSING SPONDILITIS - A CASE STUDY

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<th>ABSTRACT</th>
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<td>Ankylosing Spondilitis (AS) is a Rheumatic disease condition with various skeletal and extra skeletal manifestation which simulates with the features of Amavata in Ayurveda, caused by aggravated Ama and vatadosha, these vitiated ama is carried by vata takes sthana at sleshma (knee joints.. etc) and trikasandhi (spinal column) thus producing the symptoms of Amavata. Panchakarma is shodhana therapy which removes toxins from the root there by increasing the immune system of the body by shamanoushadi’s and Rasayana therapy. We here present a case study of AS, Which was treated by Panchakarma Therapy &amp; various Ayurvedic drugs for 2months. The aim of treating the disease AS is alleviating the symptoms, boosting the immune &amp; further preventing the deformities.</td>
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| Keywords: | Ankylosingspondilitis, Amavata, Basti |

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<td>Ankylosingspondilitis is a type of arthritis in which there is long term inflammation of joints of the spine. Typically the joints where the spine joints of pelvis are also affected. Occasionally other joints such as shoulders &amp; hip joints are involved. Eye and bowel problems may also occur. Back pain is a characteristic symptom of AS, and it often comes and goes. Stiffness of the affected joints generally worsens over time.</td>
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| The cause of ankylosingspondylitis is unknown; however, it is believed to involve a combination of genetic and environmental factors. More than 90% of those affected have a specific human leukocyte antigen known as the HLA-B27 antigen. The underlying mechanism is believed to be autoimmune or auto-inflammatory. Diagnosis is typically based on the symptoms with support from medical |
imaging and blood tests. AS is a type of seronegativespondyloarthopathy, meaning that tests show no presence of rheumatoid factor (RF) antibodies. It is also within a broader category known as axial spondyloarthritis. The Bamboo Spine is typical hallmark of AS. There is no cure for ankylosing spondylitis. Treatments may improve symptoms and prevent worsening.

Ayurvedic view – AS simulates with the features of AMAVATA. Which is caused by aggravated Ama & vata. Ama is then carried throughout the body by vatadosha and takes seat in kapha and trikasandhi there by manifesting the symptoms of amavata. The pratyatmaLakshanas are sandhishula, sandhishotha and Gatrabstabdata. other samanyalakshanas are Angamardaaruchitrushnahrullasaalasyagoura va jwara.

PRESENTING COMPLAINTS
A 26years old Indian, Married female got admitted In-patient Department of Government Ayurvedic medical college Bengaluru. For a complaint of gradual pain in right ankle joint with swelling in the year 2012, was on allopathy medications for same for an year and was diagnosed as HLA B 27 +ve . Later she conceived & gave birth to a child. After 2years of delivery gradually she developed pain in lower abdomen was on Allopathy medications for same which later involved the pelvis lowback and B/L ankle joints. Since 8months these symptoms got worsened even on medications, was unable to walk due to increased pain and stiffness in sacroiliac region upto neck, B/L knee joints pain with B/L Pedal edema, hence approached our hospital for management.

No positive family history.

CLINICAL FINDINGS
The patient had several episodes of pain which aggravates at night and the stiffness worsens at early morning and lasts more than 3hrs. The patient also had pain, swelling and stiffness in the B/L shoulder joints, hip joints, knee & ankle joints.

On examination the patient was depressed due to disturbed sleep which is due to increased pain had no appetite (Mandagni), irregular bowel habit (Krurakoshta). Patient was vatapittaprakriti with madhyamasara (body tissue), madyamasamhanana (moderately built), samapramana (normal body proportion), katu rasa satmya (taste), madhyamasatva (mental strength), Avaravyayamashakti (least capability to carryout physical activities), madhyamaaharashakti (Medium food intake) Avarajaranashakti (less digestion capacity), Asthi & majjavahasrotodushi.

- BASDAI (Bath AnkylosingSpondylitis Disease Activity Index), is an index designed to detect the inflammatory burden of active diseasescale - 8.5 Score

INVESTIGATIONS
- Blood test – HLA B 27 +ve, HB%-8.5gms, CRP - +ve, ESR-120mm/hr.
- MRI OF THE LUMBOSACRAL SPINE– Spondylolisthesis of L5 over S1 verterbrae due to Bilateral L5 pars interarticularislysis, without obvious thecal
/ neural compromises. Lumbar facet joint synovitis.
• MRI OF BOTH HIP JOINTS-Bilateral sacro iliac arthritis, probable pubic Symphysitis, right sided gluteus medius muscle strain.

DISCUSSION
AS is a disease condition, simulates with amavata disease. According Acharaya Madhavanidhana Amavata is said to be kashtasadya after 2years, here in this case AS is said to be kashtasadya since there is 4years of onset as the treatment is difficult injeernavyadhi. The line of treatment is adopted same as Amavatachikitsa initially with Amapachana later vatadoshachikitsa. In other words, initially rukshana (alleviating symptoms) later brumhanachikitsa alleviates symptoms with boosting the immune system and to prevent deformity. So, repeated interventions like bastichikitsa and Snigdhasweda’s along with brumhanasweda will be highly beneficial to Pt suffering from AS.

Therapeutic intervention-
From Nov 22nd to Jan 22nd
• Patient was in amaavatha – Rukshapindasweda with kolakulatadichurna for 5days
• Erandamuladiniruhabasti 720ml, Rasnadashamuladitaila 60ml Anuvasanabasti karma for 10days (kalabasti schedule)
• Dhanyamladhara 7days
Stiffness was reduced upto 50%
Pain was reduced upto 30 %.
• Kati basti with ABL taila 7days
• Sarvanga Abhyanga with Dhanwantaramtaila f/b Patrapindasweda 7days
• SarvangaAbhyanga with ABL taila f/b SSPS 7days
• Matrabasti with Shuddhabalataila 60ml 9days
Pain reduced upto 80 %
Oral medicines given during this treatment procedure
➢ Tab chitrakadivati 1-1-1 B/F
➢ Shuntikashayam 50ml

Amrutarishtha 20ml-0-20ml a/f until niraamaavastha
➢ Punarnavadimandura 1-0-1
➢ Lakshadiguggulu 1-0-1
➢ GT Ghruta 10ml-0-10ml x15days.

On Discharge
Patient was able to walking with pain, pedal edema reduced, and was able to do physical activities with mild pain. Hb% 9.5 gms ESR-90mm/hr CRP- +ve.
Overall 80% of symptoms reduced.

On discharged pt was advised
➢ Amrutotarakashyam + Maharasnaerandadikashyama 20ml-0-20ml B/F with warm water
➢ Siddhamakaradvaja with gold 0-0-1 A/F x30days
➢ Amrutaprashhaghruta 10ml-0-10ml B/F (when hungry)
➢ Cap Neuro XT 1-0-1 x15days

Follow up after 1month
Patient is in good condition with 20% of discomfort & pain. Hb % - 11.5%, ESR-44mm/hr, CRP-Normal range.

**CONCLUSION**

AS symptoms simulates with features of Amavata so, adopting the Amavata line of treatment is beneficial here in managing the symptoms and also preventing the disease progress and further deformity.

**REFERENCES**


**Source of Support:**
**Conflict Of Interest: None Declared**