

AYURVEDIC APPROACH FOR MANAGEMENT OF ANKYLOSING SPONDILITIS - A CASE STUDY

Sushma M¹ Shridhara BS², Shaila borannavar³

¹Final year MD, ²Principal & Professor, ³Assistant Professor;
Dept of Panchakarma GAMC, Bengaluru, Karnataka, India

Email: drsushmaayurveda09@gmail.com

ABSTRACT

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 *vata dosha*, 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 & various Ayurvedic drugs for 2 months. The aim of treating the disease AS is alleviating the symptoms, boosting the immune & further preventing the deformities.

Keywords: Ankylosingspondilitis, *Amavata*, *Basti*

INTRODUCTION

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 & 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.

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 seronegativespondyloarthropathy, meaning that tests show no presence of rheumatoid factor (RF) antibodies. It is also within a broader category known as axial spondyloarthritis². The Bamboo Spine is typical hallmark of AS.

There is no cure for ankylosingspondylitis. 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 *sandhishhula*, *sandhishhotha* and *Gatrastabdata*. other *samanyalakshanas* are *Angamardaaruchitrushnahrullasaalasyagoura va jward*¹.

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 vertebrae 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 Symphysisitis, 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

Amrutarishta 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
- *Siddhamakaradwaja* with gold 0-0-1 A/F x30days
- *Amrutaprashhaghhruta* 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

1. Madhavakara. *Madhava Nidana*- with the commentary Madhukosha by Vijayarakshita and Srikanthadatta and with extracts from Atankadarpana by VachaspatiVaidya, 30th ed. Varanasi: Chaukhambha Publications; 2001.PartI.
2. www.en.wikipedia.org/wiki/Ankylosingspondilitis.

Source of Support:

Conflict Of Interest: None Declared

How to cite this URL: Sushma M & Shridhara B S: Ayurvedic Approach For Management Of Ankylosing Spondilitis - A Case Study. International Ayurvedic Medical Journal {online} 2017 {cited May, 2017}
Available from:
http://www.iamj.in/posts/images/upload/1800_1803.pdf