ABSTRACT

Ankylosing Spondylitis is a chronic inflammatory disease of the axial skeleton with variable involvement of peripheral joints and non-articular structures. It is one of the Seronegetive Spondyloarthopathies with a strong genetic predisposition and clinically manifested with progressive stiffening and restricted movement along with dull aching pain of the axial skeleton (sacroiliac joints and spine). Radiologically Bamboo spine and histopathologically HLA-B27 is the most common findings in Ankylosing Spondylitis. In Ayurveda, no typical nomenclature has been found for the said disease but considering all signs and symptoms of the disease, it can be treated as griva-prishtha graha with vata-kapha predominance. In this case of Ankylosing Spondylitis, Virechan and Basti (Shampakadi & Sahacharadi tail) preceded by Abhyanga & Swedana were administered in a specific schedule for three months. After completion of the study, the pain & stiffness of the back & neck were almost reduced. From this result, the authors had tried the same protocol in other 5 cases of Ankylosing Spondylitis which are also very significant. Further study should be carried out in large sample to establish the role of the said therapy in this particular disease.

Keyword: Ankylosing Spondylitis, Vatavyadhi, Virechan, Basti.

INTRODUCTION

Previously Ankylosing spondylitis (derived from Greek ankylos, crooked; spondylos, vertebra; -itis, inflammation) was known as Bechterew’s disease & Marie-strumpell disease. Ankylosing spondylitis comes under the group of seronegetive spondyloarthopathies, usually correlated with the histocompatibility antigen HLA-B27 and occurs worldwide roughly in proportion to the prevalence of this antigen. In North American Caucasians, the general prevalence of this antigen is 7 percent, whereas over 90% of patients with AS have inherited this antigen. Late adolescence or early adulthood, before the age group of 40 years, and the male patients are mostly affected than female in the ratio of 3:1. Symptoms include initially dull pain deep in the lower back i.e. in lumbar or gluteal region accompanied with morning stiffness improving with activities are found commonly in costosternal junctions, spinous process, iliac crest, great trochanters, ischial tuberosities, tibial tubercles, and heel. Though the exact nomenclature of the disease is not available in Ayurvedic text, considering gribagraha (pain in neck), hasto-padatoda (pain in hand and foot), stabdhata (stiffness), kubjata (hump in
back) etc., it can be considered as a special type of vatavyadhī with vata-kapha predominance in nature.

AIMS AND OBJECTIVES:
The need to find out effective Ayurvedic remedy for Ankylosing Spondylitis as because there is no effective remedy in Allopathic Medical science in spite of some pain killer & RA modifying drugs.

CASE REPORT:
A 58 years old male patient of Khardah, West Bengal, came to Pachakarma dept. of J.B.Roy State Ayurvedic Medical College Hospital with complaints of severe pain in the sole of both legs along with swelling. Swelling and pain first started in left leg. Thereafter multiple joints of the body were involved along with stiffness of the neck since 1970. He was first diagnosed as Ankylosing Spondylitis in 1998 after X-Ray and blood report in a private doctor’s chamber. Gradually the condition became worse and patient complaints of severe back pain during walking and stepping up stairs along with disturbance of sleep, swelling and pain in ankle joint with positive SLR testing at 20° angle on examination. After taking a longstanding unsatisfactory treatment with Allopathic medicines like pain killer & physiotherapy, patient ultimately get admitted in the above said Hospital in 16/9/14.

Past medicinal history: no such 
Past Surgical history : No such
Family history : Nothing significant
On examination : Restricted movement of legs, lumbo-sacral spine and cervical spine. SLR test positive at 20° angle
Investigation : blood reports on 5/4/2014
- RA factor = negative
- Uric acid = 4.75 mg/dl
- ASO titre = 61.7 I.U./ml
- HLB-B 27= positive
- CRP-C Reactive protein--- 73.48mg/L
- X-Ray of L-S spine Shows (dated 31/8/99) - symmetrical marginal syndesmophytes, sacroiliac joint fusion and generalised osteopenia

Diagnosis: based on clinical presentation, X-Ray, and blood report

TREATMENT:
Panchokol churna of 4 gm was given to the patient for 7 days for Agnideepan about thrice daily before meal. Afterward, internal Snehapan by Dashamoola ghrit as scheduled for 6 days and Abhyanga (massage) and Swedan (fomentation) as scheduled for 3 days had been done. Virechan (purgation) is done by Trivritadi leham (40 gm) followed by Samsarjan karma (dietary regimen) to be followed after Virechan strictly for at least 3 days. After 15 days, Shampakad Basti (as niruha) and Sahacharadi Taila Basti (as anubasan) had been administered in Karma basti schedule. 3 schedules of such Basti were given in one month gap. Patient was advised to take following internal medicines during therapy:

1. Sahacharadi kashayam + Maharasnadi pachan – 4 TSF from each twice daily with equal amount of water in empty stomach.

DISCUSSION
After 1st schedule of therapy with Virechan (purgation) and Basti (enema), severe pain and swelling of different joints
were reduced significantly with persistence of stiffness in neck and waist. After completion of 2nd schedule of therapy, there was no complaint of pain and stiffness in waist. Only there was moderate stiffness in the cervical region. Final result: After 3rd / final schedule of therapy patient was almost fit to do his daily work and also joined to his office later on with mild cervical stiffness.

**DISCUSSION**

Considering all signs and symptoms, it can be concluded that Ankylosing Spondylitis is a sthambha and shula pradhan vatvyadhi having origin of vat-kapha doshas. So, Virechan (purgation) was selected for this case. And as basti is the choice of treatment in any Vatvyadhi, hence Basti was done here. Sthabdhata and shulatva mainly occurs due to rukshatva (dryness) and chalat (kinetic) property of Vat dosha. Snehan (oleation) and Swedan (fomentation) therapy directly reduces these by virtue of their guna-karma (mode of action) Mode of action of Shampakadi basti: As it contains shampaka, punarnava, ashvagandha, shati, laghu panchamula, bala, rasna, guduchi, devdaru, mustak, madan phal, it reduces pristhashul and trikshul by its vata-kapha hara properties. Mode of action of Sahacharadi taila---- it is indicated in all types of vat-kapha pradhan vyadhi especially lower portion of body and stiffness of joints. Mode of action of Rasnadi kashayam --- it is highly efficient to reduce vayu and specially indicated in kubjatva (hump in back), gridhashi (low back pain / sciatica pain syndrome) etc. Mode of action of Mahayogoraj guggul --- it is a very popular medicine to cure vatvyadhi; hence it was administered to reduce the shula or pain.

For these aforesaid qualities, these drugs and therapy were chosen for this case and the result was really very encouraging.

**CONCLUSION**

Classical Snehan (oleation) & Swedan (fomentation) followed by Virechan (purgation) & Basti (enema) therapy and internal application of some specific medication were found highly effective to reduce almost all complaints of Ankylosing Spondylitis (pristha graha & griba graha). Further study should be carried out in a large sample to establish the role of said therapy on Ankylosing Spondylitis.

**REFERENCES**

3. Das Govinda, Bhaisajya Ratnavalli, edited by Rajeswardatta Shastri, Paribhasa prakoran chapter 4, sloka no. 26
5. Dr. Nishteswar & Dr. Vaidyanath R., Sahasrayoga, leha prakoran no. 32
8. Dr. Nishteswar & Dr. Vaidyanath R., Sahasrayoga, Kashyayoga prakoran
9. Das Govinda, Bhaisajya Ratnavalli, edited by Rajeswardatta Shastri,
Amavat chikitsha, chapter 29, sloka no.28-31 10. Achraya Sarangadhar, Sarangadhar Samhita, Madhyam kanda, 7/ 56-62

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