



Case Report
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A Clinical Study Based on Ayurvedic Intervention in the Management of Ankylosing Spondylitis: A Case Report



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Abstract

Ankylosing spondylitis (AS) is a chronic inflammatory disease primarily affecting the spine, characterized by inflammation of the sacroiliac joints and the spine's vertebrae. The exact cause of ankylosing spondylitis is not fully understood, but a strong genetic predisposition, particularly the presence of the HLA-B27 gene, is associated with an increased risk. Clinically, Ankylosing spondylitis is characterized by back pain and stiffness, especially in the morning or after periods of inactivity. This case report describes the clinical presentation, diagnostic evaluation, and management of a 42-year-old male patient presented with complain of Stiffness and Low back pain, cervical pain and bilateral Knee joint pain since, 1 year, associated with morning stiffness that lasted more than 1 hours, which improved with activity and radiographic evidence of sacroilitis. This case was managed with panchakarma procedures along with Shamana Chikitsa given for the duration of 30 days. Before starting Ayurveda treatment BASDAI baseline score was 4.7 and after completion of treatment the score was reduced to 1.1.

Keywords: HLA-B27; Bamboo spine; Prishta Basti; Erandmooladi Niruh Basti; BASDAI score

Abbreviations: AS: Ankylosing Spondylitis; HLA: Human Leukocyte Antigen; NSAIDs: Non-Steroidal Anti-Inflammatory Drugs; DMARDs: Disease Modifying Anti Rheumatic Drugs; ESR: Erythrocyte Sedimentation Rate; CRP: C-Reactive Protein; BASDAI: Bath Ankylosing Spondylitis Disease Activity Index

Introduction

Ankylosing Spondylitis is characterized by inflammatory back pain that is typically subacute in onset and starts before the age of 45 years. Ankylosing Spondylitis is an autoimmune disease that mainly involves spine joints, sacroiliac joints and their adjacent soft tissue, such as tendon and ligaments. Inflammation at these sites results in new bone formation leading to the typical AS features of bridging and fusion of joints and ankylosis of the spine. Radiographic changes characteristically affect the sacroiliac joints and may involve variable levels of the spine [1]. As the disease progressed resulting in fibrosis and calcification of bone patients have symptoms like loss of flexibility and fusion of spine there is a name given to this type of symptoms resembling called "Bamboo" i.e like an immobile position.

AS is a slowly progressive disease, and x-ray changes often do not appear until a decade after onset of symptoms [2]. In some people who have a clinical history consistent with AS but lack the characteristic x-ray changes, MRI can identify early inflammatory bony changes not seen on plain x-ray [3]. The prevalence of AS has a clear correlation with the human leukocyte antigen (HLA)-B27 positive rate in specific populations. Studies have revealed that in HLA-B27-positive populations, the prevalence rate of AS is $\sim 5\%$ -6% [4].

In contemporary medical science the disease is usually managed with Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), corticosteroids and various Disease Modifying Anti Rheumatic Drugs (DMARDs), but there are limited benefits and numerous

side effects associated with these drugs when given systemically for over a longer period of time. So, it is the need of the hour to look for a better mode of management for the disease in other medical sciences. Ankylosing Spondylosis in Ayurveda- The Ankylosing Spondylitis patients treated on the line of management of *Amavata* (Rhematoid Arthritis) in initial stage and in later stage it is treated on the basis of *Asthimajja Gata Vata* (disorder of bone and bone marrow).

Asthi-majja gata vata of Ayurveda is similar with AS. Asthi-majja gata vata is characterized by vitiated vata affecting Asthi dhatu (bones). Asthi-majja gata vata is characterized by the signs and symptoms like, Asthibheda (pain in bones), parva bheda (pain in inter-phalangeal joints), sandhi shoola (joint pains), mamsa kshaya (atrophy of muscles), bala kshaya (loss of strength/weakness), aswapna (lack of sleep/disturbed sleep) and satata ruk (continuous pain). Adhyasthi (fusion/ankylosis/osteophyte formation) is the manifestation of Asthi pradoshaja vikara (diseases of bones) and vinamata (deformity such as kyphosis) is the manifestation of Majjavrita vata. Snehana (oleation), swedana (sudation) and Panchakarma procedures like enema with bitter ghee are indicated in bone pathology [5]. The present case was diagnosed and treated according to Asthi-majja gata vata.

Case Presentation

In December 2023 a 42-year-old male patient presented with complain of Low back pain, cervical pain and bilateral Knee joint pain since, 1 year, associated with morning stiffness that lasted more than 1 hours, which improved with activity. Symptoms gradually intensified over the last 15 days. For these complaints initially he consulted an allopathic physician where he got temporary relief by NSAIDs and corticosteroids but the patient did not get satisfactory result and the complaints reoccurred after sometime. Then the patient switched towards *Ayurvedic* mode of management for further treatment.

Past medical history: included HLA-B27-positive, ankylosing spondylitis (diagnosed in October, 2023), hypertension, type 2 diabetes mellitus. Abdomen and Pelvis Ultrasound suggest Mild Hepatomegaly with fatty infiltration. No H/O any trauma, surgery or other severe illness.

On Examination: Pulse was $82/\min$ and regular, BP - 122/84 mm of Hg, Respiratory rate - $18/\min$.

Systemic Examination: Physical examination revealed limited lumbar spine mobility and tenderness over the sacroiliac joints. Schober's test was positive(<5cm), indicating restricted forward flexion. The patient exhibited decreased chest expansion. Laboratory tests showed an elevated erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP). HLA-B27 testing was positive.

Investigations

i. MRI of Cervical Spine reveals Intervertebral Disc

degeneration and small posterior osteophytes disc complex at C2-3, C3-4, C4-5 and C5-6.

ii. MRI of Lumbosacral Spine and Pelvic bone reveals Squaring of anterior vertebral body in lumbar and lower thoracic spine. Anterior longitudinal ligament ossification from D11 level downwards. Visible Lumbar and lower thoracic spine progresses to osseous fusion at D12-L1, L1-2, and L2-3 levels. No disc herniation or neural compression. It shows reparative fatty marrow changes of left>>right sacroiliac joint with cortical irregularity.

HLA-B27 Test: Positive

Assesement criteria: The scoring of 'Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) is adopted for assessment. To give equal weighting, the average of the two scores relating to morning stiffness is taken. The resulting 0 to 50 score is divided by 5 to give a final 0 to 10 BASDAI Score (Table 1).

Table 1: BASDAI Score.

Fatigue/ tiredness	0 (none) to 10 (Very severe)
Neck, back or hip pain	0 (none) to 10 (Very severe)
Pain / swelling in joints	0 (none) to 10 (Very severe)
Discomfort from any areas tender to touch or pressure	0 (none) to 10 (Very severe)
Morning stiffness severity	0 (none) to 10 (Very severe)
Morning Stiffness Duration	0 (none) to 10 (Very severe)

The BASDAI or Bath Ankylosing Spondylitis Disease Activity Index is >4 suggest high disease activity.

Management

Prishta Basti with Murivenna Taila and Mahavishgarbh Taila and Erandmooladi Niruha Basti and Matra Basti with Dhanvantarm Taila in Karma Basti manner along with Shamana Chikitsa were given for the duration of 30 days (Tables 2 & 3).

Result

Before starting *Ayurveda* treatment BASDAI baseline score was 4.7 and after completion of treatment the score was reduced to 1.1 (Table 4).

Discussion

The condition was approached with classical line of treatment of *Asthi Majjagat Vataas* the characteristics were clearly reflecting in the symptoms mentioned by the patient.

Effect of Panchakarma Procedures

i. *Prishta Basti: Prisht Basti* (process of retaining a specific amount of lukewarm medicated oil on a specific area) was prescribed because it is an external local oleation and sudation. Thus, locally at *Prisht Pradeshit* causes *Doshvilayan, Kledandue* to taila application and *Srotovishodhana, Swedprayartan* due

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to its warm temperature [6]. Murivenna's ability to promote microcirculation due to its constituent composition may aid to reduce inflammation. When the qualities of each element in Murivenna were examined, it was found that the majority of them were predominantly Tikta, Katuand Madhura Rasaas well as Kapha Pitta Shamana. Animal study demonstrated neovascularization, fibroblast proliferation, pepsin-soluble collagen synthesis, and collagen turnover in wounds [7]. Mahavishgarbh Tailais very beneficial in chronic Rheumatic diseases, swelling of joints, rheumatic pain [8].

Table 2: List of Panchkarma Procedures & Shaman Medicine.

	Panchaka	rma Procedures -					
	Pristh Bastiwith Murrivenr	nam Taila and Mahavishgarbh Taila					
	Ка	rma Basti					
I. Erandmooladi Niruh Basti (on empty stomach) a. Saindhava lavana (Rock salt) - 6 g b. Madhu (Honey) - 80 ml c. Tila taila(lipid medium) - 100 ml d. Satapushpa Kalka- 15 gm e. Erandamool Kwatha- 450 ml f. Gomutra Arka- 50 ml II. Matra Basti with Dhanvantar Taila (after having light meal) 60 ml							
	Sham	an Medicine -					
Medicine Dose Frequency Anupana							
Trayodashang Gugglu 250 mg BD Lukewarm water							
Rasnasaptak Kwath 30 ml BD Lukewarm water							
Agnitundi Vati 250 mg BD Lukewarm water							
Chandraprabha Vati 250 mg BD Lukewarm water							

Table 3: Karma Basti Plan.

1st Day	2 nd Day	3 rd Day	4 th Day	5 th Day	6 th Day	7 th Day	8 th Day	9 th Day	10 th Day	11 th Day	12 th Day	13 th Day	14 th Day	15 th Day
A	A	N	A	N	A	N	A	N	A	N	A	N	A	N
16 th Day	17 th Day	18 th Day	19 th Day	20 th Day	21st Day	22 nd Day	23 rd Day	24 th Day	25 th Day	26 th Day	27 th Day	28 th Day	29 th Day	30 th Day
A	N	A	N	A	N	A	N	A	N	A	A	A	A	A

Table 4: BASDAI Score Before and After Treatment

Symptoms	Before Treatment	After Treatment		
Fatigue/ tiredness	5	1		
Neck, back or hip pain	5	2		
Pain / swelling in joints	4	0		
Discomfort from any areas tender to touch or pressure	4	1		
Morning stiffness severity	5	2		
Morning Stiffness Duration	1 hour & 15 Minutes	Up to 15 Minutes		
BASDAI Score [5]	4.7	1.1		

Karma Basti: Erandmooladi Niruha Basti is Deepana and Lekhana in nature which helps in pacifying Kapha and reduces symptoms like heaviness and stiffness. Eranda (Ricinus communis Linn.) which is the main content of Erandmooladi Niruha Basti possess anti-inflammatory, antioxidant, analgesic and bone regeneration properties. This Basti contains 34 drugs in which most of the drugs are having Ushna Veerya and are Vatakaphahara

in nature. Drugs are also possessing Ushna, Teekshna and SukshmaGuna which helps in the elimination of obstruction of Srotas which further helps in the formation of Prakrita Dhatu. It is also indicated in *Kaphavrita* condition, by which it played major role in pacifying the Kapha Dosha and reducing the symptoms like Stambha and Gaurava. Most of the drugs are Agni Deepaka which helped to improve the Agni of the patient, thereby increase

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in appetite was observed [9]. As patient was given Matra Basti of *Dhanvantara Taila* which is going to act as a *Vatakaphahara*, helping in *Vatanulomana*. It is said to be *Sarvavatvikarhara* and *Bruhana* in action [10].

Individual effect of Shaman drugs

- i. Tryodashang Gugglu: Trayodashang guggulu act with its properties of Vedanastapana, Shoolhara and Rasayana, Madhur Vipaka, Ushna Virya. By the Ushna Virya, Snigdha guna of Madhur Vipaka it suppresses the symptoms of Stambha, Toda and reduces pain which is mentioned in Bhavprakash Samhita. Triyodashanga Guggulu is useful in Snayugatavata, Asthigatavata, Majjagatavata, Khanjavata, and various Vata disorders [11].
- **ii.** Rasnasaptak kwath: Rasna Saptak Kwath is a formulation, which contains eight medicinal plants viz. Pluchea lanceolata, Tribulus terristris, Tinospora cardifolia, Boerrihia diffusa, Ricinus communis, Cedrus deodara, Cassia fistula and Zingiber officinalis. These herbs have the potential to treat symptoms like inflammation and pain other than that it also treats arthritis at immune and free radical level. These herbs are known for their immunosuppressive action (e.g. Pluchea lanceolata), anti-inflammatory action (e.g. Tribulus terristris,), analgesic action (ex. Ricinus communis,), and antioxidant (e.g. Tinospora cardifolia) [12].
- **iii.** Agnitundi vati: All contents of Agnitundi Vatiare Deepan, Pachan, Vata Shamakand Shulaghna in properties due to its Ushna veerya it normalizes the function of Apana and Vyana vayu [13].
- **iv.** Chandraprabha vati: Chandraprabha Vati is Rasayana, Balya, Tridosha Shamaka properties and also acts as catalyst [14].

Conclusion

This study demonstrates how Ankylosing Spondylitis can be treated using *Ayurvedic medicine*. The *Shaman* medications act on the vitiated *Aam* and *Vata*, while the *Panchakarma* treatments ease stiffness and discomfort by stimulating blood circulation and balancing *Mraduta*. Even though there is no known treatment for ankylosing spondylitis, *Ayurveda* can effectively control the disease's symptoms and progression, preventing harmful drug interactions and eventually improving the patient's quality of life.

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