



# **Case Study**

# MANAGEMENT OF ANKYLOSING SPONDYLITIS IN AYURVEDA: A CASE STUDY

# Sumit Kumar<sup>1\*</sup>, Ragini Kumari<sup>1</sup>, Pankaj Kumar<sup>1</sup>, Vijay Bahadur Singh<sup>2</sup>

\*1MD Scholar, <sup>2</sup>Guide & Head of Department, Department of Kayachikitsa, Government Ayurvedic College & Hospital, Kadamkaun, Patna, Bihar, India.

#### Article info

#### Article History:

Received: 05-03-2022 Revised: 25-03-2022 Accepted: 06-04-2022

#### **KEYWORDS:**

Ankylosing spondylitis. Antiinflammatory. HLAB27, Ekangvir ras, Panchatikta Ghruta Gugglu, Shallaki.

#### **ABSTRACT**

Ankylosing spondylitis (AS) is chronic inflammatory disorders of unknown cause that primarily affects the axial skeleton (Predominantly sacroiliac joints and spine) peripheral joints and of extra articular structures may also be involved in an asymmetrical pattern. The disease usually begins in the second or third decade; the male to female prevalence is approximately 3:1. Patients having AS, more than 95% of them are positive HLA-B27. Use of NSAIDS are the first line of management and they effectively relieve the symptoms. Few Avurvedic medicines found to be effective in the management of AS. Here, a case study of AS managed by Ayurvedic treatment approaches is presented. A patient 21yrs male came to OPD of Kayachikitsa i.e., Room No. 9 of GACH, Patna. He complaint of pain in B/L ankle left>right, also B/L knee joint pain as well as low back pain for 6 months. He was diagnosed on the basis of its signs and symptoms of AS with HLAB27 positive. He was managed by Avurvedic medicines like Panchatikta Ghruta Guaglu, Ekanaveer ras, Tab. Shallaki, Cap. Stresscom, Irumax oil, Vaishwanar churna, Laxarid for 7 months and relief in his signs and symptoms.

#### INTRODUCTION

The only system of holistic health management that existed since the dawn of man's history is the Indian system of Ayurveda. We can call it the mother of all system as it has much evidence. Despite this, Ayurveda has to satisfy in the seat of alternate medicine. Allopathic medicine definitely made the life comfortable for Human being with various research and advancement in treatment modalities. But in certain diseases like auto immune diseases, Allopathic system of medicine has still not succeeded. Ankylosing Spondylitis is one of them. It is a chronic inflammatory disorder of unknown cause that primarily affects the axial skeleton (predominantly sacroiliac joints and spine) peripheral joints and of extra articular structures. The disease usually begins in the second or third decade. The male to female prevalence is approximately 3:1.

Access this article online	
Quick Response Code	
回線然回	https://doi.org/10.470
	Published by Mahadev publication licensed Commons Attribu ShareAlike 4.0 Interna 4.0)

://doi.org/10.47070/ijapr.v10i4.2271

shed by Mahadev Publications (Regd.) cation licensed under a Creative Attribution-NonCommercial-Alike 4.0 International (CC BY-NC-SA

AS shows a striking correlation with the histocompatibility antigen HLA-B27. American Caucasians, the general prevalence of B27 is 7%, whereas >90% of patients with AS have inherited this antigen. The association with B27 is independent of disease severity [1]. The cardinal features of AS is inflammatory lower back pain radiating to the buttocks or posterior thighs, early morning stiffness pain in sacroiliac joints. Symptoms exacerbated by inactivity and relieved by movement. Musculoskeletal symptoms may be prominent at entheses, may be episodic and, if persistent, can present as widespread pain. Fatigue is common. Also, extra articular manifestation may also manifest in a few patients.[2] Modern science follow NSAIDS and conservative treatment for AS, but still, it remains as symptomatic. Hence, in this paper a case of ankylosing spondylitis is managed successfully with Ayurvedic treatment.

## **CASE REPORT**

A patient 21vrs male came to OPD of Kayachikitsa i.e., Room No. 9 of GACH, Patna. He complained of pain in spine in the last 2 years back. His investigation of HLAB27 was positive. He was diagnosed on the basis of signs and symptoms of AS. He complaint of pain in B/L ankle left>right, B/L knee joint, low back ache as well as pain in spine. He was

having stiffness and pain in joint for more than an hour in the morning. The pain relives on movement. He was also having difficulty in sitting and complaint of chronic constipation (passing less than 3 stool a week) and was taking lactulose for it. He was facing problem in daily activities due to generalized weakness. Since last month he developed uveitis (inflammation in eye) as well as redness in both eyes.

## **General Examination**

Temp. =  $98^{\circ}F$ 

Pulse Rate = 78/min

R.R = 17/min

B.P = 114/70 mm/hg

#### **Musculoskeletal Examination**

**Gait** - Normal

Arms

## Inspection

- No asymmetry
- No swelling
- No changes in skin
- No muscle wasting
- No deformity

#### **Palpation**

- No tenderness
- No warmth

#### Legs

## Inspection

- No asymmetry
- No bony deformity
- No swelling
- No muscle wasting

#### **Palpation**

- No tenderness
- No warmth

# Spine Examination

## Inspection

- No deformity
- No swelling
- No scar marks

#### **Palpation**

• Tenderness at lumbo-sacral region

## Range of motion

- Forward bending of lumber spine is painful, restricted.
- Backward extending of lumber spine is painful, restricted.
- Schober's Test positive
- Others joint of upper and lower limb are possible without pain.

## **Ayurvedic Perspective**

Ankylosing Spondylitis cannot be compared with any particular disease condition directly that is described in Ayurvedic Samhitas. It can be compared with Aamvata.[3] Indulgence in incompatible foods and habits, lack of physical activity, or doing exercise after taking fatty foods and those who have poor digestive capacity produce *Ama* (improperly digested food) in the body. This *Ama*, acts as *Vata* and moves quickly to the different seats of Kapha in the body filling them and the Dhamanis (blood vessels) with Kapha Thus the bad end product of digestion associated with Vata, Pitta and Kapha, blocks the tissue pores and passages with thick waxy material. It produces weakness and heaviness of the heart, which becomes the seat of the disease. It also affects simultaneously the joints of the body such as those of waist, neck, shoulder, etc. This is known as *Amayata* producing stiffness of the body.[4]

#### **Treatment**

Ayurvedic texts described *Sodhana* and *Shamana* chikitsa in Aamvata. But we started Ayurvedic treatment (*Shamana Chikitsa*) based on symptoms and selected ayurvedic drugs which are follows.

#### **Treatment Given**

1. Panchatikta Ghruta Gugglu= 500mg BD

Ekangvir ras = 125mg BD

2. *Tab. Shallaki* = 400mg BD

Cap. Stresscom= 500mg BD

3. Irumax oil= L/A

4. Vaishwanar churna= 3 gm

Laxarid= 125mg. (at night)

## **Follow up and Outcomes**

A very good response is noted in signs and symptoms: stiffness, pain, inflammation, and spinal mobility were reduced. The patient physically became strong enough to perform daily chores.

## **DISCUSSION**

A patient 21 yrs. male came to OPD of *Kayachikitsa* i.e., Room No. 9 of GACH, Patna. He was diagnosed with Ankylosing Spondylitis on the basis of its signs and symptoms in association with HLAB27. In Ayurveda it is compared with *Aamvata* on the basis of its symptoms. He was treated with medicines like: *Panchatikta Ghruta Gugglu, Ekangvir ras*, Tab. *Shallaki*, Cap. *Stresscom, Jruamax oil, Vaishwanar churna, Laxarid* for 7 months. He has improvement in sitting, which was difficult earlier, and stiffness in the morning also reduced to 10-15mins. Inflammation in eyes is decreased to its minimal. Now the Schober's test is negative i.e., spine mobility improved.

Panchatikta Ghruta Gugglu contains: Bhallatak (Semicarpus Anacardium), Nimba (Azadirecta indica), Guduchi (Tinospora cordifolia) etc.<sup>[5]</sup> Bhallatak (Semicarpus Anacardium) has anti-inflammatory<sup>[6]</sup>

effect as well as artherogenic<sup>[7]</sup> and antioxidant activity<sup>[8]</sup>. *Nimb* (*Azadirecta indica*) has chemical composition of Nimbin, Nimbidin possesses significant dose dependant anti-inflammatory activity<sup>[9]</sup>. *Guduchi* (*Tinospora cordifolia*) having Berberin and tinosporin mainly acts as antioxidant and immune-potentiating thus cell layers during disease pathology are improved by this drug<sup>[10]</sup>. *Vasa* (*Adhatoda vasica*) the Vascicinone has antioxidant as well as anti-inflammatory<sup>[11]</sup>. *Patol* (*Trichosanthas dioica*) has anti-oxidant<sup>[12]</sup>. *Guggul* (*Commiphera mukul*) has *Katu, Tikta, Kashay, Madhur rasa, Ushna veerya & Katu Vipak*. It stimulates body activity to build up immune system<sup>[13]</sup>.

Ekangvir ras contains- Shuddha Parada (Herbal purified Mercury), Shuddha Gandhaka (Herbal purified Sulphur), Nagara (Ginger Rhizome- Zingiber officinalis), Maricha (Black pepper- Piper nigrum), Pippali (Long pepper fruit- Piper longum) etc. Drugs used for decoction prepared from Triphala (Haritaki - Terminalia chebula), (Vibhitaki- Terminalia bellirica), (Amalaki - Emblica) and Nirgundi - Vitex negundo.

The properties of ingredients of *Ekangveer Ras* are helpful in restoring the *Gati* (motor activities) and *Gandhana* (sensation). Symptoms of aggravated *Vata* in *Vatavahasrotas* and *Nadi* such as *Cheshtanasha* (loss of activities), *Sandhishaitilya* (loosens of the joints) and *Sagnynahani* (loss of sensation) would be subsided. Phytochemicals of *Bhavana Dravyas* are also affecting the action of *Ekangveer Ras*, as *Bhavana Drayva* enhances the properties of main ingredient. *Dhatura* anti-cholinergic effect [14] and *Kuchla* acts as analgesic. *Amalaki, Pippali, Shigru, Maricha* the ability to minimize nerve damage due to its anti-inflammatory action. Piperine helps to improve the outcome of patients by reducing inflammatory features at the site of the damage. *Shallaki* acts as anti-inflammatory [15].

0il **Ingredients:** Mahanarayan Mahamash Taila, Mahavishagarbha Taila, Deodaru Taila (turpentine oil), Nilgiri Taila (eucalyptus oil) etc. It is Vata balancing herbal oil formula used in Ayurvedic medicine for centuries. It is a rich combination of anti-arthritic Ayurvedic herbs, produce no irritation on skin and arrest further progress of chronic arthritic changes of joint in pain and stiffness. Vaishvanara Churna contains Saindhavalavana (rock salt), Ajwain (Carum Copticum), Sunthi (Zingiber officinalis), Ajamoda (Apium leptophyllum), and Haritaki (Terminalia chebula). Vaishvanara Churna is used as a laxative. Shotaprasamana (antiinflammatory) [16]. Fruits of Ajwain are traditionally used anti-inflammatory, laxative. diuretic. antispasmodic, antinociceptive<sup>[17]</sup>. Haritaki commonly known as Terminalia chebula. Terminalia chebula is used in traditional medicines to treat constipation, kidney, and urinary disorders. It can also

be used as a homeostatic, anti-tussive, diuretic, and ionotropic remedy.

Laxarid contents are Trivrit, Yashtimadhu. Yashtimadhu act as anti-oxidant and helps in immunomodulation [18].

#### CONCLUSION

From above discussion it is concluded that Ayurvedic medicines show promising result in the management of Ankylosing Spondylitis, especially improvement in signs and symptoms.

#### REFERENCES

- 1. Jameson, J.L & Loscalzo. J. (2015). Harrison's Principle of internal medicine (19<sup>th</sup> edition) New York: Mc Graw Hill Education.
- 2. Khan MA. Clinical features of Ankylosing spondylitis. In: Hochberg MC, Silman Aj, Smolen Js, Weinblatt ME, Weisman MH, editors. Rheumatology, 3<sup>rd</sup>, London, 2003; 1161-1181.
- 3. Lakshmipati Shastri, editor. Yogratnakar, *Aamvata Nidana*, chaukhambha Sanskrit Sansthan, Varanasi: 2009. p. 986.
- 4. Madhava Nidana (Roga Viniscaya of Madhavakara): Text with English Translation by Prof. K. R. Srikantha Murthy, Chaukhambha Orientalia, Varanasi, Eighth Edition: 2007, Chapter-25, pg-95.
- 5. Ambikadatta Shastri, Bhaishjya ratnavali Kushthrogadhikar 54/233-236, Page no 904 Published by Choukhamba Sanskrit Sansthana, 18th Ed.2005
- 6. Nadkarni, The Indian Materica Medica, Popular Prakashan, Bombay, Reprint 1993, Vol.-1, pp. 1120-1124
- Sharma A, Mathur R, Dixit VP. Hypocholesterolemia activity of nutshell extract of Semicarpus Anacardium (Bhallatak) in cholesterol fed rabbits. Indian J Exp Biol. 1995; 33: 444-8. {PubMed}
- 8. Sahoo A.K, Narayana N, Sahana S, Rajanb SS, Mukharjee P.K. In vitro antioxidant Potential of S. anacardium L. Pharmacology online 2008: 3, 327-335
- 9. Pillai, N.R. and Santha Kumari, G., Anti-arthritic and Anti-inflammatory actions of Nimbidin, Plant Medica, 1981, 43, 59-63.
- U. Sharma, M. Bala, N. Kumar, B. Singh, R. K. Munshi, and S. Bhalerao, "Immunomodulatory active compounds from Tinospora cordifolia," Journal of Ethnopharmacology, vol. 141, pp. 918– 926, 2012.
- 11. Chakraborty A and AH Bratner, 2001. Study of alkaloids from Adhatoda vasica Nees on their anti-inflammatory activity. Phytother. Res., 15: 532-534.

- 12. Priyavrat Sharma, Dravyaguna Vidnyana Part II, Published by Choukhamba Bharti Akadami 2003Ed
- 13. Priyavrat Sharma, Dravyaguna Vidnyana Part II, Published by Choukhamba Bharti Akadami 2003Ed
- 14. Boumba A, Mitselou A, Vougiouklakis T. Fatal poisoning from ingestion of *Datura stramonium* seeds. Vet Human Toxicol. 2005; 46: 81–82.
- 15. MZ Siddiqui, *Shallaki* (Boswellia Serrata)-A Potential Anti-inflammatory Agent: An Overview, Indian J Pharma Sci. 2011 May-Jun; 73(3): 255-261.
- 16. Santhi Krishnan, I.S. Aswathy, Jasmine Peter, Vidya Sabu, A. Helen. Anti– Inflammatory Potential of

- Vaisvanara Churnam An Ayurvedic Polyherbal Formulation in Cholesterol Fed Rats. Indian Journal of Scientific Research. 2018; 18(2): 29-37.
- 17. Dashti-Rahmatabadi MH, Hejazian SH, Morshedi A, Rafati A. The analgesic effect of Carum copticum extract and morphine on phasic pain in mice. Ethnopharmacol. 2007; 109(2): 226-28.
- 18. Chin YW, Jung HA, Liu Y, Su BN, Castorol JA, Keller WJ, Pereira MA, Kinghorn AD. (2007), Anti-oxidant constituents of the roots and stolons of Licorice (Glycyrrhiza Glabra). J. Agric. Food Chem. 55(12): pp 4691-4697.

#### Cite this article as:

Sumit Kumar, Ragini Kumari, Pankaj Kumar, Vijay Bahadur Singh. Management of Ankylosing Spondylitis in Ayurveda: A Case Study. International Journal of Ayurveda and Pharma Research. 2022;10(4):22-25.

https://doi.org/10.47070/ijapr.v10i4.2271

Source of support: Nil, Conflict of interest: None Declared

## \*Address for correspondence Dr. Sumit Kumar

MD Scholar,
Department of Kayachikitsa,
Government Ayurvedic College &
Hospital, Kadamkaun, Patna.
Email: sshankar5392@gmail.com

Mob. No. 7250710904

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.

