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A central image showing a wooden mortar and pestle filled with green herbs. In front of it are two small glass bottles with cork stoppers, one containing a yellow liquid and the other a green liquid. To the right is a small wooden bowl filled with green powder. The scene is surrounded by various green leaves and small white flowers.

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**“THE ROLE OF AYURVEDIC MANAGEMENT OF KASHERUKAGATVAT
(ASTHIMAJJAGATVATA) W.S.R. TO ANKYLOSING SPONDYLITIS- A CASE
STUDY”**

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ABSTRACT:

Background: Asthimajjagatvata, as described in Ayurveda, resembles Ankylosing spondylitis, a chronic, progressive inflammatory disorder primarily affecting the axial skeleton. It is characterized by inflammatory low back pain and a strong HLA-B27 genetic association. There is no satisfactory treatment available in modern medicine for this condition. Here, in this case, several Ayurvedic internal medications and the panchkarma procedure were useful to get better results; the patient got relief in symptoms, and there was an increased range of motion as well.

Ayurvedic classifications that can be compared to the AS condition are -

Amavata: Focuses on the role of Ama (undigested toxins) that lodge in joints, causing inflammatory stiffness similar to AS.

Asthimajja gata vata: Describes the deep-seated stage where Vata affects the Asthi (bone) and Majja (marrow) tissues, leading to symptoms like “bamboo spine” and severe functional limitations found in AS.

Objective: To evaluate Ayurvedic management in case of Kasherukagatvata (Asthimajjagatvata) Ankylosing spondylitis.

Method: A 34-year-old female with lower and upper back pain, pain radiating from lower back to legs, restricted movement of lumbar with increased pain, along with morning stiffness, was treated with *Sihnad Guggulu*, *panchtikta ghrita Guggulu*, *Aarogyavardhini vati*, *vatvidhwansa rasa*, *Ekanvir rasa*, and *churna* combination along with Panchakarma therapies including *Matra Basti* and *Katibasti*.

Result: within 30 days of treatment, marked improvement was observed in pain with increased range of motion of the lower back and relief to the patient in the mentioned symptoms.

Conclusion: Ayurvedic protocols, including Panchakarma, are effective for alleviating symptoms in Ankylosing Spondylitis patients. By relieving distorted Vata/Kapha doshas, the intervention improves joint movement, pain relief, and enhances life quality through improved nourishment.

KEY WORDS:- Ayurveda ,Kasherukagatvata ,Asthimajjagatvata, Ankylosing spondylitis

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INTRODUCTION

Ayurveda defines health as a state of equilibrium of the three Doshas—Vata, Pitta, and Kapha—with Vata considered the chief regulator of all physiological functions. Its vitiation plays a major role in the development of musculoskeletal and degenerative disorders. In Kasherukagata Vata (Asthimajjagata Vata), aggravated Vata localizes in the Asthi (bone) and Majja (bone marrow) dhatus, producing symptoms such as stiffness, joint pain, restricted movements, and spinal deformities. These clinical features closely resemble Ankylosing Spondylitis, a chronic inflammatory disease affecting the axial skeleton. [1,2]

भेदोऽस्थिपर्वणां सन्धिशूलं मांसबलक्षय।

अस्वप्न संतता रुक् च मज्जास्थिकुपितेऽनिले।। (च.चि. २८/३३) [1]

According to the Charaka Samhita, Asthimajjagata Vata manifests through symptoms such as persistent deep-seated pain (Satata Ruk), joint pain (Sandhishoola), crepitus (Asthi Parvanam Bheda), muscular wasting (Mamsa Bala Kshaya), and insomnia (Asvapna). These classical features show strong similarity with Ankylosing Spondylitis. [1,3]

Ankylosing Spondylitis is a chronic autoimmune, systemic inflammatory disorder primarily affecting the sacroiliac joints and vertebrae. It is classified under axial spondyloarthropathies and is strongly associated with the HLA-B27 genetic marker. The disease predominantly affects young adults between 20 and 30 years of age and leads to progressive stiffness, spinal deformity, and reduced quality of life. Common symptoms include chronic back pain, morning stiffness, reduced spinal mobility, and peripheral joint involvement. [2,4,5]

AIM AND OBJECTIVE

To evaluate the efficacy of Ayurvedic management in a case of Kasherukagat Vata (Asthimajjagata Vata) with special reference to Ankylosing Spondylitis. [6]

CASE REPORT

A 34-year-old female patient came to the OPD of the Kayachikitsa department.

With chief complaints of -

1. Katishoola (lower backache)
2. Prushthashoola (upper back ache)

3. Kati te padshooa (pain radiating from lower back to legs)
4. Kati stambha (lower back stiffness)
5. Prabhategraha (morning stiffness)

All symptoms have occurred for 6 months.

HISTORY OF PRESENT ILLNESS –

A 34-year-old female patient came to OPD with complaints of lower and upper Backache, pain radiating from the lower back to the legs, Lower back stiffness, and reduced range of motion at the lumbar region, along with morning stiffness for 6 months. The patient also complains of a lack of sleep due to severe pain. Pain is usually severe in the morning. She consulted a Rheumatologist for the same and was diagnosed with ankylosing spondylitis with HLA-B27 (Human leukocyte antigen) positive. She took allopathic treatment for 6 months, but after not getting relief and being unable to do her daily activities, she stopped taking painkillers. Then she consulted our OPD for further treatment.

HISTORY OF PAST ILLNESS –

No history of Hypertension, Diabetes mellitus, Thyroid, or Bronchial asthma, No drug allergy, No history of surgery.

FAMILY HISTORY -

No significant family history showing the same complaints was observed.

PERSONAL HISTORY

Marital status— Married

Addiction—Alcohol

Sleep—Normal

Bowel—Regular one to two times/day

Diet—Non-vegetarian

Medical history

No drug allergy history

ASHTAVIDHA PARIKSHA –

- Nadi – 86/min , regular with vata kapha dominance

- Mutra- Samyak 7-9 times/day and 0–1 times/night
- Mala -Samyak, 1-2 times/ day
- Jiwaha- Niram
- Shabda -Spashta
- Sparsha - Anushnasheeta
- Drik -Prakruta
- Akrti (body stature)- Madhyam

LOCAL EXAMINATION:

On local examination of the lumbar region, there was inflammation and tenderness.

GENERAL EXAMINATION:

GC (General condition) – moderate

Temperature – Afebrile

Blood Pressure– 120/80 mmHg

Pulse Rate -86 /min

Respiratory Rate– 18/min

Weight-55 kg

Height – 148 cm

Body Mass Index (BMI)- 28.06 kg/M²

SYSTEMIC EXAMINATION

RS – B/L AE BE clear

CVS – S1 S2 Normal, No murmur present

CNS – Conscious and Oriented to person, place, and time

P/A – Soft N/T no signs of organomegaly

Bowel – normal

Bladder – normal

SPINE EXAMINATION

Inspection

No asymmetry

No bone deformity

Inflammation present

Palpation

Tenderness at the lumbar–sacral region



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Range of Motion

- ° Forward bending of the lumbar spine is painful and restricted
- ° Backward bending of the lumbar spine is painful and restricted
- ° Other joints of the upper and lower limbs are possible without pain.

INVESTIGATIONS

Hb - 12.9 gm%

WBC Count - 10,340/cmm

Platelets - 2.53 lakhs /cmm

RBC - 4.63 mil/cmm

E.S.R - 25 mm/ 1 hr

RA Factor - Negative

CRP Test – Negative

HLA b-27 – positive

ANA - 4.27AU/ml

X-RAY Findings show –

Bilateral sacroiliitis (Grade II). Early syndesmophytes were observed at L4-L5.

SAMPRAPTI – [1] [3] [9]

Nidan sewan(vata kapha prakopak aahar -vihar)

Visham jatharagni leads to ama utpatti and vata prakopa

Vimarga gaman of vata dosha, along with ama via rasavahini dhamni to asthimajjavaha strotas

Sthan sanshray of vata along with ama in asthi and majja, leading to dosha dushya sammurchana, produces asthi saushirya and mruduta

Asthimajjagatvata Utpatti (Occurrence of symptoms such as sandhishoola, prushthashool, and prabhate graha).

SAMPRAPTI GHATAK –

- Dosha – Vata-Kapha Pradhana Tridosha
- Dushya – Rasa, Mamsa, Asthi, Snayu, Sandhi, Kandara
- Srotas – Rasavaha, Asthivaha, Majjavaha Srotas
- Srotodushti – Sanga, Vimarga Gamana
- Agni – Mandagni

- Adhishthana – Sarva Sandhi
- Vyadhimarga – Madhyama Rogamarga (Marma-Asthi-Sandhi)
- Utpatti Sthana – Pakwashaya [1]
- Sanchara Sthana – Pristha, Kati, Manya
- Upashaya – Ushna, Swedana [1]
- Vyadhi Swabhava – Chirakari (chronic)

DIAGNOSIS– Kasherukagatvata (asthimajjagatvata)

MATERIAL AND METHODS

Methods -

The present work is based on a review of Classical information, relevant published research work, and modern literature.

1. Method: single case study
2. Centre- PG department of kayachikitsa – Laxmanrao Kalasapurkar Ayurvedic hospital, Yavatmal, affiliated with D. M.M Ayurved College, Yavatmal.
3. Total study duration – one month

Materials –

Table 1 : SHAMAN CHIKITSA DRUGS

Sr. No.	Medicine	Dose	Frequency	Anupana
1	Sihnad Guggulu	500 mg	Twice a day	Lukewarm water h
2	Panchtikta ghrut Guggulu	500 mg	Twice a day	Lukewarm water
3	Aarogyavardhini vati	250 mg	Twice a day	Lukewarm water
4	Vatvidhwansa rasa	250 mg	Twice a day	Lukewarm water
5	Ekanvir rasa	250 mg	Twice a day	Lukewarm water
6.	Dashmool, churna Rasna, churna Punarnava chrna Aswgandha chrna	1gm each	Twice a day	Lukewarm water
7.	Panchsakar Churna	5gm	HS	Lukewarm water
8.	Dashmool + Guduchi bharad kwatha	30ml	Twice a day	Lukewarm water
9.	Dashang lepa	-	Twice a day	For local application

Table – 2 SHODHAN CHIKITSA (Panchkarma Procedures)

Panchkarma procedure	With	Amount	Duration
1. Matra Basti	Vajigandhadi Taila	60ml /day	6 days
2. Katibasti	Pain relief murico oil	-	15 days

Table -3 Criteria for Assesment

S.No.	Symptoms	Grade 0	Grade 1	Grade 2	Grade 3
1.	Katishool	No	Mild	Moderate	Severe
2.	Prushthashool	No	Mild	Moderate	Severe
3.	Kati te padshool	No	Mild	Moderate	Severe
4.	Kati stambha	No	Mild	Moderate	Severe
5.	Prabhategraha	No	Mild	Moderate	Severe

Table -4 RESULTS

S. No.	Symptoms	Before treatment	After treatment
1.	Katishool	3	0
2.	Prushthashool	3	1
3.	Kati te padshool	2	0
4.	Katistambha	3	0

After the shamanic chikitsa of 1 month and shodhana chikitsa for 15 days, there was a marked improvement in all the symptoms in the patient, and the patient was able to perform her daily activities without any restrictions.

DISCUSSION

In the present era of fast-paced lifestyles, irregular schedules, physical strain, and frequent jerky movements during travel contribute significantly to the rising incidence of spinal disorders. Ankylosing Spondylitis (AS), a chronic inflammatory condition belonging to the spectrum of spondyloarthropathies, is one such disorder. In Ayurvedic literature, AS can be closely correlated with Asthimajagata Vata, as both conditions exhibit comparable clinical

features such as pain, stiffness, and restricted mobility [1,2,6].

In this case, the patient was managed with a combined approach of Sanshamana Chikitsa (palliative therapy) and Sanshodhana Chikitsa (purificatory therapy) for one month. Marked clinical improvement was observed in Sandhishoola, Katistambha, and Prabhate Graha. Additionally, a reduction in lower back pain and improvement in range of motion were noted, indicating enhanced functional capacity and quality of life. [2,4]

The drugs used under Shamana therapy act mainly by the Ama Pachana, Vata – kapha Shamana action.

Individual shaman drug effects –

Sinhnad Guggulu –It contains guggul, shudha gandhak, triphala, Eranda tail, which works by digesting and eliminating Ama, pacifying Vata, and detoxifying the joints. It improves Agni (digestive Fire), reduces inflammation, and relieves pain and stiffness associated with AS.

Panchtikta ghrta guggulu- it contains panchtikta dravya,ghrita, and guggulu; all drugs give a combined effect on joint strengthening, reducing inflammation.

Aarogyavardhini vati– It acts as aampachak, detoxifies the liver, acts as a metabolic regulator, which leads to increased absorption and better action of other drugs.

Vatvidhavansa Rasa

It contains Shudha Parad, Gandhak, Vanga, loha, Shudha Vatsanabh, etc., which are Vatakapha shamak. Vatsanabh is specially Vednasthapak; overall, it acts as an analgesic and strengthens musculoskeletal tissues. Acts as a potent Vata Kapha pacifier and analgesic, in the condition of AS.

Ekangvir Rasa

Ekangvir Rasa is a classical Ayurvedic herbo-mineral formulation primarily used for treating neuro-muscular conditions and disorders arising from aggravated Vata dosha.

Churna combination

A combination of Dashmool, Rasna, Punarnava, and Ashwagandha acts as a potent vat – kapha shamak and benefits in inflammatory conditions and pain.

Panchsakar churna

It acts as a mild laxative, clears the bowel, and maintains bowel health. It detoxifies the body from the aama (toxins), preventing bloating and constipation. Thus, in an AS patient, it provides relief by aampachan and pacifying the vat – pitta dosha and maintaining the Agni of the patient.

Dashang lepa

It contains ten herbs, including Haridra, Shirish, Kushtha, Ela, Raktchandana, Jatamansi, tagar, Daruharidra, and Usheer.

All these drugs combine to act as an anti-inflammatory, reducing pain and redness on local application.

Shodhana therapy-

Matra Basti

It plays a key role in managing Vata disorders. Administration of medicated oil like Vajigandhadi Taila nourishes Asthi and

Dhatu improves the lubrication of joints and enhances spinal flexibility.

Katibasti

Through localized Snehana and Swedana, it relieves pain, reduces inflammation, and improves circulation in the lumbosacral region. These therapies collectively help in breaking the pathogenesis of Asthimajjagata Vata.[1,7,6]

CONCLUSION

This case study demonstrates that Ayurvedic management, including Shamana and Shodhana Chikitsa such as Matra Basti and Katibasti, is effective in alleviating symptoms of Ankylosing Spondylitis. By pacifying aggravated Vata and Kapha Dosha and nourishing Asthi-Majja Dhatu, the treatment improves joint mobility, reduces pain and stiffness, and enhances overall quality of life. Thus, Ayurveda offers a promising, holistic approach in the management of AS.^[1,2,6]

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