

**“EFFICACY OF AYURVEDIC MANAGEMENT IN ASTHIMAJJAGATA VATA
W.S.R. TO ANKYLOSING SPONDYLITIS – A CASE STUDY”**

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ABSTRACT:

In recent decades, lifestyle has had a significant impact on an individual's physical and mental health. Ankylosing spondylitis (AS) is a disease that poses serious challenges to the healthcare system. The human approach to life has created inconsistencies in our biological systems. Busy work, social life, bad posture at the office, physical activity and cramps while traveling - all these factors play a role in putting too much pressure on the spinal cord, causing back pain. It belongs to a group of rheumatic diseases known as spondyloarthropathy (SpA) and is a chronic inflammatory disease of the axial spine. This shows a strong correlation with the genetic marker HLA B27. Inflammatory back pain and progressive spinal stiffness are noticeable in the early stages of the disease, while chronic aggressive disease can cause severe axial immobility and deformity. In Ayurveda, the term Astimajagata Vata is used to refer to A.S. The concept of Ama with an imbalance of the Vata, Pitta and Kapha doshas is associated with the signs of inflammation and stiffness seen in ankylosing spondylitis. In modern medicine, there is no satisfactory treatment for this disease. Various Panchkarma procedures and Ayurvedic medicines have been found beneficial for these symptoms. We present a case of ankylosing spondylitis where the patient was considered to be suffering from asthma (asstimajagata vata) and was treated for 4 months using a combination of Panchkarma practices and Ayurvedic treatments. Assessment criteria were based on calculation of the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI). A total of two assessments were performed before and after 4 months of treatment. The patient showed good improvement with BASDAI. Improvements were also found in signs and symptoms of A.S.

KEY WORDS:- Ankylosing, Spondylitis, Spondyloarthropathies, Asthimajjagata Vata,

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How to cite article:



Dr. Yogita Dhawan, Dr. S. B. Jamdhade, Dr. Y. P. Duddhalwar, Dr. Pradnya Jamdhade
Efficacy of ayurvedic management in asthimajjagata vata w.s.r. to ankylosing spondylitis – a case study,
Sanjeevani Darshan - National Journal of Ayurveda & Yoga 2024; 2(1): 91-99 :

<http://doi.org/10.55552/SDNJAY.2024.2111>

INTRODUCTION

Ankylosing spondylitis is a chronic systemic inflammatory disease that primarily affects the sacroiliac joints and axial spine. It is classified together with seronegative spondyloarthritis. Its etiology and pathogenesis have not yet been fully studied. Among HLA B27 positive individuals, A.S. It is about 5-6%.

how. This is a condition that develops gradually over several years until structural damage manifests clinically as sacroiliitis, spinal dysmobility, peripheral arthritis, enthesitis, and hip and thigh pain. In AS, the periosteal fibrocartilage is the primary target of the immune system, and destructive synovitis may develop. As the disease progresses, destruction of nearby joints or joint tissue occurs. The new, original cartilage is replaced by bone through fusion, resulting in stiffness and immobility. This fusion results in the formation of the bamboo spines characteristic of A.S.

Ayurveda interprets these changes within the concept of Vatavyadhi, which refers to Avarana Vata along with Ama and other doshas. Taking vatprakopak ahrar vihara in Astimajagata vata causes vatprakop and vishamagni to further develop Rukshtha or Parushta in Astimajjavata srotas and ama sthansanshrita in Trika Pradesh. Clinical symptoms in hospitalized patients mainly include pain (shula) and stiffness (stambha). Both symptoms are found in the Vata and Kapha doshas of Ayurveda. However, signs of inflammation can be caused by pitta. In ankylosing spondylitis, disturbances in all dosha positions are observed.

Traditional medical systems use conservative and surgical treatments for this disease. Primary treatment methods include the use of steroids and NSAIDs, which cause serious side effects on the liver and kidneys. However, Ayurvedic treatments seem promising for treating AS without causing side effects.

MATERIALS AND METHODS

Sanjeevani Darshan International Journal of Ayurveda & Yoga

Case Report:-

A 50 years female patient residing in Yavatmal clinically diagnosed with Ankylosing Spondylitis visited the OPD of Kayachikitsa department with chief complaints of –

- 1) Kati Shoola (low Back ache)
- 2) Dvaya Jaanu Sandhishoola (Bilateral Knee joint pain)
- 3) Sakashta Chankraman (Difficulty in walking)
- 4) Prabhate Graha (Morning Stiffness)
- 5) Dhaurbhalya (Muscle wasting and weakness)

The complaint of pain was insidious in onset, which aggravates during night, early morning and after exposure to cold or in cold seasons. Morning stiffness lasts for few hours and gradually improves with activity. The pain become persistent, bilateral and gradually progressive since 2 years. Patient was diagnosed as having Ankylosing Spondylitis and has been receiving treatment for the same. Patient has been taking NSAID, corticosteroids and

various DMARDs for AS. Patient did not get satisfactorily and sustained relief with these medicines and Patient came for Ayurvedic treatment.

Physical findings such as loss of spinal mobility, with restriction of flexion and extension of the lumbar spine were found. Bony tenderness accompanies back pain or stiffness. In present case, HLA-B27 was detected with increased CRP level and raised ESR. Patient also diagnosed with raised TSH cause Hypothyroidism. Radiographic features are suggestive of Severe arthritis of Bilateral knee joints likely degenerative to rule out inflammatory Arthropathy.

History of Present Illness:-

Patient was Asymptomatic before 2 years since then Patient has been suffering from the complaints of Kati Shoola (Low back ache which felt deep in lower lumbar region), Jaanu Sandhishoola (Bilateral knee joint pain), Sakashta Chankraman (Difficulty in walking) which accompanied by Prabhate Graha (Morning stiffness) and Dhaurbhalya (Muscle wasting and weakness). She came to our Hospital- L.K. Ayurved Hospital, Yavatmal in Kayachikitsa department OPD for Ayurvedic treatment.

History of Past Illness:-

K/C/O HTN (On medication)

No H/O DM, Asthma, Thyroid

No H/O Alcoholism

No H/O Major illness


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Rugnaparikshan:-

- Nadi – 96 /min
- Mala – Drava
- Mutra – Samyaka
- Jihwa – Ishta Sama
- Shabda - Spashta
- Sparsh - Samsheetushna
- Druka - ShvetaRaktabh
- Aakriti – Madhyama
- B.P. – 110/60mmHg
- Temperature – Afebrile

Systemic Examination:-

- CNS – Conscious, Well Oriented
- CVS - S1S2 sound audible, no murmur
- RS – B/L Clear chest, no added sound
- Per Abdomen – Non tender, soft

Blood Investigations:-**CBC:-**

- Hb – 9.2 gm%
- WBC – 6,600 /mm³
- Platelets – 2.52 lakh /mm³

ESR – 68 mmHg**Random BS – 90 mg/dl****Blood Urea – 22 mg/do****Sr. Creatinine – 0.61 mg/do****RA Test – Positive (256 titre)****CRP – Positive (19.2 titre)****ASO – Negative (0 titre)****ANA – 0.53****HLA-B27 – Detected****Thyroid Profile –**

- TSH – 10.9mIU/ml
- T4 – 11.3 microgm/dl
- T3 – 106.4 nanogm/dl

Samprapti :-**Hetu Sevan –**

- Aahar – Asatmaya, visham aahar, Adhyashan, katu, tikta, kshaya rasa pradhan aahar (Chana, Arhar, Jamuna)
- Vihar – Atishrama, Chinta, Adharniye vegha dharan

Samprapti Chakra -

Sanchayan Avastha - When a person does hetu sevan I.e. vishan Aahar, Adhyashan, Atishrama etc then that cause Vishamagni.

Prakop Avastha - Visham Jathraagni leads to Ama utpatti and Vata Prakopa.

Prasara Avastha – Prakupit Vata along with Dushit Ama prasara with the help of Rasavahani Dhamniyan to the Asthimajjagata Srotas.

SthanSanshraya – the Prasarita ama endures Sthapna Sanshraya in Asthi and majja leading to Dosha Dushya Sammurchanna causes Asthi mirudta ad Saushriya.

Vyakta Avastha – Mostly symptoms of Asthimajjagata Vata such as kati shoola, Prabhate graha, Dhaurbhalya etc are manifested in vyaktrupa.

Bhedha Avastha – Chronic stage develop where updrava I.e. Sandhi Jadyata and Asthi vikriti etc occur.

Samprapti Ghatak:-

- **Dosha** – Vatakapha Pradhan tridosha
- **Dushya** – Rasa, Mansa, Asthi, Snayu, Sandhi, Kandra
- **Srotas** – Rasavaha Srotas, Asthivaha Srotas
- **Srotodushti** – Sanga, Vimarg gamana
- **Agni** – Mandhagni, Vishamagni
- **Adhishthana** – Sarva Sandhiyan
- **Vyadhimarga** – Madhyam Rogmarga (Marmaasthisandhi)
- **Utpatti Sthapna** – Pakwashaya
- **Sanchara Sthana** – Pristha, Kati
- **Upashaya** – Ushna, Sweda
- **Vyadhiswabhava** - Chirkari

Material and Method:-**Method** – Single Case Study**Place of Study** – Lakshamanrao Kalaspurkar Ayurvedic Rughnalya, Yavatmal**Material** – (A) Sanshaman Chikitsa⁷**Table 1** : Showing Treatment Schedule

	Dravya	Matra	Aushad Sevan kala	Anupana
1.	Sinhanad Guggul	500mg BD	Vyanodhane	Koshanjali
2.	Vatavidhvansa Rasa	250mg BD	Vyanodhane	Koshanjali
3.	Amavatari Rasa	250mg BD	Vyanodhane	Koshanjali
4.	Dashmool Churan	1gm	Vyanodhane	Koshanjali
5.	Ashwagandha Churan	1gm	Vyanodhane	Koshanjali
6.	Guduchi Bharar Kwath	30ml	Vyanodhane	
5.	Panchsakar Churan	3gm	Nishikaal	Koshanjali
6.	Cap. Paralyin		Vyanodhane	Koshanjali
7.	Syp. Centrella	2tsp	Vyanodhane	Koshanjali
8.	Syp. Arthofast	2tsp	Vyanodhane	Koshanjali

(B) Sanshodhan Chikitsa (Panchkarma Procedure)

- Baluka Potali Sweda
- Churan Pinda Sweda
 1. Dashmool churan - 100mg
 2. Rasna Churan - 100mg
 3. Devadar Churan - 50mg
 4. Punarnava Churan - 50mg
- Matra Basti with Bruhut Saindhavadhi Tailam- 60ml for 8 days.

Result and Observations:-

Assessment Criteria- The **BASDAI** Score is the gold Standard for measuring disease activity and thus functional status in the person with Ankylosing Spondylitis.⁴ It is a self reported questionnaire that is made up of 6 ques related to 5 major symptoms I.e.

1. Fatigue
2. Spinal Pain (Back and Neck pain)
3. Arthralgia (Joint Pain / Swelling)
4. Areas of localised tenderness
5. Morning Stiffness Duration
6. Morning stiffness Severity

Each question is answered on a 10cm Visual Analogue Scale. 0 score for none symptoms and 10 for very severe symptoms. The total score 0 to 50 divided by 5 to give a Final 0 to 10 BASDAI score.

Score of 4 or greater suggest Suboptimal Control of Disease. The higher the Score, the more severe the patient's disability due to Ankylosing Spondylitis.

The Baseline Score (before starting our treatment) on BASDAI was '4.8' and After 4 months of treatment the score on BASDAI was reduced to '1.2' i.e. there was 75% of improvement found. No Adverse affects were reported by the patient. Knee joint pain were totally relieved and patient's posture got improved along with relief in low back ache.

DISCUSSION

- In fast lifestyle of competitive world, due to busy schedule, physical exertion and jerking activities during travelling; millions of people encounter problems related to spinal cord. Ankylosing Spondylitis is one of them which belongs to group of Spondyloarthropathies (SpAs). In Ayurved Samhita, the term Asthimajjagata Vata shows the similar Clinical findings as in AS.
- During the treatment, Patient was kept on Sanshaman and Sanshodhana chikitsa for a period of 4 months. Thus, after the 4 months of treatment, Patient had significant relief from symptoms. Study has shown improvement in symptom of Chankraman and Prabhate graha (Morning stiffness). Statistically, Relief in low back ache, Bilateral knee joint pain and Muscle weakness.
- In this case study, Sanshaman Chikitsa (Internal ayurvedic medicine) as well as Sanshodhan Chikitsa both were given to the Patient. It includes Langhana, Swedan, Deepan Pachan Aushadi and Matra basti with Bruhat Saindhavadhi tailam for 8 days.

Probable Mode of Action –

Langhan – Langhan therapy can resolve many problems which peoples are facing in this busy life schedule such as Ama dosha related problems which are root cause of all diseases, as disturbs the Agni. Langhan in the form of laghu Aahar is the first line of treatment for maintaining it. It helps in digesting Ama dosha, maintaining the Agni and brings lightness to the body.

Valuka pottali and Churan Pinda Swedan – Swedan Karma rectifies the function of Medodhatwagni and Jathragni and fastens the Pakakarma which causes Srotomukhashodhan. That causes the clearance of blocked passage, thus provides relieve from Shoola, Sthambha and Gauravta.

Sanshaman Aushadi chikitsa i.e.

Sinhanad Guggul - contains guggul, shudha gandhak, triphala, Eranda tail which are Shothahar, Vedana shamak and Ama shodhak. It augments the agni which maintain the vishamagni .

Vatvidhavansa Rasa –_It contains Shudha Parad, Gandhak, Vanga, loh bhasma, tamra bhasma, Shudha tankan, Trikatu, Shudha Vatsanabh etc which are Vatakapha shamak. Vatsanabh strengthens the Dhaurbhalya nadi sansthan.

Amavatari Rasa -

Ashwagandha Churan –_It act as Shothahara, Shool prashaman, Anuloman, Balaya and Brihniya.

Panchsakar Churan – It contains dravyas having Vata Anulomana, Deepan and Ama pachan properties. It helps to maintain the Agni.

Guduchi Bharar Kwatha – It helps in Ama Pachan due to presence of tikta rasa and act as Rasayana.

Dashmool churan - Dravyas having well known Antiinflammatory and Analgesic action and also used for its calming effect to the mind. These help to balance the tridosha in the body and helps in breaking the Samprapti of Asthimajjagata Vata.

Matra Basti with Bruhat Saindhavadhi tailam – Matra basti given to the patient for 8 days. Basti chikitsa is considered as an ArdhaChikitsa (half line of treatment) and Shreshtha Chikitsa for pacifying the aggravated Vata. Basti dravyas introduced into the rectum may act by stimulating peristalsis. As rectum has a rich blood supply, the basti drugs probably cross the rectal mucosa like other lipid membranes.

The portion absorbed from the upper rectal mucosa is carried by the superior haemorrhoidal vein into the portal circulation. Whereas that absorbed from the lower rectum enters directly into the Systemic circulation via the middle and inferior haemorrhoidal vein.

Saindhavadhi Tailam contain dravyas having Deepan Pachan Properties causes Amapachan and also have Vatakaphahara properties, Vedanashamak due to ushan or tikshna guna. Sukshma guna of Saindhav reaches upto the micro channels of the body and Tikshna guna breaks down the morbid mala and dosha sanghata. By liquifies the dosha, Saindhav plays an important role to initiate the absorption of basti.

Matra Basti directly pacified Apna vayu, restoring equilibrium of Agni which controls both samana and prana Vayu. Therefore, it balance the tridosha, act as Brihaniya and Srotovishodhak.

CONCLUSION

In this case study, the conclusion is Various Ayurvedic Panchkarma procedures and internal medicines have provided promising results especially in reducing the pain, decreasing the severity of deformity and also improve the quality of life without causing any adverse effects. Hence, Ankylosing Spondylitis can be effectively managed by Ayurvedic treatment modalities based on proper assessment of the involved dosha and dhatus.

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International Journal of Ayurveda & Yoga

Source of Support : None Declared

Conflict of Interest : Nil