



Case report

Ayurvedic approach for management of ankylosing spondylitis: A case report

Sarvesh Kumar Singh ^{a,*}, Kshipra Rajoria ^b^a Department of Panchakarma, National Institute of Ayurveda, Jaipur, Rajasthan, India^b Department of Panchakarma, S.S.S.B Ayurvedic College and Hospital, Jaipur, Rajasthan, India

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ABSTRACT

Ankylosing spondylitis (AS) is a rheumatic disease with various skeletal and extra skeletal manifestations. No satisfactory treatment is available in modern medicine for this disorder. Various *Panchakarma* procedures and Ayurvedic drugs have been proved useful for these manifestations. We present a case of AS, which was treated for two months with a combination of *Panchakarma* procedures and Ayurvedic drugs. Ayurvedic treatments, in this case, were directed toward alleviating symptoms and to reduce severe disability. The patient was considered suffering from *Asthimajja gata vata* (~*Vata* disorder involving bone and bone marrow) and was treated with *Shalishastika Pinda Svedana* (sudation with medicated cooked bolus of rice) for one month and *Mustadi Yapana Basti* (enema with medicated milk) with *Anuvasana* (enema with *Asvagandha* oil) in 30 days schedule along with oral Ayurvedic drugs for two months. *Pratimarsha nasya* (nasal drops) with *Anu Taila* (oil) for one month was given after completion of *Basti* procedure. Patient's condition was assessed for symptoms of *Asthimajja gata vata* and core sets of Assessment of Spondylo Arthritis International Society showed substantial improvement. This study shows the cases of AS may be successfully managed with Ayurvedic treatment.

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1. Introduction

Ankylosing spondylitis (AS) is a chronic inflammatory disorder that primarily involves the sacroiliac joints and the axial skeleton. There is also a variable involvement of peripheral joints and articular structures. Musculoskeletal pain, stiffness, and immobility of spine due to AS is a major burden. Prevalence of AS in India is 0.03% as per surveys conducted by Bone and Joint Decade India from 2004 to 2010 [1]. Unavailability of satisfactory treatment in bio-medicine leads to permanent deformity in this disease. There is a need to search satisfactory treatment available in other medical system. A patient with AS was treated with Ayurvedic management of *Ama-vata* [2]. The manifestation of *Vata Vyadhi* (different disease due to *Vata dosha*) is prominent in fully established AS. In AS; the enthesal fibrocartilage is the major target of the immune system, and there may be destructive synovitis. The myxoid subchondral bone

marrow is mainly affected. There is the destruction of nearby articular tissues or joint tissues as disease progresses. The new and original cartilages are replaced by bone through fusion. This causes fusion of the joint bones that causes stiffness and immobility. This fusion leads to bamboo spine formation, a hallmark of AS. Ayurveda interprets these changes as vitiated *Vata dosha* that affect *Asthi dhathu* (bones). We present a case that was successfully treated on the line of Ayurvedic management of *Asthimajja gata vata* (~*Vata* disorder involving bone and bone marrow).

2. Presenting complains

A 34-year-old Indian, married, nonsmoking, nonalcoholic male consulted in Out-Patient Department of National Institute of Ayurveda, Jaipur for a complaint of gradually progressive lower back pain along with stiffening and deformity of the spine and hip since last 17 years. The case was subsequently admitted to the male *Panchakarma* ward of National Institute of Ayurveda, Jaipur on March-10, 2015 for the administration of *Panchakarma* procedures. None of the family members had a history of AS. For a long time, the case was on self-medication and taking tablet diclofenac sodium–75 mg when needed for pain relieving.

* Corresponding author. C109, Gol Market, Sector-2, Jawahar Nagar, Jaipur, Rajasthan, India.

E-mail address: sarveshksingh21@gmail.com (S.K. Singh).

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3. Clinical findings

The patient had several episodes of lower back pain which woke him at night, followed by spinal stiffness in the morning. The patient also had pain and stiffness in the bilateral shoulder, hip, knee, and ankle joints. Swelling in the left knee joint was reported. Neck movements were restricted, and both upper limbs had a movement range up to 45°. Past medical history of the patient was remarkable for AS (Table 1). This patient was an established AS case. On examination, the patient was found to be anxious with disturbed sleep, had a moderate appetite, *Vishmagni* (unstable digestive functions), *Krura Kostha* (bowel hard to purgate) with normal micturition. The tongue was clean, the voice was clear, and skin roughness was prominent. Patient had *Vatapitta prakriti* with *Madhyam* (medium) *Sara* (purest body tissue), *Madhyam Samhanana* (medium body built), *Sama Pramana* (normal body proportion), *Madhyam Satmya* (homologation), *Madhyam Satva* (mental strength), *Avara Vyayamshakti* (least capability to carry on physical activities), *Madhyam Aharshakti* and *Jaranshakti* (medium food intake and digestive power). *Asthivaha Srotodusti* (pathology in bone) and *Majjavaha srotodusti* (pathology in bone marrow) were more prominent. The examination also revealed kyphosis, stooping forward position of the neck and flexion deformity of both hip joints. There was a loss of lateral and anterior flexions of lumbar spine and tenderness over the sacroiliac joint. Chest expansion was 2.4 cm, and Schober's test was positive. X-ray of vertebral column showed a complete fusion of vertebral bodies and other associated areas were also ossified which produced a characteristic bamboo spine appearance. Scoliosis of the dorsal spine with convexity towards right side was seen. X-ray of hip joints revealed bilateral sacroiliitis of both sacroiliac joints. Baseline hematological investigation was done on March 12, 2015, which revealed hemoglobin (Hb) – 11.6 g%, total leukocyte count – 6700th/ μ L, erythrocyte sedimentation rate (ESR) – 75 mm/h and C-reactive protein was positive. The human leukocyte antigen (HLA) typing was previously done on March 21, 2003, that was positive for HLA B27.

4. Diagnostic focus and assessment

The patient had complained of continuous joints pain, kyphosis, scoliosis, limping, fatigue, weight loss, and severely disturbed sleep.

These symptoms can be compared with symptoms of *Asthimajja gata vata* as *Asthibheda* (stabbing pains in bones), *Parva bheda* (pain in joints of fingers) *Sandhishoola* (pain in joints), *Mamsa kshaya* (depletion of muscular tissue) and *Bala kshaya* (decreased vitality and strength), *Aswapana* (sleeplessness) and *Satataruka* (continuous pain) are the manifestation of *Asthimajja gata vata* [3]. *Adhyasthi* (Fusion of syndesmophytes) is the manifestation of *Asthipradoshavikara* (Diseases of bones) [4]. *Vinamata* (bending of the body as kyphosis) is the manifestation of *Majjavritavata* [5]. *Amavata* and *Vatarakta* (~various diseases of the rheumatic spectrum) was the differential diagnosis in the case. The patient was in *Niramavastha* (stage of disease without *Ama*) condition with apparently normal appetite and no *Rakta Dusti* (vitiating of blood) and *Purvaroop* (prodromal symptoms) of *Vatarakta* was evident, thus patient considered to suffer from *Nirama Vata Vyadhi* (*Vata* disease without *Ama*). As the disease had become deep-seated showing the features of *Asthimajja gata vata*, thus it was considered as Ayurvedic diagnosis for the case.

5. Therapeutic focus and assessment

Snehana (oleation), *Svedana* (sudation), and *Mridu Virechana* (mild purgation) are the line of treatment in *Nirama Vata Vyadhi* as indicated in *Charaka Samhita*. *Tiktadi Kshira Basti* is also indicated for any bone pathology in *Charaka Samhita*. At the beginning of treatment, the patient was in *Niramavastha* condition, and his appetite was apparently normal. In the case, *Mridu Virechana* with castor oil was given in the dose of 20 ml with milk for the first three consecutive nights before starting of *Basti* procedure. After *Mridu Virechana*, the patient was treated with *Shalishastika Pinda Svedana* (sudation with medicated cooked bolus of rice) for one month and *Mustadi Yapana Basti* (enema with medicated milk) with *Anuvasana* (enema with medicated oil) of *Ashvagandha* oil along with combination of oral Ayurvedic drugs – *Rasrajrasa* – 100 mg, *Triyodashanga Guggulu* – 1 g, *Ashvagandha churna* (powder of *Withania somnifera*) – 3 g, *Eranda moola churna* (powder of *Ricinus communis* L.) – 2 g and *Chausatha Prahari Pippali churna* (processed powder of *Piper longum* L.) – 500 mg twice a day for two months. After completion of these *Panchakarma* procedures, the patient was discharged on April 13, 2015. At the time of discharge, the patient was advised to continue oral treatment and

Table 1
Timeline of the case.

Year	Clinical events and intervention
1998	Onset of lower backache
2003	Diagnosed for ankylosing spondylitis. (HLA-B27 – positive. ESR – 55 mm/h, X-ray pelvis, and spine revealed bilateral sacroiliitis, hematological, biochemical reports were normal)
2004	Patient underwent for naturopathy treatment for 2 months
2004–2008	Patient had no major illness, was not under any medical supervision
2009	The condition of patient worsening, X-ray revealed osteoarthritic changes with marginal sclerosis and mildly reduced hip joint space, destruction of SI joint margins with widened SI joint spaces. He was treated with <i>Panchakarma</i> for 2–3 months, symptoms relieved
2010–2014	The patient was not under any medical supervision. He self-medicated with diclofenac sodium – 75 mg when needed
10/3/2015	Patient was admitted in I.P.D. for agonizing pain and severely restricted spinal movements
10/03/2015–12/03/2015	Castor oil was given at night for mild purgation
12/03/15	Hematological investigations were done (Hb – 11.6 g%, TLC – 6700th/ μ L, ESR – 75 mm/h and CRP-was positive)
13/03/2015–11/04/2015	<i>Shalishastika Pinda Svedana</i> and <i>Mustadi Yapana Basti</i> alternated with <i>Anuvasana</i> of <i>Ashvagandha</i> oil along with Ayurvedic oral drugs such as <i>Rasrajrasa</i> , <i>Triyodashanga Guggulu</i> , <i>Asvagandha curna</i> , <i>Eranda mool curna</i> and <i>Chausath Prahari Pippali curna</i> . Ayurvedic oral medication is continued to till date
08/04/2015	Hematological parameters were reinvestigated (Hb – 11.3 g%, ESR – 45 mm/h)
13/04/2015	Patient was discharged from I.P.D. (BASDAI – 4.9, BASFI – 6.1, BASMI – 6.5)
13/04/2015–12/05/2015	<i>Pratimarshya nasya</i> was given in dose of 2 drops/nostril twice in a day along with Ayurvedic oral drugs
16/05/2015	Hematological investigations were repeated, and assessment for clinical improvement was done (Hb – 13.0% and ESR 20 mm/h, BASDAI – 3.5, BASFI – 4.8, BASMI – 5.4)
September–2015	Patient condition is stable with slight improvement in pain and spinal mobility (BASDAI – 3.8, BASFI – 4.3, and BASMI – 5.1)

HLA = Human leukocyte antigen, ESR = Erythrocyte sedimentation rate, SI = Sacroiliac, Hb = Hemoglobin, TLC = Total lymphocyte count, CRP = C-reactive protein, BAS-DAI = Bath Ankylosing Spondylitis Disease Activity Index, BASFI = Bath Ankylosing Spondylitis Functional Index, BASMI = Bath Ankylosing Spondylitis Metrology Index.

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