Role of Virechan in the management of Ankylosing Spondylitis - A Case Study

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ABSTRACT

Ankylosing Spondylitis is probably an autoimmune disorder with genetic component HLAB27 as important causative factor and having characteristic inflammatory back pain. As is a gradually progressive condition over several years until structural damage manifests clinically as sacroiliitis, loss of spinal mobility and reduce quality of life. It is also called as Marie Stumpell and Bechterew’s disease. It affects primarily the sacroiliac joint, spine, certain peripheral joints, tendon can also be affected and extra articular manifestation may be present sometimes. Ankylosing Spondylitis is a chronic systemic inflammatory disease that can cause the vertebrae to fuse in advanced stages. It is more common in male than female. Signs and symptoms typically begin in early adulthood. No satisfactory treatment is available in modern medicine for this disease. In the present case report, a 21 year old female patient presented with complaints pain the lower back region accompanied by early morning stiffness and pain radiating to B/L hip joints. This pain was insidious in onset which brought the patient to OPD of Arthritis Clinic (Aamvata) of Pandit Khushilal Sharma Government Ayurveda Institute Bhopal. As per Ayurvedic classics, this condition can be correlated with Aamvata and treated with Panchkarma procedure Virechan karma. The outcome was very remarkable she got symptomatic relief assessed by Bath Ankylosing Spondylitis Disease Activity Index without causing any adverse effect.

Key words: Ankylosing Spondylitis, Virechan, Aamvata, Ayurveda

INTRODUCTION

Ankylosing Spondylitis classified as Seronegative Spondyloarthropathies unified by the following features like absence of rheumatoid factor, sacroiliac joint involvement seen association with HLA B-27, pathologic changes in the ligamentous attachments rather than synovium, bony proliferation leading to anklyosis.[1] In a global recent study, the diagnosed prevalence of Ankylosing Spondylitis in India is currently around 1.65 million and is estimated to grow at an annual growth rate of 2.95% to reach 2 million in 2028. Ankylosing Spondylitis (AS) is typically diagnosed in people younger than 40 years, and about 80% of patients develop their first symptoms when they are younger than 30 years. Less than 5% of patients present when they are older than 45 years. AS is more common among men than women.[2] AS causes destruction of articular cartilage and bony anklyoses, especially of the sacroiliac and vertebral apophyseal joints between tuberosities and process. The disease present as lower back pain and spinal immobility, usually in the 2nd and 3rd decades of life. Peripheral joints such as hips, knee and shoulder are involved in at least one third of cases. Approximately 90% of patients are HLA B-27 positive. The role of HLA B-27 is unknown, it is presumably related to the ability of this MHC variant to present one or more antigen that somehow trigger the disease, but neither the antigen nor the pathogenic immune cell is known.[3] Patients
having family history of AS are more likely to develop the disease. People who have Crohn’s, Ulcerative Colitis or psoriasis may be more likely to develop the disease.[4] Early symptoms of AS include spinal pain and stiffness in lower back and hips, especially in the morning and after periods of inactivity and relieved by movement. As the disease progresses it destroy the nearby articular tissues or through fusion forming a long bony column referred to as “bamboo spine” this is the hallmark symptoms in the spine in advance stages. Non-steroidal anti-inflammatory drugs NSAID, corticosteroids and various diseases modifying anti rheumatic drugs are used to treat or manage AS. However these treatments are of limited benefit. Corticosteroids are associated with numerous side effects especially given systemically over long period of time. No effective treatment has been available for AS.[5] In the Ayurvedic texts this condition is caused due to Ama Dosha and Vata dosha in which aggravated Vata is associated with metabolic toxins (Ama) and mainly affects joints Trika Sandhi i.e. Sacroiliac Joint. Ayurvedic treatments in this case were directed towards to relieve pain and stiffness and to prevent or delay spinal deformity. This study shows that symptoms of patient successfully managed by Virechan process.[6]

**CASE REPORT**

A 21-year-old female patient visited the OPD of Arthritis Clinic (Aamvata) of Pt. Khushilal Sharma Government Ayurveda Institute Bhopal with chief complain of pain in lower back region with morning stiffness more than 45 minutes and pain radiating to B/L hip joint since 1 year and this pain gradually improve with activity. She took allopath treatment NSAID, Corticosteroid, anti-inflammatory drugs, DMARDs. Patient did not get satisfactory relief with this medicine. On the basis of history taking and checking her X-ray report and the blood report patient advise for HLA B-27 antigen test. After the positive result of Hlab-27, through this we are going to understand a case of AS in the line of Aamvata and patient was given oral medication and planned for Virechan Karma.

**Complaints of Patient**

1. Pain in lower back region radiating to B/L hip joint
2. Tenderness noted at Sacroiliac Joint
3. Morning Stiffness more than 45 minutes
4. Pain in B/L hand, shoulder, hip and ankle joint
5. Restricted lumbar spine movements
6. Sleep disturbed due to pain

**Examination on Admission**

**General Examination**

BP = 110/70mmhg  
Pulse = 70/min  
Temp. = 98.6°F  
RR = 20/min  
Weight = 50kg  
Height = 5ft2inch  
Edema = Absent  
Pallor = Absent

**Systemic Examination**

In the systemic examination Abdomen was mildly distended non tender, bowel sounds were present. Findings of respiratory and cardiovascular system were within the normal limits. Patient was conscious and well oriented.

**Personal History**

- Surgical History - No  
- No history of Trauma  
- No smoking and alcohol addiction  
- Diet - Mixed  
- Appetite - Irregular  
- Sleep - Disturbance

**Investigation**

HLAB-27 was positive with increased level of C-reactive protein and ESR. In X-ray radiographs sacroiliitis was detected.
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**CASE REPORT**

### Treatment

1. **Baluka Swedan**
   - Baluka - 1 kg
   - Ajwain - 20 gm (For 5 days)
   - Saindhav - 20 gm

2. **Kati Basti**
   - Kati Basti with Saindhawadi Tail + Murivennam Tail

3. **Sarwang Abhyang Swedan**
   - Sarwang Abhyang Swedan with Sendhwadi + Murivennam Tail

4. **Snehan**
   - Snehan with Mahatikta Ghrut 25/11/22 to 03/12/22

5. **Virechan**
   - Virechan Kwath Dravya 250 ml
   - Sneha Dravya (Eranda Tail - 70 ml)
   - 18 Vega (05/12/22)

6. **Samsarjan Karma**
   - 05 days (05/12/22-09/12/22)

### Treatment Plan

**Virechana Karma** was planned (**Deepan Pachana, Snehan, Virechana Kwath, and Samsarjan Karma**).

**Deepan Pachana** - 500mg Chitrakadi Vati with Panchkola Phanta (Muhurmuh) for 2 days.

**Virechana Karma** - Firstly assess the patient Kosht Jaran and Abhyvaran Shakti for Snehan.

1 to 7 days - **Snehan** was started with an initial dose of 40ml of Mahatikta Ghrut once a day and followed by a light diet. The amount of Ghrut was increased by 40ml daily, upto 280 ml on the 7th day as per the protocol of classical text Snehan Lakshan (Vata- Anuloman, Deeptoagni, Udgaarshudhi, Laghuta, Trishna).

8 to 10 days - **Abhyang** with Vatashamak Taila and Nadi Swedana was started on 8th day for three consecutive days after the appearance of symptoms of Snehan on the 7th day. Virechana Karma was done by administration of Kutaki, Nishoth, Haritaki, Aragwadha Siddha Kwath 200 ml, castor oil 100 ml.

Wait for 1-hour, if Virechan Vega was not started then 500mg Ichhabhedi Rasa was given. After some time **Virechana Vega** was started and a total of 18 Vega (passed stool) were observed.

From 11th day onward - **Samsarjana Karma** a process of resuming to a normal diet) by prescribing Peya, Vilepi, Akruta Yush, Krut Yush, Krushara. Then normal diet successively for 5 days. After it from the 16th day, **Pathyakar Aahar** was suggested.

### Observation

The total effect of therapy was assessed by Bath Ankylosing Spondylitis Disease Activity

**Bath Ankylosing Spondylitis Functional Index (BASFI)**

<table>
<thead>
<tr>
<th>Daily activities</th>
<th>Before Virechan</th>
<th>After Virechan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Putting up socks</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Picking up pen without aid from floor</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Getting up from armless chair without aid</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Reaching up to a higher shell without help</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Getting up from floor</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Standing up for 10 minutes without discomfort</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Climbing 12-15 steps without using rails and walking support</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Looking over shoulder without turning body</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Doing physical activities (gardening etc)</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Doing a full day activity</td>
<td>8</td>
<td>4</td>
</tr>
</tbody>
</table>

**Total mean scoring**

\[
\frac{67}{10} = 6.7 \quad \text{29/10} = 2.9
\]

**Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)**[7]

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Before Virechan</th>
<th>After Virechan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Neck, back, hip pain</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Pain or swelling in other joints</td>
<td>9</td>
<td>1</td>
</tr>
</tbody>
</table>

**References**

[7]
**Discussion**

The patient condition was approached with a classical line of treatment of *Aamvata* as the characteristics of *Aam* and *Vata Dosha* were clearly reflected in the symptoms mentioned by the patient. Here *Panchakarma* therapy is designed to eliminate toxins from the body. The *Vamaka* and *Virechaka Dravya* induce emesis and purgation respectively due to their specific Prabhav. *Virechana* is indicated in *Aamvata* in classical text. *Drugs of Virechana* are Vyavayi Vikasi, Ushna Tikshna Sukshma. *Virechana* drug having the above properties reach the Hridaya by virtue of its Virya and then following the Dhamani it pervades the whole body through large and small Srotas. On virtue of its Aagneya properties, it causes Vishyandana i.e., melting of the Doshas and by its Tikshana Guna, it is able to disintegrate the accumulated Dosha. Due to Snehana, Dosha smear easily without any hurdle and easily come to Aamashaya from where Virechana evacuates them.

**Conclusion**

AS is characterized by a chronic inflammatory arthritis predominantly affecting the sacro iliac joints and spine, which can progress to bony fusion of the spine. It is correlated with *Aamvata* in Ayurvedic classics according to signs and symptoms. There is currently a large gap between the prevalence of AS and its treatment rates. Though ankylosing spondylitis cannot be cured completely, its symptoms and disease progression can be effectively managed by adopting various *Panchakarma* procedures at regular intervals. *Panchakarma* procedures have been proved useful for this manifestation in alleviating symptoms and to reduce severe disability. The present studies shed light on *Panchakarma* procedures (*Virechan*) in Ankylosing Spondylitis and it shows remarkable results. It enhances the range of motion and increases the quality of life of patients assessed by the Bath Ankylosing Spondylitis Disease Activity Index and improvement in the quality of life. This study needs to conduct on large number of patients.

**References**


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