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# 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 ankylosis.<sup>[1]</sup> 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.<sup>[2]</sup> AS causes destruction of articular cartilage and bony ankyloses, 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 2<sup>nd</sup> and 3<sup>rd</sup> 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.<sup>[3]</sup> Patients

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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.<sup>[4]</sup> 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 destroys 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 advanced stages. Non-steroidal anti-inflammatory drugs NSAID, corticosteroids and various disease-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 a long period of time. No effective treatment has been available for AS.<sup>[5]</sup> 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 relieving pain and stiffness and to prevent or delay spinal deformity. This study shows that symptoms of the patient were successfully managed by *Virechan* process.<sup>[6]</sup>

## 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 complaint 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 improved with activity. She took allopathic 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 advised 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.

**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 Sindhawadi + Murivennam Tail
4.	Snehpan	Snehpan 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, Snehapan, Virechana Kwath, and Samsarjan Karma).

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

Virechana Karma - Firstly asses the patient Kosht Jaran and Abhyvaran Shakti for Snehapan.

1 to 7 days - Snehapan 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 Snehapan Lakshan (Vata-Anuloman, Deeptoagni, Udgaarshudhi, Laghuta, Trishna).

8 to 10 days- Abhyang with Vatashamak Taila and Nadi Swedana was started on 8<sup>th</sup> day for three consecutive days after the appearance of symptoms of Snehapan on the 7<sup>th</sup> 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 11<sup>th</sup> 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 16<sup>th</sup> 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)**

Daily activities	Before Virechan	After Virechan
Putting up socks	8	6
Picking up pen without aid from floor	6	3
Getting up from armless chair without aid	4	2
Reaching up to a higher shell without help	8	3
Getting up from floor	10	8
Standing up for 10 minutes without discomfort	8	0
Climbing 12-15 steps without using rails and walking support	10	2
Looking over shoulder without turning body	1	0
Doing physical activities (gardening etc)	4	1
Doing a full day activity	8	4
Total mean scoring	67/10 = 6.7	29/10 = 2.9

**Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)<sup>[7]</sup>**

Symptoms	Before Virechan	After Virechan
Fatigue	3	0
Neck, back, hip pain	9	4
Pain or swelling in other joints	9	1

Level of discomforts	8	2
Morning stiffness - intensity	8	2
Morning stiffness - duration	7	2
Total mean scoring	7.3	1.8

### Observation in Range of Movements

Range of movements		Before Virechan	After Virechan
Lumber flexion		100	90
Lumber extension		30	30
Hip flexion	Right leg	100	110
	Left leg	100	110
Hip extension	Right leg	20	30
	Left leg	20	20
Abduction	Right leg	40	50
	Left leg	40	50
Adduction	Right leg	15	20
	Left leg	10	20
Hip internal rotation	Right leg	30	45
	Left leg	30	45
Hip external rotation	Right leg	40	45
	Left leg	40	45
SLR	Right leg	90	90
	Left leg	80	90
Faber's test	Right leg	Positive	Negative
	Left leg	Positive	Negative
FNST	Right leg	Positive	Positive
	Left leg	Negative	Negative

### 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.<sup>[8]</sup> Drugs of *Virechana* are *Vyavayi Vikasi*<sup>[9]</sup> *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.<sup>[10]</sup>

### 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.

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