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# Silajathu Rasayana in management of Ankylosing Spondylitis - A Case Report

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## ABSTRACT

Ankylosing Spondylitis is a chronic seronegative inflammatory condition that primarily impacts the sacroiliac joint and spine, potentially leading to the fusion of spinal bones. The exact cause of this condition remains unknown. A 50 year old female patient was admitted to the *Kayachikitsa* inpatient department of *Vaidyaratnam Ayurveda College, Ollur*, presenting with both knee pain and swelling, pain in both elbow joints, and generalized back pain. She was treated by following the *Amavatha* management protocol, which included internal administration of Ayurvedic formulations such as *Amrithotharam Kashaya, Indukantham Kashaya, Yogaraja Guggulu, Punarnavasam, and Rasnapanchakam Kashaya*. External therapies such as *Churna Pinda Sweda, Snehapana, Sarvanga Taila Dhara and Virechana*. *Silajathu Rasayana* were administered in the final stage of the treatment. After six weeks of treatment, the patient experienced significant relief from upper and lower back pain, reduced elbow pain, and noticeable improvement in knee joint swelling and discomfort. This case study emphasizes the efficacy of Ayurvedic management especially *Rasayana chikitsa* in achieving substantial symptom improvement within a short duration.

**Key words:** Ankylosing spondylitis, Rasayana therapy, Silajathu Rasayana, Amavata, Case report

## INTRODUCTION

Radiographic axial spondyloarthritis (axSpA), also referred to as ankylosing spondylitis (AS), is a chronic, progressive, immune-mediated form of arthritis. It is distinguished by the absence of rheumatoid factor and inflammation affecting the axial skeleton, peripheral joints, entheses, and extra-articular sites such as the eyes and intestines. Radiographic sacroiliitis serves as the defining characteristic of AS, although patients often report back pain symptoms for years before radiographic changes become apparent.<sup>[1]</sup> As it affects

approximately 1 in 200 people, while axSpA impacts over 1 in 100.<sup>[2]</sup> The condition typically begins before the age of 45,<sup>[3]</sup> with about 80% of individuals experiencing their first symptoms before turning 30, and fewer than 5% being diagnosed after 45. AS is more common in men than women, and relatives of affected individuals have a higher risk of developing the condition.<sup>[4]</sup> The progression of AS varies widely, ranging from mild stiffness with normal radiographs to severe cases involving a completely fused spine, bilateral hip arthritis, severe peripheral arthritis, and extra-articular complications. Early in the disease, pain tends to be persistent, later becoming intermittent with alternating phases of exacerbation and remission. In women, AS is less likely to progress to complete spinal ankylosis. However, there may be a higher prevalence of isolated cervical ankylosis and peripheral arthritis.<sup>[5]</sup> Since the onset often occurs during the most productive years of adulthood, AS significantly impacts physical function, work productivity, and overall quality of life. Consequently, AS represents a significant healthcare and socioeconomic concern.<sup>[6]</sup>

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This condition may be correlated with *Amavata* according to Ayurvedic classics. In *Amavata*, the vitiated *dosha* settle in the *Trika Sandhi*, which includes the lumbosacral and sacroiliac joints. This leads to stiffness throughout the body, including the spine.<sup>[7]</sup> The condition of *Stabdghata* (stiffness) arises due to ankylosis and spondylitis. *Jadya*, characterized by stiffness and loss of mobility, is also mentioned as a symptom of *Amavata*. Additionally, *Saruja Shotha*, which refers to painful swelling in various parts of the body, signifies pain and inflammation on either axial or peripheral part of the body based on *Dosha* affiliation.<sup>[8]</sup> This case represents an uncommon presentation of AS, as it involves a 50-year-old woman who exhibited significant improvement with Ayurvedic management.

### CASE REPORT

A 50-year-old female patient presented with complaints of pain and swelling in both knee joints, both elbow joints, and the upper and lower back. Her symptoms initially began 10 years ago with pain and swelling in all digits and both elbows, for which she sought allopathic treatment and experienced relief. However, the condition recurred after three months, prompting her to continue regular follow-ups with allopathic care.

In 2016, she transitioned to Ayurvedic treatment, which effectively alleviated her pain and swelling. After one year, she gradually developed pain and swelling in both knee and elbow joints, along with generalized pain in the upper and lower back. She resumed allopathic treatment and initially responded well, but over time, the effectiveness of the treatment diminished, providing insufficient pain relief. Seeking better management for her condition, she was admitted to the inpatient department of Vaidyaratnam Ayurveda College on 2/4/24.

There was no relevant family history noted. On general examination, patient was obese with BMI of 33.96 kg/m<sup>2</sup> and vitals were within normal limit.

### Personal History

Appetite: Good

Bowel: Irregular

Micturition: Regular

Sleep: Reduced

Diet: Mixed

Allergy: Nil

Habit: No smoking, alcoholism

### Systemic examination

#### On examination of Locomotor system

- Cervical spine - No abnormality detected
- Thoracic spine - On palpation, mild tenderness over T7, T8 spinous process.
- Lumbar spine - on lateral flexion, a mild limitation in left side was noted
- Shoulder joint B/L - Normal on inspection, palpation and ROM
- Elbow Joint B/L - Normal on inspection, palpation and ROM (mild pain on left elbow while flexion)
- Hip joint - Normal on inspection, palpation and ROM- (flexion is painful on left side)
- Knee Joint
  - Right - On inspection mild swelling and warmth,
  - ROM - possible with mild pain on flexion and extension
  - Left - On inspection mild swelling present, no warmth,
  - And moderate pain on flexion and extension
- Ankle Joint - Normal on inspection, palpation and ROM

### Timeline representation

<b>2014</b>	Pain & swelling on joints of digit & elbow-taken allopathic Rx
↓	



<b>2016</b>	As the symptoms recurring in 3-month gap-underwent ayurvedic op management for 3 months
↓	
<b>2017</b>	Pain & swelling on both knees, both elbow pain, generalized back pain
↓	
<b>2017-24</b>	On allopathic treatment. Earlier well responded, later not responding
↓	
<b>2024 April</b>	Admitted in VAC Hospital, Ollur for the management

**Investigation**

**Haematology**

- 03/04/2024 - ESR-60 mm/hr, RA - < 8 IU/ml
- 13/04/2024 - HLA-B-27 - Positive
- 14/05/2024 - ESR-40mm/hr, CRP-<2.5IU/ml

**Picture 1: HLAB27 report**

<p>NAME : ██████████ COLLECTED ON : 12-Apr-2024 03:50 pm</p> <p>LAB NO. : HYGM-5948 RECEIVED ON : 12-Apr-2024 03:54 pm</p> <p>AGE/SEX : 50 Years / Female REPORTED ON : 13-Apr-2024 08:20 pm</p> <p>PH NO : REFERRED BY : SELF</p> <p>IP/OP : CORPORATE : VAIDYA RATNAM AYURVEDA HOSPITAL</p>			
Test Description	Results & Unit	Reference Value	Sample Type
<b>IMMUNOLOGY</b>			
HLA-B 27 - FLOWCYTOMETRY	POSITIVE		EDTA
<p>Technology used: Flowcytometry</p> <p>Remarks: *The given sample may be homozygous for HLA-B*27 allele.</p> <p>*Requested the physician to interpret the results with clinical significance</p> <p>Interpretation: There is strong association between the presence of HLA B27 antigen and an increased incidence of any (acute) spondylitis (AS) as well as other disorders such as Reiter's Syndrome, psoriatic arthritis and arthropathies associated with inflammatory bowel disease. These disorders are collectively called Seronegative spondyloarthritides. HLA B27 positive patient is genetically predisposed to spondyloarthritides.</p>			
Verified by: 	Authorized by: 		
ANEENA ANTONY BSC MLT	DR. ROHIT RS DCP(HO) (Consultant Pathologist)		



**X ray findings**

Grade 2 bilateral sacroiliitis, Sacralization of lumbosacral joint

**Diagnostic criteria**

**ASAS Classification Criteria for Axial Spondyloarthritis<sup>[9]</sup>**

- Back pain ≥ 3months, and age at onset < 45-year-old
- Sacroiliitis on imaging (Grade2 Bilaterally),
- With 1 or more SpA Features - Inflammatory backpain

Arthritis

H/o Dactylitis

Earlier good response to NSAIDs

HLA - B27

**Modified New York Criteria for Ankylosing Spondylitis<sup>[10]</sup>**

- Low Back pain & Stiffness for more than 3months, which improves with exercise, but is not relieved by rest

- Sacroiliitis on imaging (Grade2 Bilaterally)

As per these criteria, the disease is diagnosed as Ankylosing spondylitis. Reactive arthritis is excluded as there is no history of previous infection before the onset of symptoms.

### Ayurvedic examination details

#### Dasavidha Pareeksha

- Prakriti: Kapha Vata Prakriti
- Dosha vitiated: Vyana Vayu, Shleshaka kapha
- Dhatu: Rasa, Mamsa, Asthi,
- Upadhatu: Kandara, Snayu
- Sara: Madhyama
- Samhanana: Pravara
- Satva: Madhyama
- Satmya: Madhura, Katu, Tiktha
- Srotas: Asthivaha, Mamsavaha, Rasavaha
- Pramana: Sthoola
- Aharasakthi: Madhyama
- Abyavaharana Sakthi: Madhyama
- Jarana Sakthi: Madhyama
- Vyayama Sakthi: Madhyama
- Vaya: Madhyama
- Kala: Greeshma
- Vyadhavastha: Purana
- Desham: Bhoomi - Sadharana, Deha - Sandhi, Prishta
- Rogamarga: Madhyama

#### Roga Nirnayopaya

##### Nidana

- Aharaja Nidana include intake of sweets, and spicy foods excessively, intake of Dadhi.
- Viharaja Nidana like sedentary life, reduced sleeping hours, washing vessels, cleaning floor just after food.

**Poorvaroopa** - Sopha in Sandhi of Anguli & Koorpara

**Roopa** - Janu Sopha & Soola, Koorpara Soola, Angamarda on lowback & upper back

#### Samprapti

Vatha Vardhaka Nidana + Kapha Dushti, Ama Janma



Sthanasamraya in Prishta, Janu, Koorpara



Produces symptoms like Sopha, Ruk

**Upasaya** - Ushna, Rooksha

**Anupasaya** - Sheeta, Snigdha

**Roga Nirnaya** - Amavata

#### Therapeutic intervention

Date	Internal Medicine	Dose	Time of administration
02/04/24 - 17/04/24	Amrithotharam Kashaya	15m Kashaya +45 ml lukewarm water	Before food, 6am, 7pm
	Indukantham Kashaya	15m Kashaya +45 ml lukewarm water	At 1pm before food
	Yogaraja Guggulu	1-0-1	With Amrithotharam Kashaya
	Punarnavasavam	30 ml	BD after food
18/04/24 - 19/04/24	Rasna Panchaka Kashaya	15m Kashaya +45 ml lukewarm water	Before food, 6am, 7pm
23/04/24 - 25/04/24	Indukantham kashaya	15m Kashaya +45 ml lukewarm water	At 1pm before food



27/04/24-30/04/24	Yogaraja guggulu	1-0-1	With Rasnapanchaka Kashaya
	Punarnavasava	30ml	BD after food

**Treatment given**

Date	Procedure	Medicine
03/04/24 - 16/04/24	Choorna Pinda Sweda	Kolakulathadi Churna in Dhanyamla steam
17/04/24 - 19/04/24	Mensus days	
20/04/24 - 22/04/24	Snehapana	Guggulu Tikthaka Ghritha (30ml, 50ml, 50ml respectively)
23/04/24 - 25/04/24	Sarvanga Dhara	Madhu Yashtyadi Taila
26/4/24	Virechana	Avipathi Choorna 25gm with honey at 9:30 am
27/4/24 - 30/4/24	Sarvanga Dhara	Madhu Yashtyadi Taila
1/5/24 - 3/5/24	Snehapana	Guggulu Tikthaka Ghritha 30ml
04/05/24 - 06/05/24	Silajathu Rasayana	12gm Shilajatu with Triphala Kashaya
07/05/24 - 09/5/24	Silajathu Rasayana	12gm Shilajatu with Patola Kashaya
10/5/24-12/524	Silajathu Rasayana	12gm Shilajatu with Yashti Kashaya

**Outcome assessment**

- Visual Analogue Scale: Before treatment (BT)- 8 and After treatment (AT)- 2
- ASDAS (Ankylosing spondylitis disease activity score)<sup>11</sup>

Symptoms	BT	AT
Total back pain	8	4

Peripheral pain or swelling	8	0
Duration of morning stiffness	8	5
Patient global	8	2
ESR mm/hr	60	40

ASDAS - BT: 5 (>3.5 Suggest Very high disease activity)

AT: 2.7 (2.1 – 3.5 – High disease activity)

Greater than 2-point change in ASDAS score indicates Clinically Important Improvement

- BASDAI (Bath Ankylosing Spondylosis Disease Activity Index)<sup>12</sup>

Symptoms	BT	AT
Fatigue	8	1
Neck pain, back pain and hip pain	8	4
Pain and swelling in other joints	8	0
Enthesitis	7	0
Morning stiffness (intensity)	8	5
Morning stiffness (duration)	7	5

BASDAI - BT: 7.8

AT: 2

**DISCUSSION**

This case involves a 50-year-old female patient presenting with swelling and pain in both knees, pain in both elbows, generalized upper and lower back pain, fatigue, and morning stiffness lasting up to 1 hour and 30 minutes. She tested positive for HLA-B27. Following the Ayurvedic treatment protocol for *Amavatha*, significant improvements were observed in the patient's symptoms, including pain and swelling in the knees, elbow pain, and moderate relief in generalized back pain and morning stiffness.

The treatment protocol included the administration of *Amrithotharam Kashaya*, known for its *Ama Pachana* (digestion of *Ama*), *Tridosahara* (balancing all three

doshas), antioxidant, and anti-inflammatory properties. It contains phenolic acids such as quinic acid, protocatechuic acid, gallic acid, and chebulic acid.<sup>[13]</sup> *Indukantha Kashaya*, a modified form of *Indukantha Ghritha*, was used for its *Ama Pachana*, *Balavardhana* (strengthening), and *Vatamayahara* (Vata-balancing) effects. *Yogaraja Guggulu*, particularly indicated for *Amavatha*, provided *Agni-Deepana* (digestive fire enhancement), *Tejo-Vardhaka* (energy-boosting), and *Sandimajagata Vatahara* (relief for joint and marrow-related conditions).<sup>[14]</sup> *Punarnavasa* was included for its *Sophahara* (anti-inflammatory) and *Jwarahara* (antipyretic) properties, as well as its effectiveness in managing chronic conditions.

Externally, *Choorna Pinda Sveda* with *Kolakulathadi Churna* in *Dhanyamla* steam was performed, which alleviated muscle spasms, reduced inflammation, and improved collagen extensibility, resulting in increased range of motion (ROM). Following the initial *Ama Pachana*, *Rasnapanchakam Kashaya* was administered for its effects on *Sama Sandi Asthi* and *Majja* (joints, bones, and marrow).<sup>[15]</sup>

After initial *Ama Pachana*, the *Vata Vyadhi Chikitsa-Snehana*, *Svedana* and *Mridu Sodhana* was planned. As part of that, *Snehapana* with *Guggulu Tikthaka Ghritha* was given for three days to manage joint, bone, and marrow-related conditions.<sup>[16]</sup> As the patient was hesitant to consume ghee internally, external *Snehana* (oleation) was performed using *Madhuyashtyadi Taila*. This oil, with its *Lavana* (salty), *Amla* (sour), and *Madhura* (sweet) properties, nourished the affected areas, reducing pain, stiffness, and inflammation. Once the patient achieved the desired *Samyak Snigda Svinna Avastha* (properly oleated and sweat-induced state), *Mridu Virechana* was administered using 25 g of *Avipathi Churna* with honey.<sup>[17]</sup>

Prior to starting *Rasayana* therapy, the body should be prepared with *Sneha* (oleation) to build the strength and resilience required to effectively endure and benefit from the potency of the *Rasayana*. For that *Sarvanga Taila Dhara* for four days and three days of *Snehapana* with *Guggulu Tikthaka Ghritha* were done.

*Silajathu Bhavana* was performed in *Maharasnadi Kashaya*, chosen for its suitability in both the disease and the patient. In ankylosing spondylitis, ankylosing of the bones are happening, in that the *Lekhana* (scraping) action of *Shilajathu* may be beneficial. Based on this logic, *Silajathu Rasayana* was chosen.<sup>[18]</sup>

## CONCLUSION

This comprehensive Ayurvedic treatment protocol successfully managed the symptoms of ankylosing spondylitis in this patient, leading to significant improvements in pain, swelling, stiffness, and fatigue. The case underscores the potential of Ayurvedic interventions in addressing chronic autoimmune conditions like ankylosing spondylitis. The integration of Ayurvedic treatment procedures, along with *Rasayana* therapy, resulted in remarkable symptom relief, enhanced overall quality of life, and notable improvements in laboratory parameters.

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