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## A case study of Ayurvedic management of Ankylosing Spondylitis w.s.r. to *Prabruddha Amavata*

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### ABSTRACT

Ankylosing spondylitis (AS) is a rheumatic disease with various skeletal & extra-skeletal manifestation which belongs to a group of rheumatic disease known as spondyloarthropathies (SPA) which shows a strong association with genetic marker HLAB27. It is an inflammatory disorder of unknown aetiology characterised by prominent inflammation of spinal joints & adjacent structures leading to progressive & ascending body fusion of the spine. Inflammatory back pain & stiffness are prominent features in the disease, whereas chronic aggressive condition/stage, there may be production of marked axial mobility or deformity along with pain. From the Ayurvedic perspective, Ankylosing spondylitis can fall under *Prabruddha Amavata* which may be effectively managed when intervention is started in its early stage. There is no specific satisfactory treatment in modern science for this disease. Few Ayurvedic medications, are found to be effective in the management of AS. Here a case of AS managed by Ayurvedic treatment approaches has presented. A criterion Assessment was based on BASFI index of total 2 both before & after treatment. *Abhadya Churna*, *Panchatiktaka Ghrita Guggulu*, *Mahasudarshana Ghana Vati* were used during treatment. Patient has showed good improvement on BASFI.

**Key words:** Ankylosing Spondylitis, Amavata, HLA B27, Spondyloarthropathies (SPA)

### INTRODUCTION

Ankylosing Spondylitis is an inflammatory disorder of unknown aetiology which primarily affects axial skeleton, peripheral joints & extra-articular structures may also be involved in an asymmetric pattern. AS shows a striking correlation with the HLAB27 worldwide, over 90% of patients with AS are positive for HLAB27. The disease usually begins in the 2<sup>nd</sup> /3<sup>rd</sup> decade; male & female 2:1 & 3:1. The primary pathologic

site in the insertion of tendons/ligament capsules into the bone which is called as enthesitis.

The process generally starts at the SI joint, other sites involved are iliac crest, greater trochanter, patella, ischial tuberosity, calcaneum. Low backache is a common presenting symptom. The cause of inflammation progress up the spine, affects the rib cage, which reduces chest expansion. The symptoms include loss of spinal flexion, extension, diminished chest expansion, exaggerated thoracic kyphosis & lumbar lordosis. The laboratory findings show raised level of markers of inflammation like CRP & ESR. Early diagnosis is the key to successful management. NSAIDS, corticosteroids & various disease modifying antirheumatic drugs (DMARDS) are used to treat/manage AS. Due to lack of satisfactory therapeutic management, leading to progress in this disease. It is need of hour to research never medical treatment strategies for this disease. Here a case of AS managed with Ayurvedic medicines is going to be presented.

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## CASE STUDY

A 26 yrs old Indian unmarried, non-smoking, non-alcoholic male patient with complain of stiffness in neck, fever, unable to move neck, shoulder pain, mild pain in lower back region since 2yr. The pain was insidious in onset which aggravates during night, early morning, & after exposure to cold. Morning stiffness lasts for few hrs gradually improves with activity.

He was facing problem in daily activities due to generalized weakness.

### General examination

Temperature - 98°F.

Respiration rate - 17/min.

BP - 114/70 mmHg.

PR - 78/Min.

### Musculoskeletal Examination

Gait - Normal

#### Arms

Inspection

- No asymmetry
- No swelling
- No changes in skin
- No muscle wasting
- No deformity Palpation
- No tenderness
- No warmth

#### Legs

Inspection

- No asymmetry
- No bony deformity
- No swelling
- No muscle wasting Palpation
- No tenderness
- No warmth

### Spine Examination

Inspection

- No deformity
- No swelling
- No scar marks Palpation
- Tenderness at lumbo-sacral region

### Range of motion

- Forward bending of lumbar spine is painful, restricted.
- Backward extending of lumbar spine is painful, restricted.
- Schober's Test - positive
- Others joint of upper and lower limb are possible

### Follow-up and outcomes

Hematological parameters were reinvestigated on April 08, 2015. At this time, Hb was 11.3 g% and ESR was changed to 45 mm/ h. The patient was re-examined, and hematological investigations were repeated on May 16, 2015 that revealed Hb 13.0% and ESR 20 mm/h. The Very good response was noted on various parameters in this case. Spinal mobility, stiffness, fatigue, pain, and acute phase reactants (ESR) were reduced after treatment. There was an improvement in functional capacity and global condition of the patient. Moderate improvement in enthesitis was found, and kyphosis was reduced. The patient had improved physical strength, and 2.7 kg body weight was increased during the treatment. The patient had both upper limbs movement range up to 90 and neck movement up to 75 in the left side and up to 60 in the right side.

### Ayurvedic Perspective

Ankylosing Spondylitis cannot be compared with any particular disease condition directly that is described in Ayurvedic Samhitas. It can be compared with *Amavata*.<sup>[3]</sup> Indulgence in incompatible foods and habits, lack of physical activity, or doing exercise after taking fatty foods and those who have poor digestive capacity produce *Ama* (improperly digested food) in

the body. This *Ama*, acts as *Vata* and moves quickly to the different seats of *Kapha* in the body filling them and the *Dhamanis* (blood vessels) with *Kapha*. Thus the bad end product of digestion associated with *Vata*, *Pitta* and *Kapha*, blocks the tissue pores and passages with thick waxy material. It produces weakness and heaviness of the heart, which becomes the seat of the disease. It also affects simultaneously the joints of the body such as those of waist, neck, shoulder, etc. This is known as *Amavata* producing stiffness of the body.<sup>[4]</sup>

### Treatment

Ayurvedic texts described *Sodhana* and *Shamana Chikitsa* in *Amavata*. But we started Ayurvedic treatment (*Shamana Chikitsa*) based on symptoms and selected ayurvedic drugs which are follows.

1. *Abhadya Churna* - 6gm Bd with *Ushna Jala*
2. *Panchatiktaka Ghrita Guggulu* - 2 Bd
3. *Mahasudarshana Ghana Vati* - 2 Bd

### Diagnosis and Assessment

The scoring of BASFI index is adopted for assessment. BASFI score is calculated by adding up the scores from 10 questions & dividing by 10. Each question is scored on a visual analogy scale (VAS) from 0-10 in which 0 indicating no functional impairment & 10 indicating maximal impairment. A higher BASFI score indicate indicates a greater degree of functional limitations. Overall, the best cut off of BASFI was 1.5 with a good sensitivity & specificity. This result indicates that disability according to BASFI (0-10) is defined as a BASFI of more than 1.5 irrespective of age & sex. Total 2 assessments were taken, pre-treatment (base line), post treatment (after 2 month of treatment).

In fact, in the age group of 18-29 years, the best cut off of BASFI permitting to discriminate patients & subjects from the general population was 0.9 with an acceptable sensitivity & specificity. This cut off disability increases to 1.5 in the age group of 30-50 years & to 2.5 in the age group >50 years.

### Treatment protocol

The patient was taking NSAID's, corticosteroids, DMARD'S which were completely withdrawn during

the Ayurvedic treatment. After 60days of treatment, patient showed marginal improvement in backache, body pain, morning stiffness.

### OBSERVATION

In the treatment period, the patient had not taken anything except these medications. Assessment criteria were based on the cardinal symptoms both before & after treatment.

### DISCUSSION

As per diagnosis of *Prabruddha Amavata*, treatment protocol was followed with *Maha Sudarshana Ghana Vati* used for *Amapachana*, *Jwarahara*. *Panchatiktaka Ghrita Guggulu* where *Ghrita* is processed with *Tikta Rasa* used to be treated for *Asthi Vaha Srotas Roga* mainly give nutrition to bones along with minimising pain mainly in case of erosive atrophy or degeneration on bones. *Abhadya Churna*, contains total 11 ingredients which have various medicinal properties on a wide range. most importantly *Sunthi*, *Satapuspa*, *Ajamoda*, *Yavani* having *Agni Deepana*, *Vatanulomana*, *Rasna*, *Guduchi*, *Ashwagandha*, *Satavari* having anti-inflammatory, anti-arthritic, COX-2 inhibitors, TNF-alpha inhibitors, *Rasayana*, *Valya*, *Brimhaniya* properties which prevents body from further degeneration. Along with some physical exercise & Yoga activities adding to daily routine has furnished a great impact on management of this disease.

### CONCLUSION

The Ayurvedic diagnosis of *Prabruddha Amavata* is made for Ankylosing Spondylitis in present case. From above discussion it is concluded that Ayurvedic medicines show promising result in the management of Ankylosing Spondylitis, especially improvement in signs and symptoms like reduction in pain, decrease in severity of deformities & also improvement in quality of life.

### REFERENCES

1. Pandey G, editor. Pt. Kashinath Sastri Vidhyotini Hindi Commentator of Charaka Samhita of Agnivesa. Chikitsa Sthan Vatavyadhi Chikitsa Adhayay, Vol. 2. Varanasi:

- Chaukumba Sanskrit Sansthan; 2006. p. 793. Ch. 28, Ver. 88.
2. Pandey G, editor. Pt. Kashinath Sastri Vidhyotini Hindi Commentator of Charaka Samhita of Agnivesa. Sutra Sthan Matrasitiya Adhyay, Vol. 1. Varanasi: Chaukumba Sanskrit Sansthan; 2006. p. 123. Ch. 5, Ver. 70.
  3. Mishra S, editor. Sidhiprada Hindi Commentary on Bhaishajyaratnavali. Varanasi: Chaukhamba Surbharati Prakashan; 2007. p. 535e6. Vatvyadhirogadhikara. Ch. 26, Ver. 198-202
  4. Brahmasankar M, editor. Vidhyotini Hindi commentary on Bhavprakash Nighantu. Gudichayadivarg. 10th ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2002. p. 393. Ch.3, Ver. 190.
  5. Mishra S, editor. Sidhiprada Hindi Commentary on Bhaishajyaratnavali. Vatvyadhirogadhikara. Varanasi: Chaukhamba Surbharati Prakashan; 2007. p. 526e7. Ch. 26, Ver. 98-101.
  6. Ayurveda Sara Sangraha. Rasa Rasayan Prakarana. 12th ed. Allahabad: Sri Vaidhyanath Ayurveda Bhavan Limited; 2007. p. 309e10. [17] Brahmasankar M, editor. Vidhyotini Hindi Commentary on Bhavprakash Nighantu. Gudichayadivarg. 10th ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2002. p. 298. Ch. 3, Ver. 62-63.
  7. Jameson, J.L & Loscalzo. J. (2015). Harrison's Principle of internal medicine (19th edition) New York: Mc Graw Hill Education.
  8. Khan MA. Clinical features of Ankylosing spondylitis. In: Hochberg MC, Silman Aj, Smolen Js, Weinblatt ME, Weisman MH, editors. Rheumatology, 3rd, London, 2003; 1161-1181.
  9. Lakshmiapati Shastri, editor. Yogratnakar, Aamvata Nidana, chaukhambha Sanskrit Sansthan, Varanasi: 2009. p. 986.
  10. Madhava Nidana (Roga Viniscaya of Madhavakara): Text with English Translation by Prof. K. R. Srikantha Murthy, Chaukhamba Orientalia, Varanasi, Eighth Edition: 2007, Chapter-25, pg-95.
  11. Ambikadatta Shastri, Bhaishjya ratnavali Kushtrogadhikar 54/233-236, Page no 904 Published by Choukhamba Sanskrit Sansthana, 18th Ed.2005
  12. Nadkarni, The Indian Materia Medica, Popular Prakashan, Bombay, Reprint 1993, Vol.-1, pp. 1120-1124
  13. Sumit Kumar, Ragini Kumari, Pankaj Kumar, Vijay Bahadur Singh. Management of Ankylosing Spondylitis in Ayurveda: A Case Study. International Journal of Ayurveda and Pharma Research. 2022;10(4):22-25.

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