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Case Report
Pravruddha Aamvata

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# Ayurvedic management of Ankylosing Spondylitis (Pravruddha Aamvata): A Case Report

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**Introduction:** Ankylosing Spondylitis (AS) is a systemic autoimmune rheumatic disease that primarily affects the sacroiliac joints and the axial skeleton. Modern medicine offers few management options, yet effectively managing AS remains challenging. AS is strongly associated with the genetic marker HLA-B27.

**Method:** In this case study, signs and symptoms of AS can be correlated with Pravruddha Aamavata as exact signs and symptoms of AS are not given in Ayurvedic texts. The patient was treated accordingly with Ayurvedic therapies, including Deepana Pachana, Churna Pinda Swedana, Virechana Karma, Yoga Basti, and Shamana Snehapana. Assessment with ROM of Lumbar spine and Neck, BASDAI (Bath Ankylosing Spondylitis Disease Index), ASQOL Questionnaire (Ankylosing Spondylitis Quality of life), and ASDAS (Ankylosing Spondylitis Disease Activity Score) was done before and after the treatment.

**Results:** Post-treatment, there was a significant reduction in whole back pain, sacroiliac pain, and morning joint stiffness, alongside decreased ESR and CRP levels, an increase in hemoglobin, and improvement in BASDAI, ASQOL questionnaire, and ASDAS.

**Conclusion:** This case study demonstrates the potential for successful management of AS.

**Keywords:** Ankylosing Spondylitis, Pravruddha Aamvata, Panchakarma therapies

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# Introduction

Ankylosing Spondylitis (AS) is a chronic inflammatory disease primarily affecting the axial skeleton, with early involvement of the sacroiliac joints.

Over time, inflammation in the joints and tissues of the spine can cause stiffness. The term "ankylosing" refers to the formation of new bone leading to fusion. AS mainly affects the lower back but can spread higher up the spine, and other joints and parts of the body may also be affected. The prevalence of AS in India is 0.03% as per surveys conducted by Bone and Joint Decade India from 2004 to 2010.**[1]** Among patients who are HLA-B27 positive, the prevalence increases to around 5%.**[2]** AS occurs more frequently in men than women, with a ratio of 3:1.**[3]** The age of disease onset typically peaks in the second and third decades of life. In cases where satisfactory treatments are unavailable in conventional biomedicine, patients with Ankylosing Spondylitis (AS) may experience permanent deformities. As a result, exploring alternative medical systems becomes essential. In this instance, disease manifestation is correlated with *Pravruddha Aamavata*. We present a successful case treated using Ayurvedic management for *Pravruddha Aamavata*

# Case Report

**Patient Information:**

A 29-year-old Indian male, non-smoking, non-alcoholic, labourer in a diamond factory by occupation, consulted the out-patient department of Panchakarma of the Institute of Teaching and Research in Ayurveda, Jamnagar**.** He presented with complaints of gradually progressive pain and stiffness in the whole back along with difficulty in forward bending and restricted movements of the neck, bilateral hip joints and shoulder joints. Stiffness for six to seven hours with asymmetrical inflammation of the left knee, right ankle, bilateral elbow joints, and interphalangeal joints of hands. He had associated breathlessness, lethargy, loss of appetite, and weight loss of approximately 14 kgs in four years. The patient had history of having seafood four to five times a week, and two hours of sleep after lunch for the last 15 years. The patient had a family history of hip joint and lower back pain to his grandfather.

The patient was under the supervision of a rheumatologist for for five years and was advised for magnetic resonance imaging (MRI) of the sacroiliac joints and HLA-B27 [Table no. 1]. For a long time, the patient was on self-medication, taking the tablet Diclofenac 75 mg when needed for pain relief. The patient was subsequently admitted to the male Panchakarma ward of the Institute of Teaching and Research in Ayurveda, Jamnagar on 21st December, 2023 for the management.

**Table 1: Clinical events and Intervention**

| Year | Clinical Events and Intervention |
|---|---|
| 2010 | Onset of Lower back pain radiating to upper back |
| 2011 | Hip joint pain and stiffness in the lower back |
| 2012 | MRI of Sacroiliac joints with spine screening (Showing B/L sacroiliitis and spondyloarthropathy) |
| 2013 | HLA-27 Positive |
| 2013-18 | The patient was under the observation of a Rheumatologist, and got mild relief in all symptoms. |
| 2018-2022 | The patient did not have a major illness and was on self-medication (Diclofenac 75mg) |
| 21/12/2023 | The patient was admitted for intense pain and stiffness at multiple joints, Fatigue, weight loss, etc. |
| 22/12/2023 | Heamatological investigations was done (Hb 7.1g%, total leukocyte count is 9970 cu/mL, ESR 120 mm/h, and C-reactive protein Positive)<br>Xray LS-Spine (Osteoarthritic changes with loss of lordosis at cervical and lumbar level)<br>Chest Xray (Fibrosis of Rt upper love) |
| 23/12/2023-8/1/2024 | Deepana Pachana and Rukshana was done. |
| 9/1/2024-30/1/2024 | Virechana Karma, Yoga Basti was done. |
| 1/2/2024-2/3/2024 | Shamana Snehapana with Dadimadi Ghrita. |
| 3/3/2024 | Hematological parameters reinvestigated |
| March 2024 | Patient Condition was stable with moderate improvement in all complaints. |

**Clinical Findings:**

The examination revealed kyphosis, stooping neck position, and flexion deformity of both hip joints. There was loss of lateral and anterior flexions of the lumbar spine and tenderness over the sacroiliac joint. Chest expansion was 2.4 cms, and Schober's test was positive. The patient was found to be anxious with disturbed sleep.

*Nadi* (~pulse) was *Vata Kaphaja and Durbala (~weak)* and the pulse rate was 66/min. Urine was normal with a frequency of 4-5 times a day.

Bowel history revealed the frequency of once a day but was unsatisfactory (incomplete evacuation); *Mala* (~bowel) was *Sama* (~sticky, improperly formed stool which drowns in water), *Jihwa* (~tongue) was *Sama* (~coated). He had a *Krisha Akriti* (~lean built) weighing 39 kg. His blood pressure was 110/80 mmHg. He had no pallor, icterus, cyanosis, clubbing, or lymphadenopathy. Respiratory, cardiovascular, and central nervous systems did not show any abnormalities. Per abdomen examination was also normal.

**Diagnostic focus and assessment:**

MRI of the sacroiliac joint with spine screening (February 2, 2012), showed bilateral sacroilitis and spondyloarthropathy. The human leukocyte antigen (HLA) typing was previously done on February 21, 2013, and was positive for HLA B27. X-ray of the vertebral column showed loss of lordosis at the lumbar and cervical region with erosions at the corners of the vertebral body with sclerosis. Scoliosis of the dorsal spine with convexity towards the right side was seen. X-ray of the lungs showed fibrosis at the right upper lobe. A baseline hematological investigation was done on Dec. 23, which revealed hemoglobin (Hb) 7.1 g%, total leukocyte count 9970 cu/mL, erythrocyte sedimentation rate (ESR) 120 mm/hr, and C-reactive protein was positive.

The patient had complaints of *Hasta Pada Shiro Gulfa Trik Janu Sandhi Saruja Shotha* (~pain with swelling at hands, legs, head, ankle, knee, pelvic joints), *Agnidaurbalya* (~Loss of appetite), *Utsahahani* (~Lethargy), *Nidraviparyaya* (~disturbed sleep). These exhibited features were consistent with *Aamavata* and hence the Ayurvedic diagnosis of *Pravrudha Aamavata* was done.

Differential diagnoses were initially considered to be *Vatarakta* and *Asthimajjagata Vata.* However, since there were no signs of *Niramaavastha (*~Condition without *Aama), Raktadushti* (~blood vitiation) or *Purvaroopa* (~premonitory symptoms) associated with *Vatarakta* and *Asthimajjagata Vata,* these conditions were ruled out.

**Therapeutic Intervention:**

*Deepana* (~stimulating the digestive fire), *Pachana* (~digesting the toxins), *Anulomana* (~regulation of normal movement of *Vata), Ruksha Swedana* (~Dry Sudation), *Virechana* (~Purgation), *Basti* (~medicated enema), and *Shamana Snehapana*(~pallitive internal oleation) are the line of treatment for *Aamavata Vyadhi* by *Acharya Yogaratnakara*. This protocol is given in [Table no. 2]. No allopathic oral medication was given to the patient throughout the *Panchakarma* management. At the time of discharge, *Shamana Snehapana* continued for the next month.

**Table 2: Therapeutic intervention**

| SN | Intervention | Details of Intervention | Dose | Anupana | Duration |
|---|---|---|---|---|---|
| 1. | Deepana Pachana | 1) Aamapachaka Vati<br>2) Shunthi Sidhhajalapana | 2 tabs TDS<br>10 grams | Luke warm water | 14 Days |
| 2. | Anulomana | Triphala Churna | 5 grams HS | Luke warm water | 14 Days |
| 3. | Rukshana | Churna Pinda Sweda with Kottamchukadi and Yava Churna. | QS | | 14 Days |
| 4. | Shodhanartha Snehapana | Goghrita | 30 ml to 190 ml | Luke warm water | 6 Days |
| 5. | Sarvaga Abhyanga And Bashpaswedana | Abhyanga with Sahachara Taila For 15 Minutes<br>Bashpa Swedana for 10 Minutes | | | 3 Days |
| 6. | Virechana | Gandharvahastadi Eranda Taila with Triphala Kwatha | 120ml<br>10ml | Luke warm water | 1 Day |
| 7. | Sansarjana Krama | | | | 5 Days |
| 8. | Yoga Basti | 1. Niruha Basti:<br>Makshika - 80 Grams<br>Lavana - 12 Grams<br>Sahachara Taila - 100ml<br>Putoyavani Kalka - 30 Grams<br>Rasnasaptaka Kwatha - 500ml<br>2. Anuvasana Basti<br>Sahachara Taila - 120ml | Niruha Basti is given on an empty stomach and Anuvasana Basti is given after having food. | | 8 Days |
| 9. | Shamana Snehapana | Dadimadi Ghrita | 60ml | Luke warm water | 30 days |

**Follow-up and Outcomes:**

Hematological parameters were reinvestigated on March 3, 2024. At this time, Hb was 9.3 g% and ESR was changed to 45 mm/hr. A very good response was noted on various parameters in this case (Table 3,4,5). Spinal mobility, stiffness, fatigue, pain, and acute phase reactants (ESR) were reduced after treatment. Moderate improvement in enthesitis was found, and kyphosis was reduced. The patient had improved physical strength and 2 kg body weight was increased during the treatment.

**Table 3: Assessment of Quality of Life of Ankylosing Spondylitis Patient**

| Parameter | BT | AT |
|---|---|---|
| BASDAI | 5.8 | 3.1 |
| ASDAS | 6.2 | 2.4 |
| ASQOL Questionnaire | 16 | 0 |

BASDAI (Bath Ankylosing Spondylitis Disease Index), ASDAS (Ankylosing Spondylitis Disease Activity Score), ASQOL Questionnaire (Ankylosing Spondylitis Quality of Life).

**Table 4: Assessment of Range of movement of Lumbosacral spine (Goniometry)**

| Parameter | BT | AT |
|---|---|---|
| Flexion | 30 | 50 |
| Extension | 0 | 10 |
| Right Lateral flexion | 10 | 20 |
| Left lateral flexion | 10 | 20 |

**Table 5: Assessment of Range of Movement of Neck (Goniometry)**

| Parameter | BT | AT |
|---|---|---|
| Flexion | 40 | 60 |
| Extension | 0 | 0 |
| Right Lateral flexion | 10 | 20 |
| Left lateral flexion | 10 | 30 |
| Rotation | 30 | 70 |

## Discussion

The pathology of *Aamavata* originates in *Aamashaya* (~stomach) due to poor digestion in presence of *Mandagni* (~weak digestive fire). Thus, *Aamavata* is not a disease of joints but a disease with place of origin in *Aamashaya* and expression at joints. *Acharya Yogratnakara* described *Chikitsa Siddhant* for *Amavata*. It includes *Langhana* (~fasting), *Swedana* (~Sudation), and use of drugs having *Tikta* (~bitter), *Katu* (~pungent) *Rasa* with *Deepana* property, *Virechana, Snehapana*, and *Basti.*[4]

The cardinal symptoms of *Vata* and *Ama* involvement are pain, stiffness, tenderness, and heaviness. For this purpose, *Deepana* and *Pachana Aampachaka Vati* and *Shunti Sidhhalapana* were used. *Tikta* and *Katu Rasa* present in *Aampachaka Vati* and *Shunti*[5] possess *Agni Vriddhikara* property which enhances digestive power, which aids in digesting *Ama*, and also clarifies obstruction present in *Srotas*(~structural or functional channels). Along with *Deepana Pachana*, *Ruksha Churna Pinda Swedana* with *Kottamchukkadi Churna* and *Yava Churna* was planned first for *Rukshana* to reduce *Ama* and to pacify both *Kapha* and *Vata Dosha*. Due to its *Tikshna Guna* (~sharpness), *Ushna Virya* and *Katu Vipaka, Kottamchukkadi Churna* is *Shothahara* (~reduces inflammation and swelling), *Vedanasthapana* and *Sweda Janana. Swedana* (~sudation) drugs by their *Ushna* and *Tikshna Guna* can penetrate the *Srotas* and perform *Dosha Vilayana* (~dissolution of vitiated Doshas) and *Srotoshodhana* (~cleansing of channels). *Swedana* also pacifies *Vata* and *Ama*, thereby reducing pain, stiffness, and tenderness.

After *Aamapachana* (ignition of metabolic fire and pacification of *Ama*) and *Agnidipti*, once *Ama* state gets converted into *Nirama* state, toxins accumulated in bodily tissues are expelled out of body through *Virechana Karma*. After mobilization of *Doshas* into *Koshtha*, *Virechana* was given through administration of *Gandharvahastadi Eranda Taila*, and *Triphala Kwatha*. *Gandharvahastadi Eranda Taila* is *Vata Kaphahara* (~pacification of vitiated *Vata* and *Kapha Dosha*) and *Vatanulomana* (~elimination of flatus, feces, urine, etc.), *Deepana* (~enhancement of metabolic fire), *Mala Shodhana* (~laxative), *Sookshma Srotogami* (~penetrating to minute channels of body), and *Shoolaprashamana* (~analgesics). *Madhyama Shuddhi*, i.e., 15 *Vegas* (~bouts of purgation) was achieved in patient, after which *Samsarjana Krama* was followed for five days. *Basti* is the main treatment for disorders caused due to vitiated *Vata Dosha*. As this is a *Vata Kapha* predominant disease, hence, *Vata Kapha* pacifying Basti is required. *Rasnasaptaka Kwatha* is, especially indicated in *Vata Kapha* dominant diseases, hence it was used for *Niruha Basti*. *Anuvasana Basti* was given with *Sahachara Taila* for *Yoga Basti. Rasnasaptaka Kwatha* has drugs that have properties like *Tikta Rasa, Ushna Veerya,* and *Katu Vipaka* which are effective for *Shothahara* and *Amapachana*.

*Madhura Rasa, Madhura Vipaka, Ushna Veerya, Guru* & *Snigdha Guna* do the *Vatashamana*. It is indicated in *Janghashoola* (~pain in calf muscles/region), *Uroshoola* (~pain in the chest and sides of the neck), *Pristhashoola* (~pain in the back), *Trikashoola* (~sacralgia), etc.**[6]** *Sahachara Taila* is used for *Anuvasana Basti*, due to its *Ushna Virya* & *Tikta Anurasa* it does the *Strotovishodhana* & then pacifies *Vata*. At last, *Shamana Snehapana* with *Dadimadi Ghrita* was given with increasing dose digesting in six hours. *Dadimadi Ghrita* is beneficial in the management of *Shwasa, Kasa,* and *Pandu* and balances *Vata* and *Kapha*. In the present case, it helped to increase the strength of the patient.

## Conclusion

Management of AS with Panchakarma procedures showed significant results. Hence this treatment protocol can be taken into consideration for treatment and further research work.

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