

Successful Management of Ankylosing Spondylitis with Panchakarma: A Case Report

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ABSTRACT:

Ankylosing spondylitis (AS) is a chronic inflammatory autoimmune disease that mainly affects the spine joints, causing severe, chronic pain; additionally, in more advanced cases, it can cause spine fusion. The primary aims of treating AS are to improve and maintain spinal flexibility and normal posture, alleviate symptoms, reduce functional limitations, and prevent complications. The mainstays of pharmacological treatment involve nonsteroidal anti-inflammatory medications (NSAIDs) and TNF- α inhibitors, but fail to give complete relief. There is no direct reference to this disease in Ayurveda, but based on the clinical presentation, we can manage the disease. Case report: A case of a 22-year-old male diagnosed with AS (positive HLA-B27) with complaints of low back pain for 2 years, right knee joint and left ankle joint pain along with swelling since the past 2 months which was treated by *Sarvanga Ruksha Choorna Pinda Swedana* (dry fomentation) *Kottamchukkadi choorna Upanaha*, *Dasamooladhara*, *Patrapinda Swedana*, *Snehapana* (internal oleation), *Virechana* (therapeutic purgation) and *Balaguduchyadi Basti* in *Yogabasti krama* (course of 8 therapeutic enemas) along with *Shamana chikitsa* (palliative management). After completion of the treatment, considerable improvement was recorded in subjective and objective parameters. This paper ignites thoughts related to the scope of Panchakarma in the treatment aspect of AS.

KEYWORDS: Ankylosing spondylitis, *Balaguduchyadi Basti*, HLA-B27, *Pinda Sweda*, *Upanaha*, *Virechana*.

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INTRODUCTION:

Ankylosing Spondylitis (AS) or Axial Spondyloarthritis (axSpA) ^[1] is a chronic, inflammatory disease primarily affecting the axial spine that can manifest with a range of clinical signs and symptoms. The hallmark features of the condition include chronic back pain and progressive spinal stiffness. AS is characterised by the involvement of the spine and sacroiliac (SI) joints and peripheral joints, digits, and entheses. AS often leads to impaired spinal mobility and can result in postural abnormalities. Patients can also experience buttock pain and hip pain. Peripheral arthritis, enthesitis, and dactylitis ("sausage digits") are all associated with AS. ^{[2][3]} The cause of ankylosing spondylitis (AS) remains largely unknown. Among individuals who are HLA-B27 positive, the prevalence of AS is approximately 5% to 6%. ^[4] The prevalence of AS is generally believed to be between 0.1% and 1.4% globally. The prevalence of AS in India is 0.03%. ^{[5] [6]} Ankylosing spondylitis (AS) commonly presents in individuals younger than 40, with approximately 80% of patients experiencing their first symptoms before age 30. Less than 5% are diagnosed after the age of 45. AS is more prevalent in men than women. Moreover, there is an increased risk of developing AS in relatives of affected patients. ^[7] The classic radiographic finding in late-stage AS is the "bamboo spine sign," which refers to vertebral body fusion by syndesmophytes. The bamboo spine typically involves the thoracolumbar or lumbosacral junctions. This spinal fusion predisposes the patient to progressive back stiffness. ^[8] Nonsteroidal anti-inflammatory drugs (NSAIDs) are the first line of therapy in AS. Although these are effective in a large majority, they reduce symptoms by only 50% in most cases. Hence, most individuals suffer from residual stiffness and pain

despite NSAIDs, leading to compromised quality of life (QoL). Since most affected individuals are young, the disease results in deteriorated academic and professional performance and consequently poor mental health. ^{[9][10]}

Based on the clinical presentation of AS, it may be primarily correlated with *Kati prishtha trika graba* in Ayurveda, which is one of the *Vatavyadhi* (disorders due to vitiated *Vata dosha*). Whereas in some cases where the peripheral joints are also involved, the clinical presentation of AS aligns with the textual description of *Amavata*. ^[11]

Reporting clinical outcomes achieved through Ayurvedic interventions in the management of different cases of AS can help to generate preliminary data in the absence of larger clinical studies. This also gives data on the unique way Ayurveda approaches autoimmune diseases.

CASE REPORT:

A 22-year-old male patient, non-diabetic, non-smoker, presented with complaints of pain in the lower back region associated with stiffness for 2 years. During the early hours of the morning, he suffered from severe stiffness for about 30 minutes and difficulty getting up from bed normally. He began experiencing pain and swelling in his right knee joint and left ankle joint two months ago. Due to which he faced difficulty in walking normally, climbing stairs, and bending forward to pick up objects from the floor. He also complained about intermittent loss of appetite and constipation. Often his sleep was disturbed due to pain. Four months ago, the disease was diagnosed as AS (HLA-B27 genetic marker was positive). Over the last two months, the patient has been taking nonsteroidal anti-inflammatory drugs (NSAIDs) and homoeopathic medication. Since the patient got no relief with the

medications he stop taking them. He sought Ayurvedic treatment for possible management. He was admitted to the hospital's In-Patient Department (IPD) on 2nd August, 2023, as per advice.

Diagnostic assessment:

Magnetic Resonance Imaging (MRI) - Lumber Spine was done on 4th April, 2023, and revealed Acute Sacroiliitis and the possibility of seronegative inflammatory polyarthritis. The HLA typing done on 15th April, 2023, showed HLA B-27 positive.

THERAPEUTIC INTERVENTION:

The patient was administered *Panchakarma* along with oral medications as shown in

[Table 1] and [Table 2]. *Amapacana* (use of digestives), *Snehana* (treatment for inducing unctuousness), *Virechana* (therapeutic purgation) and *Brimhana* (treatment for nourishment of bodily tissues) were done with both internal medications and external therapies for 28 days.

The discharge medicines were continued for one month, followed by the continuation of *Chyavanaprash* for another three months. The patient was under follow-up for one year and eight months. Over the past years, the patient was not prescribed any medicine but was advised to refrain from cold and sour substances.

Table-1: Timeline of clinical events and interventions:

Date / Duration	Clinical events and intervention
2021	Onset of Low back pain
2023	Low back pain with stiffness Right knee joint pain with swelling Left ankle joint pain with swelling
April 4 th , 2023	MRI- LS revealed acute sacroiliitis and possibility of seronegative inflammatory polyarthritis.
April 15 th , 2023	HLA B-27 positive
July 29 th , 2023	Visited OPD of Panchakarma department
August 2 nd , 2023	Admitted in I.P.D. of Panchakarma department BASFI, BASDAI, ASDAS, ASQoL ^{[12][13][14]} assessment was done before treatment .
August 3-8 th , 2023	<i>Sarvanga ruksba choorna pinda sweda</i> with <i>kottamchukkadi choorna</i> for 30 minutes for 7 days
August 5 th , 2023	Hematological investigations were done (Hb – 11.6 g%, ESR – 116 mm/hr and CRP- 22.86 mg/L)
August 10 th , 2023	<i>Upanaha</i> on Right Knee joint with <i>Nagaradi choorna</i> -20 gm, Lemon- 4 number, <i>Lasuna choorna</i> - 7 gm , <i>Haridra</i> - 4gm, <i>Murivenna taila</i> - 50 ml, <i>Saindhav</i> - 15gm, <i>Dasamoola kwath</i> (Q.S) was done for 14 days
August 11-17 th , 2023	<i>Sarvanga parisheka</i> with <i>Dasamoola kwath</i> for 7 days
August 16 th , 2023	MRI – Right Knee – Mild effusion with periarticular soft tissue oedema in intermuscular planes
August 18 -24 th , 2023	<i>Sarvanga Patra Pinda sweda</i> for 5 days 100 ml <i>Sabachar taila</i> was taken and chopped lemon pieces(two in number). Fresh <i>Nirgundi</i> (<i>Vitex negundo</i>), <i>Sigr</i> (<i>Moringa oleifera</i>), <i>Arka</i>

	(<i>Calotropis gigantea</i>), <i>Eranda</i> (<i>Ricinus communis</i>) leaves (approximately 500 gm) were washed in water and chopped into small pieces in a pan and fried with <i>taila</i> till the mixture attained brown tinge. After taking the pan way from flame 5gm <i>Saindhava Lavana</i> (Rock salt) and 5gm <i>Haridra</i> (<i>Curcuma longa</i> Linn.) powder were added to the mixture along with 5 gm <i>Ajwain</i> powder (<i>Trachyspermum ammi</i> Linn.)
August 25-31 st , 2023	<i>Shodhanartha Snehapana</i> with <i>Indukantha ghrita</i> in increasing dose manner for 7 days(<i>Samyak Snigdha Lakshana</i> was attained)
September 1-3 rd , 2023	<i>Sarvanga Abhyanga</i> with <i>Sabachar tail</i> and <i>Sarvanga Bashpa swedana</i> (external steam fomentation along with whole body oil massage) for 3 days
September 4 th , 2023	<i>Virechana</i> with <i>Nimbamruthadi eranda tailam</i> ^[15] 60 ml with <i>Godugdha</i> 100 ml
September 5 th , 2023 onwards	<i>Samsarjana krama</i> for 5 days
September 12-16 th , 2023	<i>Yoga basti</i> consisting of 5 <i>Anuvasana basti</i> with <i>Sabacharadi mezhpakam</i> and 3 <i>Niruba basti</i> with <i>Balaguduchyadi basti</i> containing <i>Makshikam</i> – 200ml, <i>Saindhav</i> – 15gm, <i>Sabacharadi mezhpakam</i> - 200ml, <i>Kalka</i> – <i>Puthoyavnyadi</i> ^[16] – 40 gm <i>Kwatha</i> - <i>Bala</i> , <i>Guduchi</i> , <i>Triphala</i> , <i>Dasamoola</i> , <i>Madanaphala</i> – 400 ml, <i>Masha kwath</i> -100 ml (alternative of <i>mamsa rasa</i>) (Modified <i>Yoga Basti</i> pattern- <i>Anuvasana Basti</i> was given on the same day of <i>Niruba</i> in the evening, thus reducing the number of days to 5)
September 17 th , 2023	Haematological investigations were done (Hb – 13.1 g%, ESR – 41 mm/hr)
September 17 th , 2023	Patient was discharged from I.P.D. Reassessment of BASFI, BASDAI, ASDAS, ASQoL was done before discharge.
October 19 th , 2023	Follow up Haematological investigations were done (ESR – 11mm/hr and CRP- 2.1 mg/L)
April 18 th , 2025	Patient condition is stable.

BASFI: Bath ankylosing spondylitis functional index; BASDAI: Bath ankylosing spondylitis disease activity index; ASDAS: Ankylosing spondylitis disease activity score; ASQoL: Ankylosing spondylitis quality of life

Table- 2: Oral Medication during IPD treatment and discharge:

Medicines during IPD treatment	Dose, Frequency and Anupana
<i>Rasnasapthak kwatha</i>	60 ml twice daily before food
<i>Kaisora guggulu</i>	500 mg twice a day before food
<i>Nimbamruthadi eranda tailam</i>	10 ml at bedtime after food for initial 14 days
Medicines after discharge	
<i>Rasnasapthak kwatha</i>	60 ml twice daily before food
<i>Trayodasanga guggulu</i>	500 mg twice a day before food

<i>Chyavanaprash</i>	10 gm at bedtime with lukewarm milk 50 ml for 3 months
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Table-3: Plan of *Basti* – *Yogabasti* completed in 5 days:

Day	Type of <i>Basti</i>	Dose (ml)	Time of administration	Retention time
1	A	120 ml	11am	20 mins
2	N	900 ml	10.30 am	3 mins
	A	120 ml	5.30 pm	30 mins
3	N	900 ml	10.40 am	5 mins
	A	120 ml	5.45 pm	25mins
4	N	900 ml	10.30 am	3 mins
	A	120 ml	5.30 pm	35 mins
5	A	120 ml	11. 30 am	40 mins

Table-4: Effect of therapy on complaints:

Domain		Grade (before treatment)	Grade (after treatment)
Function	BASFI	5.7	0.3
Pain	NRS	7	1
Affected peripheral joints	Peripheral joint count	2	0
Stiffness	NRS	5	0
Enthesitis	MASES	4	0
Acute phase reactants	ESR	116	11
Fatigue	BASDAI	7	1.2

NRS: Numerical rating scale; MASES: Maastrich Ankylosing Spondylitis Enthesitis Score

Table-5: Assessment of quality of life parameters:

Parameter	Before treatment	After treatment
BASFI	5.7	0.3
BASDAI	7	1.2
ASDAS- CRP(link) 1	4.2	1.1
ASQoL questionnaire	2	0

Table-6: Blood parameters:

Blood parameters	Before treatment	After treatment
ESR	116	11
CRP	22.86	2.1
Hb	11.6	12.9

RESULTS AND FOLLOW-UP:

Considerable relief in signs and symptoms was noted after 40 days of treatment, as shown in [Table-1]. Considerable improvement in spinal mobility and the ability to climb stairs easily was reported by the patient by the end *Virechana* itself. By the end of the treatment, the patient felt completely normal while walking with mild, negligible pain in the knee while climbing stairs. Upon assessment, before discharge, the patient reported complete relief from stiffness and pain in the low back. There was a reduction in fatigue, which reduced to 1.2 from 7 in the BASDAI scale. BASFI score showed a reduction to 0.3 from 5.7. The disease activity assessed by ASDAS-CRP also reduced from 4.4 to 1.1, as shown below. [Table 4][Table 5-6]. On follow-up to date patient has had no recurrence of any of the symptoms.

DISCUSSION:

Cases of AS are mostly diagnosed as *Kati-prishtha-trika graha* because primarily sacroiliac joint is affected, but AS can also include cases where peripheral joints are also involved. The patient in this case presented with pain in the lower back associated with stiffness, which persisted throughout the day, along with other joint pain, such as knee and ankle and hence was diagnosed as *Amavata*. As there was involvement of *Ama* and considering the involvement of *Vata*, the treatment protocol began with *Rukshana* (dry fomentation), then *Snehana*, *Swedana* (fomentation), *Sroto shodhana*, and pacification of morbid *Vata*. Procedures like *Sarvanga Choorna Pinda Sweda*, *Sarvanga parisheka*, and *Upanaha* were adopted to address the *Ama* (toxins). This also helps to pacify *Vata* and *Kapha* dosha. *Indukantha gbrita*, mentioned in the *Sahasrayoga* text, is indicated for *Balavardhanam* and hence was selected for *Snehapana* and *Virechana* was done with *Nimbamruthadi erandam*, which is the best for *Vata* situated at *sandhi, asthi,*

majja. Though his symptoms subsided completely after *Virechana*, *Basti* was administered after *Samsarjana krama* to arrest the *Vata* vitiation in future. In this particular case, *Balaguduchyadi basti* in *Yogabasti* protocol was administered and completed in 5 days^[17] by giving *Anuvasan basti* on the same day of *Niruha basti*. The patient refused *mamsa rasa* usage in *Niruha basti* and hence it was substituted with *Masha Kwatha* (decoction of *Urad Dal*) for *Brimhana*. Doing the *Anuvasana* on the same day of *Niruha Basti*, prevented the *Vata prakopa* and also reduced the number of days[Table-3]. On the days of *Basti*, *Sarvanga abhyanga* and *Swedana* were performed and *Basti* was given on all days. And on the days of *Niruha Basti*, the patient was advised food in the evening, and *Sthanik Abhyanga* and *Swedana* were performed before administration of *Anuvasana Basti*.

To manage further, *Shamana aushadha*, including *Rasnasaptaka Kashaya*, *Trayodasanga guggulu* and *Chyavanaprash* at bedtime, were advised. *Rasnasaptaka kashaya* is indicated in *Janghagraha* (stiffness in thighs), *Kati graha* (stiffness of the lower back), *Parshva peeda* (pain in flanks), *Prishtha peeda* (pain in back), *Uru peeda* (pain in thighs), and *Jeerna amavata* (chronic rheumatism due to *Ama*-undigested material).

The treatment was targeted at removing *Ama* (undigested material) and later on pacification of *Vata dosha*. In this particular case, his pain and stiffness got considerable relief. His difficulty in walking was resolved. He was able to bend down, climb stairs and do all his activities normally. His physical and mental health improved as revealed by the assessment parameters.

CONCLUSION:

Management of each case of Ankylosing Spondylitis will be different in Ayurveda depending upon the individual, chronicity of the disease etc. So, from an Ayurvedic

perspective, there is no common treatment protocol for AS. But sharing a successful case can surely give a ray of hope to AS patients because most of the affected individuals are young, and the disease takes a toll on their academic, professional performance and personal life. It consequently results in anxiety, which results in poor mental health. When the conventional healthcare system is not so promising, an early Ayurvedic intervention might help to arrest the disease progression.

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Limitations of study:

This is only one case study, means it describes a single patient's experience, limiting the generalizability of findings.

Strength of study:

The article suggests a possibility of full recovery from AS, if treated at onset.

Consent of the patient:

Informed written consent has been taken from the patient during enrolment for treatment and publication of the data without disclosing the identity.

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