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A Case Study on Ankylosing Spondylitis

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ABSTRACT

Ankylosing spondylitis is an inflammatory disease of unknown origin which primarily affects the axial joints. Among all the spectrum of Spondyloarthritides (SpA), Ankylosing spondylitis is a clinical challenge for physicians due to its progressive nature and quick formation of permanent deformities. Moreover, the younger age groups are more affected which leaves them de-capacitated and marginalized at an early age. The mainstay of treatment in Western Medicine consists on Immunosuppressive therapies and NSAIDS. The symptomatic relief offered by these agents comes with a bigger cost of serious side effects like recurrent infections, demyelinating disorders, SLE, liver diseases etc. with their long term side effects still unknown. Presenting here case of a 22 yr old male with Ankylosing spondylitis who was on systemic steroids, NSAIDS, and Immunosuppressives. Treatment was planned on the lines of *Amavata* with *Simhanada Guggulu Leha* (SDM Pharmacy), and courses of *Kshara Basthi*. Over a period of 6 months of IPD and OPD treatment, all the Western medications were stopped and the patient is totally asymptomatic with *Ayurvedic* medications. The patient was brought back to mainstay of life instilling hope and poise.

KEYWORDS

Ankylosing spondylitis, Amavata, Simhanada Guggulu Leha, Kshara Basthi, Agnichikitsa Lepa, Nadeesweda



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INTRODUCTION

Spondyloarthritides are a group of disorders with certain similar clinical presentations and genetic predispositions working on a common pathogenic mechanism. These disorders encompass Ankylosing Spondylitis (AS), Reactive arthritis, Psoriatic arthritis, Enteropathic Arthritis, Juvenile onset Spondyloarthritis and Undifferentiated Spondyloarthritis. AS is a systemic disorder usually beginning in the second or third decade of life with more prevalence in males. The etiological factors of AS are unknown. The pathogenesis is immune mediated and is incompletely understood till date. Sacro-ileitis is often the earliest manifestation of AS as seen in this patient. The course of the disease can range from mild stiffness and radiological sacro-ileitis to a totally fused spine with peripheral arthritis and extra articular manifestations. Some studies suggest that, adolescent onset and early hip involvement are bad prognosis. There is no cure in the western medicine. The therapy is directed towards pain relief and prevention of deformities. NSAIDs has been the major pharmacological therapy for AS. Sulphasalazine is the drug of choice as a disease-modifying agent. The latest advent in the treatment of AS has been therapeutic blockade of tumor necrosis

factor-alpha (TNF-alpha). It shows improvement in clinical and laboratory parameters but carries an increased incidence rate of adverse events and are not indicated in all cases of AS.

CASE STUDY

A male patient aged about 22 years first consulted SDM Ayurveda Hospital Udupi, in the month of July 2017 with multiple joint pain and severe debility barely able to walk.

The patient was apparently normal till August 2016. He developed mild pain in the left hip joint, more on lifting heavy objects. He ignored it for a month, but consulted an Orthopaedician when the pain gradually became persistent throughout the day. An MRI was done which revealed bilateral acute sacro-ileitis and was advised HLA B-27 analysis which came positive. He was referred to a rheumatologist for further management. As pain gradually increased in severity in the left hip area, he was prescribed with pain killers (Etoricoxib 120mg/day) and Folic acid supplements for a month. During the course the pain gradually developed in the right hip area along with severe debility. Since the pain was increasing in severity, he was started with DMARDs (Sulphasalazine). The pain progressed to the knee joints and the dose



of NSAIDs was further increased. The complaints subsided for a while but regressed over short period progressing to the ankle joints and severe restriction of lumbar movements. He was started with corticosteroids (Methyleprednisolone 2mg/day) and the pain subsided for a short duration, but eventually progressed to both the shoulder joints and smaller hand joints. Due to poor response to the conventional therapy, possibility of TNF alpha therapy was considered but was not administered due to poor indication after a HLA-b locus sequencing. By the time the pain was severe in almost all the joints with severe debility restricted the patient mostly to the bed.

Approached our hospital in the month of July 2017, with pain and swelling in all the peripheral joints more in the early morning and late night hours along with severe debility. A detailed history was taken; there was no family history of any autoimmune spectrum of diseases. Hematological investigations showed Anemia (Hb-7 gm%) and raised ESR(>100 mm/1hr) signifying the disease activity. The patient was analyzed on Ayurvedic lines and a treatment plan was formulated.

TREATMENT PROTOCOL

1st COURSE (7 DAYS):

- The patient was admitted in the IPD on July 2017 and was internally

administered with *Simhanada Guggulu Leha* (SDM Pharmacy) 5gm in the morning, empty stomach; *Tab Mrityunjaya Rasa* (SDM Pharmacy) 200mg TID, *Tab Gokshuradi Guggulu DS* (SDM Pharmacy) 750 mg TID and *Tab Abraloha* (Dootpapeshwar) BD. Course of *Dashamoola Kshara Basthi (Anuvasana with Brihatsaindavadi Taila)* was given along with *Sarvanga Agnichikitsa Lepa, Upanaha* to the joints with *Upanaha Choorna* (Vaidyaratnam Oushadhalaya) and *Sarvanga Nadeesweda* without *Abyanaga* with *Dashamoola Kwatha*. He was put on a strict diet of Rice gruel twice daily and *Krishara* in the afternoon.

- By the end of first IPD sitting, NSAID was tapered to one dose in the night, steroids to alternate days and *Tab Sulfasalazine* was stopped.

- On discharge, the oral medications were continued and *Tab Rheumayog with gold* (Zandu Pharmacy) was added in the afternoon to aid the tapering of analgesics.

2nd COURSE (7 DAYS):

- On the next follow up after 30 days the condition had not improved considerably but neither did worsen despite the withdrawal of drugs. The second course of treatment was planned with *Vaitarana Basti (Anuvasana with Brihat Saindavadi Taila)*, *Agnichikitsa Lepa, Sarvanga*



Nadeeswda and *Upanaha*, continuing the internal medications and adding *Amrutarishta* 15ml BD.

- By the end of the course he found significant relief from symptoms and had pain only in the lowback and shoulder joints. Considering the response, steroids were further tapered to once in 5days, and NSAID to half tab in the night and was discharged with the same oral medications.

3rd COURSE (7 DAYS):

- On the next follow up after 45 days, the severity of pain had reduced and only had mild pain in the lowback and shoulders. In the third sitting, he was planned *Erandamoola Kshara Basti (Anuvasana with Brihat Saindavadi Taila)*, *Agnichikitsa Lepa* and *Upanaha* with *Kolakulathadi Choorna*.

- The patient was discharged with the same oral medications, steroid was stopped and NSAIDS half tab in 2 days.

On the next follow up after 45 days there was no pain in any joints and signs of disease activity and the patient had himself stopped the pain killers.

DISCUSSION

The major challenging factor in the management of this case was the prolonged intake of Steroids, NSAIDs and DMARDs. It was a precisely calculated job of adding

our medications and simultaneously tapering the western medicines without causing exacerbation of symptoms. *Simhanada Guggulu Leha* was the drug of choice because the yoga has *Erandataila* and does *Nityavirechana* in par with *Agnideepana*. It is also a *Vyadhi Pratyanka* as it is mentioned in the *Amavatarogadhikara* of *Bhaishajya Ratnavali*¹.

*Mrityunjaya Rasa*² and *Amrutarishta*³ is mentioned in the context of *Jwara Chikitsa* is selected due to its role in the management of *Rasa Prasodhaja Vikara*. Further, *Hingula* and *Vatsanabha* are the major ingredients of *Mrityunjaya Rasa* known for its *Amahara* and *Shulahara* properties which also act as anti-inflammatory. *Gokshuradi Guggulu* finds its reference in *Sharangadara Samhita*⁴ and is indicated in *Vatavyadhi* which is also having added effect of *Shothahara*, *Vedanasthapaka* and *Rasayana*. *Gokshura-Shunti Prayoga* is mentioned in *Sharangadhara Samhita* as a treatment modality for *Amavata*.

AGNICHIKITSA LEPA³: This is popular as *Alepa*, which is practiced since ages in our hospital for those ailments which are originated due to *Ama*. The above said clinical case also had predominance of *Sarvadaihika Ama* and hence the initial treatment protocol for *Ama Pachana* was started as *Alepa/ Sarvanga Agnichikitsa*



Lepa. The properties of the drug possess *Ushna* and *Teekshna* (*Sarshapa*, *Maricha*, *Lavanga*, *Haridra*, *Nirgundi*, *Lasuna*, *Agnimandha*, *Parpata*, *Tulasi*, *Banda*), which helps in relieving pain and swelling thereby ensuring *Amapachana* along with *Agni Deepana*. In this manner the initial treatment for *Sarvadaihika Ama* was accomplished.

NADEE SWEDA: The next protocol for the treatment of *Ama* was to administer *Swedana*. The selection of *Sweda* in this disease was *Ushma Sweda* in the form of *Nadeesweda* with *Dashamoola Qwatha*. The properties of *Swedana* drugs possess *Ushna*, *Ruksha*, *Laghu Guna* which after administration in the form of *Sweda* will ensure the effect of *Shothahara* and *Shulahara*, *Stambhahara* action. This was benefitted to the patient to get rid of pain, stiffness and swelling and also in improving the range of movements.

DASHAMOOLA⁴ KSHARA BASTI: When the *Chikitsa Sutra* of the disease *Amavata* was considered there is a mentioning of *Kshara Basti*. The idea of treating the patient with *Basti* lies in the fact that the *Udhhava Sthana* of the *Vyadhi* has to be approached. This can be accomplished by planning 3 consecutive *Kshara Basti* along with *Anuvasana* with *Brihat Saindavadi Taila*. The main aim is to eliminate the *Kapha Dosha* associated with

Vata Dosha in the origin of this disease *Amavata*. This was planned in the form of *Kala Basti* wherein 6 *Kshara Basti* was administered. The significant improvement in pain and stiffness was attributed to the *Basti Chikitsa* in the form of its prolonged effective management of pain, swelling, stiffness with improvement in the range of movement which was helping the patient to move for a significant distance.

VAITARANA⁵ BASTI: One of the variant of *Kshara Basti* is *Vaitarana Basti*. The intention of giving the name to this *Bastias Vaitarana* refers to the name of the river as explained in the *Purana*. Here by administering this *Basti*, the agony in the patients of *Amavata* can be reduced by as narrated in the *Phalashruthi* as *Shula Anaha* and *Amavatahara*. The same was observed in this patient. As this *Basti* was administered, totally the duration and the intensity of the pain which was explained by the patient was significantly reduced.

ERANDAMOOLA KSHARA BASTI: The patient of *Amavata* after certain time presents with *Vataja Ruja* which can be tackled through *Erandamoola Kshara Basti*. The best response was found in pain relief in the 3rd course of *Basti* treatment.

CONCLUSION

ShastrasahitaTarka: Sadhananam (JnanaSadhananam)



Classics give us the base to encounter those diseases which are said to be challenging or incurable as per the western medicine. After adopting the proper method of diagnosis through different *Pareeksha* and espousing the *Chikitsa Sutra* of the disease at appropriate stages, complete treatment with no relapse of the disease can be achieved which was evident in this case study. *Simhanada Guggulu Leham* used in this case study instead of routine Tablet *Simhanada Guggulu* which has provided *Nityavirechana* effect in a minimum dose of 5gms per day made a significant difference in the outcome of the total therapy.

BIBILOGRAPHY

1. Kaviraj Shri Govindadasa & Sidhinandan Mishra(Ed). (2015). *Bhaishajya Ratnavali*. Varanasi: Chaukamba Sanskrit Surabharathi Prakashan.
2. Sarangadhacharya & Srikanta Murthy(Ed). (2012). *Sharangadhara Samhita*. Varanasi: Chaukamba Sanskrit Surabharathi Prakashan.
3. Unique and special preparation prepared in SDM Ayurveda Hospital, Udupi.
4. Agnivesha, & Vaidya Jaadavji Trikamji Acharya(Ed.). (2009). *Charaka Samhita*. Varanasi: Chaukamba Sanskrit Surabharathi Prakashan.

5. Sri Chakrapanidatta, & Vaidya Ravidatta Shastri (Ed.). (2006). *Chakradatta*. Varanasi: Chaukamba Sanskrit Surabharathi Prakashan.