

**“Effect of *ayurvedic* formulations in the management of
Ankylosing spondylitis- A case study.”**

Subhash B.jamdhade¹, S.K. Jaiswal², Swati S. Tayade*³, Pradnya S. Jamdhade⁴

1. Associate professor
2. HOD and Professor
3. P.G. Dept. of Kaychikitsa,
4. P.G. Scholar

Dravyaguna Dept., D.M.M. Ayurved College, Yavatmal, Maharashtra, India

***Corresponding Author:** tayadeswati957@gmail.com

Abstract:

Ankylosing Spondylitis is auto immune Disorder. It is incidious onset. Ankylosing spondylitis (A.S.) is generally easy to diagnose when the characteristics findings of the “Bamboo” spine And fused *Sacroilliac* joints are present on radiograph. limitations on spinal cord, normal movement not done properly. Also the diagnosis of *ankylosing spondylitis* (AS) requires good detective work on the part of doctor, as there is no test that will guarantee a 100 percent confirmed diagnosis. Rather, a doctor must consider

a person’s symptoms ,physical examination, and medical tests like X-rays and blood work to make the correct diagnosis.

In this Ancient literature ankylosing spondylitis described in detail along with cause, symptoms ,history, complication and management.

Here is case report of 27 yrs old female diagnosed Ankylosing Spondylitis, who was treated with ayurvedic formulations, which gives effective result in its management .

Keywords : *Basti, matra basti, kshar basti, merudand basti, Manya basti.*

Introduction:

Ankylosing spondylitis (AS) is the prototype disease within the spondyloarthropathies (SPA). its seronegative type.

Ankylosing means fusion this describes the spine fuse together, spondy –spine and itis means inflammation of Axial skeleton. It is auto immune disorder based on cross activity between bacteria and HLA B27. It is estimated that AS affects about 0.5% of the population. And male female ratio is roughly 2.5:1, Ankylosing spondylitis Most commonly seen in patient age group 15-25yrs.in AS Rheumatoid factor negative. In investigation ESR, CRP Raised but may be normal. Serum rheumatoid factor is usually negative. If positive it is not present in high titer.

There is insidious, progressive involvement of spinal joint (sacroilitis) present in Spine. Movement of the joint Restricted due to pain and stiffness, later there is kyphosis and progressive *ankylosis*. muscle spasms and atropy may be present. In AS accompanying features are Anterior Uvetis (iritis)-

redness inflammation and pain. *Aortitis* present. in posture of spine increased cervical *lordosis* and ‘*Bamboo Spine*’ present.

In modern medical science AS has symptomatic treatment only, which can cause recurrence of disease. *Ayurved* text treatment of AS very well. *Basti Manya basti, merudand basti, kshar basti* and other *vatnashak chikitsa*. some *ayurved* formulation are also useful in *Ankylosing spondylitis*.

It is one attempt to manage and treat AS with some *Ayurvedic* formulation which gives effective result.

❖ A Case report:-

A 27 yrs old female patient came to OPD of *Kaychikitsa* department of L.K. Ayurvedic Hospital, *yavatmal* with chief complaints of-

1. *Manyastambh (stiffness of neck)*
2. *Manyashotha (inflammation on neck)*
3. *Katishoola (lumber pain and stiffness)*
4. *Prushthshoola (Back ache)*
5. *Jwarapravrutti (continuous low grade fever)*
6. *Daurbalya (weakness)*
7. *Aagnimandya (anorexia)*
8. *Aruchi (loss of appetite)*

Patient having above complaints since 5 yrs

❖ Past history

N/H/O – HTN and DM

No any H/O Major illness.

H/O Typhoid and PPH (post *partal* haemorrhage since 5 yrs before)

❖ History of personal illness:-

The patient was normal before 5 years ago. before 5 yrs ago patient having normal delivery (PPH) , after that ,since then patient has been suffering from Manyashoola, Manyastambha, prushthshoola, Katishoola Limitations on free movement of neck , back and lumber region, *Aagnimandya*, *Daurbalya*, *Jwarapravrutti* , limitations in normal movement , morning stiffness.

For *ayurvedic* treatment patient came to our Hospital L.K. Ayurvedic Hospital *yavatmal* in OPD of *kaychikitsa* Department, we admitted patient in IPD Section for further treatment.

❖ *Rugna parikshana*:-

01. *Nadi (pulse)*: 74 /min
02. *Mala (Stool)*: *Samyak*
03. *Mutra (Urine)*: *Samyak*

04. *Jivha (tongue)*: *saam (coated)*

05. *Shabd (speech)*: *Spashta*

06. *Sparsha* :*Ushna*

07. *Druka (eyes)*: *No icterus*

08. *Akriti* :*Krusha*

09. *Bala* : *hin*

10. *Raktadab (Bp)*:*120/70 mmhg*

11. *Weight*: *44kg*

12. *Temperature* :*100 f*

13. *Nidra (sleep)*:*Alpa*

Investigation:

Hb: 10.5%

TLC: 9550/cumm

Platlet count : 3.40 lack/cumm

DLC: P-57%, L-39%, E-02%, M-02%,
B-06%

ESR:36mm/hr

BSR: 87mg/dl

Bld Urea -29mg/dl

Sr.creatinine-1 mg /dl

Sr.Uric acid- 5mg/dl

RA test :-Slightly positive (Titer-16)

CRP test:-positive (titer-2.4)

ASO test :- negative (titer- 200)

Method:

01. A case study

02. center of study: Post Graduate Department of *kayachikitsa* L.K.Ayurved Hospital,*Yavatmal* ; affiliated to D.M.M. Ayurved College *Yavatmal*.

❖ **Material: Showing Material of case study:****Table no 01.**

Sr. no.	Dravya	Dose	Duration	Anupan
01	<i>Punarnava guggul</i>	500 mg	Twice a day	Warm water
02	<i>Vatvidhvansa rasa</i>	250 mg	Twice a day	Warm water
03	<i>Sinhanad guggul</i>	500 mg	Twice a day	Warm water
04	<i>Aamvatari rasa</i>	1 tab.	Twice a day	Warm water
05	<i>Dashmul churna</i> <i>Rasna churna</i> <i>Guduchi churna,</i>	Each 1 gm	Twice a day	Warm water
06	<i>Guduchi Dashmul</i> <i>kwath</i>	15 ml	Twice a day	
07	<i>Swadishta virechan</i> <i>churna</i>	3gm	Hs	Warm water

❖ **Shodhan Chikitsa**

Sr. no.	procedure	Dose	Duration	Drug
01	<i>Matra basti</i>	60 ml/day	7days	Bruhat Saindhvadi Tail
02	<i>Physiotherapy</i>		Long term	
03	<i>Langhan</i>	Taking Warm water		
04	<i>Swedana</i>	LA	Once a day	Valuka pottali
05	<i>Manya basti</i>	LA	Once a day- 15 days	
06	<i>Merudand Basti</i>	LA	Once a day- 15 days	Mahavishgarbh Tail
07	<i>Bahya snehana</i>	LA	Once a day	Vishgarbh tail
08	<i>Yog basti</i> (<i>matra/Kshar</i>) <i>alternate days</i>		Once a day- 7 days	

Table no 2❖ **Mode of action of formulation used in Chikitsa**

Sr. no.	Dravya /Karma	Mode of action/Use
01	<i>Punarnava guggul</i>	<i>Anti inflammatory, anti Arthritic Properties, analgesic.</i>
02	<i>Vatvidhvansa rasa</i>	<i>Aampachan, Vedana prashman Jwara nashak.</i>
03	<i>Ekanagawir rasa</i>	<i>Tikshna , Rasayana, Anti aging.</i>
04	<i>Aarogyavardhini vati</i>	<i>Agnideepana ,sarvrognashan</i>
05	<i>Sinhanad guggul</i>	<i>Aamshodhana, shothahar, vedanasthapan.</i>
06	<i>Aamvatari rasa</i>	<i>Aampachak, deepana, pachana vedana shamana</i>
07	<i>Dashmul churna</i> <i>Rasna churna</i>	<i>Balance vata, support joint, balance Vata Kapha</i>

	<i>Ashwagandha churna, Punarnava churna.</i>	
08	<i>Guduchi Dashmoola Kwath</i>	<i>Balance Tridosha</i>
09	<i>Swadishtya virechan Churna</i>	<i>Mruduvirechak, Vatanulomak</i>
10	<i>Mahavishgarbh Tail</i>	<i>Pain Reliver ,decrease Swelling</i>
11	<i>Swedana (Valuka Pottali)</i>	<i>Ruksha sweda,for pain reliving and decrease swelling.</i>
12	<i>Langhan</i>	<i>Aampachan</i>
13	<i>Basti Karma</i>	<i>For vata dosha balancing Aampachnarth Aamyukta vata Nirhanarth. *Basti Dravya absorb through Mucosal capillary – goes micro and Macro cellular level disturb pathogenic process i.e.Aam dosha nashan Normalise Strotasa and Agni Aam expelled out with basti Dravya start normal body physiology.</i>

❖ **Table no. 3**

❖ **Showing changes in investigation before and after treatment**

Test	Before treatment	After treatment
Hb%	9.2 gm%	10.5 gm%
TLC	9550/cumm	8420/cumm
ESR	36mm/hr	30mm/hr
Platelet count	3.40 lack/cumm	3.17 lack/cumm
CRP test	Positive (titer-2.4Iu/ml)	Positive (titer 1.2)
RA Test	Slightly positive (Titer-16)	Negative (titer-8)
Aso test	Negative	Negative

Discussion:-

01) Hetu:

1. Aahar

- Fried food, curd, ice-cream (sheet Padarth).
- Fruit Salad (viruddhanna), Fermented food, (idali), basundi, havy food(not easy to Digest)

2. Vihar

*-Divaswap, Ratri jagran
(NidraViparyay)-irregular Sleep*

3. Manas Hetu

*-Kama ,Chinta, Bhay, Krodh,
shok etc.*

02) Samprapti Ghatak:

Dosha: Vata & kapha

Dushya: Rasa, Asthi, majja, mala

Strotas: Rasavaha , asthivaha, Majjavaha purishvaha, Udakvaha

Adhishthan: Asthi, Sandhi

Vyaktisthan: Asthi, Sandhi

Conclusion:

On the basis of Above Discussion it can be conclude that Ayurvedic formulation basti karma can give Significant Effect on disease like Ankylosing Spondylitis (AS).

In Ankylosing Spondylitis mainly Vata, Kapha dosha & Aama is Vitiated we use punarnava Guggul, Vatvidhvans, Ekangvir, guduchi Dashmool Kwath, Valuka Pottali Sweda ,Laghan for Aampachan and decrease Strotorodh Bruhat Saindhvadi Tail Matra basti, manya basti, merudand basti. Its help for Vatashaman & Aampachan, support joints.

Shows good Result in Ankylosing Spondylitis and proper maintain the spine function.

References:-

1. Davidson's Principles and practice of Medicine 19 th Edition –Christopher Haslett, Edwin R. chillers, Nicholas A. Boon, Nicki R. Colledge. Chapter- Musculo Skeletal Disorders Page no. 1008,1009.
2. Vd.priyavat Sharma dravyaguna vigyan part -2 editor prof. P.V. Sharma, published by chaukhamba bharti academy, Varanasi, 16 th edition ,reprint 2016.
3. Journal of Ayurveda and integrative medicine 2010 ,Mukesh Edavalath jul-sept; 1(3):211-214
4. Sastri L. Yogratakara .Varanasi: Chaukhamba Sanskrit Samsthan; 2002.
5. Sastri R.Bhaishajya Ratnavali of Govind Das Sen .Varanasi : Chaukhamba Sanskrit Bhavan ;2002.
6. Boonen A,van der Linden SM. The Burden of ankylosing Spondylitis.J Rheumatol Suppl.2006; 78:4-11 (pubMed)
7. Nishteshwar K,Vidyanath R. Varanasi: Banaras Ayurveda Series ; 2008 P.18

Cite this article:

“Effect of ayurvedic formulations in the management of Ankylosing spondylitis- A case study.”

Subhash B.jamdhade, S.K. Jaiswal, Swati S. Tayade, Pradnya S. Jamdhade

Ayurline: International Journal of Research In Indian Medicine 2019; 3(3) : 1-6