e-ISSN: 2456-4435
September 2019 | Vol. 03rd | Issue:4th
International Journal of Research in Indian Medicine

Effect of *erandmooladi niruha basti* in the management of *ankylosing spondylitis* – a case study

Jadhav Aarti Baban*[1], Nandedkar Sanjay B[2]

[1] P.G.[Scholar],

[2] H.O.D. and Professor, Email - sanjaybnandedkar@gmail.com

Dept. of Agadtantra, Y.M.T. Ayurvedic Medical College & Hospital,

Kharghar, Navi Mumbai., Maharashtra, Inida.

*Corresponding author: Email - aartijadhav531@gmail.com; Contact no.9821352683

ABSTRACT

Ankylosing spondylitis is a chronic inflammatory rheumatological disease, most commonly begins in the second and third decade of life. it is predominantly affecting the axial skeleton causing spinal pain, stiffness and fatigue that can already associated with significant loss of function, work disability and impaired quality of life early in the disease. it can cause an overgrowth of bones, which may lead to abnormal joining of bones called Bony fusion. there is no satisfactory therapy has been developed in mainline stream for this problem. The clinical features and samprapti of Gambhir Vaat rakta can be correlated with Ankylosing Spondylitis with the reference of Ashtang hridaya. In this case report, we are demonstrating that basti karma with Erandmooladi niruha and Ayurvedic medicines may be helpful to stop overgrowth of bones, relieve the pain, stiffness and improve quality of life of that patient.

Keywords: Ankylosing spondylitis, Gambhir Vaat rakta, Erandmooladi niruha, Bony fusion.

INTRODUCTION

Ankylosing Spondylitis [AS] is an inflammatory spondylo-arthropathy disorder of unknown cause with prevalence rate of 2 to 3 %, it primarily affects the axial skeleton; especially the sacro-iliac joints; it may also involve the shoulder and hip-joints and sometimes other large joints of the arms or legs. The disease usually begins in the second or third decade; the male to female prevalence is approximately 3:1. In clinical manifestation the symptoms of disease are usually first noticed in late adolescence or early adulthood. Initially there is a complaint of transient pain or stiffness in the back or limbs for some weeks or months; at this stage there may be a swollen joint such as knee joint or ankle. In the second stage there is great pain and stiffness in the back, lumbo-sacral spine, may be in the buttocks and in the distribution of sciatic nerves.

Sooner or later all the spinal joints are involved, and pain may radiate along the intercostals nerves to the chest or abdomen. After a period of years, the spine becomes more and more fixed and immobile; the most specific findings involve loss of spinal mobility with limitation of anterior and lateral flexion and extension of lumbar spine and chest expansion. There is initially osteoporosis and later reossification with obliteration of the joint spaces with calcification of vertebral joints, edges of the intervertebral discs and spinal ligaments.

Based on hetu-nidan and clinical features in ayurveda, the disease is diagnosed as Gambhir vaatrakta. There is dominance of vat dosha with raktadushti. Patient of AS were treated with Erandmooladi Niruha Basti along with internal medicine. After completion of treatment, the result was excellent. Ayurvedic therapies provided marked relief from pain, stiffness, and fatigue, helped to improve quality of life.

ETIOLOGY AND PATHOGENESIS

According to modern, the pathogenesis of AS is incompletely understood but is almost certainly immune mediated. The initial changes in the joints are in the synovial membrane, with a later spread to the capsule of the joints which become fibrosed and later calcified. There is a family tendency to rheumatoid disease in number of cases, and AS was formerly classified under rheumatoid arthritis but is now recognized as a separate entity because it is very frequent in young men. The site of ligamentous attachment to bones is thought to be the primary site of pathology in AS, particularly in the lesion around the pelvis and spine. Enthesitis is associated with prominent edema of the adjacent bone marrow and is often characterized by erosive lesions that eventually undergo ossification.

According to Ayurveda, hetu and clinical features of the patient can be correlated to the Gambhir vatrakta with the reference of ashtang hridaya. After the hetu sevana, aggravated vaat is obstructed by vitiated and aggravated blood. There is vata dominance with raktadushti, involvement of sandhi, asthi, majja and immobility of the joints with severe cutting pain. These are already described in the ashtang hridaya under the clinical features of gambhir vatrakta which resembles clinical features of ankylosing spondylitis.

CASE PRESENTATION

A male patient aged 35 years, living in Mumbai [Maharashtra], came to our private opd (I–24/18) of Ayurvedic Chikitsalaya and Panchakarma center, Nehru nagar, Kurla East, Mumbai [Maharashtra] on 15/01/18, diagnosed with ankylosing spondylitis since the year of 2013.

HISTORY OF PRESENT ILLNESS

The patient states that, he was quite well 7 to 8 years back. Since then, he has been suffering from pain and stiffness in the neck, back, lower back region and hip joint for the 5 to 6 years. Initially pain and stiffness was mild but since 3 to 4 years it became severe. Patient also had associated symptoms like disturbed sleep and routine work, difficult to walk and move, fatigue, constipation. He had gone through 4 years of Allopathic treatment, but he did not get permanent relief. Therefore, he consulted for the Ayurvedic medication.

PAST HISTORY OF THE PATIENT

Previous surgical history for left sided renal calculi in 2013.

FAMILY HISTORY

Family history revealed that there was no such a complaint ever in the family.

GENERAL EXAMINATION

On the general examination, pulse rate was recorded to 86/min, BP was 140/95 mmHg; whereas the body temperature was recorded to 98^0 F. On the systemic examination, no abnormality was detected in the Cardiovascular, Respiratory, Nervous and Gastrointestinal system. Prakriti of the patient was diagnosed as pitta-vataj while nadi was Vaatadhik-tridoshaja. On other examination there were complaint of Vibandh-mal kathinya with pravahan, Agni -mand, Nidra –alpa, khandit, Jivha-saam, Mutrapravrutti - avishesh, bala-madhyam.

EXAMINATION OF LOCOMOTOR SYSTEM

Movements:

Neck

- Flexion- Slightly possible
- Extension- Slightly possible
- Rotation- Absent

Lumbar

- Lateral Movement- absent
- Backword bending-slightly possible
- Forward bending- slightly possible

TESTS

SLR Test - Negative

Schobar's Test - Positive

INVESTIGATIONS

Patient came with following investigations.

1. CBC – Within normal limits
2. Anti-Nuclear Antibody by Immunofluorescence – Result weak positive
3. HLA B-27 test – Positive
4. Serum Uric Acid – 7.4 high

STUDY DESIGN

Based on symptoms, first oral medicines were given for Aampachan and to relieve constipation for a time period of 14 days. After 14 days, further treatment was carried out with Erandmooladi Niruha Basti and sahacharadi tail in kalabasti schedule (16 Days) as per Charak acharya. along with oral medicines [Table 3]. Assessment of the patient was done at the interval of the 16 days. The subjective assessment was done on the basis of scoring pattern [Table1, 2]. During treatment patient was advised Pathya-apathya. He was also encouraged to practice regular yoga.

Visual Analogue Scale [VAS] For Subjective Assesment

Table No.1

Grade	Joint movement	Stiffness
4	-	Whole day and night
3	No movement	After long sitting and walking
2	Restricted with severe pain	Almost 30 mins.
1	Partially restricted	Occasionally present
0	Normal movement	No stiffness

Table No. 2

Grade	Pain
10	Agonizing
9	Unbearable
8	Horrible
6	Dreadful
4	Uncomfortable
2	Annoying
0	None

TREATMENT

The main treatment of AS is aimed to relieve the pain and stiffness, prevent further overgrowth of bones, bony fusion, improvement in functional capability and quality of life of that patient. In this case, the main treatment used was Basti. Erandmooladi niruha basti, sahacharadi tail for anuvasan basti as well as for sarvang snehan, bashpa swed of dashmool bharad and nirgundi patra kwath are seen to be very effective in arresting the progress and improving the functionality in patient with AS. The medication and procedures applied in the present case are given in Table 3.

Table No. 3

Medication and procedures applied in the present case

S.NO.	Procedures and medicines	Dose	Time	Time period
1	Sarvang snehan with Sahacharadi taila	As Required	45 mins.	16 Days
2	Sarvang Bashp sweda with Dashmul bharad + Nirgundi fresh patra decoction	-	15 mins.	16 Days
3	Basti kram - Anuvasan Basti with Sahacharadi taila - Niruha Basti with Erandamooladi	(10 sittings) 120 ml (6 sittings) Approx. 1100 ml	-	16 Days
4	Eranda Taila	20 ml	HS	14 Days
5	Shaddharan yog	5gm	BDx Am with Lw	14 Days
6	Kaishore Guggul	250 mg	TDS x Am with Lw	30 Days
7	Guduchi Swaras	20 ml	OD x Empty stomach	30 Days
8	Gokshuradi Guggul	250 mg	TDS with Lw	30 Days
9	Rasnadisaptak Kwath	20 ml	BD x Bm with equal part of Lw	30 Days

Keys: HS = at bedtime, TDS =Three times a day, BD = Twice a day, OD = once a day, Am = after meal, Bm = before meal, Lw = Lukewarm water

RESULT

The pain assessed by visual analogue scale [VAS], where "0" represents no pain and "10" is severe. The range of movement and stiffness were assessed subjectively.

On the first day of consulting, pain graded as "9" and stiffness graded as "3". Range of movement graded as "2" on VAS. After completing the Sarvang Snehan Swedan and Erandmooladi niruha basti treatment for 16 days [kalabasti], pain and stiffness reduced to grade "2" and range of movement reduced to grade "1". Patient had marked improvement in the symptoms.

Table No. 4

Observation before and after treatment			
Sr. no.	**Symptoms**	**B.T.**	**A.T.**
1	Pain	9	2
2	Stiffness	3	2
3	Joint movement	2	1

Keys: B.T. = Before Treatment; A.T. = After Treatment

DISCUSSION

Ankylosing spondylitis [AS] is an inflammatory spondylo-arthropathy disorder of unknown cause. For this patient, history of Hetusevana was vidahi, viruddha, abhishyandi annpan sevan with jagaran and atichankraman kriya. As per Ayurveda, AS can correlate with Gambhir vatrakta, which is having dominance of vata with raktadushti. In this case, the line of treatment was sarvang snehan, swedan and basti karma including oral medicines; which helps to relieve pain, stiffness and improve the functional capability. Kala basti is indicated in patients of pitta predominant diseases and of madhyam bala.

In Ashtang hridaya it is already described that there is nothing equal to Basti in the treatment of vatrakta, especially for those who have pain in the rectum, flanks, thighs, joints, bones. Vaghbhata Acharya specially suggested Niruha basti in case of gambhir vatrakta. He also described Erandamooladi niruha basti, which is very useful to relive pain, inflammation, stiffness and obstruction.

CONCLUSION

In this case, we found encouraging results within one month of treatment. The range of movement and quality of life were also increased. Based on this single case study, it can be concluded that Erandmooladi niruha basti along with snehan swedan and shaman treatment is effective in the management of the AS. From this study, it is stated that Ayurveda can be a promising alternative in AS. Further clinical trials are needed to establish a standard management of AS.

ACKNOWLEDGMENT

The authors would like to acknowledge the Principal Vaidya Sanjeev Yadav [YMT Ayurvedic Medical college and hospital, Kharghar, Navi Mumbai, Maharashtra], Reader Vaidya Mamata Narvekar [Agadtantra Department, YMT Ayurvedic Medical college and hospital, Kharghar, Navi Mumbai, Maharashtra].

REFERENCES

1. Dr. Gadre Ganesh, Vaatshonit nidan, Vaatshonit chikitsa, Bastikalp vyakhyasam, Sarth Vaghbhat, 1st ed, Pune: M.Nandurkar,Anmol Prakashan; 1991. Reprint/May 2008. p.213, 330, 344.
2. Dr. Tripathi Ravidatta, Shukla Vidydhar. Kalpanasiddhir adhyay, Charak Samhita, 1st ed, Delhi: Chaukhamba vidyabhavan; 2003. p. 884.
3. E. C. Warner, The Extremities, Savil's Systems of Clinical Medicine, 14 th ed. New Delhi: CBS Publishers; 2005. p. 911.
4. D. Kasper, A. Fauci, D. Longo, E. Braunwald, S. Hauser, J.Jameson. Harrison's The Spondyloarthritis, Principles of Internal Medicine (Vol 2), 16 th ed. U.S.A.: McGraw-Hill Medical Publishing Division; 2005. chpt. 305.
5. M. R.V. Nampoothiri, L. Mahadevan, S. Jayadeep. Principles and Practice of Vasti, 1st/2014. Tamil Nadu: Sharada Mahadeva Iyer Ayurvedic Educational & Charitable Trust; 2014. p. 64, 171.

Cite this article:

Effect of erandmooladi niruha basti in the management of ankylosing spondylitis – a case study

Aarti Baban Jadhav, Sajay Nandedkar

Ayurline: International Journal of Research In Indian Medicine 2019; 3(4) : 1-6