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A case Study

Title of Article: Panchakarma Therapy in *Asthimajjagata Vata* w.s.r. Ankylosing Spondylitis: A Case Study

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ABSTRACT

Ankylosing spondylitis (AS) is one of the well-known rheumatic diseases of spondyloarthropathies (SpA), generally associated with a genetic marker known as HLA-B27. AS presents with inflammatory back pain, pain, stiffness and reduced axial mobility or deformity. In the present case study, a female patient of 34 years age came with complaints like *prushtha vinama* (forward bending or kyphosis), difficulty in movement of hip joints, difficulty in walking and decreased walking velocity, pain on movement, morning stiffness from the past 14 years. The patient was diagnosed as *asthimajjagata vata* and was treated with *vaitarana basti* for one month with *anuvasana* (enema with *tila taila* and *erand taila*), which was followed by *panchatikta kshira basti* (PKB) for 14 days along with *pizinchil* (medicated hot oil pouring with *sahachara taila*). The assessment was done by 'Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)' score before and after treatment. The patient has shown good improvement on BASDAI (80% relief). Improvements were observed in signs and symptoms like pain in the hip, lumbar and neck region, and the intensity, tenderness and the duration of morning stiffness. Panchakarma *chikitsa* like *vaitarana basti*, PKB, *pizinchil* showed significant results in the treatment of AS.

Keywords: Ankylosing spondylitis, *Asthi-majjagata vata*, *Vaitarana Basti*, *Panchatikta Kshira Basti*, *Pizinchil*.

INTRODUCTION

Ankylosing spondylitis (AS) is a seronegative, systemic, chronic, having uncertain etiology affects axial skeleton with a predilection for the lumbar spine. Ankylosing spondylitis (AS), is an auto-immune disease, one of the form of spondyloarthropathies, involving mainly sacroiliac joints (SIJs), spinal joints, and related ligaments and tendons. This inflammation may further result in fibrosis and calcification. It leads to spine fusion and flexibility loss. This resembles a "bamboo spine", clinical features are

inflammatory back pain due to sacroiliitis and spondylitis, peripheral arthritis, enthesitis- inflammation at sites where tendons or joints capsule attach to bone, dactylitis. Patients with severe AS have a reduced quality of life, a painful disturbing lifestyle, and loss of productivity due to work disability.^[1] The prevalence of AS in India is 0.03% as per surveys conducted by Bone and Joint Decade India from 2004 to 2010.^[2] In India, prevalence of spondyloarthropathy are petrifying. The First Indian community-oriented program for control of rheumatic disease (COPCORD) survey showed the prevalence of

back pain in the rural area to be 17.3%. Among which AS is about 0.2%.^[3] The prevalence of AS associated to the frequency of HLA-B27 antigen in the north Indian population is 6%, similarly in Caucasians it is 0-1%^[4] NSAIDs (Non-steroidal anti-inflammatory drugs), Cortico-steroids, and DMARDs (disease-modifying anti-rheumatic drugs) give limited relief. Corticosteroids have numerous side effects. Traditional DMARDs used for RA are ineffective in the typical AS patient with disease limited to the axial skeleton, including hip and shoulder joints^[5]. There is a need to find out effective treatment in other medical systems.^[6] In Ayurveda, these changes can be correlated to *vatavyadhis* where vitiated *vata dosha* affects *asthi dhatu* (bones). Here we put forth a case that was dealt with ayurvedic treatment of *asthimajjagata vata* which showed remarkable outcomes.

CASE STUDY:

A 34-year-old female, an unmarried patient came to OPD of Panchakarma, RAP Mumbai having complaints of *Katiprutha shula* (progressive lower back pain), prolonged morning stiffness and deformity of the spinal joints and hip, inflammatory joint pain, *prushtha vinamata* (kyphosis), scoliosis, immobility of hip and spinal joints, anorexia, fatigue, weight loss, and severely disturbed sleep due to difficulty to lie on the back for last 14 years. Subsequently, she was admitted to the female Panchakarma ward of RAP Mumbai on November-11, 2019 for treatment. There was no history of AS in the family. She was taking allopathy medicine whenever needed to reduce the pain for a long time. The patient had severe inflammatory lower back pain and pain in hip joints, as also morning stiffness for nearly 30 min to 1 hr. Past medical record of the patient was striking for AS (Table 1). On examination patient had *Mandagni*, *Krura koshta*, *Khandit nidra*, *Vatapittaja prakriti*, *Hina sara*, *Madhyama samhanana*, *Madhyama pramana*, *Srotas dushti*, *Asthivaha*, *Majjavaha*.

On physical examination scoliosis, deformity in flexion of b/l hip joints, and tenderness over the sacro-iliac joint was noted. A loss of anterior and lateral flexions at the region of lumbar spine was seen. Schober's test was positive. MRI of the sacroiliac joint with the whole spine showed a seronegative spondyloarthropathy with b/l non-acute sacroiliitis. Also, there was small herniation at T6-T7 and T11-T12 levels. Mild disc bulge with small right paracentral herniation and associated endplate spondylosis

was also seen. Baseline haematological investigations were done on November 30, 2019, which revealed haemoglobin (Hb) e 11.4 g%, Total Leukocyte Count (TLC) e 8.5 x 10⁶/uL, Erythrocyte Sedimentation Rate (ESR) e 99 mm/hr, and C-reactive protein (CRP) was positive. RA test was negative and HLA B27 was positive for the Human Leukocyte Antigen (HLA) type done on July 7, 2017.

The above symptoms shows co-relation with symptoms of *asthimajja gata vata* like *sandhishoola* (joint pain), *asthibheda* (breaking or shooting pain in bones), *mamsabala kshaya* (reduction of muscular tissue and strength), *aswapna* (insomnia) and *sataruka* (continuous pain)^[7]. *Adhyasthi* is the clinical feature of *asthipradoshavikara* (diseases of bones).^[8] *Vinamata* (forward bending or kyphosis) is the clinical symptom of *majjavrita vata*.^[9] The patient had *amavastha* (stage of disease with ama) on admission. Core sets of assessment of spondyloarthritis by international society was used for its assessment.^[10]

Table no 1: Showing timeline of the case

Year	Clinical event
2001	Fall lead to onset of lower backache.
2003	The patient took allopathy treatment for 4 years
2005-10	The patient was on analgesics by herself.
2017	Diagnosed with ankylosing spondylitis. (HLA-B27) was positive. ESR e 98mm/h, X-ray pelvis, and spine showed bilateral sacroiliitis.
2017-19	The condition of the patient was worsening. MRI L.S. revealed osteoarthritic changes with marginal sclerosis and mildly reduced hip joint space, destruction of SI joint margins with widened SI joint spaces, seronegative spondyloarthropathy with b/l non-acute sacroiliitis. Also, there was small herniation at T6-T7 and T11-T12 levels.
2019 Nov	The patient was admitted to I.P.D. due to gradually increasing pain and severely restricted movements of the spine.

Table no. 2: Treatment modality in *Asthimajagata vata*

Sr. no.	Treatment given	Drug used	Dose	Duration
1.	Deepana - Pachana	Aampachaka vati, Arogyavardhini vati, Amavatari Kashaya	500 mg before meals 20 ml after meal	5 days
2.	Vaitarana basti	Amlaka kalka- 40 gm Guda - 40 gm Saindhava - 10 gm Tila taila - 60 ml Gomutra - 160 ml	Total- 310 ml	30 days At morning on an empty stomach
3.	Anuvasana basti	Tila taila + Erand taila	30 ml + 30 ml	After meal along with <i>vaitarana basti</i> for 30 days
4.	Panchatikta kshira basti (PKB)	Decoction of Guduchi + Nimba + Patola + Kantakari + Vasa (100 ml) + Milk 100ml reduced to 100 ml by Kshirapaka method + Panchatikta ghrita 50 ml	150 ml	14 days
5.	Pizinchil	Sahachara taila	1- 1.5 liter	14 days along with PKB
6.	Shamana Chikitsa	Simhanada guggula Amavatari Kashaya Panchatikta ghrita guggula Shunthi siddha eranda kashay	500 mg after a meal 20 ml after meal 500 mg after a meal 20 ml HS	15 days

Follow up

All blood investigations were done on Jan 01, 2019. In the report, Hb was 11.3 g% The patient was re-examined, and blood investigations were repeated. Remarkable findings were noted in different parameters. (Fig. 1)

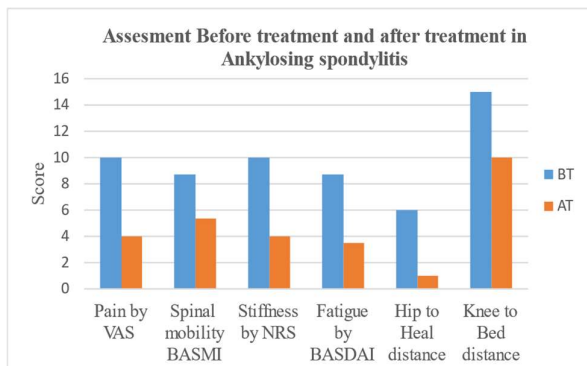
OBSERVATION AND RESULTS:**Fig. no. 1: BT and AT estimation in case of *Asthimajagata vata* w.s.r AS**

Chart no 1 shows the assessment which was done before and after the treatment. The pain was assessed by VAS scale. The reduction was observed from 10 to 4 on scale. Spinal mobility before panchakarma therapy was 8.7 by Bath Ankylosing Spondylitis Metrology Index (BASMI) score was reduced to 5.4 which showed significant changes. Morning stiffness was observed 4 after intervention which was 10 at the initial stage on the numerical rating scale. Significant enhanced results were seen in the reduction in distance measured from hip to heel from 6 cm to 1 cm and in case of distance from knee to bed was 15 cm to 10 cm. Fatigue is improved in terms of Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score from 8.7 to 3.5. A decrease in ESR was observed from 99 mm/ hr to 61 mm/ hr. Enthesitis, kyphosis and physical strength were improved along with a weight gain of 2 kg were seen during the treatment.

The patient was treated as per line of treatment of *asthimajagata vata*. Before *Basti karma*, *Shunthi siddha eranda kashaya taila* (castor oil) 10 ml was given at night for 5 days for evacuation of bowel. *Snehana*, *svedana*, panchakarma, *basti* with *dugdha*, *ghrita* having

predominantly *tikta rasa* are mentioned in *asthipradoshaja vikara*. *Madhura* and *tikta* drugs are mentioned in *majja-pradoshaja* diseases.

Since there was an *amavastha* in the initial stage, *vaitarana basti* was given along with *anuvasana* of *tila taila* and *eranda taila*. *Vaitarana basti* is a type of *mridu kshara basti*. *Vaitarana basti* possesses properties like *laghu*, *rooksha*, *ushna*, *teekshna guna* which are opposite to *guru-snigdha guna* of *kapha*. The majority of the drugs of *vaitarana basti* possess *vatakapha shamak* action. These attributes of *vaitarana basti* are antagonistic to *kapha* and *ama*, hence it provides significant betterment in the sign and symptoms of the disease. *Saindhava lavana* owing to *sukshma* and *tikshna guna* causes *srotoshodhana*. It helps the drug to reach the microchannels.

As per *Acharya Charaka*, in diseases related to *asthi*, *vaidya* should use *basti* using *tikta rasatmaka aushadhi dravya* with *ghrut* (ghee) and *ksheer* (milk). According to commentator *Arundatta*, the substance having *snigdha* (unctuous) and *shoshana* (drying) properties and produces *kharatwa* (roughness) increases *asthi* (*asthivardhan*). But there is absence of substance having both *snigdha* and *shoshana* properties. Therefore *kshir* & *ghrut* are used with the *dravyas* which are *tikta* and possess *shoshana* (drying) property. *Ksheera basti* containing *ghrita*, *kshira*, and *tikta dravya* is advised in *asthigata* disease. *Tikta kshira basti* has the ability to repair the bones and degenerated cartilage and break down the pathogenesis of the disease. *Ashtang Hruday samhita* has mentioned that excess use of *tikta ras* causes *dhatukshaya* and *vatavyadhi*. *Ghruta* and *Kshira* in PKB possess *vatashamana* and *asthiposhana* property. This rectifies degeneration (*dhatukshaya*) of *asthi*. *Tikta kshira basti* has action as follows a. Stopping progress of the disease; late degenerative changes in *asthi* b. Repairing the degenerative changes in *asthi*.

Pizinchil- *Pizinchil* is special therapy effective in neurological disorders and for the prevention of degenerative changes in the body. *Pizinchil* is the process in which warm medicated oil is poured in a specific manner over the body and body is allowed to perspire. *Pizinchil* results in simultaneous *snehana* and *swedana*. It is very effective in fractures, contusive wounds, dislocation of joints, and pain and stiffness of the limbs. *Sahacharadi taila* consists of *sahachara*, *sevyā*, *dashmūla*, *shatavari*, *nakha*, *kushta*, *chandan*, *ela*, *priyangu*, *nalad*, etc. It can be used in *kampavata*, *shosha*, *stambha*, *akshepaka*, and various *vatavyadhi*¹⁵

CONCLUSION:

Ayurvedic management of AS i.e Panchakarma procedures namely *vaitarana basti*, *panchatikta ksheera basti* and *pizinchil* along with *shamana chikitsa* helped to treat the patient of AS.

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CONFLICTS OF INTEREST:

There are no conflicts of interest.

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