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EVALUATION OF THE EFFECT OF PANCHAKARMA ALONG WITH SHAMAN DRUGS IN THE MANAGEMENT OF ANKYLOSING SPONDYLITIS- A CASE STUDY

Ayurveda

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ABSTRACT

INTRODUCTION: Ankylosing spondylitis (AS) is an inflammatory disorder of unknown cause that predominantly affecting the sacroiliac joints and spine. It is considered the prototype of the spondyloarthropathies and shows a striking correlation with the histocompatibility antigen HLA-B27. The disease tends to ascend the spine slowly and eventually, after several years, the whole spine may be affected. Modern science has very limited options to treat Ankylosing spondylitis. So, the necessity of management through Ayurveda is very much essential. In Ayurveda, no typical nomenclature has been found for the said disease. Though, it can be simulate with the features of '*Amavata*'.

AIM: To study the effect of panchakarma procedures along with the shaman drugs in the management of ankylosing spondylitis.

MATERIAL AND METHODS: The present report deals with a case of 'Ankylosing spondylitis came to our hospital for Ayurvedic treatment. Considering all sign and symptoms of the patients, disease was diagnosed as '*Amavata'* according to Ayurveda and treated with various Panchakarma procedures and internal medicines for 30 days. A criterion of assessment was based on the scoring of 'Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)'. Total two assessments were carried out before and after 30 days of treatment.

OBSERVATIONS: The patient has shown good improvement on BASDAI (70% relief). Improvement was found in signs and symptoms like fatigue/tiredness, back/hip pain, tenderness and intensity as well as the duration of morning stiffness.

CONCLUSION: On the basis of result obtained, it can be concluded that panchakarma along with shaman drugs can be used as effective treatment in the management of Ankylosing spondylitis without causing any adverse effects.

KEYWORDS

Ankylosing spondylitis, Amvata, Panchakarma.

INTRODUCTION:

Ankylosing spondylitis (AS) is a chronic inflammatory disorder of unknown causes that primarily affects the axial skeleton (predominantly sacroiliac joints and spine). The peripheral joints and extra-articular structures are also frequently involved. Usually begins in the second or third decade; male to female ratio is between 2:1 and 3:1.[1] It is considered the prototype of the spondyloarthropathies. Ankylosing spondylitis shows a striking correlation with the histocompatibility antigen HLA-B27 and occurs worldwide roughly in proportion to the prevalence of this antigen [2]. The cardinal feature is low back pain and early morning stiffness with radiation to the buttocks or posterior thighs. Symptoms are exacerbated by inactivity and relieved by movement. The disease tends to ascend slowly, ultimately involving the whole spine. As the disease progresses, the spine becomes increasingly rigid as ankylosing occurs. AS is a gradually progressive condition over several years until structural damage manifests clinically as sacroiliitis, loss of spinal mobility, extra-articular symptoms, peripheral arthritis, and reduced quality of life. Unavailability of treatment not up to the mark in bio-medicine leads to permanent deformity in this disease. It is a need of the hour to explore satisfactory treatment modalities available in other medical system for the benefit of those affected. Regimented Ayurvedic intervention reported to be highly beneficial, in managing the symptoms as well as preventing further progression.

Ayurvedic view –AS simulates with the features of *Amavata*. Which is caused by aggravated *Ama* & *vata*. *Vayu* pushes the ama into different parts of the body, mainly into the *shleshma sthana* (sites of *kapha*), the bony joints and muscles. The vitiated *ama* and *vata* get lodged in various joints, mainly in the low back, pelvis and hips and causes stiffness of the body along with severe pain. Initial symptoms are *angamarda, aruchi, trishna, alasya, gaurav, jwara, apaka* and *shunta*. In the later stage when disease spreads to the joints, symptoms are *saruja shopha, agnidaurbalya, aruchi, gaurvam, utsah hani, apakwa mala, nidra viparyaya,* etc [3]. Here a case of ankylosing spondylitis is narrated that was successfully managed with the protocol for *Amavata.*

Table 1: Modified New York criteria for diagnosis of Ankylosing spondylitis [4]

Clinical criteria (Western perspective)
Low back pain and stiffness for > 3 months of at least 3 months that improve with exercise but are not relieved by rest.
Limitation of motion of the lumbar spine in both sagittal and frontal planes
Limitation of chest expansion
Radiologic criterion
Unilateral grade 3 or 4 sacroiliitis: grade 2 bilateral or grade 3 or 4 unilateral
Grading
Definite AS if the radiologic criteria is associated with at least one clinical variable
Probable AS if: • The three clinical criteria are present • The radiologic criteria is present without the clinical criteria.

Case Report:

A 35 years old female patient of Bhopal, Madhya Pradesh, consulted in Out-Patient Department of kayachikitsa of Pt. Khushilal Sharma govt. auto. Ayurveda college and hospital, Bhopal with complaints of severe pain in lower back region and Rt. Sacroiliac joint with stiffness since 2 years. Onset of pain was gradual. Her lower back pain radiated to the Rt. Lower limb with restricted movement of Rt. Hip joint. It was more during morning and evening hours, subsiding in the middle of the day. The patient was depressed due to disturbed sleep which is due to increased pain, had irregular bowel habit (*Krurakoshta*), no appetite (*mandagni*) and lack of enthusiasm.

Past Medical History: No such
Past Surgical History: No such
Family History: No positive family history

On examination: The examination revealed kyphosis, Restricted movement of Rt. Hip joint and lumbo-sacral spine, loss of lumbar lordosis, tenderness over Rt. sacroiliac joint and Schober's test was positive.

The investigations had the following findings (Dated 25/08/2020). Blood Hb 12.1 gm/dl, ESR 31mm/hg, TLC 11,600. DLC: N 70%, L 26%, E 03%, M 01%.RA Factor (Qualitative)- 12, Human leukocyte antigen (HLA)-B27-positive.

MRI lumbar spine (Dated: 21/10/19) revealed suspected ossification of anterior longitudinal ligament, los of lumbar lordosis, degenerative changes in the facet joint, mild fatty degeneration of the end plate of L3 vertebra, mild patchy marrow oedema in bilateral SI joints, findings suggestive of B/L sacroiliitis with suspected ankylosing spondylitis.

Diagnostic criteria: Based on clinical presentation, radiologic criteria and blood reports. The patient was also thoroughly analysed according

to Ayurvedic norms, from which, he was diagnosed as having *Amavata*. In the present case, the patient had *Kati shoola* (low back pain), *Ruja in uru sandhi* (pain in Rt. hip joint), *Aruchi* (loss of appetite), *Vibandha* (constipation), *Alasya* (lethargy), *Stambha* (stiffness of body parts and joints), and *Gourava* (heaviness), all pointing toward the diagnosis of *Amavata.*

Assessment criteria:

Patients were observed for 1 month. Assessment was done initially on '0' day i.e., before the medical intervention, after the completion of one month. Assessment was done based on the improvement in the severity of Clinical features along with the standard international parameters specially designed for assessing the outcome of the management of Ankylosing Spondylitis, Bath Ankylosing Spondylitis – Disease Activity Index (BASDAI)

Table 2: Bath Ankylosing Spondylitis Disease Activity Index [5]
(1 is no pain and 10 is the worst pain)

Question	Score	B.T.	A.T.
How would you describe the overall level of fatigue/tiredness you have experienced?	1-10	8	2
How would you describe the overall level of AS neck, back or hip pain you have had?	1-10	9	3
How would you describe the overall level of pain/swelling in joints other than neck, back or hips you have had?	1-10	8	2
How would you describe the overall level of discomfort you have had from any areas tender to touch or pressure?	1-10	10	4
How would you describe the overall level of discomfort you have had from the time you wake up?	1-10	6	2
How long does your morning stiffness last from the time you wake up?	1-10 (12 minute increment from none (1) to 120 (10).	9	3
BASDAI Score result		**8.33**	**2.6**

Therapeutic Intervention:

Table 3: Panchakarma Procedures during I.P.D

S.No	Treatment	Drug used	Dose
1	*Ruksha Baluka Pottali Swedan*	Sand and *Saindhav lavan*	Q.S.
2	*Kaal basti*	*Niruh – Dashmooladi Kwath+ Erandmooladi Kwath*	400 ml
		Anuvasan – Erand Tail	60 ml
3	*Patta bandhan*	*Murrivennam tail*	Q.S.

Chitrakadi vati 1 qid was given to the patient for 3 days for *agnideepan*. Afterwards, *dashmooladi + erandmuladi basti* (as *niruh*) and *erand tail basti* (as *anuvasana*) had been administered in *kaal basti* schedule along with *ruksha baluka swedan*. Afterwards *pattabandhan* on Rt. Hip joint with *murrivennam tail* was advised to the patient.

Table 4: Shamana Aushadhi during I.P.D:

S.No	Medicine	Dose
1	*Chitrakadi vati*	1tab qid for initial 3 days
2	*Rasnasaptak Kwath*	20 ml BD
3	*Trayodasahang guggul*	2tab BD
4	*Simhanad guggul*	2tab BD
5	*Shivakshar pachan churna*	3gm BD
6	*Lashunadi vati*	1tab BD

As per physiotherapist Mobilization of joints were also advised to prevent occurrence of stiffness in due course of time. At the time of discharge, the patient was advised to continue oral treatment. No concomitant allopathic medication was given during this whole treatment period.

DISCUSSION:

AS is a disease condition, simulates with *Amavata* disease. The line of treatment is adopted same as *Amavatachikitsa* with *Amapachana* and *vatadoshachikitsa*. Consequently, treatment was planned to first remove the *ama* (undigested matter) by improving digestion with *deepana*, digesting the ama with *pachan* along with *baluka pottaly swedan*[6]indicated in *amavata* which reduced *kapha* and ama that responsible for stiffness. In any condition having *shool* there is always dominancy of *vata* (vatadrute nasti ruja….) said by *sushrut*. Baluka carries *ushna guna* by *agnisanskara, vata* having exactly opposite *guna (sheet*) due to this heat conducting property *baluka pottali* restore the properties and functions of vitiated *vata*. After *baluka pottali swedan* stiffness and *shool* reduced moderately. Basti being the most widely used and highly effective treatment modality in panchakarma. Later, in this study *kaal basti* was administered for 16 days as the principal treatment for *Vata dosha*, as *niruh* which contain *dashmooladi niruh* [7] and *erandmooladi niruh*[8]. *Dashmooladi basti* having *sarvavatvyadhihara* property. *Erandmooladi niruh basti* enhances appetite and improves digestion, relieves the *shool* of *uru, jangha, pada, prushtha*, and *trik* and cures constipation. Thus, it effective in the management of *katishool* and *stambha*. In praise of *erand tail*[9], it is given in texts that, to win over/defeat the almighty elephant called *amavata* roaming all over the body, only one (kesarilion) called *erand tail* is enough. Erand tail possesses *tikshna ushna deepan, sarvatra shulaghna marut pranashanam* property, useful in *prushta shool* and *katigrah.* After completion of *kaal basti* plan, severe pain and stiffness of lower lumbar region were reduces significantly with persistence of pain and stiffness in Rt. SI joint with restricted movement of Rt. Hip joint. Consequently, application of *pattabandhan* with *murrivennam tail* on Rt. Hip joint was advised, after that there was significant reduce in pain and stiffness in Rt. SI joint. Her appetite was improved and constipation was also cured.

In due course, *shamana* (pacifying) medicines were advised to prevent relapse and im- prove the general health of the patient.

CONCLUSION:

AS symptoms simulates with features of *Amavata*. So, adopting the *Amavata* line of treatment comprising of above mentioned *Panchakarma* procedures and oral Ayurvedic drugs had given promising results in the management of AS. This approach may be taken into consideration for further treatment and studies must be conducted in this regard, so that we can effectively use the Ayurvedic principles for helping the affected mankind in such conditions.

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