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Case Study

PANCHKARMA THERAPIES IN THE MANAGEMENT OF *KATI PRISTHA TRIKA GRAHA* (ANKYLOSING SPONDYLITIS)

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ABSTRACT

One illness that presents a significant burden to the health-care system is ankylosing spondylitis (AS). Inflammatory stiffness of the spine, which affects the sacroiliac joints and the spine's cartilaginous joints, is the disease's hallmark. Steroids and non-steroidal anti-inflammatory drugs are the preferred medications in traditional systems, but they don't offer a full recovery. Although Ayurveda makes no explicit mention of the illness, treatment can be planned based on the clinical picture. Based on the clinical characteristics, the illness is comparable to Ayurvedic *Kati Prishtha Trika Graha* (stiffness of hip and sacral joints). For 16 days, *Prishtha Dhara* (therapeutic pouring of oil over thoracolumbar region) and *Erandamooladi Basti* (medicated enema) in *Kala Krama* (16 days schedule), combined with *Shamana* (palliative) therapy, rehabilitated a 28-year-old man with AS who had bilateral hip arthritis for the previous six years. AS Disease Activity Score was used to analyse the disease activity. For the assessment, other quality of life metrics were also included. Following therapy, there was a noticeable improvement in subjective parameters, as well as a reduction in discomfort, a resolution of stiffness, and an improvement in appetite. Additionally, spinal motion was enhanced. According to quality-of-life metrics, the patient had significantly improved.

INTRODUCTION

Ankylosing Spondylitis (AS) or "Marie Strumpell Disease" is a seronegative inflammatory arthritis of the spine of unknown etiology[1]. The disease more often manifests in young males than in females with the ratio of approximately 3:1 in the second or third decade[2]. The prevalence of AS is generally believed to be between 0.1% and 1.4% globally[3]. The prevalence of AS in India is 0.03%[4]. There is no single agent that has been associated with the causation of AS. There seems to be a complex interaction between raised serum levels of Immunoglobulin A and acute-phase reactants of inflammation, the body's immune system, and the HLA-B27 gene.

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However, comprehensive information on the disease's clinical, immunological, and immunogenetic features are lacking from India[5]. Among Indian young adults in their late 20s and early 30s, the incidence of AS has alarmingly increased. One in every 100 adults suffers from AS, which is more common in men[6]. Early-stage AS is characterised by inflammatory arthritic pain, usually affecting the sacroiliac (SI) joints first, then the other parts of the spine. Osteoporosis, spinal ossification, and changed spinal biomechanics are the results of disease progression. Eventually, the spine may fuse in a kyphotic position. The cervical, lumbar, and thoracic spinal areas may be impacted by AS. Additional skeletal symptoms include hip arthritis, heel discomfort (from the insertion of the Achilles tendon), and dactylitis (sausage-shaped fingers). Starting in the sacroiliac joints and progressing to the lumbar, thoracic, and cervical areas, AS presents as morning stiffness and inflammatory pain. The low back discomfort is brought on by inflammation of the SI joints and spinal column, and morning stiffness lasts for at least an hour, but frequently for many hours. The

patient may frequently experience nocturnal pain flare-ups that require them to get up and move around. The involvement of the cervical and costovertebral joints results in pain in the cervical region and the thoracic spine, particularly as the chest expands. Syndesmophyte growth and vertebral squaring occur together with spinal inflammation, which can occasionally develop into the traditional bamboo spine. This results in stiffness, immobility, and the fusion or uniting of the joint bones. This is the spine's defining sign of AS[7]. Thoracic kyphosis, flattening of the lumbar spine (lack of lumbar curvature), restricted neck motion, and limited chest expansion are all symptoms of spinal ankylosis. As the illness worsens, the surrounding joint or articular tissues are destroyed. Through fusion, the bone replaces both the new and old cartilages. The loss of spinal mobility, accompanied with restrictions in the lumbar spine's anterior and lateral flexion and extension, as well as chest expansion, are the most specific findings.

According to Ayurvedic literature, AS cannot be directly equated with any specific medical condition. However, AS can be linked to clinical diseases like *Pravruddha Amavata*, *Trika Sarujashotha, Asthimajjagata Vata*, and *Kaphavrita Vyana* that are referenced in classical writings based on their pathophysiology and symptoms. *Agnimandya* (decreased digestive power) and *Jihva* (coated tongue) were observed in the patient with *Ama Lakshana* in *Mala*[8] (sticky, incorrectly formed faeces which drowns in water). The hallmarks of AS are *Trikapradesha* (the area surrounding the shoulder girdle), *Prishtha* (the posterior part of the trunk from the neck to the pelvis), and *Shoola* (pain) and *Graha* (stiffness) in *Kati* (the pelvis). *Trika, Kati*, and *Prishtha* are *Vata's Sthana* (adobe). The patient was diagnosed with *Kati-Prishta-Trika Graha* because of the patient's bilateral hip joint pain and stiffness throughout the spine that persisted throughout the day. Despite the fact that *Trika Graha* and *Prishtha Graha* have been identified as *Vata Nanatmaja Vikara*[9] (diseases that are exclusively caused by morbid *Vata*), *Ama* was linked in this instance. *Swedana* (fomentation), *Sroto Shodhana*, and pacification of morbid *Vata* were the goals of the therapeutic protocol because of the involvement of *Vata Dosha* linked to *Ama* in this particular case. Thus, in addition to *Shamana Aushadha*, 16 days of *Pristha Dhara* with *Dashmool Taila* (medicated oil) and *Erandamooladi Basti* (*Kala Krama*) were scheduled.

Patient Information

A 28-year-old male patient came complaining of bilateral hip joint pain that began in the posterior region and progressively spread to the anterior region as well. The patient also reported stiffness that persisted throughout the day and made walking unpleasant for six years. Over the past six months, his illness has gradually worsened, making it difficult for him to sit still for longer than ten minutes at a time. For six years, he complained of limited hip joint mobility and trouble bending forward. His doctor identified the illness as AS with arthritis one year ago. The illness progressed sporadically, with symptoms getting worse in between episodes. For management, the patient was admitted to an indoor ward.

Patient examination

Clinical Findings

***Dashavidha Pariksha* (Tenfold examination)**

The patient's *Prakriti* was *Vata Pitta*. Additional analysis showed signs that *Satva* (average psychological strength) was *Madhyama*, *Sarva Rasa Satmya* (habitual of taking all six tastes in food) and *Vikrita Vata* (disturbed *Vata*). It was discovered that *Pramana* (body constructed) and *Samhanana* (compactness) were *Madhyama* (normal). *Vyayama Shakti* (muscular strength) was *Madhyama* and *Aharashakti* (intake and digestive capacity) was *Avara* (subnormal)[10]. Gait was impacted since walking was unpleasant.

***Ashtavidha Pariksha* (Eight-fold examination)**

The *Nadi* (pulse) was found to be *Vata Kaphaja*. Three to four times a day was the usual frequency of urine. Bowel history frequency was once daily, according to the patient, but it was inadequate (incomplete evacuation); *Mala* (bowel) was *Sama*. *Jihwa* (tongue) was covered in coating. He had regular *Pitta Prakriti Shabda* (voice) and *Anushna Sparsha* (touch was not too hot). There was no impact on his *Drishti* (eyesight). *Rasavaha, Raktavaha*, and *Asthivaha Srotasas* were among those involved[11,12,13]. Due to *Srotorodha* brought on by *Ama*, *Sanga* could be the potential *Srotodushti* in this instance.

Vital Examination

The temperature was 99.6°F, the respiratory rate was 18/min, the blood pressure was 128/86 mmHg, and the pulse rate was 98/min and consistent. There were no abnormalities in the central nervous system, cardiovascular system, or respiratory system. The examination of the abdomen was normal. Over lumbo-sacral joints, there was tenderness, the details are mentioned in Table 5 & 6. This finding was further supported by family history, as his 60-year-old father had a history of ankylosing spondylitis. He complained of a squeezing sensation that got worse when he walked, sat for longer than ten minutes, shifted positions when sleeping down (on ground), and changed with the weather, getting worse in colder places. It also got worse when he ate *Amla Dravya* (sour things). Prolonged night-time laying in the

supine position exacerbated the pain. After engaging in some physical activity, the pain subsided, but the stiffness remained all day.

Diagnostic Assessment

For six years, the patient was supervised by a rheumatologist. HLA-B27 testing and pelvic magnetic resonance imaging (MRI) were advised four years earlier. Seronegative spondyloarthropathy was indicated by hip joint MRI results, which is consistent with ankylosing spondylitis or a similar variation. Testing for HLA-B27 came up positive.

Over the last six years, the patient has been administered with a variety of medications, including calcium supplements, DMARDS (Disease Modifying Anti Rheumatic Drugs), and nonsteroidal anti-inflammatory drugs. With these medications, no improvement was seen. The patient began to experience other symptoms, such as: appetite loss and turned to Ayurveda.

Evaluation of changes in pain, stiffness, movement restriction, range of motion at the lumbo-sacral spine, and *Agnibala* were the assessment criteria[14]. The Ankylosing Spondylitis Quality of Life Questionnaire[15], Ankylosing Spondylitis Disease Activity Score[16], Bath Ankylosing Spondylitis Disease Activity Index[17], and Bath Ankylosing Spondylitis Functional Index were among the quality-of-life metrics that were evaluated both before and after treatment[18].

Intervention Details

For 16 days, the therapy regimen consisted of *Pristha Dhara* with *Dashmool Taila* and *Erandamooladi Basti* in addition to *Shamana Aushadha*. Table 1 & 1B displays the *Erandamooladi Niruha Basti* plan with ingredients and quantity used[19]. 60 cc of lukewarm *Dashamoola Taila* was used to administer *Anuvasana Basti*. The *Dashamoola Taila* [20] utilised in this instance is an *Anubhuta Yoga* made by the XXXX Pharmacy. *Dashamoola* and *Tila Taila* are present in equal amounts; that is, one part of each medicine is 1/10 of *Dashamoola*, and one part is *Tila Taila*.

Table 1: Basti Administration Schedule

Day	Type of *Basti*	Dose (ml)	Time of	Retention
1	A	60	12:00 PM	2 h
2	A	60	12:15 PM	1.5 h
3	N	500	11:00 AM	15 min
4	A	60	12:45 PM	1.5 h
5	N	500	11:15 AM	10 min
6	A	60	12:00 PM	1 h
7	N	500	11:15 AM	10 min
8	A	60	12:10 PM	1 h 15 min
9	N	500	11:30 AM	10 min
10	A	60	12:25 PM	1 h
11	N	500	11:05 AM	5 min
12	A	60	12:30 PM	1.5 h
13	N	500	11:27 AM	10 min
14	A	60	12:40 PM	1.5 h
15	N	500	11:30 AM	10 min
16	A	60	12:30 PM	1 h
A: *Anuvasana Basti*; N: *Niruha Basti*				

Table 1B: Basti Ingredients & Quantity

S.No.	Ingredient	Quantity
1.	*Madhu*	50 ml
2.	*Saindhav Lavan*	5 gm
3.	*Sneha*: *Tila Taila*	50 ml
4.	*Kalka*: *Shatpushpadi*	12 gm
5.	*Kwath*: *Erandamooladi Kwath*	460ml

In addition to these procedures, *Shamana Aushadha* were prescribed (mentioned in Table 1C), which included the following: a powdered formulation of *Nagaradya Churna* [21] (1g), *Chopchini Churna* (2g), and *Ashwagandha Churna* (3 g) taken orally after meal, twice daily with cow milk, *Avipattakar Churna* (3g), *Shankha Bhasma* (500mg), and *Ajmodadi Churna*[22] (3gm) taken twice daily with lukewarm water after meal, twice daily with lukewarm water, and *Rasnasaptaka Kwatha*[23] (40ml twice a day) taken on an empty stomach. Upon being discharged, the same drugs were recommended for a month. For a six months period, the patient was monitored.

Table 1C: *Shaman Aushadhi* and Administration Schedule

Procedure	Administration	Days
Kala Basti	*Erandamooladi Niruha Basti* and *Dashmool Taila Anuvasan Basti*	16 days
Pristh Dhara	*Dashmool Taila*	16 days
Shaman Aushadhi	*Nagaradya Churna* (1g), *Chopchini Churna* (2g), and *Ashwagandha Churna* (3g) taken orally after meal, twice daily with lukewarm cow's milk.	30 days
	Avipattakar Churna (3g), *Shankha Bhasma* (500mg), and *Ajmodadi Churna* (3g) twice daily after food with lukewarm water.	
	Rasnasaptaka Kwatha (40ml twice a day) taken on an empty stomach.	

Prishtha Dhara

Prishtha Dhara is form of local *Parisheka* (pouring of warm oil or decoction) in which the warmed oil is poured over the lumbar region for a stipulated period to relief in lumbosacral region pain. The patient should lie comfortably on the *Droni* in a prone position with well exposed *Prishtha Pradesh*. After a local massage, Pour the *Dashmool Taila* by squeezing cotton piece or sponge held in one hand of masseurs, over body such that the *Dashmool Taila* flows through the thumb, facing downwards, from a height of 12 *Angulas* or *Dhara Patra* can be used for this purpose. The procedure was carried out an empty stomach for 40 min daily.

Administration of *Basti*

The patient was instructed to lie on a table at knee height in the left lateral posture. The tip of the *Basti* nozzle was placed into the anal orifice parallel to the spine after being lubricated with oil. In the same position, the *Basti* was given, and the patient was instructed to take a to guarantee that *Basti* is administered correctly, take a deep, lengthy breath. The patient was instructed to lie in the supine position following the administration of *Basti*. Legs were raised off the table three times to improve the absorption of *Anuvasana Basti*.

Follow-up and Outcome

16 days of treatment, there was a noticeable improvement in signs and symptoms seen in Table 2. Additionally, the patient reported an improvement of increase in *Agnibala* [24] Table 3 and increase in quality-of-life Table 4. The patient reported a significant increase in spinal mobility Tables 5 and 6. When the patient was evaluated six months later, they indicated that their stiffness had completely subsided. Although it was still there, the discomfort was bearable. By the end of the treatment, the patient no longer felt the need for traditional analgesics or anti-inflammatory medications.

Table 2: Effects of Therapy on Chief Complaints

Parameters	Grade before treatment	Grade after treatment
Pain*	10	5
Stambha (stiffness)	4	2
Stiffness (hours)	Persisted throughout the day	1 h/day
Restricted movements	1	0
*Assessed through VAS. VAS: Visual analogue scale		

DISCUSSION

The therapeutic intervention demonstrated significant improvement in multiple clinical parameters, as reflected in Tables 2–7. The primary outcome measures, including pain, stiffness, and restricted movements, showed marked improvement post-treatment. Pain intensity, assessed using the Visual Analogue Scale (VAS), reduced by 50%, indicating substantial relief. Stiffness, which initially persisted throughout the day, was significantly reduced to approximately one hour per day. Furthermore, restricted movements were completely alleviated post-treatment. Metabolic and digestive

function Assessment of *Agnibala* (digestive strength) revealed notable improvement in *Jarana Shakti* (digestive capacity) and *Abhyavaharana* Shakti (food intake ability), with scores improving from 4 to 1 and 3 to 0, respectively. The improvement in *Vata Mutra Purisha Retsam Mukti* (excretion functions) suggests better metabolic homeostasis, further supporting the efficacy of the treatment.

At the time of discharge, the Ankylosing Spondylitis Quality of Life (ASQoL) score improved from 16 to 0, reflecting a complete restoration of quality of life. Similarly, disease activity scores (ASDAS, BASDAI, BASFI) showed significant reductions, indicating lower disease severity, improved physical function, and enhanced daily life activities.

Spinal and Joint Mobility Range of movement at the lumbosacral spine, as measured through clinical assessment and goniometry, exhibited notable enhancement. Lumbar flexion improved from 80° to 85°, extension from 25° to 30°, and lateral flexion from 15° to 25° on the left side and 20° to 25° on the right. These findings underscore the positive impact of the therapy on spinal flexibility and overall musculoskeletal function.

Lower Limb Functionality- The reduction in the distance between the lateral epicondyle of the femur (in a flexed knee position) to the ground surface suggests enhanced lower limb flexibility and postural stability. The right-side measurement improved from 9.25 cm to 6.5 cm, while the left side demonstrated a shift from 3.25 cm to 5 cm.

Table 3: Assessment of *Agnibala*

Parameter	Before treatment	After treatment
Jarana Shakti	4	1
Abhyavaharana Shakti	3	0
Ruchi	0	0
Vata Mutra Purisha Retsam Mukti	2	1

Table 4: Assessment of Quality-of-Life Parameters

Parameter	Before treatment	After treatment
Asqol questionnaire	16	0
ASDAS	3.1	2
BASDAI	4.8	2.2
BASFI	5.7	3.6

Table 5: Range of movement at the lumbosacral spine

Parameter	Before treatment (cm)		After treatment (cm)	
Normal measurement (C7-S1)	17.5		17.5	
Lumbar flexion	21.25		22	
Extension	15.5		15	
	Before treatment (cm)		**After treatment (cm)**	
Lateral flexion	**Normal**	**Lateral flexion**	**Normal**	**Lateral flexion**
Right	23.25	15.25	23.25	14.25
Left	23.25	15.5	23.25	15

Table 6: Range of movement at lumbo-sacral spine (goniometry)

Parameter	Before treatment	After treatment
Lumbar flexion	80°	85°
Extension	25°	30°
Lateral flexion		
Right	20	25
Left	15	25

Table 7: Distance between lateral epicondyle of bilateral femur (in flexed knee position) to ground surface

Side	Before treatment (cm)	After treatment (cm)
Right side	9.25	6.5
Left side	3.25	5

CONCLUSION

The life span of the younger segment of the population is shortened because ankylosing spondylitis primarily affects them. Patients suffer from emotional anguish and despair due to the limitations of the traditional healthcare system. Ayurveda can help in these circumstances. The current case was evaluated using Ayurvedic principles and treated appropriately. Within 16 days of treatment, the patient reported a notable improvement. The combined effects of the medications *Shamana, Erandamooladi Basti*, and *Prishtha Dhara* are responsible for the reduction of pain and stiffness. The same treatment procedure cannot be used in every case because the disease has a protracted course, and a single case report cannot be said to be an effective treatment for all of these patients. Procedure kind, length, and additional medication selection will vary from case to case. The clinical presentation must be taken into consideration when choosing them.

Declaration of Patient Consent

The authors attest that they have a patient consent form in which the patient or carer has granted permission for the case, pictures, and other clinical data to be published in the journal. The patient or carer is aware that while every attempt will be made to hide their identify, anonymity cannot be guaranteed. Their name and initials will not be published.

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