



Case Study

AYURVEDIC MANAGEMENT OF ANKYLOSING SPONDYLITIS

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ABSTRACT

Ankylosing Spondylitis (AS) is a chronic inflammatory condition primarily affecting the spine, leading to stiffness, pain, and restricted mobility, its impact on quality of life can be significant. This case report presents the management of a 20-year-old male diagnosed with ankylosing spondylitis, who presented with stiffness, pain, and restricted range of motion of the back. The patient was treated on the line of treatment of *Vatavyadhi* with a combination of Ayurvedic therapies including *Prushtha dhara* (pouring a stream of medicated oil over spine), *Patrapinda swedana* (*Pottali* sudation with medicated leaves), *Matra basti* (enema with medicated oil) and *Shaman Aushadh* (palliative treatment) alleviating the *Vata Dosha*. Significant relief was observed, evidenced by the Schober's test turning negative and a substantial improvement in spinal flexion. While this case study offers encouraging results, further research through more case reports and planned clinical trials is warranted to establish the efficacy of Ayurvedic approaches in managing Ankylosing Spondylitis.

INTRODUCTION

Ankylosing Spondylitis (AS) is a chronic, progressive inflammatory disorder predominantly affecting the axial skeleton, particularly the sacroiliac joints and spine. It is also associated with various extra articular manifestations like ulcerative colitis, uveitis and in extreme cases, leading to pulmonary fibrosis. This inflammation can lead to pain, stiffness, and eventually, structural damage along with functional limitations affecting approximately 0.03% of the Indian population.^[1] Conventional management strategies typically involve non-steroidal anti-inflammatory drugs (NSAIDs), disease-modifying antirheumatic drugs (DMARDs), and biologic agents aimed at reducing inflammation and managing symptoms. However, these approaches often come with potential side effects and may not provide complete long-term relief for all individuals.

From an Ayurvedic perspective, Ankylosing Spondylitis can be classified and treated under the umbrella of *Vatavyadhi*. Ankylosing Spondylitis manifests its symptoms as *Prushtha Graha* (stiffness around dorsal spine) and *Trik Graha* (stiffness around sacroiliac joints) described under the eighty *Nanatanamaja vatavyadhi* (diseases occurring solely due to *vata*)^[2] *Kati* (lumbar spine) is stated as the *Sthana* (adobe) of *Vata dosha*^[3]. The vitiated *Vata dosha* causes stiffness in the lumbar spine. The aggravated *Vata dosha* with its *Ruksha* (dry) and *Sheeta* (cold) *Guna* (qualities) resides in the *Asthi Dhatu* (bone tissue) specifically the axial skeleton. This is often associated with *Ama* (improperly digested metabolic toxins) which obstructs the *Srotas* (body channels), further exacerbating stiffness, pain and inflammation. Ayurvedic management aims to relieve the stiffness by pacifying *Vata*, digesting *Ama* (*Ama Pachana*), clearing the channels, and restoring mobility through *Shodhana* (purification) and *Shamana* (palliative) therapies.

Patient Information

A 20-year-old Indian male student, non-alcoholic, non-smoking, presented to the outpatient department of the National Institute of Ayurveda (NIA), Jaipur, in January 2025, with complaints of pain and stiffness along spine and sacroiliac joint,

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accompanied by a restricted range of motion. History revealed that the patient was apparently asymptomatic six years prior to presentation. Subsequently, he developed migratory pain starting in the right hip joint, which occasionally shifted to the left hip region. For this, he consulted an allopathic doctor and received treatment for approximately 1.5 years. In 2022, while pursuing coaching, he experienced a sedentary lifestyle with prolonged sitting (around 10-12 hours daily) and an irregular meal schedule, often having lunch only around 2 PM. His sleep pattern was also disturbed, typically sleeping between 11 PM to 12 AM and waking up at 4 AM. He reported an episode of excruciating pain behind the chest region, for which he received injectables, following which he developed stiffness in multiple joints lasting for about four days. He consulted another physician, received treatment for

five months, and experienced some relief. In January 2025, he presented to NIA for further management.

Clinical Findings

On examination, the patient exhibited a significant degree of postural stiffness in the back. Palpation revealed tenderness along the lumbar spine and sacroiliac joint. Range of motion in the lumbar spine was significantly restricted, with forward flexion limited to approximately 20 to 30 degrees. The initial Schober's test, a clinical assessment for spinal mobility, was positive. Chest expansion was upto 2.6cm. Baseline haematological investigations revealed haemoglobin (Hb) 9.2g/dl, erythrocyte sedimentation rate (ESR) 120mm/hr and C-reactive protein was 63. The human leukocyte antigen (HLA) typing was positive for HLA B27 score. BASDAI Score was 5.4. BASFI score was 5. BASMI score was calculated to be 6 at the time of admission.

Timeline

Table 1: Year-wise Overview of Clinical Progression and Management

Year	Clinical events and interventions
January, 2019 to May 2020	Onset of pain in hip region. Consulted local physician and managed with analgesics on and off for 1.5 years
May 2020 to March 2022	Not under any medical supervision
March 2022	Excruciating pain behind chest region, took injectables for 2-3 days and developed stiffness in multiple joints
March 2022 to July 2022	Consulted rheumatologist, took medication for 5 months
July 2022 to January 2023	Not under any medical supervision
January 2023	Pain and stiffness in cervical region. Managed with physiotherapy and exercise
January 2023 to June 2024	Managed with exercises, physiotherapy and self-medication
June 2024	Spine movements got severely restricted
August 2024	Consulted Rheumatologist. Tested positive for HLAB27
26 January 2025	Admitted in NIA IPD, Male ward
27 January	Baseline Investigation done

Diagnostic assessment

This was an established case of ankylosing spondylitis. In Ayurveda, the pathological manifestation of this disease is primarily attributed to the vitiation of *Vata Dosha*. The cardinal symptom of progressive stiffness, as seen in this patient, identified as *Graha* (stiffness), which is classically enumerated as one of the eighty types of *Nanatmaja Vatavyadhi*.

In ankylosing spondylitis, this pathological process specifically affects the axial skeleton. The disease begins in the sacroiliac region and progresses up through the lumbar spine and dorsal spine. Therefore, the condition is precisely understood through the symptomatic diagnosis of *Kati-Prushtha-Trik Graha*.

The patient's history of causative factors like prolonged sitting, irregular sleep and dietary habits directly corroborates the vitiation of *Vata Dosha*. This aggravated *Vata*, associated with *Ama* (metabolic toxins) causing *Srotorodha* (channel blockage), lodged in the spine and resulted in the manifestation of *Shula* (pain), *Stambha* (immobility), and *Graha* (stiffness). Thus, the final diagnosis was established as *Kati-Prushtha-Trik Graha*, a manifestation of *Vatavyadhi*, and the treatment was planned to pacify *Vata*, alleviate stiffness, and nourish the affected tissues.

Therapeutic Intervention

The Ayurvedic management aimed at pacifying the aggravated *Vata*, digesting the *Ama dosha*, reducing inflammation, and restoring joint mobility. The following treatments were administered at NIA, Jaipur.

Table 2: Therapeutic Regimen: Interventions, Dosage, Anupana, and Duration

28 January to 30 January	<i>Baluka swedana</i> and castor oil given for <i>Koshtha shodhana</i>
31 Jan to 15 Feb	1. <i>Prushthadhara</i> with <i>Ashwagandha taila</i> 2. <i>Patrapinda swedana</i> 3. <i>Anuvasana basti</i> with <i>Sahcharadi Tail</i> 4. Ayurvedic oral drugs such as <i>Sinhanad guggulu</i> , <i>Rasnasaptaka kwatha</i> , <i>Erand bhrushta haritaki</i> , <i>Punarnava mandoor</i> , combination of <i>Ashwagandha 2gm</i> , <i>Nagaradya 2gm</i> , and <i>Chopchini 2gm</i> , <i>Mahanarayana Taila</i> for local application.
16 Feb	Haematological parameters were reinvestigated

Interventions	Dose	Anupana	Duration
<i>Sinhanad guggulu</i>	500mg twice a day	<i>Ushnodaka</i>	3 months
<i>Rasnasaptak Kwatha</i>	40ml twice a day		3 months
<i>Punarnava mandoor</i>	250mg twice a day	<i>Takra</i>	3 months
<i>Ashwagandha churna 2gm + Chopchini 2gm + Nagaradya churna 2gm</i>	6gm twice a day	<i>Ushnodaka</i>	3 months
<i>Erand bhrushta haritaki</i>	5gm during night	<i>Ushnodaka</i>	3 months
<i>Mahanarayana taila</i>	Local application		3 months

Table 3: Details of Panchakarma Procedures: Preparation, Administration, and Duration

Panchakarma Procedures	Method of preparation	Method of Administration	Duration
<i>Prushtha Dhara</i>		A continuous stream of warm <i>Ashwagandha Taila</i> (oil processed with <i>Withania somnifera</i>) was poured over the back	16 days
<i>Patrapinda swedana</i>	Herbal poultices containing specific medicinal leaves with pain-relieving properties were prepared and tied in a cotton cloth	Massage with <i>Ashwagandha</i> oil over whole body for 15 minutes followed by massage with herbal poultice for 45 minutes	16 days
<i>Anuvasana Basti</i>	60ml of oil with <i>Saindhava lavana</i> and <i>Shatpushpa kalka</i>	Given after meal with the help of syringe and catheter	16 days

Follow-up and outcomes

Following the 16 days of *Prushtha dhara*, *Patrapinda Swedana* and *Basti* therapies along with the oral medications, a significant improvement was observed in the patient's condition. The Schober's test, which was initially positive, turned negative, indicating improved lumbar spine mobility. The patient, who could initially bend only 20-30 degrees, could now bend to almost 90 degrees, demonstrating a substantial increase in spinal flexion. Subjectively, the patient also reported a significant reduction in back stiffness and pain, leading to improved functional capacity and daily activities. Hematological parameters show Hb 10.8 g/dl. A significant reduction in ESR was

observed from 120 to 55 mm/hr. CRP reduced to 55mg/dl. BASDAI SCORE improved from 5.4 to 3. BASFI score was 3.2 and BASMI score was calculated to be 3.6. No adverse effects were reported during the course of the Ayurvedic treatment.

DISCUSSION

The case was treated on the management of *Vata Dosha*. The line of treatment of *Vata* disorders includes *Snehana*, *Swedana*, *Abhyanga*, *Niruha Basti*, *Anuvasana basti* and *Parisheka* [4]. In this case study, the patient was given castor oil for *Mridu Virechana* (mild purgation) for *Koshtha shodhana*[5] along with *Baluka Swedana* to attain *Nirama awastha*. *Prushtha*

dhara was given with *Ashwagandha taila* on the line of *Murdhni taila*. *Seka* or *Parisheka* is advised in ayurvedic classical texts for *Daha*, *Toda*, *Paka* and *Vrana*.^[6] In *Dharakalpa*, *Dhara* is classified as *Shirodhara*, *Sarvanga dhara*, *Ekanga* or *Pradeshik dhara*.^[7] Here, *Pradeshik dhara* over *Prushtha Pradesh* was given with *Ashwagandha taila*. The principles behind *Dhara* can be aligned with contemporary pain management strategies, specifically thermotherapy, which involves the application of heat to alleviate pain. Such therapies operate on the counter-irritation principle, where heat produces a sensation that distracts from the pain signals being transmitted to the brain. By enhancing blood circulation and activating metabolic processes, thermotherapy reduces pain and inflammation.^[8] *Swedana* is described as *Shoola Vyuparama*, *Stambha Nigraha* and *Mardavakara*.^[9] *Pinda* means bolus. Medicated leaves after processing are tied in a cloth and the bolus is dipped in heated oil at a suitable temperature and massaged gently over the body of the patient. *Basti* is considered as *pradhana chikitsa* for *Vata dosha*^[10] and *Sahacharadi Taila* is described as *Daruna vatavyadhinashana*.^[11] *Sinhanad guggulu*, with its *Ushna Virya*, *Tikshna Guna*, *Katu-Tikta-Kashaya Rasa* and *Katu Vipaka*, effectively joint disorders, reducing inflammation, pain, stiffness making it useful in managing Ankylosing Spondylitis.^[12] *Rasnasaptak Kwatha* is a classical Ayurvedic decoction known for *Shothahara* (anti-inflammatory), and *Vedanasthapana* (analgesic) properties. It supports pain relief, reduces stiffness.^[13] *Punarnava Mandoor* is indicated for *Pandu roga* (anaemia) which helps in managing low hemoglobin level in patient.^[14] The combination of *Ashwagandha* acts as a *Rasayana* and *Chopchini* is described as *Rakta parasadaka*.^[15] The *Ushna veerya* and *Katu, Tikta rasa* of *Nagaradya churna*, helps in alleviating *Vata Dosha*.^[16] *Haritaki* is *Ushna veerya* which pacifies *Vata Dosha* and *Vedanasthapak*.^[17] *Haritaki* when combined with *Erand tail* adds to its properties as *Anulomak*. This prevents *Malavarodha* (constipation) and helps in maintaining *Nirama awastha*. *Mahanarayana Taila* is used for local application at tender sites. These drugs and procedures have the properties to treat the manifestation of AS such as pain, inflammation, stiffness, fatigue and low haemoglobin levels. No worsening of symptoms was seen during the course of treatment.

CONCLUSION

The integrative Ayurvedic treatment-comprising *Shamana Aushadh* (palliative treatment) and *Panchakarma* procedures- demonstrated significant improvement in the clinical symptoms of Ankylosing Spondylitis (AS) in this case. The patient experienced reduced pain and stiffness, better

mobility, and an overall improvement in daily functioning, without any side effects. These encouraging results suggest that Ayurveda can help managing chronic conditions like AS. More research and clinical studies could help better understand and validate the role of such treatments in broader patient populations.

Declaration of patient consent

The authors certify that they have obtained a patient consent form, where the patient has given his consent for reporting the case along with his clinical information in the journal. The patient understands that his name and initials will not be published, and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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