



***Ayurvedic Management of Aamvata w. s. r. to
Ankylosing Spondylosis: A case report.***

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Abstract-

Ankylosing Spondylosis is an autoimmune disease. The pathogenesis is poorly understood. Inflammatory back pain and stiffness, joint pains are prominent in the early stage of disease, whereas in chronic aggressive state, may produce severe pain and marked axial immobility or deformity. *Ankylosing Spondylosis* belongs to a group of rheumatic diseases known as spondyloarthropathies which shows the strong connection with the hereditary marker HLA B27. This affects young adults and male to female ratio is closer to 3:1. The median age of onset is 21 years.

As per modern conventional medicine, NSAIDS's, corticosteroids and DMARD's (Disease modified anti rheumatic drugs) are used to treat this disease. But total treatment is symptomatic only. Corticosteroids are associated with numerous side effects. Hence *Ayurveda* has more hope for research

in this area. These disease symptoms are compared with *Aamvata*. In *Aamvata*, disease starts from *Trik sandhi* and spinal joints.

According to the *Ayurveda* it may be successfully managed when intervention is started in its early stages. Hence in this case study in early stage when *Aamvata* is present that time *Langhan* treatment was given. After that *Pachana* and *Shodhana* was given. Patient had got total symptomatic result and his disability to do work also totally improved.

Hence this is a good *Ayurvedic* regimen for *Ankylosing Spondylosis* patient who have in early stage. This article presents a solitary case report in which these treatments achieved significant success.

Keywords: *Aamvata, Langhan, Ankylosing Spondylosis, Vamana karma, Vaitarana Basti.*

Introduction-

The etiology of *Ankylosing Spondylosis* is unknown. The prevalence rate of *Ankylosing Spondylosis* is 16.7 % in Asia and In India it is 7%.

As per modern medicine only conservative and symptomatic treatments are available. In Ayurveda many treatment modalities are available in Samhita. It is manageable through *ayurvedic* treatment modalities and lifestyle modification. We have many *Panchakarma* procedures to subside *Doshas* which are affected. In this case study we have given a *Ayurvedic* treatment regimen i.e., *langhan pachana and shodhana*. The *ayurvedic* drug act on very minute level and eradicate toxins from root.

This article presents a solitary case report by this regimen we have achieved significant success.

Hetu of Aamvata-

1. Abhojana
2. Atibhojana
3. Adhyashana
4. Vishmashana
5. Divaswapa
6. Vegavidharana
7. Ativyayam
8. Snigdha bhojanottar vyayama.

Hetu found in patient-

Divaswapa, ratri jagarana, Atikatu aahar, Ativyayam

विरुद्ध आहारचेष्टस्य मंदाग्नि अनिलस्य च ।

स्निग्धम भुक्तवतो हि अन्नम व्यायामम कुर्वत

तथा ॥ मा .नि .१

Samprapti Ghatak:

- 1) Dosha - Kapha

2) Dushya - Rasa, Rakta, Mamsa, Asthi

3) Adhishtana - Rakta, Mamsa, Asthi

4) Srotas - Rasavaha, Raktavaha, Annavaha, Purishavaha

Aims and objective:

1. To study the effect of *Langhana* in *Aamvata*
2. To study the effect of *Shaman chikitsa* in *Aamvata*.

Brief Case History-

A 22 years old male patient diagnosed as *Aamvata* as per symptoms who was HLA B27 positive, treated with *Ayurvedic Shamana and Shodhana chikitsa* followed by *Anashanrupi Langhan, Ruksha valuka Pottali sweda, Vamana Karma (Bhallatak ghrita)* and *Vaitaran Basti*, has proved significant improvement. The case was admitted in *Aarogyashala Rugnalaya, Nashik* which is Ayurved hospital attached to *Ayurved Seva Sangh Ayurved Mahavidyalaya, Nashik*. No conventional modern drugs were used during the course of treatment.

Case Report-

The present case study has got beneficial effect by *Ayurvedic* management in *Aamvata* (*Ankylosing Spondylosis*)

A 22 years old male patient came to *Arogyashala Rugnalaya Ganeshwadi Panchvati Nashik* with following complaints-

1. (*Sandhishool*) Pain and swelling over wrist joint, knee and ankle joint.
2. (*Shotha*). Swelling over fingers of both hands and leg

3. (*Pratkal ghradata*) Morning stiffness of all joints.
4. (*Udardaha*) Burning sensation in abdomen
5. (*Angmarda*). Body ache

History of present illness-

A patient is healthy one and half year before and diagnosed as *Ankylosing Spondylosis* having HLAB27 positive after few days, patient was not capable to get out of bed. He goes to orthopedic specialist who diagnosed him as *Ankylosing Spondylosis*.

Patient did not get relief from modern medicine so he had come to our hospital. He had above mentioned complaints. He was treated with *Ayurvedic* regimen *Langhana*, *pachana* and *shodhana* protocol.

Past history-

- No history of DM, HTN, BA or any other major illness
- S/H- None
- A/H- None

On examination-

- GC- moderate
- P-80/min
- BP- 130/80 mmHg
- SPO2- 99 %
- RR- 20/min
- Temp- Afebrile

Systemic examination-

- RS- AEBE Clear
- CVS- S1S2 N

- CNS- Conscious and oriented
- P/A- soft

Asthavidha Parikshan-

- *Nadi*- 80/min
- *Mala*- *Prakrut*
- *Mutra*- *Prakrut*
- *Jivnha* – *Sama*
- *Shabda*- *Prakrut*
- *Sparsha*- *Prakrut*
- *Druk*- *Prakrut*
- *Kshudha*- *Mandya*
- *Aakruti*- *Madhyam*
- *Bala*- *Madhyam*
- *Raktadab*- 130/80 mmHg

Material and Methods-

- In the present study a single patient of symptoms *Aamvata* was selected from *Arogyashyala Rugnalaya Ganeshwadi Panchvati Nashik*.

Treatment protocol –

- Patient was admitted in male general ward of *Kayachikitsa Department* on 18 Feb 2020 and discharged on 5 March 2020.
- Further patient admitted on 16 March 2020 to 21 March 2020.
- Assessment was done on routine biochemical investigations before and after treatment also on symptoms and signs.
- The treatment regimen plan or patient was *virechana karma* followed by internal administration of *ayurvedic* medicine.

Treatment	No. of days	Medicines	Remarks
Anashanrupi Langhan with Ruksha valuka pottali sweda. Shunthi siddha Jala	7 days (Till the Samata Arrived)	-	Agni Improved, Sweda pravrutti, Pain and swelling of joints were reduced 70% Appetite improved
Erand Taila Pana (Castor oil)	3 days in early morning after toothbrush with milk.	-	Agni improved, Sarvang Laghvata
Bhallatak Ghrut Snehapana for vamana karma	4 Days in vardhmana matra	Day 1- 30 ml Day 2- 60 ml Day 3- 90 ml Day 4- 120 ml	Pain and swelling of joints were reduced.
Sarvang snehana and swedana (Purva karma)	1 day (Vamana purva karma)	-	Pain and swelling of joints were reduced, Stiffness of joints were reduced.
Vamana Karma (Pradhan karma)	1 day	Vaman by Madanphal kashay and saindhav etc.	patient was feeling his joints mobile.
Vaitaran basti	7 days	-	Patient was fully free of pain and swelling, stiffness of joints.

Investigations-

- RA Factor- 22.15 IU/ml (Positive)
- ESR-10mm/hr.
- HCV-Negative

HLA b27(Human Leukocyte Antigen B27)- Positive

- Hb- 11.2 gm%
- WBC Count- 7800
- Sr. Creat- 0.7mg/dl
- BSL R- 118 mg/dl

APUNARBHAVA CHIKITSA –

1. Maharasnadi kwatha 4 tsp BD with lukewarm water.
2. Amruta Guggul- 2-2 tab
3. Panchatiktaghrut Guggul- 2-2 tab
4. Mahavatvidhwans rasa- 2-2 tab
5. Gandharv Haritaki churna 1 tsp with lukewarm water at night
6. Vishagarbha taila for Pratisaran

Discussion-

- Patients with AS are at risk of complications, some of which may be life-threatening like restrictive lung disease.
- Post-traumatic intervertebral fractures, cauda-equina syndrome, osteoporotic compression fractures, or spondyloarthritis.
- The differential diagnosis for such a presentation includes collagen vascular diseases like RA, SLE, and also rheumatic fever.
- The pathologies considered for differential diagnosis within the Ayurvedic pattern included Jwara, Amavata, Vatarakta, and Gridrasi. The patient had features of ama (undigested toxic matter) in his body.

- In the pathogenesis of *Amavata*, important components are *Ama* and *Vata*. As per *Ayurveda*, no disease occurs without impairment of *Agni*. So the important issue is the *Chikitsa* of *Ama* linked with vitiated *Vata* and the *Chikitsa* of *Mandagni*.
- The drugs used here in the management of *Amavata* have properties of *Amapachak*, *Vatasamak* and *Agnideepan*.
- *Sanjeevani vati* improves the *Mandagni* and provide relief in pain; because of its ingredient i.e. *Bhallatak* is very effective for *Agnivardhan*.

Conclusion-

- This case highlights the fact that confidence can be found in *Ayurvedic* management principles even in cases where contemporary medicine's prediction is poor.
- The patient was diagnosed in *Ayurvedic* terms and managed therefore. On this basis, the *Vyadhi* was identified as being *yapya* and treatment planned accordingly.

- Furthermore according to *Ayurveda*, future exacerbation and reversion can be prevented by appropriate diet and continuing medication.
- *Ankylosing Spondylitis* is not mentioned as a separate entity in the *Ayurvedic* classical texts. But considering the symptoms and the cause, disease can be approached with the concept of *Aamvata*.
- This combined *Ayurvedic* treatment of the above mentioned oral *Ayurvedic* drugs and *Panchakarma* procedures had given promising result in the management of AS.

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Conflict of Interest: Non

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