

AUTO-IMMUNE DISORDERS AYURVEDIC THERAPIES AND MANAGEMENT

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COMPREHENSIVE AYURVEDIC MANAGEMENT OF ANKYLOSING SPONDYLITIS

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Introduction:

Ankylosing Spondylitis is a chronic, systemic, inflammatory, rheumatic, auto-immune disorder of unknown etiology primarily affecting the axial skeleton. The disease usually begins in the second or third decade, the prevalence being more in male. (M:F = 3:1). It is currently believed that susceptibility to AS is determined almost entirely by genetic factors. The disease shows a striking correlation with the histocompatibility antigen HLA - B 27.

Pathogenesis:

It is incompletely understood. The features of the disease that implicate an immune-mechanism in the causation of the disease are 1) Elevated serum levels of IgA. 2) Acute phase reactants. 3) Inflammatory histology and 4) Close association with HLA - B27.

There is infiltration of CD4+ and CD8+, T-cell and macrophages in the inflamed sacroiliac joints which again shows the underlying immunologic factor. High levels of TNF-alpha are also seen.

No specific event or exogenous agent that triggers the onset of the disease has been identified, although overlapping features with reactive arthritis and inflammatory Bowel Disease suggest that enteric bacteria may play a role.

There are some evidences to prove the autoimmunity to the cartilage proteoglycan aggrecan and particularly its GI domain and link protein.

Pathology:

The enthesis, the site of ligamentous attachment to the bone is the primary site of pathology in AS with the features of both enthesitis and synovitis.

In the spine the annular fibers are eroded and eventually replaced by new bone forming a syndesmophyte. This again grows by endochondral ossification ultimately bridging the adjacent vertebral bodies leading to bamboo spine. It can

lead to progressive bony fusion of the sacroiliac joints and the vertebral column, some patients may also show extra articular manifestations.

Need of Study:

In modern medicine, long-term use of Non steroidal anti-inflammatory drugs (NSAIDS) and a lifelong programme of appropriate regular exercises has been the mainstay of symptoms control for almost six decades.

Traditional disease-modifying anti-rheumatic drugs (DMARDs) used for rheumatoid arthritis (RA) are ineffective in the typical AS patients with diseases limited to the axial skeleton, including hip and shoulder joints.

Regimented Ayurvedic intervention in the early stages of the illness can be highly beneficial in that further progression of the disease can be prevented.

Aims and Objectives:

To assess and specify the role of Ayurvedic treatment modalities in the management of Ankylosing Spondylitis.

Methods:

This study was conducted in **Sushrut Ayurveda Hospital & Research Center, Udgir, Dist. Latur (M.S.)** Well diagnosed 7 patients of Ankylosing spondylitis were randomly selected.

In present observational study of Ankylosing spondylitis with +ve HLA-B27 and radiological abnormalities at the sight of L.S spine with inflammatory back pain and stiffness. (*Katishul*), *Angasad*, *Aruchi*, *Jwara*, and *Nidravipryay* (Sleep disturbances). These signs were suggesting of *Amvata and Dandak*.

Therefore treatment modalities were applied for removal of Ama and detoxification of toxins from the body as follow

Udvartan & Valukasweda (Ampachana & Rukshana). *Mild Virechana*, *Vaitaran vasti Patrapottali sweda & Shastik Shali Pinda sweda*, followed by *Ampachakvati*, *Rasnasaptak Kwatha*, *Rhumacalm*, *Simhanad gugul* and *Gandharva Haritki Churna* for 3 months.

Basic Principal of Treatment:

Langhanam Swedanam Tiktam Deepanani Katunicha.

Virechanam Snehapanam Vastayaschaam Marute.

Rukshswedo Vidhatavyo Valukapotalaistatha.

Upanahasha Kartavyosteapi, Sneha Vivrajita. (Yogratnakar/Amvata).

List of treatment procedures administered during clinical study:

S.No.	Panchkarma Procedures	Medicines Used	Dose	Duration
1	Udavartan & Valuka sweda	Kottamchukadi churna	50 gm	30 days.
2	Virechan (Anuloman)	Gandharva Haritki Churna	5 gm	30 days
3.	Vaitaran Basti	Tamarindus Indica, Jaggery, Rock salt, Sesam oil, Cow's urine	400 ml	6 days
4.	Anuvasan Basti	Pind tail	100 ml	9 days
5.	Patrapottali sweda	Vata hara drugs	250 gm	15 days
6	Shastikshali pindsweda	Shali shastika, Milk, Bala powder	250 gm	15 days

Vaitarana vasti:

Phalshukti karshkudvairamleegu Sindhujanmo Gomutre.

Tailyutoyam Basti Shulanahamavatharam.

Vaitarana Ksharbasti Bhaktechapi Pradiyate. (Chakradatta)

S.No.	Dravya	Contents	Quantity
1.	Guda	Jaggery	20 gm
2.	Lavan	Saindhav (Rock Salt)	10 gm
3.	Sneha	Til oil (Sesam oil)	20 ml
4.	Chincha	Tamarindus Indica	40 gm
5.	Gomutra	Cow's fresh urine	160 ml

List of medicines administered during clinical study:

S.No.	Dravya	Contents	Quantity
1.	Ampachak vati	500 mg BD	30 days
2.	Rasnasapthak Kwath	20 ml BD	45 days
3.	Rhumacalm	500 mg BD	60 days
4.	Simhanad Guggulu	500 mg BD	60 days
5.	Gandharva Churna	Haritaki 5 gm HS	SOS

Observations:

1. Katishul:- occurrence of this symptom was in all the cases, in which 3 cases had mild, 3 cases had moderate and 2 cases Complete relief.
2. Angasad: - Presented in all the cases, in which 2 had mild, 3 moderate and 3 had complete relief.
3. Aruchi:- presented in all cases in which 1 had mild, 2 had moderate and 4 had complete relief.
4. Jwara:- presented in all cases, in which, all the cases had complete relief.
5. Nidraviparyaya:- occurred in all cases, in which 3 had moderate and 4 had complete relief.

Distribution of 7 cases with age, sex and chronicity

S.No.	Age	Sex	Chronicity
1.	40 Yrs	M	5 Yrs
2.	49 Yrs	M	7 Yrs
3.	25 Yrs	M	6 Yrs
4.	24 Yrs	F	3 Yrs
5.	30 Yrs	F	8 Yrs
6.	20 Yrs	F	3 Yrs
7.	35 Yrs	M	5.5 Yrs

Results:

Total Effect of Treatments in Ankylosing Spondylitis.			
S.No.	Results (%)	No. of Patients	%
1.	0-25%	00	00
2.	26-50%	02	28.56%
3.	51-75%	03	42.28%
4.	76-100	03	42.28%

After the 3 months regular treatment and follow up, all the symptoms like Katishul, Angsad, Aruchi Jwara and Nidraviparyaya were improved significantly.

Discussion:

AS belongs to a group of rheumatic, auto-immune disease known as spondyloarthropathies (SpA), which have a strong association with genetic marker HLA-B27. As usually develops in the second or third decade of life, affecting young men more frequently than young women. The sacroiliac and hip joints are the most affected.

The cervical spine is involved late in the disease. Other joints that may be involved include the ankles, wrist, shoulders, elbows and small joints of hands or feet. Morning stiffness and nocturnal back pain are hallmarks. Constitutional features (eg. Fever, anorexia, weight loss) are not uncommon at the onset, with progressive axial involvement, pain and stiffness result.

It is always better to formulate an Ayurvedic diagnosis based on the presenting features of the particular patients before initializing the treatment.

In this study treatment was planned to first remove the Ama by improving digestion with *Deepana & digesting the Ama with Pachana & Udvartana, Balukasweda, Vaitaran & Anuvasan Basti was administered as the basic treatment for Amavata after that Patra pottali Sweda, Shastikashali pindsweda*. Followed by Shamana medicines were advised to prevent relapse & improve the general health of the patient for 3 months.

Conclusion:

After the 3 months regular treatment and follow up all the symptoms like katishul, Angsad, Aruchi Jwara and Nidraviparyay were improved significantly.

This study highlights the fact that confidence can be placed in Ayurvedic treatment principles even in cases where modern medicine's prognosis is poor. The patient was diagnosed in Ayurvedic terms and treated accordingly on this basis, the Vyadhi (disease) was identified as being Yapya (treatable) and treatment was planned accordingly. Vaitaran vasti forms the mainstay of treatment in cases of rheumatic diseases provided it is administered at the right stages of the illness. Even though the claim cannot be made that the disease is completely cured, in spite of the patients are symptomatically normal, which in context of modern medicine is tantamount to return to health, though this is not true in Ayurveda. Moreover, according to Ayurveda, future exacerbations and relapse can be prevented by proper diet and continuing medication.

Ayurvedic interventions were found to be efficacious in the management of Ankylosing Spondylitis. Further clinical studies are required to establish efficacy on the basis of rigorous parameters.

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