



A Single Case Study on the Curative Effect of Some Ayurvedic Modalities in *Kati Prista Graha* w.s.r Ankylosing Spondylitis

P.B Kar Mahapatra¹, Md Nematullah ², Sufia Mahmood³, Madhumita Das⁴

1-Reader, Department of Kayachikitsa. Institute of Post Graduate Ayurvedic Education and Research At S.V.S.P, Kolkata, West Bengal.

2,3, 4- P.G Scholar, Department of Kayachikitsa. Institute of Post Graduate Ayurvedic Education and Research at S.V.S.P. Kolkata, West Bengal.

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Corresponding author-

P.B Kar Mahapatra, Reader, Department of Kayachikitsa. Institute of Post Graduate Ayurvedic Education and Research At S.V.S.P, Kolkata, West Bengal.

Email: pbkmp1964@gmail.com

ABSTRACT:

Ankylosing spondylitis is a most troublesome health hazards all over globe the patient of this gradually become physically challenged and mentally depressed. There are no such safe and effective remedy in modern medicine whereas *Ayurvedic* treatment has showed an excellent curative effect in a case of Ankylosing spondylitis with HLA-B27 positive. As *Ayurveda* usually dealt with most of the neuro-musculo-skeletal disorder in a significant success manner through the conceptual remedies of *Vata Vyadhi*. In present study a 28-year-old young boy become bedridden by the ailment Ankylosing spondylitis with the evidence of HLA-B27 positive, some *Panchakarma* therapy along with *Snehana* and *Swedana* and internal *Ayurvedic* medicine have been implied to the patient that showed new ray of life to the patient by relieving the complaints and presenting the negative report of HLA-B27.

Keywords: *Snehana*, *Vatika*, Ankylosing Spondylitis

INTRODUCTION

Ayurveda has a great role in prevention of disease, promotion of health, as well as cure of the ailment. The maximum disease are categories as *Vatika* disease as per their etiological involvement as well as clinical manifestation the *Nanatmaja Vata Vyadhi* which is 80 in number as stated by Acharya *Charaka*¹ and mainly related to lifestyle disorder. *Ayurveda* has categories almost all neuromuscular skeletal disorder under *Vata Vyadhi* that may be related to lifestyle problem, degenerative disorder, genetic problem or immunological and metabolic

dysfunction. The all sorts of spondylitis cervical, lumbar, lumbo sacral or thoraco lumbar all are presenting the feature of *Ruka* (pain), *Stambha* (stiffness), *Pradaha*(inflammatory changes) etc.² are related to reduction of joint space and compression of neuro vascular pathways. Ankylosing spondylitis is a part of the class of arthritic disorder which cause chronic inflammation of the spine. Ankylosing spondylitis is a type of chronic , degenerative inflammation occurring in the spine and sacro iliac joints and also frequently affects other joints of the body³. The etiology is not known but hereditary factor is common cause. The term “Ankylosing” means fusion and



“Spondylitis” means inflammation of the spinal joints. Inflammation of the spine and Sacro iliac joints leads to formation of bony growth in the spine which causes fusion of the vertebrae. These leads to pain and stiffness of joints⁴. The symptoms of Ankylosing spondylitis are different in different patient and are never the same in two patient. There is a difference in the pattern of pain, stiffness, inflammation and in the time frame of exacerbation of the symptoms and the progression of the disease. In some patients the disease become dormant and the pain subsides completely. The correlation between the presence of HLA-B27 and ankylosing spondylitis has been a known entity since the early 1970s. Although common in the general population, this allele strongly contributes to the susceptibility of development of the linked family of inflammatory rheumatologic conditions collectively known as spondylarthritis. Additional associated diseases, particularly acute anterior uveitis, are also highly correlated with possession of HLA-B27. Although associated with spondylarthritis, the pathologic role of this allele in immune dysregulation remains under investigation. With lower frequency, the presence of the HLA-B27 allele has correlated with inflammatory bowel disease, psoriatic arthritis, and reactive arthritis⁵. As the problem of Ankylosing spondylitis with HLA-B27 positive is incurable in nature and gradually patient become unable to move even to rotate the body, neck and waist. And finally they become stiffed as wooden log as *Ayurveda* believes with the ideology *Srotavarodha*(obstruct micro channels), *Kshaya*(degeneration) are the root cause of provocation of *Vata*⁶ so as per the feature of Ankylosing spondylitis or *Kati Pristha Graha* it is crystal clear that there is a *Srotavarodha* as well as degeneration is mandatory as joint space are closely adhere with *Sleshma*, so the feature simulate with the conception of *kaphavritta Vata* which makes obstruction to the normal action of *Vata* as a result there is restricted movement, pain, stiffness, loss of muscular strength later on inflammation changes take place. *Panchakarma* therapy is on unique bio purificatory measures given successful remedies towards the obstructive phenomenon and *Vata Vyadhi* like disease are being cure with the aid of such therapy. In present study *Panchakarma* therapy specially *Bahya Snehana*(external olation) with *Prasarni taila* has been applied followed by *Abhyanga*(massage) given. Then *Nadi Swedana* is given by boiling *Dasamula*, *Ashwagandha* and *Bala* for consecutive ten days, after that *Virechana Karma* has been performed with aid of *Erand* oil then *Samsarjana Karma*(therapeutic dietary regimen) has been performed and finally 16 *Karma*

Basti(included 11 *Anuvashana* and 5 *Niruha Basti*) have been given from the day of admission to day of *Virechana Kati Basti* with *Prasarni taila* has also been introduced. During *Snehana*, *Swedana* and *Basti Karma* patient has taken the oral medicine like *Trayadasanga Guggulu*, *Vatagajankush Rasa*, *Rambana Rasa*, *Maharasnadi Kwatha*, *Mahamanjistadi Kwatha*. As aforesaid all therapies as well as oral medicine *Vata Samaka* in nature but *Mahamanjistadi Kwatha* is very much used as *Rakta Dosha Nasaka* as HLA-B27 is a protein found in the surface of white blood cells and that is human leucocyte antigen so it has also been work as a *Rakta Sodhaka* agent in said aliment. The total Ayurvedic modalities which have been implied over the *Kati Pristha Graha* are mainly given on the action like *Deepan*, *Pachana*, *Snehana*, *Abhyanga*, *Swedana*, *Virechana*, *Basti* and *Kati Basti* the mode of action of all those therapies were based on the therapeutic action like *Sroto Sodhana*, *Vatanashana* and *Kshayanashana* with *Brimhana*.

AIMS AND OBJECTIVE

To evaluate the role of various Ayurvedic modalities in the management of Ankylosing spondylitis.

MATERIALS AND METHODES

- A. Place of study:** Institute of Post Graduate Ayurvedic Education and Research at S.V.S.P, Kolkata.
- B. Case report:**
1. Age- 26 years
 2. Religion- Hindu
 3. Socio economic condition- Middle class
 4. Occupation- Corporate service
 5. Diet- Veg diet

Chief complaints: Sever pain and stiffness of spine, restricted movement, difficulty to walk, seat and sleep in the last 2 years.

History of present illness :

Low back pain, pain over neck, shoulder joint and other joint also, stiffness, gradual progression of restricted movement, sever low back pain from 2010 and gradually refer to heel of both legs and patient become unable to walk even to move, patient become bed ridden.

Predisposing factor: History of cervical and lumbar spondylitis with HLA-B 27 positive.

Precipitating factor: When the patient started working in A.C room of corporate sector, then his pain started increasing.

Nature of pain: Throbbing type of pain.

Aggravating factor: Jerking journey, forward bending, night awakens.

Relieving factor: Rest, local use of analgesic and anti-inflammatory cream, use of diclofenac sodium and sulfasalazine etc.

History of past illness:-

No such history of any other major illness in past.

On Examination:-

General condition – Good

Vitals –

B.P = 130/80 mm of Hg

Pulse = 74bpm

Temperature = 97.8⁰F

Spo2 = 98% in R.A

Respiration = 24 per minute

CBC(Complete blood count), LFT(Liver function test),

KFT(Kidney function test) were within normal range and

HLA-B27 is positive.

Diagnosis:-

On the basis of diagnosis findings and laboratory report of the case was diagnosed as Ankylosing spondylitis with HLA-B27 positive.

Treatment Protocol:-Total duration = 2 years (IPD 45 days and OPD 2 years and occasionally *Kati Basti* taken at home) (Table 1)

Assessment Criteria:- The improvement of condition of the patient was asses on the basis of subjective parameter(Table 2)

DISCUSSION

Ankylosing spondylitis is a chronic inflammatory disease of the axial spine. Chronic back pain and progressive spinal stiffness is the most common feature of this disease. Involvement of the spine, sarco-iliac joint, peripheral joint, buttock pain, hip pain, peripheral arthritis and dactylitis all are common associated with Ankylosing spondylitis⁷. As *Kati-Pristha graha* is *Vata* predominant neuro inflammatory joint and skeletal disorder specially found in young adult. Male suffer more than female. *Kati-Pristha graha* is a *Vatavyadhi* specially effect spine where restricted movement, immobility's, pain, stiffness and forward bending of spine are the usual feature, this condition may be called as *Avarana avastha* where *Kapha* of *Sandhi sthana* obstruct the *Vayu* and restrict the normal movement. The present study has dealt with *Kati-Pristha graha* where HLA-B27 was positive. The patient gradually become physically challenged due to sever stiffness lumbo sacral joint and patient become frustrated because of

gradual progression of his problem he attended OPD and took admission for getting *Panchakarma* therapy(*Sodhana* therapy), *Samana* therapy(palliative therapy). First he was treated with *Dipana* and *Pachana* with *Panchakola churna* which was needed for enhancement of *Agni* because *Agni* is always helpful to pacify aggravated *Vata* and *Kapha* later patient was given external oleation therapy with *Prasarni taila*⁸ because of its soothing property of *Snayu*, *Sandhi*, *Asthi* and *Mamsa-Peshi* which helped to relax the constricted stage of those structure and later *Drava Swedana* with *Rasna*, *Bala*, *Aswagandha* helps to disintegrate the components of morbid *doshas* and carried those *dosha* from *Sakha* to *Kostha*. After 10 days of *Snehana* and *Swedana Virechana karma* has been done with *Erand* oil 50ml which helps to expel out the *doshas* outside the *Kostha*. Moreover this *Erand* oil is *Vata Sleshmanasak*⁹ agent which become beneficial in this case. In unusual course of *Samsarjana karma* done for further enhancement of *Agni*, later *Basti karma* has been performed and 60 number of *Karma Basti* had been introduced for pacification of *Vata*, maintaining the normalcy of *Kapha* as well as providing nutrition to the involved structure of the joints. Total 11 number of *Anuvasana* and 5 number of *Niruha* had been introduced with *Khira Bala taila* and *Rasna*, *Bala*, *Ashwagandha* and *Dasamula Kasaya* respectively. The *Kati Basti* with *Prasarni taila* had been introduced from 21st to last 3 week to mitigate the local *Vata Sleshmik* affection of the disease. After *Samsarjana Karma* oral medicine continued with *Trayadasanga Guggulu*, *Vatagajankusha*, *Rambana Rasa*, *Mahamanjistadi Kwatha*, *Maharasnadi Kwatha*. After 45 days of treatment patient become stable in this context it could be stated that *Vatagajankusha*¹⁰ contains *Sudha Parada*, *Sudha Gandharan*, *Tankan* etc. are potent *Vata nasak* and *Agni Dipak*. *Trayadasanga Guggulu*¹¹ which contains *Ashwagandha*, *Guduch*, *Satavari*, *Babula* etc. are known *Sroto sodhak* and *Vata nasak*, *pradaha nasak* and *Brimhaniya*. *Rambana* contains *Vatsanava*, *Maricha*, *Jaiphala* etc. which are good *Vedana nasak* and *Agni Dipak* agent. *Maharasnadi Kwath*¹² contains *Rasna*, *Erand*, *Devadaru*, *Kanchanara*, *Gokshura* etc are reputed medicine towards pacification of *Vata* and clearance of channel(*Sroto sodhana*) as well as *Sotha* and *Pradaha nasak*. Another medicine *Mahamanjistadi*¹³ contains *Manjistha*, *Chitrak*, *Vasa*, *Pippali* etc which is very much effective for *Rakta Sodhaka*(purification of blood) and detoxification of *Srotas*. As HLA-B27 gene carry a protein substance in the surface of leucocyte so it could be stated that purification of blood by detoxifying the surface of that

protein through its *Visha nasak* and *Agni Dipak Pitta Samaka* and *Ama pachaka* effect. After 45 days of IPD management patient was released with advice of *Samana aushadis*(oral medicines) and direction was there to go through *Kati Basti* as when there will be the severe pain and stiffness of the back. It is to very much encouraging to note here from that time(2014) to Oct(2019) patient was almost symptom free and was able to perform normal activity. After big noticed such encouraging effect blood for HLA-B27 done and found negative.

CONCLUSION

From above discussion it could be concluded that *Kati-Pristha graha* can be correlated with Ankylosing spondylitis. *Ayurvedic* modality able to provide relief to patient of *Kati-Pristha graha*(Ankylosing spondylitis). HLA-B27 positive like hazards could also be negative with *Ayurvedic Sodhana* and *Samana* modalities. No adverse effect is noted during the treatment.

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Conflict of Interest – None

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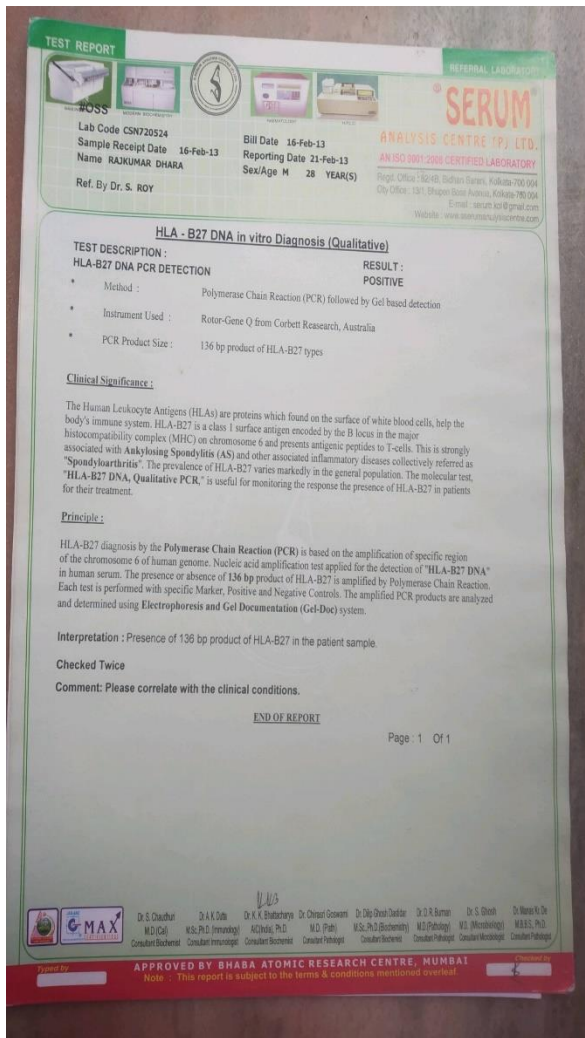
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Table 1 Shows TREATMENT PROTOCOL:-

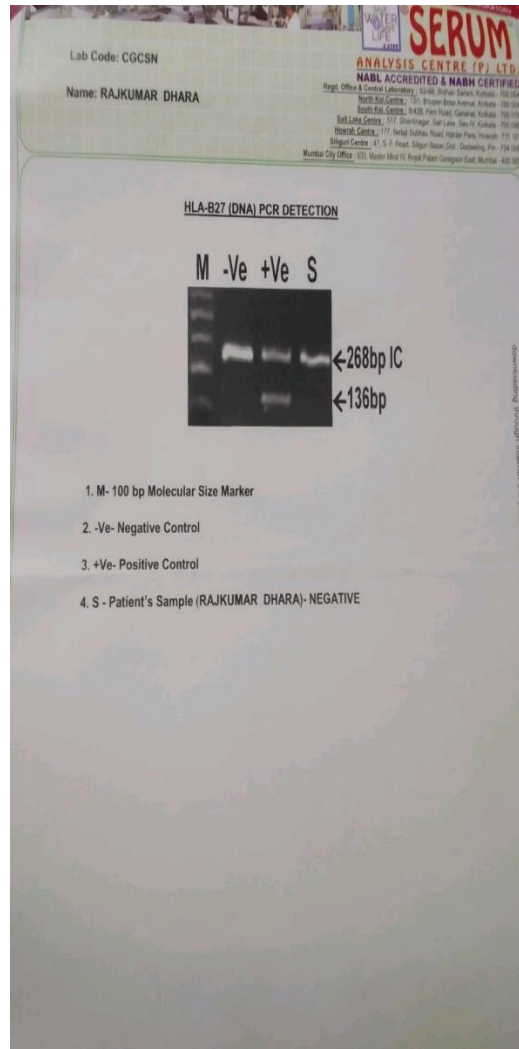
Deepan-Pachana (appetizer-digestive)	With <i>Panchakola churna</i> 3gm BD for 5 days
Bahya Snehana (external oleation)	With <i>Prasarni Taila</i> for 10 days.
Nadi Swedana (hot fomentation)	With <i>Dasamula, Ashwagandha</i> and <i>Bala</i> for 10 days.
Virechana Karma (purgation)	With <i>Eranda</i> oil 50ml given with luke warn water at morning in empty stomach followed by <i>Samsarjana Karma</i> (therapeutic dietary regimen) for 7 days. After <i>Samsarjana Karma</i> , <i>Samana</i> (pacification) <i>yoga</i> is started.
kati basti	with <i>Prasarni taila</i> for 24 days
Basti	<i>Anuvashana</i> with <i>Kshira Bala taila</i> for 11 days <i>Niruha</i> with <i>Rasna, Bala, Ashwagandha</i> and <i>Dasamoola kasaya</i> for 5 days.
Samshamana Yoga (pacification therapy)	Following medicines were used- <ol style="list-style-type: none"> 1. <i>Trayadasanga guggulu</i> 500mg twice daily after meal. 2. <i>Vatagajankush</i> 500mg twice daily after meal. 3. <i>Rambana Rasa</i> 250mg twice daily after meal. 4. <i>Maharasnadi Kwatha</i> 15ml twice daily before meal. 5. <i>Mahamanjasthadi Kwatha</i> 15ml twice daily before meal. 6. <i>Prasarni Taila</i> for local application.

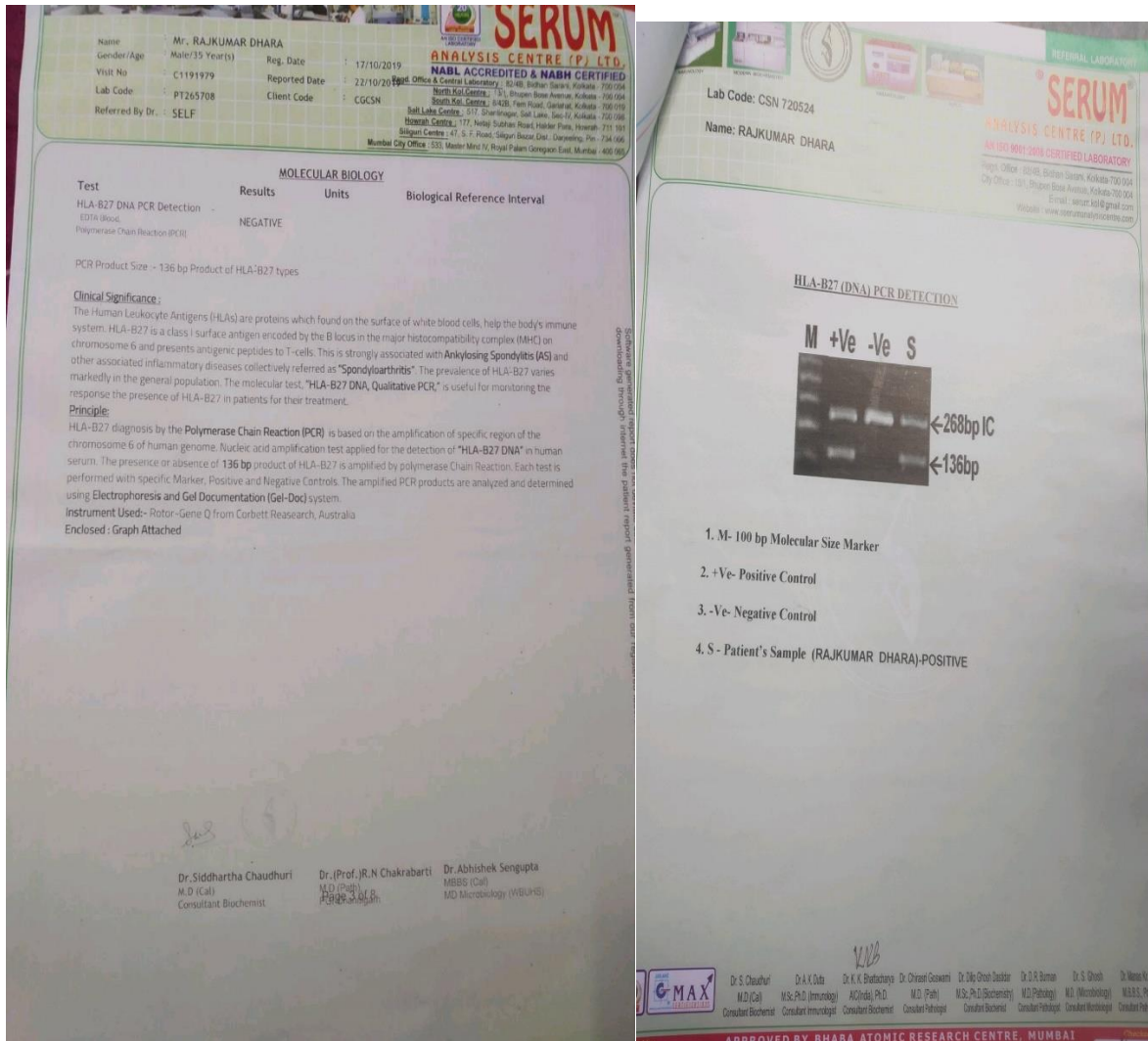
Table 2 Shows ASSESSMENT CRITERIA:-

Symptoms	1 st day	6 month	12 months	24 months
Pain	++++	++	+	+
Stiffness	++++	++	+	-
Refer pain	+++	++	-	-
Wasting of muscle	+	+	-	-
HLA-B27	+	+	+	-
Restricted movement	+++	++	+	-



BEFORE TREATMENT





AFTER TREATMENT