Ankylosing Spondylitis (AS) belongs to a group of Rheumatic disease known as spondyloarthropathies, which shows a strong association with genetic marker HLA B27. It is characterised by a chronic inflammatory arthritis affecting the sacro-iliac joints and spine, which may progress to bony fusion of the spine. It usually begins in second or third decade of life with male to female ratio 3:1. The main symptom are musculoskeletal pain, stiffness and decreased range of movements. AS can be clinically correlated with Gambhira Vatarakta in Ayurveda. Various Panchakarma procedures and internal medications have been proved beneficial in the management of AS. The present report deals with a case of Ankylosing Spondylitis diagnosed as Gambhira Vatarakta and was treated with Ardhamatrika Basti in kala basti pattern, Bahiparimarjana Chikitsa and Shamanoushadhis for 3 sittings and observed a persistent noteworthy improvement in the signs and symptoms of the disease.

Key Words: Gambhira Vatarakta, Ankylosing Spondylitis, Ardhamatrika Basti, Bahiparimarjana chikitsa
use of medications to reduce inflammation, suppress immunity to stop progression of the disease, physical therapy, and exercise. Ankylosing Spondylitis can be paralleled with Gambhira vatarakta. In Gambhira vatarakta the vitiated vata and rakta takes ashaya in deeper dhatus as in sandhi, sira, snayu producing shwayathu (inflammatory oedema), shula (pain) and sthabdhata (stiffness or rigidity). The progression of the disease leads to vaikalya (skeletal deformities) as complication. This explains the joint inflammation with pain and stiffness of axial skeleton producing deformities like bamboo spine, kyphosis etc in case of Ankylosing Spondilosis.

**CASE REPORT:** A 41 yrs male came to Panchakarma OPD of JSS Ayurveda Hospital, Mysore with the complaints of pain in neck and upper back radiating to both upper limbs associated with stiffness since 20 days.

**History of Present Illness:** 11 years back patient gradually started with pain in the low back and hip region which used to aggravate during cold season and with strenuous work. It was managed with symptomatic treatment. 7 years later he again gradually developed pain and stiffness in the neck more during morning hours and relieved after activity. He took 3 sittings of chiropractic treatment intending for spine correction. Though he found improvement in first two sittings, in the third sitting pain aggravated. He is a known case of Diabetes Mellitus and Hypertension since 9 years and 5 years respectively and is on medication for the same.

**History of Past Illness:** Patient has undergone Laparoscopic surgery for gall stone removal in the year 2006. Lithotripsy in 2015 for renai calculi.

**Family History:** Both Father and Mother are Diabetic. None of family members had the history of AS.

**Personal History:**
- Aahara: Mishraahari
- Vihara: Madhyama
- Vyasaana: Chronic smoker withdrew since 5 years
- Nidra: Prakruta
- Mala: Once/Day
- Mootra: 4-5 times/ Day & 1-2 times/ Day

**General Examination**
- Built – Moderately built
- Nadi - 78/min
- Respiratory Rate - 16/min
- Dehoshma - 98.6 F
- Blood Pressure – 130/90 mm of Hg

**DASHAVIDHA PAREEKSHA**
- Prakrutitaha – Pitta Vata
- Vikrutitaha – Vata Rakta
- Sarataha – Madhyama
- Satwataha – Madhyama
- Samhananataha – Madhyama
- Saatmyataha - Madhyama
- Aaharashakti – Madhyama
- Vyayamashakti - Madhyama
- Pramanataha –Wt: 60 Kg; Ht: 5 ft
- Vayataha - Madhyama

**Systemic Examination:**

**Musculoskeletal:**
- Inspection
  - Gait: Normal
  - Deformity of Spine: Kyphotic
  - Swelling: Absent
- Palpation
  - Tenderness: Absent
  - Local raise of temperature: Absent
- Range of movements
  - Cervical Spine:
    - Flexion, Extension, Lateral rotation - Restricted
  - Shoulder joint:
Abduction - Restricted

Lumbar Spine:
Flexion, Extension, Lateral flexion – Restricted

To test the involvement of cervical spine
Fleche’s test: Positive
Occiput to wall distance: 10 cm
Tragus to wall distance: 21 cm

To test the involvement of Thoracic spine
Measurement of chest expansion - 5.5 cm
Schober’s test: Negative

Test for detecting Sacro-iliac joint involvement:

Sacro-iliac compression: Negative.
Faber’s test: Negative
Gaenslen’s test: Negative

Investigation:
X-ray Pelvis with both Hip AP view:
Obliteration of left SI joints - ? Sacro-iliitis/positional
HLA B27 PCR: Positive

Treatment:
Koshta shodhana with Gandharvahastadi Eranda taila 15ml with milk before food at 7 PM for 5 days.

Table 1: Panchakarma procedures

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Panchakarma Therapies</th>
<th>Medicines used</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Greeva Basti</td>
<td>Balaguluchyadi taila and Mahavishagarbha Taila</td>
<td>15 days</td>
</tr>
<tr>
<td>2</td>
<td>Ekanga Kukkutanda pinda sweda from neck to low back</td>
<td>Marma gulika, Saindhava lavana and Eranda taila</td>
<td>15 days</td>
</tr>
<tr>
<td>3</td>
<td>Ekanga lepa</td>
<td>Marma gulika, Saindhava lavana and Eranda taila</td>
<td>15 days</td>
</tr>
</tbody>
</table>
| 4      | Ardhamatrika Basti            | Anuvasana Basti: Balaguluchyaadi taila -70ml
Niruha Basti: Makshika - 100ml, Saindhava lavana- 6gm, Yashtimadhu taila and Guggulu Tikta ghrita - 70ml each, Shatapushpa kalka - 15gms, Dashamoola kashaya prepared by adding 1 madhana phala - 350ml. | Kala Basti (16 days) |

Patient was treated with these Panchakarma therapies once in a year consecutively for 3 years along with shamanoushadhis. These include

During the treatment
1. Kokilaksha Kashaya and Prasarinyadi Kashaya 10ml each BD
2. Amrita Ksheera Kashaya 30ml in the morning
3. Kaishora Guggulu DS 1 tab BD
4. Vishatinduka Vati 2 tab BD

During follow up:
1. Kokilaksha Kashaya and Prasarinyadi Kashaya 10ml each BD
2. Amrita Ksheera Kashaya 30ml in the morning
3. Kaishora Guggulu DS 1 tab BD
4. Gandharvahastadi Eranda Taila 20ml with 20ml milk 1 hour before food in the night, weekly twice.

OBSERVATIONS AND RESULT:
By the end of treatment patient had significant reduction in pain and stiffness of neck, upper back and shoulder. The range of movement of neck and shoulder was improved and significant change was also observed in occiput to wall distance and tragus to wall distance.

<table>
<thead>
<tr>
<th>Test</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ocuput to wall distance</td>
<td>10 cm</td>
<td>5 cm</td>
</tr>
<tr>
<td>Tragus to wall distance</td>
<td>21 cm</td>
<td>16 cm</td>
</tr>
</tbody>
</table>

DISCUSSION: The Vata because of its sukhmatva and sarvasaratva, whereas rakta because of its dravatva and sratva moves all over the body along with Pitta and kapha and gets lodged in different sandhitis, here in specific axial skeletal joint producing severe pain, inflammation, stiffness in Gambhira Vatarakta. The vata and rakta here are “antarashrita” it lodges in sandhi, asthi, majja producing deformities like vakrata, kanja, pangu etc. Which explains the possible deformities like bamboo spine, kyphosis etc of Ankylosing spondylitis. Excessive angagraha, kunchana, stambhana that is stiffness with restricted movements are more in Vataja variety.

Acharya Charaka has mentioned, there is no other therapy equivalent to basti in the treatment of Vatarakta. So, Ardhamatrika basti in kala basti pattern was administered. This basti possess half the dosage of maximum permissible dosage for Niruha basti, hence the name. It can be administered daily even after having food, without any fear of complications, even to sukumara, vridha, stree and those who have fear towards the procedure. It is indicated in vatarakta, and possesses vata kaphahara property and also improves agni, bala and varna of the individual. For Anuvasana basti Balaguluchyadi taila was selected, which has vata, pittahara, rasayana and brimhana property and is indicated in sarukh, sadaha and sashopha yukta vatarakta. As Bahiparimarjana chikitsa Greeva basti, Ekanga lepa and kakkutanda sweda were done. Greeva Basti is both snehana and swedana. By its snehana property it nourishes the dhatu and through swedana it improves the circulation, relaxes the muscles and helps in reducing inflammation. The ingredients used for lepa possess ushna, tiksha vatakaphahara property and Kukuttanda sweda is snehana, swedana and brimhana. It exhibits stambhagna, gauravaghna, ushna, shoolaprasramana, balya and tridoshagna property. Combination of all these therapies helped in reducing pain and stiffness. Kokilaksha kashaya contains Kokilaksha, Amrita and Krishna. Kokilaksha is vatapitta shamaka, anulomaka, shotahara and mutrala. Amrita is tridoshahara and agradravya for vatarakta, pittasaraka and used in all rakta vikaras.

CONCLUSION: Ankylosing spondylitis can be understood in lines of Vataja Gambheera Vatarakta and treated accordingly with shodhana and shamana treatment has given maximum relief from signs and symptoms.
symptoms in this case. Patient is doing well with his day to day activities till date.

REFERENCES:

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