



## EFFECT OF ERANDAMOOLADI AND SHAMPAKADI BASTI IN THE MANAGEMENT OF ANKYLOSING SPONDYLITIS - TWO CASE REPORTS

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### ABSTRACT:

Ankylosing spondylitis is a common inflammatory rheumatic disease that affects the axial skeleton, causing characteristic inflammatory back pain, which can lead to structural and functional impairments and a decrease in quality of life. The major causative factors of AS are genetic, with the gene encoding HLA-B27 being the most important genetic factor. Several other susceptibility genes have also been identified. AS is a predominantly genetic disease; *HLA-B27* is the most important gene. AS is a gradually progressive condition over several years until structural damage manifests clinically as sacroiliitis, loss of spinal mobility, extra-articular symptoms, peripheral arthritis and reduced quality of life. Various *panchakarma* procedures and internal *Ayurvedic* medicines have been proved beneficial in the management of AS. The present two reports deals with a case of 'Ankylosing spondylitis' came to our hospital for *Ayurvedic* treatment. Both patients were diagnosed as having 'Aamvata' according to *Ayurveda* and treated with different *basti* such as Patient 'A' with *Erandmooladi Basti* and Patient 'B' with *Shampakadi Basti* after *Virechan* procedure. Both patients had shown remarkable improvement in their symptoms and also increases their quality of life. Improvement was found in signs and symptoms like fatigue/tiredness, neck/ back/hip pain, tenderness and intensity as well as duration of morning stiffness. *Ayurvedic* treatment seems to be promising in the management of AS without causing any adverse effects.

**Keywords:** Ankylosing spondylitis, *Virechan*, *Erandmooladibasti*, *Shampakadibasti*

## INTRODUCTION

Ankylosing spondylitis (AS) is a potentially disabling form of seronegative spondyloarthritis. AS commonly starts in the second or third decade of life<sup>[1]</sup>. Its aetiology and pathogenesis are not yet fully understood, and its diagnosis is difficult. As a result, the management and treatment of AS are often unsatisfactory. The main symptom of AS is inflammatory spinal pain; with time, some patients develop ankylosis and spinal immobility. The pathology mainly affects the entheses, where ligaments, tendons and capsules are attached to the bone. Three processes are observed at the entheses: inflammation, bone erosion and syndesmophyte (spur) formation. Ankylosing spondylitis (AS) is a complex and debilitating disease with a worldwide prevalence ranging up to 0.9%<sup>[2]</sup>. AS is the prototype of the SpAs and one of the common rheumatic diseases.<sup>[2]</sup> Sacroiliitis is the earliest recognised manifestation of AS, but peripheral joints and extra-articular structures may also be affected. The affected joints show irregular erosion and sclerosis. In AS; the enthesal fibrocartilage is the major target of the immune system, and there may be destructive synovitis. The myxoid subchondral bone marrow is mainly affected. There is the destruction of nearby articular tissues or joint tissues as disease

progresses. The new and original cartilages are replaced by bone through fusion. This causes fusion of the joint bones that causes stiffness and immobility. Tissue is gradually replaced by fibrocartilage and then becomes ossified. In advanced stages of the disease the fusion typically ascends the spine, forming a long bony column referred to as "bamboo spine." The SpAs are defined as inflammatory arthropathies characterised by sacroiliac involvement and relationship to HLA-B27. They are differentiated from RA by distinct clinical features, association with HLA-B27, and an overlap between the individual SpA diseases<sup>[3]</sup>. Patients with severe AS have a reduced quality of life, loss of productivity due to work disability and sick leave<sup>[4]</sup>. Non-steroidal anti-inflammatory drug (NSAID), corticosteroids and various disease modifying antirheumatic drugs (DMARDs) are used to manage AS. However, these statements are of limited benefit. Corticosteroids are associated with numerous side effects, especially when given systemically over long periods of time. No effective disease modifying treatment has been established for AS<sup>[4]</sup>. Due to lack of satisfactory management in bio-medicine leads to permanent deformity in this disease. There is a need to search satisfactory treatment available in other medical system. A patient with AS was treated with *Ayurvedic*

management of *Amavata*<sup>[5]</sup>.The manifestation of *VataVyadhi* (different disease due to *Vata dosha*) is prominent in fully established AS.Various *Panchakarma* procedures and *Ayurvedic* drugs have been proved useful for these manifestations. We present a two cases of AS, which was treated for two months with a combination of *Panchakarma* procedures and *Ayurvedic* drugs. *Ayurvedic* treatments in these case, were directed toward alleviating

symptoms and to reduce severe disability.This study shows the cases of AS may be successfully managed with *Ayurvedic* treatment.

### Case Report

Two patients namely 'A' and 'B' 26 & 21 years of age respectively came in the IPD of Pt. Khushilal Sharma Ayurvedic Institute, Bhopal MP with complaints as follows

**Table No. 1 : Complaints of patients**

Patient A	Patient B
<ul style="list-style-type: none"> <li>• Low back pain which aggravates at night.</li> </ul>	<ul style="list-style-type: none"> <li>• Low back pain radiating to bilateral buttocks</li> </ul>
<ul style="list-style-type: none"> <li>• Spinal stiffness in the morning</li> </ul>	<ul style="list-style-type: none"> <li>• Morning stiffness &gt;45 mints</li> </ul>
<ul style="list-style-type: none"> <li>• Pain and stiffness in bilateral shoulder,hip and ankle joint.</li> </ul>	<ul style="list-style-type: none"> <li>• Pain in bilateral hand,shoulder,hip and ankle joint.</li> </ul>
<ul style="list-style-type: none"> <li>• Restricted neck movement</li> </ul>	<ul style="list-style-type: none"> <li>• Tenderness</li> </ul>
<ul style="list-style-type: none"> <li>• Neck movement with deformity (stooping forward of neck)</li> </ul>	<ul style="list-style-type: none"> <li>• Restricted movements</li> </ul>
<ul style="list-style-type: none"> <li>• Tenderness</li> </ul>	<ul style="list-style-type: none"> <li>• Sleep disturbed due to pain</li> </ul>
<ul style="list-style-type: none"> <li>• Kyphosis</li> </ul>	
<ul style="list-style-type: none"> <li>• Gait change (Antalgic)</li> </ul>	

None of the patients were having any type of addiction alcohol, smoking, tobacco etc. Both patient were found with HLAB-27 positive and raised ESR. Systemic examination and general examination were done.Physical findings such as loss of spinal mobility, with restriction of flexion and extension of the lumbar spine and

neck were found, pain in the sarco-iliac joints was elicited with directed pressure in both Patient A and Patient B. Neck pain and stiffness were noticed which indicates of advanced disease. Bony tenderness accompanies back pain or stiffness. In Patient A restriction in expansion of the chest was also

found. Patient's posture undergone characteristic changes such as, exaggeration of

thoracic kyphosis, stooping forward of neck and loss of lumbar lordosis were present.

#### INVESTIGATION: X-RAY



PATIENT A



PATIENT B

Table No. 2 : O/E – AsthvidhPariksha

<b>AsthvidhaPariksha</b>	<b>Patient A</b>	<b>Patient B</b>
<b>Nadi</b>	<i>Vata - Kaphaj</i>	<i>Vata - Kaphaj</i>
<b>Mala</b>	<i>Asantusta</i>	<i>Santusta</i>
<b>Mutra</b>	<i>Samyak</i>	<i>Samyak</i>
<b>Jivha</b>	<i>Saam</i>	<i>Niram</i>
<b>Shabda</b>	<i>Alpa</i>	<i>Spasta</i>
<b>Sparsha</b>	<i>Ruksha</i>	<i>Snigdha</i>
<b>Drik</b>	<i>Prakrut</i>	<i>Prakrut</i>
<b>Akriti</b>	<i>Madhyam</i>	<i>Krisha</i>

Table No. 3 – Drug intervention

<b>S.N</b>	<b>PROCEDURE</b>	<b>PATIENT A</b>	<b>PATIENT B</b>
<b>1</b>	<b>BalukaSweda</b>	<i>Baluka – 1 kg Ajwain – 20 gm ( For 5 days) Saindhav – 20 gm</i>	<i>Baluka – 1 kg Ajwain – 20 gm (For 3 days) Saindhav – 20 gm</i>
<b>2</b>	<b>Snehpan</b>	<i>PanchtiktaGhrita( From 12/08/22 – 18/08/22 )</i>	<i>MahatiktaGhrita( From 25/11/22 – 1/12/22)</i>
<b>3</b>	<b>Sarvang snehan-swedan</b>	<i>Chandanbalalakshadi tail (19/08/22 – 22/08/22)</i>	<i>Saindhavadi tail ( 3/12/22 – 5/12/22)</i>

4	<b>Virechan</b>	Virechankwathdravya – 220 ml  Sneha dravya (eranda tail)- 80ml <b>(22 vegas) ( On 22/08/22)</b>	Virechankwathdravya – 150ml  Sneha dravya (eranda tail)- 60ml <b>(18 vegas) ( On 5/12/22)</b>
	<b>Samsarjan karma</b>	5 days	5 days
5	<b>ErandamooladiNiroohbasti(karmabasti)</b>	<b>Nirooh Basti</b> Erandamooladikwath – 350ml Chandanbalalakshadi tail-50ml  <b>Anuvasan Basti</b> Chandanbalakashadi tail – 60ml	-----
6	<b>ShampakadiNiroohbasti(karma basti)</b>	-----	<b>Nirooh Basti</b> Shampakadikwath – 300ml Saindhavadi tail – 50 ml  <b>Anuvasan Basti</b> Saindhavadi tail – 60ml

**Assessment** – Assessment of the patients were done before and after treatment on the basis of clinical changes. Visual Analogue Scale

(VAS) of 10 cm was used for assigning the numerical scale of each sign and symptom.

**Table No. 4 - Bath Ankylosing Spondylitis Functional Index (BASFI)**

DAILY ACTIVITIES	PATIENT A		PATIENT B	
	BT	60 days AT	BT	60 days AT
Putting socks without help	10	8	8	6
Pick up pen from the floor without aid	10	10	6	3
Getting up from armless chair without aid	0	0	4	2
Reaching up to a high shelf without any help	0	0	8	3
Getting up from the floor without help	6	5	10	8
Standing unsupported for 10 mints without discomfort	0	0	8	0
Climbing 12-15 steps without using handrails or walking aid	7	5	10	2
Looking over shoulder without turning body	6	5	1	0

Doing physically demanding activities (exercises , gardening etc.)	5	3	4	1
Doing a full day activity	7	4	8	4
<b>Total Mean Scoring</b>	<b>51/10= 5.1</b>	<b>40/10= 4</b>	<b>67/10= 6.7</b>	<b>29/10= 2.9</b>

**Table No. 5 - Bath Ankylosing Spondilitis Disease Activity Index (Basdai)**

S.N	SYMPTOMS	PATIENT A		PATIENT B	
		BT	60 days AT	BT	60 days AT
1	Fatigue	3	0	3	0
2	Neck pain, backpain, hip pain	8	4	9	4
3	Pain or swelling in other joints	1	0	9	1
4	Level of discomfort	5	2	8	2
5	Morning stiffness- intensity	6	1	8	2
6	Morning stiffness –duration	5	1	7	2
	<b>Total Mean Scoring</b>	<b>4.50</b>	<b>1.40</b>	<b>7.3</b>	<b>1.8</b>

(To evaluate the mean score of BASDAI, the scores for symptoms 1-4 is added together and the mean for symptom 5 & 6 is calculated.

The mean score of 5 & 6 is added to the scores from symptoms 1-4 then the total is divided by 5 to give the average.)

**Table No. 6 – Observation in Range of Movements**

Range of movement		Patient A		Patient B	
		BT	60 days AT	BT	60 days AT
<b>Lumbar Flexion</b>		180°	160°	100°	90°
<b>Lumbar Extension</b>		10°	30°	30°	30°
<b>Hip Flexion</b>	Right Leg	100°	110°	100°	110°
	Left Leg	110°	115°	100°	110°
<b>Hip Extension</b>	Right Leg	10°	20°	20°	30°
	Left Leg	10°	20°	20°	20°
<b>Abduction</b>	Right Leg	40°	50°	40°	50°
	Left Leg	40°	50°	40°	50°

<b>Adduction</b>	Right Leg	10°	20°	15°	20°
	Left Leg	10°	15°	10°	20°
<b>Hip Internal Rotation</b>	Right Leg	20°	30°	30°	45°
	Left Leg	30°	40°	30°	45°
<b>Hip External Rotation</b>	Right Leg	20°	30°	40°	45°
	Left Leg	30°	40°	40°	45°
<b>SLR</b>	Right Leg	30°	40°	90°	90°
	Left Leg	45°	60°	80°	90°
<b>FABER'S TEST</b>	Right Leg	Negative	Negative	Positive	Negative
	Left Leg	Positive	Positive	Positive	Negative
<b>FNST</b>	Right Leg	Positive	Negative	Positive	Positive
	Left Leg	Negative	Negative	Negative	Negative

## DISCUSSION

AS is characterized by a chronic inflammatory arthritis predominantly affecting the sacroiliac joints and spine, which can progress to bony fusion of the spine<sup>[6]</sup>. The main symptoms like musculoskeletal pain, stiffness and decreased range of movements in the spine. Modern science has very limited options to treat AS. So, the necessity of management through *Ayurveda* is very much essential. Ankylosing spondylitis is a disease which cannot be cured completely but can be best managed by adopting various modalities of *Panchakarma*. Before performing *Sodhana*, *Snehapana*, *mild Rookshana* is ideal which subsides the associative *Kapha* and also enhances the *Agni*. *Swedana karma* was aimed for achieving *Vishyandana* and *Vilayana* of *doshas* so as to bring them into *koshta*<sup>[7]</sup>. In

these two cases *samyaknigdhakshana* was attained on 7<sup>th</sup> day of *Snehpan* and *Virechan* was done on 11<sup>th</sup> day after 3 days of *SnehanSwedan*. The ultimate *upkarma* mentioned for *Vata dosha* is *Niroohbasti*. *Erandamooladibasti* for Patient A and *Shampakadibasti* for Patient B were adopted for the management.

***Erandamooladi Basti*<sup>[8]</sup>** - *Erandmooladi Basti* is mentioned in *Charak Siddhi Sthan 3 Shlok* no. 38-42 for ***JanghaurupaadtrikprasthaShool*** and ***KaphaavrittaVata***. *Erandamooladibasti* does *Deepana karma* and it is one of the most praised decoctions used for treating *Vata* disorders. It brings back *Vata* blocked by *Kapha* or initiated *Vata* by any cause to a state of balance. Patient A was administered with *Erandamooladi Nirooh* along with *Chandanbalalakshadi tail*

*Anuvasanbasti*. It has amazing *pitta and kaphashamak* and anti-inflammatory properties.

**Shampakadi Basti<sup>[9]</sup>** – *Shampakadikwatha* is mentioned in *Ayurvedic* classics as a therapeutic formulation of *Basti* to treat Musculo-skeletal diseases like *Katishool*. **Shampakadi Nirooh Basti** is described in *Sushruta Samhita (Su.Chikitsa 38/43-45)*. It contains *Aragawadha, Erand, Punarnava, Ashwagandha* which mainly pacifies the *Pristha-Trik-Urushoola* and reduces symptoms like stiffness and numbness by its *Vatakaphahar* property indicated in pain and stiffness located in lumbar region. In Patient B Shampakadi Nirooh Basti was administered along with *Saindhavadi tail Anuvasan Basti*. This oil has great analgesic and anti-inflammatory property.

## CONCLUSION

The curable diseases can be cured whereas the incurable diseases has to be best managed and this disease cannot be completely cured but can best managed in relieving the signs and symptoms and providing the best comfort by judiciously adopting various *Panchakarma* procedures at regular intervals. *Panchakarma* procedures have been proved useful for this manifestation in alleviating symptoms and to reduce severe disability. The present two

studies sheds light on different *Panchakarma* procedures in Ankylosing Spondylitis. In present two cases, after *Virechan* both *Erandamooladi* and *Shampakadibasti* shows remarkable results. These both *bastis* enhances the range of motion and increases the quality of life of both patients. This study needs to conduct on large number of patients.

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