



Management Of Ankylosing Spondylitis Through Siddha: A Case Report

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Abstract

Introduction: Ankylosing spondylitis (AS) is an inflammatory condition of uncertain etiology that primarily affects the axial skeleton, but peripheral joints and extra-articular structures are frequently associated. According to the Siddha Classical Literature on Disorders of the Body and Mind, Yuhi Vaidya Chinthamani 800, the disease Thandaga Vatham, which is characterized by symptoms of pain, bodily stiffness, profuse perspiration, yellowing of the urine and feces, pallor, curving of the spine, diarrhea, and chest congestion, is closely related to AS. **Case Presentation:** A 23-year-old female, diagnosed with HLA-B27 positive AS, visited the Outpatient Block, Government Siddha Medical College Hospital, Chennai, with concerns of pain while walking, trouble bending forward, and restricted hip joint movement for the past six months. **Discussion:** The Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), the Bath Ankylosing Spondylitis Functional Index (BASFI), and the Bath Ankylosing Spondylitis Metrology Index (BASMI) have been used as standard techniques to assess the disease activity and quality of life of the patients. Thandaga Vatham (AS) was diagnosed, and Siddha treatment was provided for 48 days (1 Mandalam), which included Chitramutti Matakut Tailam Peechu, Venn Kungiliya Ottradam, Thazhuthazhai Ilai Vedhu (external medication), Vatha Ratchasan Mattirai, Maha Vallathi Ilakam, and Agni Churanam (internal medication). **Conclusion:** Following the intervention, the patient's signs and symptoms were greatly reduced, and her quality of life improved. The combination of external and internal intervention with Siddha medications appears to be effective in treating AS patients. This study serves as a basis for further research projects on AS.

Keywords: Ankylosing Spondylitis, Siddha, Thandaga Vatham.

Introduction

Ankylosing Spondylitis (AS), or Bechterew's disease (ICD-10 CM M45.9), is a seronegative inflammatory arthritis of unknown etiology that primarily affects the axial skeleton and peripheral joints with extra-articular manifestations such as uveitis, psoriasis, Crohn's disease, or ulcerative colitis ^[1]. The disease more often manifests in young males than in females, with a ratio of approximately 3:1 in the second and third decades of life ^[2]. The prevalence of AS in India is 0.03% ^[3] and between 0.1 and 1.4% globally ^[4]. As per the Siddha Classical Literature on disorders of body and mind, Yuhi Vaidya Chinthamani 800, the disease Thandaga Vatham, characterized by the symptoms of pain, bodily stiffness, profuse perspiration, yellowing of the urine and feces, pallor, followed by curving of the spine, diarrhea, and congestion in the chest, can be closely correlated with AS. As per the text, this results from the disordered Vatham or Vali migrating from the base of the spine to the head, where it ends in the Vishuddhi ^[5].

Patient information

A 23-year-old, unmarried female presented with complaints of bilateral hip joint pain that had been steadily increasing from the posterior to the anterior aspect, stiffness that persisted all day, pain while walking, trouble bending forward, restricted hip joint movement for six months, and bilateral knee pain and swelling for two months. She was a known case of polycystic ovary syndrome (PCOS), with irregular menstruation (once every 2–3 months), normal flow, and no intermenstrual bleeding for a year. She was not on any medications for PCOS. The condition was diagnosed as ankylosing spondylitis with arthritis. Her family history was positive for the same; her uncle, aged 48, was also a known case of AS. The patient was under the supervision of an orthopaedic surgeon for six months. Magnetic resonance imaging (MRI) of the pelvis and HLA B27 investigations have been done. The findings of the MRI of the whole spine were short TI inversion recovery (STIR) hyperintensities noted in bilateral sacroiliac (SI) joints (left > right) and bilateral polycystic ovaries. HLA-B27 was positive. The patient in the past 6 months has been prescribed a combination of Methylprednisolone 4 mg, Etoricoxib 90 mg, Indomethacin 75 mg, Piroxicam 20 mg, Sulfasalazine 1000 mg, and calcium supplements. The course of the disease was intermittent, with a worsening of symptoms. The patient was admitted to the Government Siddha Medical College Hospital IPD, Chennai, for further management.

Clinical Findings

Vital examination: The pulse rate was 82/min and consistent; blood pressure was 120/70 mmHg; temperature was 98.6°F; and respiration rate was 18/min with a height 163 cm and a weight 62 kg.

Systemic Examination: The respiratory, cardiovascular, and central neurological systems did not exhibit any abnormalities. The abdominal examination was normal.

Pain was squeezing in nature, worsening with walking, sitting for more than 10 minutes, altering position when lying, and with environmental differences (greater in cold climates). Pain exacerbated after lying supine for an extended period of time at night. Pain was alleviated after certain physical activities, although stiffness remained throughout the day.

Envagai Thervu (Eightfold Examination—Pre-Treatment):

The Siddha system uses a unique diagnostic procedure to diagnose ailments and their causes. The diagnosis is made by observing the five sense organs (nose, tongue, eyes, ear, and skin). The five senses (smell, taste, vision, touch, and sound), and by interrogation. The greatest emphasis should be given to the physical examination of the patient's five sense organs using the physician's equipment. According to Saint Theraiyar, there are eight diagnostic tools: physical symptoms, color, voice, eyes, tongue, feces, urine, and pulse. “Meikkuri Niram Thoni Vizhi Naa Irumalam Kaikkuri” (Saint Theraiyar) ^{[6], [7], [8]}.

Naadi (pulse): Vathakabam; Sparisam (skin): tenderness, warmth around the SI and knee joints, and restricted movements. Naa (tongue): dry, coated, and fissured tongue; taste sensation was clearly experienced. Niram (color): fair; Mozhi (speech): moderate pitch; Vizhi (Eyes): Normal, Malam (stools): constipated, black, and hard, Moothiram (Urine): Neerkuri (General Observation of Urine): dark colored, yellowish in color; Neikuri (an oil drop test in urine): oil spreads in the form of a snake and terminates in the shape of a pearl.

Therapeutic Intervention

Table 1: Siddha External Therapies

External Medicine	Details of the Intervention	Duration
Medicated enema with Chitramutti Matakut Tailam (<i>Chitramutti Matakut Taila Peechu</i>)	A medicated oil made from <i>Sida cordifolia</i> L. roots, <i>Sesamum indicum</i> L. seed oil, and cow's milk was administered into the rectum in the left lateral position and instructed to lie in supine position.	The first three days, early morning, 50 ml. Followed by every seven days
Fomentation with Venn Kungiliyam (<i>Venn Kungiliya Ottradam</i>)	<i>Commiphora mukul</i> Hook. gum, <i>Brassica nigra</i> L. seeds, and <i>Coriandrum sativum</i> L. seeds were roasted, crushed, charred with <i>Melia azadirachta</i> L. seed oil, wrapped thick cotton cloth, and pressed in the areas of pain.	Every day for 20 minutes.
Steam Bath with Thazhuthazhai Ilai (<i>Thazhuthazhai Ilai Vedhu</i>)	A steam bath is prepared with the leaves of <i>Cleodendrum phlomidis</i> L.	Every seven days for 30 minutes.

Table 2: Siddha Internal Medications

Internal Medicine	Dosage	Adjuvant	Duration
<i>Vatha Ratchasan Mattirai</i>	1 tablet bds	Honey	48 days
<i>Maha Vallathi Ilakam</i>	3gm bds	NIL	48 days
<i>Agni Churanam</i>	2gm bds	Honey	48 days

Follow-up and outcomes

Following 48 days of treatment, signs and symptoms were significantly reduced, and quality of life greatly improved (Table 3). The patient claimed considerable improvement in spinal mobility. The patient reported no adverse drug reactions (ADRs) during this treatment. She was instructed to visit the Government Siddha Medical College Hospital's Outpatient Department once every 15 days. After a year of follow-up, the patient experienced great relief from stiffness and no longer required standard analgesics or anti-inflammatory medications. The patient also noted regularity in her menstruation and normal flow.

Discussion

The effectiveness of the Siddha treatment plan for ankylosing spondylitis was examined using the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) ^[9], the Bath Ankylosing Spondylitis Functional Index (BASFI) ^[10], and the Bath Ankylosing Spondylitis Metrology Index (BASMI) ^[11]. The scores of BASDAI, BASFI, and BASMI have dropped from 7.3 to 2.1, 6.6 to 3.0, and 7.2 to 3.1, respectively (Table 3). The lumbar spine's range of mobility has substantially improved. The hematological parameters ESR and CRP had been considerably reduced (Table 4). In Siddha diagnostics, the eight-fold examination indicates the alleviation of Vatham or Vali, which is the primary cause of the disease. The Nadi (pulse) has been changed from Vathakabam to Pithavatham, and the Neikuri from Vathakabam to Kabam indicates a significant drop in Vatham, which is responsible for the pain, stiffness, and limitation of movements.

This demonstrates the positive influence of the drug on the disease. The therapeutic oil from the roots of *Sida cordifolia* L. ^{[12], [13]} has exceptional anti-inflammatory and analgesic properties. The gum is *Commiphora mukul* Hook. ^[14] *Cleodendrum phlomidis* L's leaves ^[15] are traditionally recognized to have anti-inflammatory properties. Vatha Ratchasan Mattirai, Maha Vallathi Ilakam, and Agni Churanam were chosen as they are directly indicated for Vatha Noigal (diseases brought on by Vatham derangement) and have proven to be quite effective in practice. The combination of external and internal intervention with Siddha drugs appears to be beneficial in treating AS patients. Furthermore, clinical validation studies will be carried out in the future.

Assessment criteria

Table 3: Assessment of quality-of-life parameters

Domain	Instrument	Pre - Treatment	Post - Treatment
Acute Phase Reactants	CRP	28 mg/l	12 mg/l
Affected Peripheral Joints	Peripheral Joint Count	2	0
Fatigue	BASDAI	7.3	2.1
Function	BASFI	6.6	3.0
Pain	NRS*	10	2
Spinal Mobility	BASMI	7.2	3.1
Stiffness	NRS*	9	2

*Numerical Rating Scale.

Table 4: Laboratory Investigations

Hematological Parameters	Pre - Treatment	Post - Treatment
Hemoglobin (Hb)	11.0 gm/dl	11.9gm/dl
White Blood Cells (WBC)	9000 cells/cu mm	8600 cells/cu mm
Polymorphs	66%	71%
Lymphocytes	29%	26%
Erythrocyte Sedimentation Rate (ESR)	24 mm/hr	18 mm/hr
C – Reactive Protein (CRP)	28 mg/l	12 mg/l
Rheumatoid Factor (RF)	15 IU/ml	13 IU/ml

Envagai Thervu (Eightfold Examination—Post Treatment): Naadi (pulse): Pithavatham; Sparisam (skin): Mild tenderness present over the SI joint; Naa (tongue): fissured, Niram (Color): Fair, Mozhi (speech): moderate pitch; Vizhi (eyes): normal; Malam (stools): normal, yellow-colored; Moothiram (urine): Neerkuri (General Observation of Urine): Straw-colored; Neikuri (Oil Drop Test in Urine): Oil remained in the form of a pearl.

Declaration of the Patient Consent

The authors certify that they acquired patient consent from the patient or caregiver. Consent to report the case, including photos and clinical details, in the journal. The patient or caregiver understands that their name and initials will not be published, and efforts will be made to disguise their identity. Yet, anonymity is not guaranteed.

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Conflicts of interest

There are not any conflicts of interest.

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