

# A Case Study on Ayurvedic Management of Peripheral Spondyloarthritis

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## Abstract

Spondyloarthritis (SpA) represents a group of chronic inflammatory rheumatic disorders primarily affecting the axial skeleton, sacroiliac joints, and peripheral joints. Peripheral spondyloarthritis is commonly associated with HLA-B27 positivity and elevated inflammatory markers such as ESR and CRP. This case study evaluates the efficacy of Ayurvedic management in a 23-year-old male patient diagnosed with HLA-B27 positive peripheral spondyloarthritis presenting with severe pain, swelling, stiffness, and restricted mobility of bilateral knee and ankle joints along with right elbow involvement. The patient was unable to walk independently for four months. Based on Ayurvedic principles, the condition was correlated with *Pravridha Aamvata*. Treatment included *Vaitarana Basti* along with *Shamana Aushadhi*. Significant clinical improvement was observed in joint pain, swelling, mobility, walking ability, and inflammatory markers. The study suggests that Ayurvedic interventions may provide beneficial outcomes in peripheral spondyloarthritis; however, further clinical studies are required to validate these findings.

**Keywords:** Peripheral Spondyloarthritis, HLA-B27, Pravridha Aamvata, Vaitarana Basti, Ayurveda

## Introduction

Spondyloarthritis (SpA) comprises a spectrum of chronic inflammatory rheumatic diseases characterized by involvement of the axial skeleton, peripheral joints, and entheses. The disease is strongly associated with HLA-B27 antigen positivity and manifests through inflammatory back pain, peripheral arthritis, enthesitis, and extra-articular features. Peripheral spondyloarthritis commonly affects large joints asymmetrically, especially the knee and ankle joints.

The pathogenesis of SpA involves immune-mediated inflammatory mechanisms with increased production of pro-inflammatory cytokines. Clinically, SpA is categorized into axial and peripheral forms. Diagnosis is generally established using ASAS criteria along with laboratory findings such as elevated ESR, CRP, and HLA-B27 positivity.

From an Ayurvedic perspective, the clinical features resemble *Pravridha Aamvata*, a condition caused by vitiated *Ama* and *Vata Dosha*, resulting in pain, swelling, stiffness, and impaired joint function.

## Ayurvedic Perspective

According to *Madhava Nidana*, *Aamvata* originates due to impaired digestion leading to the formation of *Ama*, which combines with aggravated *Vata Dosha* and localizes in joints producing pain, swelling, stiffness, and systemic manifestations.

## Classical Reference

“स कष्टः सर्वरोगाणां यदा प्रकुपितो भवेत् ।  
हस्तपादशिरोगुल्फत्रिकजानूरुसन्धिषु ॥”

The symptoms described in classical Ayurvedic texts correlate closely with the manifestations observed in peripheral spondyloarthritis.

## Case Report

A 23-year-old male patient presented to the OPD of Government Autonomous Ayurvedic College and Hospital, Jabalpur, with the following complaints:

- Severe pain and swelling in bilateral knee joints
- Bilateral ankle joint pain and stiffness
- Right elbow joint pain
- Restricted flexion and extension of affected joints
- Inability to walk independently for four months
- Fatigue, weakness, insomnia, anorexia, and constipation

The patient had previously undergone allopathic treatment without satisfactory improvement.

## Clinical Findings

Clinical examination revealed marked swelling and tenderness in bilateral knee and ankle joints with severe restriction of movement. Morning stiffness and inability to perform daily activities were prominent.

## Personal History

The patient reported:

- Vishamashana (irregular dietary habits)
- Adhyashana (overeating)
- Prolonged sitting
- Ratrijagarana (night awakening)

## Ayurvedic Examination

- Prakriti: Vata-Pitta
- Agni: Vishamagni
- Kosta: Krura Kosta
- Satva: Madhyama
- Vyayamashakti: Avara
- Prominent Srotodushti: Asthivaha and Sandhivaha Srotas

## Laboratory Investigations

- HLA-B27: Positive
- ESR: 140 mm/hr
- CRP: 112.74 mg/dL
- Hemoglobin: 11 g/dL

Based on clinical presentation and investigations, the patient was diagnosed with Peripheral Spondyloarthritis.

## Treatment Protocol

### Shodhana Therapy

Vaitarana Basti for 30 days.

### Shamana Aushadhi

1. Aamvatari Rasa – 1 tablet twice daily
2. Simhanada Guggulu – 2 tablets twice daily
3. Punarnavadi Guggulu – 2 tablets twice daily
4. Rasnasaptaka Kashaya 20 ml + Sahacharadi Kwatha 20 ml twice daily
5. Tab. Rumadin – 1 tablet twice daily
6. Dashanga Lepa for local application

The patient was advised strict adherence to *Pathya-Apathya* and dietary regulations.

## Observation and Results

Clinical Symptoms	Before Treatment	After Treatment
Bilateral ankle pain and swelling	Severe (+++)	Absent
Bilateral knee pain and swelling	Severe (+++)	Absent
Right elbow pain and swelling	Moderate (++)	Absent
Walking ability	Unable to walk	Able to walk with minimal support after 30 days

Significant reduction in pain, swelling, stiffness, and inflammatory markers was observed after treatment.

## Discussion

The primary objective of treatment was digestion of *Ama* through *Deepana* and *Pachana* therapies followed by correction of vitiated *Vata Dosha*. *Vaitarana Basti* acts as a potent therapeutic modality in *Aamvata* by alleviating *Ama*, *Kapha*, and *Vata*.

- *Simhanada Guggulu* enhances digestive fire and reduces inflammation.
- *Punarnavadi Guggulu* acts as an anti-inflammatory and anti-edematous agent.
- *Rasnasaptaka Kashaya* provides analgesic and *Vata*-pacifying effects.

The combined therapeutic approach resulted in considerable clinical improvement.

## Conclusion

The present case demonstrated significant improvement in a patient diagnosed with HLA-B27 positive peripheral spondyloarthritis managed with Ayurvedic treatment modalities. The disease was successfully correlated with *Pravridha Aamvata* based on clinical presentation and Ayurvedic assessment. Ayurvedic interventions including *Vaitarana Basti* and *Shamana Aushadhi* showed encouraging therapeutic outcomes in reducing pain, swelling, stiffness, and disability.

Further large-scale clinical studies are recommended to establish the efficacy of Ayurvedic management in peripheral spondyloarthritis.

## References

1. Lakshmipati Shastri. *Yogratnakara*, Aamvata Nidana. Chaukhambha Sanskrit Sansthan, Varanasi; 2009.
2. Madhavakara. *Madhava Nidana*. Translated by Prof. K.R. Srikantha Murthy. Chaukhambha Orientalia, Varanasi; 2007.
3. Ambikadatta Shastri. *Bhaishajya Ratnavali*, Kushthrogadhikara. Chaukhambha Sanskrit Sansthana; 2005.
4. Sumit Kumar et al. Management of Ankylosing Spondylitis in Ayurveda: A Case Study. *International Journal of Ayurveda and Pharma Research*. 2022;10(4):22–25.
5. Assessment of SpondyloArthritis International Society (ASAS). Available at: <https://www.asas-group.org>

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