

Ayurvedic Management of Ankylosing Spondylitis w.s.r Amavata: A Single Case Study

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ABSTRACT:

Ankylosing spondylitis (AS), a common type of spondyloarthropathy, is a chronic inflammatory autoimmune disease that mainly affects the spine joints, causing severe, chronic back pain; in more advanced cases, it can also lead to spine fusion. The main clinical manifestations include back pain and progressive spinal rigidity as well as inflammation of the hips, shoulders, peripheral joints and fingers/toes. In Ayurveda, no information about such a disease is given. Clinically, when patient's complaints are observed, they clinically correlate more to *Amavata*. A 54-year-old male patient came in O.P.D. with complaints of severe lower back pain & stiffness, restricted movements of lumbar spine, bilateral knee joint pain, swelling and redness. The patient was severely affected by this disease. Considering all the signs & symptoms of patients, we decided to treat this diseases as a *Amavata*. A Significant reduction in the symptoms of patients. Knee joint swelling and pain were reduced, and also the lower back pain and stiffness were very reduced. Though Ankylosing Spondylitis is not mentioned in *Ayurvedic texts* still this newly derived Autoimmune disease can be effectively treated through *Ayurveda*.

KEYWORDS: Ankylosing Spondylitis, *Ayurveda*, *Amavata*.

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INTRODUCTION

Ankylosing spondylitis (AS), a common type of spondyloarthropathy, is a chronic inflammatory autoimmune

disease that mainly affects the spine joints, causing severe, chronic back pain; in more advanced cases, it can also lead to spine fusion. The main clinical

manifestations include back pain and progressive spinal rigidity as well as inflammation of the hips, shoulders, peripheral joints and fingers/toes.^[1] Prevalence of AS in India is 0.03% as per surveys conducted by Bone and Joint Decade India from 2004 to 2010 ^[2]Unavailability of satisfactory treatment in bio-medicine leads to irreversible deformities in this condition. It is necessary to look into various medical systems for appropriate treatment.

The symptoms of AS show very much similarities to *Aamavata* described in *Ayurvedic texts*. *Aamavata* is a disease described in Madhava nidana in which vitiation of *Vata Dosh*a and accumulation of *Ama* take place in joints.^[3] *Ama* is a maldigestible product, which is not homogeneous for the body. Whenever that *Ama* gets localised in the body tissue or joints, it can lead to the production of pain, stiffness, swelling, tenderness, etc., in the related joints along with systemic features like intermittent fever, loss of appetite, constipation etc.^[4]

CASE HISTORY:

Patient Information

A 54-year-old male patient presented to the O.P.D. No. 4 (*Rognidan Evum Vikruti Vigyan*) at *Government Ayurveda College & Hospital*, Nagpur on 6/4/2023 with complaints of severe lower back pain & stiffness, restricted movements of lumbar spine, bilateral knee joint pain, swelling and redness along with intermittent fever, loss of appetite, disturbed sleep due to pain and constipation. Prior to the onset of the aforementioned symptoms, the patient

was in good health. After that, he gradually developed the above symptoms. For management of this disease, he consulted an allopathic physician, who prescribed NSAIDs, immunosuppressants, and corticosteroids to them; but, the patient's symptoms did not improve that much. Hence, for further management of the disease, he arrived at *Government Ayurvedic College Nagpur*.

History of Past Illness

K/C/O Hypertension (since 5 years)

K/C/O Diabetes Mellitus (since 4 years)

No any Surgical history.

Past Medicinal History

The patient has been prescribed a combination of medications, including Calcium supplements, Deflazacort 6 mg BD, Sulfasalazine 500 mg OD, and Etoricoxib 90 mg OD, Indomethacin 75 mg BD. After using this medication for a month, the patient did not experience that much improvement in his symptoms.

Patient Examination

Ashtavidh Praiksha

On examination, *Nadi* (~pulse) was *Vata kaphaja*, 80 bpm, regular with full volume. His blood pressure was 110/70 mmHg and his respiratory rate was 20/min.

Mala (~bowel movements) was *Malvibandh*, once a day with a hard consistency.

Mutra (~urine) was regular, 5–6 times a day.

Jihva (~tongue) appeared to be *Sama* (~associated with *Ama*),

Shabda (~voice) was *Prakrita* (normal).

Sparsha (~skin) was *Ruksha* (dry),
Drik (~vision) was *Prakrita* (~normal),
and
Akriti (~body stature) was stooped
posture.

Dashvidh Pariksha

The *prakriti* of the patient was *Vata pitta*. Further examination revealed symptoms of *Vikrita vata* (~disturbed *Vata*), *Madhyama satva* (~average psychological strength), and *Sarva rasa satmya* (~habitual of taking all six tastes in diet). *Samhanana* (~compactness) is *Avar*(weak), *Satva (mental strength)* was *Madhyam*, *Pramana* (~body built) were found to be *Madhyama* (~normal), *Vyayama shakti* (~muscle strength) was *Alpa*, *Aharashakti* & *Jaranshakti*(~intake and digestion capacity) was *Avara* (~subnormal), Gait of patient was Antalgic gait.

Systemic Examination

On examination, pallor, icterus, edema, and clubbing were absent. No any lymph nodes were palpable. Respiratory, Cardiovascular, and Central Nervous system functioning were normal. The physical examination of the patient revealed a stooped posture, limitation in spinal movement in all directions, showed positive Schober's test. FABERS test was negative. Straight Leg Raising Test was positive.

Investigations

HLA B27 – Positive
CRP – 82.39 (At first visit)

Assessment criteria

The patient was assessed on the basis of changes in symptoms. CRP values and

the Ankylosing Spondylitis Disease Activity Score (ASDAS).

The Ankylosing Spondylitis Disease Activity Score (ASDAS) is an index to assess disease activity in Ankylosing Spondylitis (AS).^[5]

THERAPEUTIC INTERVENTION:

The patient's treatment plan was created to address the core imbalances, which include *Amapachana* (*Ama* digestion), *Agnideepan*(igniting digestive power), *Ruksha Swedana* (Sudation therapy), *Srotoshodhana* (channel cleansing), and at last *Brimhana* (nourishing therapy). This treatment plan was prepared taking into account the involvement of *Vata kapha* dosha linked to *Ama*. (Table 1, 2, 3).

The drugs prescribed by the rheumatologist were stopped before starting the Ayurveda management protocol, patient were asked to take the NSAIDS only when the pain is severe and unbearable. *Rukshavaluka Pottali Swed* was started in conjunction with oral drugs. During the initial visit, *Ajmodadi churna*, *Lashunadi vati*, *Sunthisidh Erandtail*, and a combination of *Aamvatari Ras*, *Mahavaatvidhwans Ras*, *Guduchi Satwa*, and *Sunthi churna* were provided for one month.

There were no significant modifications to the treatment during the second visit. *Simhanad guggul* was used in place of *Lasunadi vati*, while the other drugs were left unchanged for next one month. The treatment plan was altered during the third visit, and now local *Abhyang* with *Vishgarbh tail*, *Rukshaswed* with *Valukapottali*, and *Rasnadi kwath*, *Simhanad guggul*, and

Sunthisidh Erandtail are employed to patient for next one month. *Amrutadi Guggul* and *Samshamni Vati* were added during the fourth visit, while *Rasnadikwath* remained unchanged for the upcoming one month. Local *Abhyang with Balatail* was initiated and

Valukapottali was discontinued. *Shatavari Kalp* was introduced during the fifth visit as a *Rasayana*, but *Samshamni Vati* and the native *Abhyang with Balatail* were remained as it is.

Table1: Medications at first visit

Date	Intervention	Dose	Duration	Anupan
6/03/2023 To 7/04/2023	<i>.Aamvatari Ras</i> <i>Mahavaatvidhwans Ras</i> <i>Guduchi satwa</i> <i>Sunthi churna</i>	Tab 40 Tab 20 10gm 50gm 2gm BD	1 month	<i>Koshnajakal</i>
	<i>Ajmodadi churna</i>	2gm BD		
	<i>Lashunadi Vati</i>	Tab 2 BD		
	<i>Sunthisidh Erandtail</i>	HS		
	<i>Valukapottali Swed</i>	QID		

Table 2: Medications at second visit

Date	Intervention	Dose	Duration	Anupan
8/04/2023 To 9/05/2023	<i>Aamvatari Ras</i> <i>Guduchi satwa</i> <i>Sunthi churna</i>	Tab 40 10gm 50gm 2gm BD	1 month	<i>Koshnajakal</i>
	<i>Ajmodadi churna</i>	1 gm BD		
	<i>Simhanad guggul</i>	Tab 2 TDS		
	<i>Sunthisidh Erandtail</i>	HS		
	<i>Valukapottali Swed</i>	QID		

Table 3: Medications at third visit

Date	Intervention	Dose	Duration	Anupan
11/05/2023 To 1/06/2023	<i>Simhanad guggul</i>	Tab 2 BD		
	<i>Rasna, Sunthi, Guduchi, Triphala, Gokshur, Kutki, Punarnava,, Shatavari, Ashwagandha Yashtimadhu Kwath.</i>	1cup BD	1 month	<i>Koshnaja l</i>
	<i>Sunthisidh Erandtail</i>	HS		
	<i>Valukapottali Swed</i>	QID		
	<i>Snehan with Vishgarbh tail</i>	Locally		

Table 4: Medications at fourth visit

Date	Intervention	Dose	Duration	Anupan
3/06/2023 To 5/07/2023	<i>Amrutaadi Guggul</i>	2 BD		
	<i>Rasna, Sunthi, Guduchi, Triphala, Gokshur, Kutki, Punarnava,, Shatavari, Ashwagandha Yashtimadhu Kwath.</i>	1cup BD	1 month	<i>Koshnaja l</i>
	<i>Samshamni Vati</i>	2 TDS		
	<i>Snehan with Balatail</i>	Locally		

Table 5: Medications at fifth visit

Date	Intervention	Dose	Duration	Anupan
3/06/2023 To 5/07/2023	<i>Samshamni Vati</i>	2 TDS		<i>Koshnaja l</i>
	<i>Shatavari kalp</i>	1 tsp	1 month	Lukewarm milk
	<i>Snehan with Balatail</i>	Locally		

Table 6: Assessment of results

Questions To Be Asked To Patients	Rating	Patient Value (First Visit)	(Second Visit)	(Third Visit)	(Fourth Visit)
1. Back Pain Severity	(Rate From 0-10)	9	8	7	2
2. Duration of Morning Stiffness	(Rate From 0-10)	9	8	8	1
3. Patient Global Assessment of Disease Activity	(Rate From 0-10)	10	8	6	2
4. Peripheral Pain/Swelling	(Rate From 0-10)	7	5	4	0
5. CRP level	MG/DL	82.39	18.41	4.42	4.25
PATIENT SCORE		4.52 (very high disease activity)	3.31 (high disease activity)	No symptoms were observed	No symptoms were observed

RESULTS:

Day by day, the patient started experiencing significant relief in back pain. The duration of morning stiffness, which was initially around 45 minutes, had reduced to 15 minutes. The patient, who was previously unable to perform daily routine activities independently, had now begun performing them independently. Additionally, the patient also reported increase in *Agnibala* along with a reduction in the frequency of fever.

The Ankylosing Spondylitis Disease Activity Score (ASDAS) is an index which

was used to assess disease also showed improvement. At the first visit, the ASDAS score was 4.52 which suggests very high disease activity. After one month of treatment, score becomes 3.31 which suggests high disease activity. CRP levels were so low at the third appointment that we were unable to determine the ASDAS score, which is a very good thing for both the patient and us. It indicates that the patient is free of illness.

DISCUSSION:

Patient presented with complaints of severe lower back pain & stiffness, restricted movements of the lumbar spine, bilateral knee joint pain, swelling and redness along with intermittent fever, loss of appetite, disturbed sleep due to pain and constipation. All these symptoms indicate the involvement of *Vata kapha dosha* linked to *Ama*. Considering all this, the treatment plan prepared includes *Amapachana* (*Ama* digestion), *Agnideepan* (igniting digestive power), *Ruksha Swedana* (Sudation therapy), *Srotoshodhana* (channel cleansing), and at last *Brimhana* (nourishing therapy).

At first visit, *Ajmodadi churna*, *Lashunadi vati*, *Sunthisidh Erandtail*, and a combination of *Aamvatari Ras*, *Mahavaatvidhwans Ras*, *Guduchi Satwa*, and *Sunthi churna* were provided for one month. *Ajmodadi Churna*^[6] and *Lasunadi Vati*^[7] were administered after meals to facilitate the digestion of *Ama* and to stimulate *Agni*. A combination of *Aamvataari Rasa*^[8], *Mahavatvidhwans Rasa*^[9] and *Shunthi Churna*^[10] was prescribed for *Amapachana*, *Kapha-Vata Shamana* and *Agnideepan*. *Guduchi Satva*^[11] was added to this combination considering that due to *Agnimandya*, proper nourishment of the *Dhatu*s does not take place. Therefore, along with promoting *Amapachana* and enhancing *Agni*, *Guduchi Satva* was included as a *Rasayana* to support optimum *Dhatu-poshana* even when the digestive power is compromised. *Sunthi-Siddha Eranda Taila*^[12] was administered to the patient considering the dual role of *Ama* and aggravated *Vata* in the pathogenesis of *Amavaat*.

As described in *Ayurvedic texts*, it is the *vitiated Vata* that carries *Ama* to the *Shleshma Sthana* (joints), leading to *Ama* localization and manifestation of symptoms. Classical references clearly state that *Ama* should never be forcefully expelled from the body without proper *Amapachan*, as this may lead to severe complications. Therefore, *Sunthi* was used to achieve effective *Amapachana*, and also other medications prescribed in the regimen supported the process of *Amapachan*. Once *Ama* was properly digested, *Eranda Taila*, described as "*Vataharanaam Shrestham*", served to pacify the aggravated *Vata*. Through this approach—first digesting *Ama* and then pacifying *Vata* that is the *Samprapti* of *Amavata* was effectively broken. Locally, *Ruksha Valuka Pottali Sweda* was administered to the patient over the affected joint region for *Amapachana*, pacification of *Vata-Kapha*, and reduction of inflammation.

There were no significant modifications to the treatment during the second visit. *Simhanad guggul*^[13] was used in place of *Lasunadi vati*, while the other drugs were left unchanged for next month. *Simhanad guggul* contains *Triphala*, *Erandtail*, *Guggul* and *Gandhak*; it has *Deepan*, *Pachan*, *Vatanulomana* and *Vedanahara* properties.

The treatment plan was altered during the third visit, and now local *Abhyang* with *Vishgarbh tail*^[14], *Rukshaswed* with *Valukapottali*, and *Rasnadi kwath*, *Simhanad guggul*, and *Sunthisidh Erandtail* are employed to the patient for the next month. *Rasnadikwath* contains *Rasna*, *Sunthi*, *Punarnava*, *Triphala*, *Kutki*, *Shatavari*,

Ashwagandha, Guduchi, Gokshura and Yashtimadhu. Rasna, Sunthi and Punarnava help in digesting *Aama* and ignite the digestive fire (*Agnideepana*). *Triphala* and *kutki* expels the vitiated *Doshas* from the body.

In *Aamvata*, impaired digestive fire (*Agnimandya*) leads to the formation of *Aama* and obstruction of bodily channels (*Srotorodha*). As a result, proper nourishment of the tissues (*Dhatu Poshana*) is disrupted, causing gradual depletion and weakness of the tissues (*Dhatu Kshaya*) over time. Therefore, to compensate this *Dhatukshaya* *Shatavari, Gokshur, Yashtimadhu* and *Ashwagandha* were included to provide nutrition, strengthening, rejuvenation and to restore tissue health. *Mahaviṣhagarbha Taila* was given for local application to the patient so that any residual *Aam* in the joints and the aggravated *Vatakapha* can be pacified.

Amrutadi Guggul^[15] and *Samshamni Vati*^[16] were added during the fourth visit, while *Rasnadikwath* remained unchanged for the upcoming month. Local *Abhyang with Balatail* was initiated, and *Valukapottali* was discontinued. *Amrutadi Guggul* is added to the oral medications. Although *Amrutaadi Guggul* is primarily indicated for *Vatarakta*, still we used it in the *Niraamavastha* of *Aamvata* because it contains *Guduchi* as main ingredient which is *Rasayana* and *Balya*. Also it contains *Guggul* which helps to reduce joint inflammation (*Sandhi-Shotha*) and provides analgesic (*Vedanasthapana*) action. The patient was advised to do *Abhyanga* with *Bala Taila*. This will strengthen the ligaments surrounding

the joints and make the joints more stable and strong. At fifth visit, *Samshamni vati* and *Abhyang* with *Balatail* was continued as it. *Shatavari kalp* was added for *Brimhana*.

After that, the patient used to develop mild symptoms whenever physical stress or mental stress increased, or when there were changes in diet and eating habits.

For that, the patient was advised to perform *Swedana* using *Valuka Pottali* on the painful areas. The patient was further advised to avoid excessive physical exertion and to maintain a regulated and balanced diet.

Additionally, the patient was counseled regarding appropriate *pathya* to support recovery and prevent exacerbation of symptoms.

CONCLUSION

The present case highlights that, although Ankylosing Spondylitis is not explicitly described in the classical Ayurvedic texts, its pathogenesis and clinical features can be effectively interpreted through fundamental Ayurvedic principles such as *Agnimandya, Aamotpatti, Vata-Kapha prakopa* and *Asthi-Majja Dhatu Dushti* and also by applying basic Ayurvedic treatment principles like *Aampachana, Vata-Kapha shamana, Shothahara, Vedanasthapana, and Rasayana* therapies significant improvement in pain, stiffness, mobility and overall quality of life of AS patient can be achieved.

Consent of patient:

Consent was taken from patient before starting the treatment as well as prior to publication of the case report and data.

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