website : www.ijacare.in e-ISSN No.: 2457-0443

INTERNATIONAL JOURNAL OF AYUSH CASE REPORTS

Management of Peripheral Spondyloarthritis through Ayurveda: A Case Report

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ABSTRACT:

Peripheral spondyloarthritis is a chronic inflammatory rheumatic disorder characterized by predominant involvement of peripheral joints, entheses, and periarticular structures, often leading to pain, swelling, stiffness, and functional impairment. This article presents an evidence-based Ayurvedic case report of a 53-year-old male patient who presented to the inpatient department with pain, swelling, and stiffness of the right ankle joint for four years, hyperpigmented lesions with engorged veins over the lower limbs for 3 years and difficulty in walking for the past two years. Based on clinical features, chronicity, and disease pattern, the condition could be correlated with *Vatarakta,* and appropriate *Vatarakta-Chikitsa* principles were adopted. Peripheral spondyloarthritis response criteria 40 (PSpARC40) showed significant improvement with reduced pain, swelling, better joint mobility and gait. This case highlights the potential role of Ayurvedic management based on *Vatarakta* principles in effectively managing peripheral spondyloarthritis and improving the quality of life.

KEYWORDS: Peripheral spondyloarthritis, *Rakta, Vata, Vatarakta*

Received: 22.02.2026	Accepted: 15.03.2026	Published: 05.04.2026

QR Code

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INTRODUCTION:

Spondyloarthropathies (SpA) are a heterogenous group of inflammatory musculoskeletal disorders characterized by overlapping clinical manifestations and common genetic predispositios.[1] Based on the predominant clinical manifestations, SpA is classified into axial SpA, which primarily involves the axial skeleton and peripheral SpA, in which the presentation is mainly determined by arthritis, enthesitis, and/or dactylitis.[2] They are marked by inflammation of both the synovium and the entheses, resulting in oligoarticular peripheral arthritis.[3] Enthesitis, at the sites where tendons or ligaments attach to bone, is a key pathological feature of SpA and helps distinguish it from other inflammatory arthritis.[4] Individuals with peripheral spondyloarthropathies(pSpA) typically present with asymmetric arthritis of the knees and ankles, accompanied by enthesitis and dactylitis.[5] . Enthesitis is most commonly observed at the insertion of the calcaneal tendon, leads to difficulty in walking[6].The prevalence of HLA-B27 is high in pSpA, ranging from 27% to 47%.[7]

In *Ayurveda* Peripheral spondyloarthritis can be correlated to *Vatarakta* and treatment planned on this basis, resulted in marked reduction of symptoms after 50 days of inpatient care.

CASE REPORT:

53-year-old male patient presented with pain and swelling over the right ankle joint for the past 4 years. The complaint began as pain over the posterior aspect of the right heel associated with morning stiffness lasing more than 30 minutes. Overtime, the pain gradually progressed to involve the entire ankle and forefoot, worsening on prolonged standing and relieved by rest. MRI of right ankle indicated inflammatory changes with enthesitis.

RA Factor, Anti-CCP, ANA, and HLA-B27 were negative, while ESR and CRP were elevated. The patient was diagnosed with Peripheral spondyloarthritis, lower limb predominant with enthesitis. Patient subsequently underwent various anti-arthritic treatments.

For the past three years, the patient developed hyperpigmentation and varicose veins in both lower limbs below knee joint and more pronounced on the right side with a history of ulceration over the medial right lower leg. Doppler studies showed varicosities, incompetent perforators, and a dilated great saphenous vein. Progressive right ankle swelling and stiffness led to impaired ambulation, prompting outpatient evaluation and subsequent inpatient management.

Personal history

Bowel- occasionally hard bowel
Appetite-reduced
Bladder-5-6 times/day, 2 times/night
Diet-Mixed
Exercise-nil Allergy-nil

General examination

Appearance- normal
Built- moderately build
Weight-89 kg
Height-177cm
Pallor- absent
Icterus- absent Clubbing- absent
Cyanosis- absent Oedema- absent Lymphadenopathy- absent

Vitals

Pulse rate- 80 bpm BP- 150/90 mm Hg
Respiratory rate- 16/ min
Heart rate- 80 bpm

Locomotor system examination

All other joints-no abnormality detected

Other system examination: No abnormalities noted

Samprapti Ghataka*:*

- ✓ *Dosha- Tridosha- Kapha Vata Pradhana*
- ✓ *Dushya- Rasa, Rakta, Asthi, Majja, Sira, Snayu, Kandara*
- ✓ *Srotas- Rasa, Rakta, Asthi, Majja*
- ✓ *Agni- Manda*
- ✓ *Adhishthana- Pada*
- ✓ *Roga Marga- Madhyama*
- ✓ *Vyadhyavastha- Purana*

The patient worked in a printing press abroad for nearly 22 years, where his job requires prolonged standing. Sustained standing in air-conditioned environment and job-related psychological stress has contributed to *Vatadushti*. *Vishama cheshta* especially vitiate *Vyana vata.* Prolonged consumption of *Guru*, *Vidahi* and *Abhishyandhi Aharas* like fermented foods, heavy spices and processed meat has led to *Raktadushti*. The vitiated *Rakta* causes *Avarana* to *Vata* and lead to *Dushti* of *Upadhatu* of *Rakta* particularly *Sira* and *Kandara,* resulting in symptoms like *Siragranthi* and *Stambha.*

Due to long standing mechanical stress (*Vishama Cheshta*), *Kha-vaigunya* has developed in the lower limb, especially in the *Gulphadesha*. The vitiated *Dosha* and *Dushya* get *Sthanasamsraya* at the site of *Kha-vaigunya* in the *Dakshina Gulpha* and manifested symptoms of *Raktavruta Vata* such as *Ruja, Sopha* etc.

Guru and *Abhishyandi Ahara* led to vitiation of *Kapha* and *Rasadhatu*, which led to *Agnimandhya* and *Ama*. Continued exposure to *Nidana* led to chronic accumulation of *Ama* and *Kaphadushti,* which caused *Avarana* to *Vyana Vata and* led to swelling and stiffness of the joint and difficulty in walking etc.

THERAPEUTIC INTERVENTION

In this case, the management comprised a judicious integration of systemic as well as topical treatments accompanied by proper *Pathya Ahara* and *Vihara* to support therapeutic outcomes.

Table-1: Ankle joint examination:

	Right	Left
Inspection	• Swelling around right ankle joint-more predominantly over lateral and dorsal aspect. • Hyperpigmentation • Engorged veins	Hyperpigmentation and varicose veins
Palpation	• Grade 2 tenderness • Increased local	No abnormalities detected

	warmth.	
Range of movement	Plantar flexion, dorsiflexion, inversion and eversion restricted due to pain and stiffness.	All movements possible without pain

Table 2: Course of internal medicines

Date	Medicines	Dose &Time of Administration	Duration
19/07/25 to 06/09/25	*Pachanamritham Kashayam*	2 tsp *Kashaya Churna* boiled in 8 glasses of water, Drink intermittently in a day	50 days
19/07/25 to 06/09/25	*Satavarichinnaruhadi Kashayam*	15 ml along with 45 ml of Luke warm water, twice daily, one hour before food. 6 AM, 6 PM	50 days
19/07/25 to 06/09/25	*Guggulu Panchapala Churnam*	5 gm with *Satavarichinnaruhadi Kashayam*. 6 AM, 6 PM	50 days
19/07/25 to 17/08/25	*Chandraprabha Gulika*	2 tablets twice a day, with hot water, half hour before food. 6:30 AM, 6:30 PM	30 days.
18/08/25 to 06/09/25	*Simhanada Guggulu*	1tablet, thrice a day, with hot water, after food. 9 AM, 1 PM, 9 PM	20 days.
18/08/25 to 06/09/25	*Manasamitra Vatakam*	2 tablet-bed time, along with hot water	20 days.

Table 3: Discharge medicines

Medicines	**Dose &Time of Administration**	**Duration**
Pachanamritham Kashayam	2 tsp *Kashaya Churna* boiled in 8 glasses of water, Drink intermittently in a day	21 days
Gandhaka Rasayanam	3 pinches with 50 ml of milk- night, after food. 9 PM	21 days

Table 4: Topical procedures done

Date	**Procedure**	**Medicines used**	**Duration**

23/07/25 30/07/25	*Jalaukavacaraṇa* Species- *Hirudinaria granulosa* Number- 5 in each sitting Site- lateral and medial aspect of right ankle joint Duration- 1 hour		2 times
06/08/25	*Siravyadha* Site: medial aspect of Right foot		1 time
20/07/25 21/07/25 22/07/25 24/07/25 25/07/25 26/07/25	*Dhanyamladhara*	External application. Temperature: 40 to 42^{0}C	6 days. (35-40 minutes)
20/07/25 to 12/08/25 (Except on *Raktamokshana* days)	*Lepana*	*Dhaturaphala, Tila, Satapushpa, Guduchi,* milk, butter, dried *Kanyasara.* (*Tila* and *Satapushpa* were filled into *Dhatura* fruits, then enveloped in *Guduchi* leaves and boiled in milk. The processed contents were ground, along with butter, and dried *Kanyasara* and made a paste.)	21 days. (30 minutes)
27/07/25 28/07/25 29/07/25 31/07/25 01/08/25 02/08/25 03/08/25	*Ksheeradhara*	Milk processed with *Dasamoolatwak* and *Karaskaratwak.* Temperature: 40 to 42^{0}C	7 days. (35-40 minutes)
4/08/25 to 23/08/25 (Except on *Siravyadha* day)	*Udwartana* -local	*Kolakulathadi Churnam*	19 days. (35-40 minutes)
24/08/25 to 06/09/25	*Pizhinjuthadaval / Pizhichil*	*Madhuyashtyadi Tailam*. Temperature: 40 to 42^{0}C	14 days. (35-40 minutes)

Table 5: PSpARC40 Response assessment

Domains assessed	Before treatment	After treatment
Pain (VAS 0-10)	8/10	1/10
Patient global assessment (VAS 0-10)	7/10	1/10
Physician global assessment (VAS 0-10)	8/10	1/10
Tender joint count	1	0
Swollen joint count	1	0
Leeds enthesitis index	2/6 (pain present at Achilles tendon & plantar fascia)	0/6
HAQ score (0-3 scale)	1	0.3

Other subjective and objective parameters:

Table 6: Subjective parameters

Domains assessed	Before treatment	After treatment
Heaviness of right ankle	5/10	1/10
Difficulty while walking	6/10	1/10
General weakness	5/10	1/10
Morning stiffness	60-90 minutes	10-15 minutes

Table 7: Objective parameters

Domains assessed	Before treatment	After treatment
Range of motion- Rt ankle	Dorsiflexion and plantar flexion restricted due to pain and stiffness	Improved-mobility with only mild pain
Gait	Antalgic gait with marked difficulty in walking	Near normal gait
Local temperature	Raised	Normal
Swelling of right ankle	Markedly present	Reduced
Hyperpigmentation and vein engorgement	Present	Slightly improved

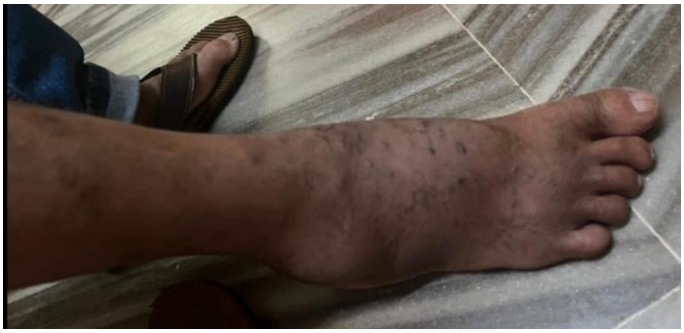

Figure 1: Before treatment

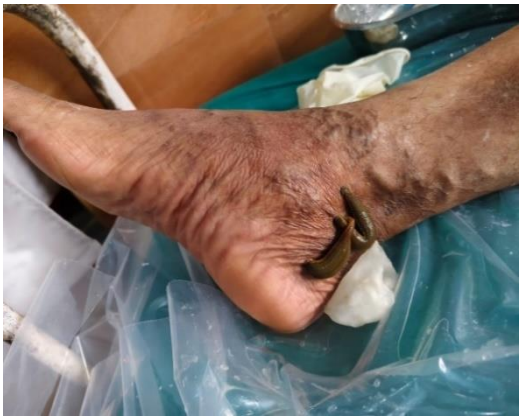

Figure 2: ***Jalaukavacarana- medial aspect***

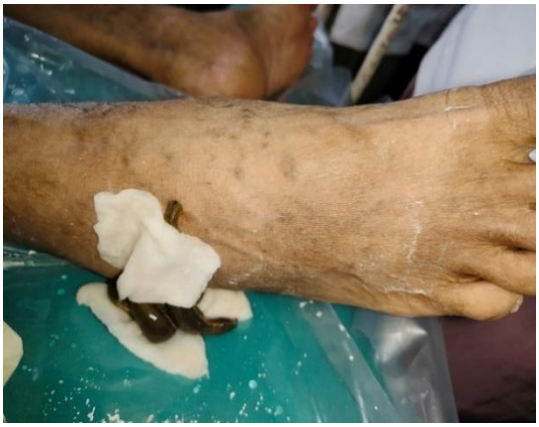

Figure 3: ***Jalaukavacarana- lateral aspect***

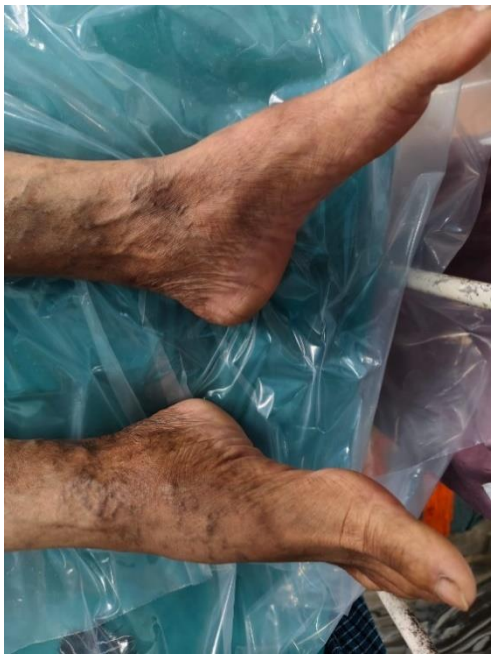

Figure 4: At the time of follow up, 21 days after discharge - medial aspect

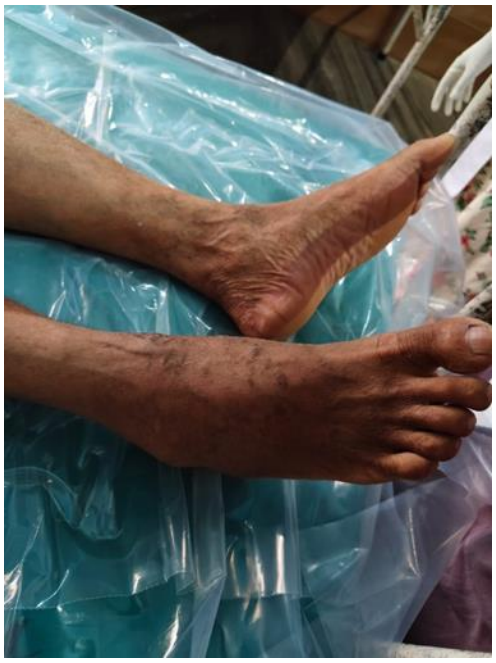

Figure 5: At the time of follow up, 21 days after discharge - lateral aspect

RESULTS:

It is shown in table -5, 6 &7.

After 50 days of treatment, the patient showed marked clinical improvement with reduced pain, swelling, stiffness, tender and swollen joint counts, improved gait, and decreased ESR and CRP, while hyperpigmentation and superficial vein engorgement showed minimal change.

DISCUSSION

The clinical presentation of this patient can be correlated with *Gambheera Vatarakta* in Ayurveda. The treatment protocol includes *Sodhana*, *Samana* and *Bahyachikitsa*, based on the patient's condition. Vitiation of *Rakta Dhatu* leads to *Avaṛaṇa* to the normal *Gati* of *Vata*, resulting in *Vata Prakopa*. The aggravated *Vata,* when obstructed by vitiated *Rakta* (*Raktavṛta Vata*), localizes in various *Sandhis*, thereby progressing the pathogenesis[8].

Systemic treatments

As the clinical condition was suggestive of *Amavastha***,** *Pachanamṛitham Kashayam,* described in the classical text *Sahasrayogam,* administered as *Toyapana* for *Amapachana*[9]. *Satavarichinnaruhadi Kashayam*, described in *Sahasrayogam*, was prescribed for relieving *Rakta Dushti*, as all its ingredients possess *Rakta Prasadana* properties[10]**.** *Chandraprabha Gulika* was administered for its *Sothahara* property.

Simhanada Guggulu, mentioned in *Bhaishajya Ratnavali* under the *Amavatadhikara*, is indicated in joint disorders with predominance of *Ama*[11]**.** In the present case, the *Ama* stage of *Vatarakta* was predominant, therefore addressed using this formulation. *Guggulu Pancapala Churṇa* was administered to pacify the dominant *Kapha Vata Doṣha***.** Due to the chronicity of illness, the person was slightly stressed, therefore *Manasamitra Vatakam* was advised to help relieve stress and promote mental well-being. After 50 days, *Sodhita Gandhaka Bhasma* was given as a *Rasayana* for sustained improvement.

Topical treatments

For the management of *Vatarakta***,** *Raktamokshaṇa* is considered one of the most effective therapeutic modalities described in classical Ayurvedic texts, with leech therapy (*Jalaukavacaraṇa*) being a significant method of bloodletting under this approach[12]. In the present case*, Jalaukavacaraṇa* was performed two times during the inpatient treatment period. This therapy is particularly effective in achieving rapid reduction of pain in conditions involving deep-seated vitiated *Doshas* manifesting as inflammatory joint disorders[13]. The therapeutic efficacy of leech therapy can be attributed to the bioactive substances present in leech saliva, which include anti-inflammatory compounds, histamine-like vasodilators, and analgesic substances[14].

Siravyadha was performed to arrest *Vatarakta Samprapti* by eliminating vitiated *Rakta* along with associated *Doshas*. From a modern view, removal of stagnant blood reduces venous pressure, inflammatory

mediators, and tissue hypoxia, contributing to symptomatic relief[15].

Dhanyamladhara was administered for six days, which aided in reducing *Kaphavarana* and effectively addressed the initial *Ama* stage of *Vatarakta,* thereby supporting symptomatic improvement. The *Deepana* and *Pachana* actions of *Dhanyamla* help in the removal of *Ama* and clearance of *Srotorodha[16].* Its *Ushna Veerya***,** *Laghu***,** *Teekshna***,** and *Rooksha Gunas* assist in mitigating *Kaphavrta Vata.* Chemically, fermented grain-based preparations like *Dhanyamla* have been shown to contain flavonoids, tannins, and related compounds with known antioxidant, capillary-protective, and anti-inflammatory properties[17].

Dasamoola Ksheeradhara, was administered as it is considered one of the most effective therapies for reducing *Shula* (~pain) in *Vatarakta[18]*. Additionally, *Karaskaratwak Kwatha* was incorporated to enhance the therapeutic effect. *Lepana* was performed using a specially prepared *Kanaka Lepa*, aimed at reducing localized inflammation, pain, and stiffness. *Udwartana*, was selected for its potent *Soṣhaṇa* and *Kapha-Medohara* properties, aiding in the management of residual *Kapha* dominance[19].

After effectively addressing *Ama* and *Kaphavṛta Vata,* therapies targeting *Vata* and *Rakta* were initiated. *Pizhichil*, a classical therapy, administered for its efficacy in alleviating aggravated *Vata*. In *Vatarakta, Madhuyaṣhṭyadi Taila* is indicated for its *Vatasamana***,** *Rakta-Pakasamana***,** and *Sothahara* actions, thereby relieving *Ruja* and *Stambha[20]*. Hence, this medicated oil was selected for the procedure.

CONCLUSION:

The clinical presentation of peripheral spondyloarthritis closely resembles *Vatarakta*, a disease caused by vitiation of *Vata* along with *Rakta*, resulting in pain, inflammation, stiffness, and restricted movements of joints. This case study highlights the successful management of Peripheral spondyloarthritis through Ayurvedic treatment principles. By combining internal medications and external therapies, the patient experienced significant reduction in symptoms.

Consent of the patient:

The consent of the patient has been taken for publication of the case details and accompanying images without disclosing the identity of the patient.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Arya K, Farseena K, P M Madhu. Management of Peripheral Spondyloarthritis through Ayurveda: A Case Report. Int. J. AYUSH Case Reports. 2026; 10(1-B): 1-11.

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