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Ankylosing Spondylitis

Ankylosing spondylitis is defined by the presence of sacroiliitis (inflammation of sacroiliac joint) on x-ray and other structural changes on spine x-ray. While additional joints may sometimes be affected, Ankylosing spondylitis is a kind of arthritis that mostly impacts the vertebral column. The spinal joints get inflamed as a result, which results in excruciating persistent pain & agony. Ankylosis (a fresh growth of bones in the spine) can result from this inflammatory process in more severe cases, which may unite a part of the vertebrae into an inflexible, immovable posture.

In addition to the spine, Ankylosing spondylitis can affect various regions of the human body, including the shoulder, hip, rib, heel, and tiny joints in the upper and lower extremities. Iritis Oruveitis, which affects the eyes occasionally, the respiratory system and the cardiovascular system very infrequently, can also be impacted.

The hall mark feature of AS is the involvement of sacroiliac joint during the progression of the disease. The sacroiliac joints are located at the base of the spine where the spine joints the pelvic.

Aetiology-Age at onset less than 40 years.

•Sex-common in male than female, & the ratio is 3:1. •Exact cause is unknown but Gram-

organism Salmonella, campylobacter may be responsible for that. •Genetic factors- HLA-B27. •Fluctuating symptom of spinal inflammation, Ankylosis develops in many patients over a period of many years.

•Secondary osteoporosis of vertebral bodies frequently occurs leading to an increase risk of vertebral fractural.

Clinical Feature-•Slowly developing discomfort, •Symptoms that last longer than three months, •Relationship with tightness in the early hours, •Activity progression

•Pain not ameliorate by lying down, frequently presence at night & compel to leave bed, aggravation in the morning, Eventually development of the entire spinal column, the hips, the cost ocondral joint, and, in rare cases, the shoulder joint

•Slimming down, •Kyphosis (rare)
•Fatigue is main complain of unknown region
•There is no room for motion (late sign)
•Pain at the sacroiliac joint
•The cervical and thoracic spine swells up
•Motion is limited

Physical Examination-•The individual can't raise their spine, •Positive Schober test
•Less than 2.5 cm of expansion in the chest.
•Fully stiff spine and related joints

Complications-•Recurrent Chest infection
•Aortic incompetence (Calcification of valve)
•Atlanto-axial dislocation, •Osteoporosis
•Vertebral fractures.



Ankylosing Spondylitis 'Bamboo spine'

Laboratory Finding-•Complete blood count-Hb%- low (Anaemia) ESR- increase, •Serum IgA- increase, •HLA-B27- positive in 95% cases., •C-Reactive Protein- increased
•Rheumatoid Factor - negative
•ANA Factor-negative, •ACPA-negative
•DXA scan- to rule out fragility fracture
•Serum creatinine phosphokinase and alkaline phosphatase may be increased.

•Radiographic finding

A.) X-Ray of Sacroiliac Joint-

•Early - narrow of cortical margin,
•Widening of the joint space and subsequently sclerosis, •Joint space narrowing and fusion.
•Lateral thoracolumbar may show anterior 'squaring' of vertebrae due to erosion and sclerosis of the anterior corners and periostitis of the waist, •Late-Ankylosis-new bone formation, bridging of joint cavity.

B.) X-Ray of Vertebral Column-

•Bamboo spine (ossification of the anterior longitudinal ligament and facet joint fusion)
Prognosis-Well managed patient leads to a full purposeful life span.

General Management-Before Ankylosis take place- •Give up tobacco, •Offer a seat with an upright spine., •Sleep in a hard mattress using a single cushion., • Stretch workouts, • Promote swimming and promote the state of being prone.

Homeopathic Management-Bacillus 7 Paterson, Bryonia-Alba, Calc.-Flor, Causticum, Chiniun-Sulph, Dulcamara, Formicun-acidum, Gaultheria, Guaicum, Medorrhinum, Merc.-Sol., Nat.-Sulph, Radium-brom, Rhamnus-California, Rhus Tox, Rhododendron, Syphillinum, Thuja, Thiosinaminum, X-Ray

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