



Research Article

**Double blind randomized
control study on the efficacy
of aesculus hippocastanum
in ankylosing spondylitis**

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Abstract

Ankylosing spondylitis is a long term disease that causes inflammation of joints between the vertebral bones and the joints between the spine and the pelvis. It eventually causes the affected spinal bones to join together and results in restricted movements, such as peripheral arthritis and iritis. A hospital based double blind randomized control study was carried out on Bharatesh Homoeopathic Medical College, Hospital and Research Center, Belgaum, Karnataka. The study group of 30 was selected based on double blind randomized control method. This is before and after without control type of experimental study. 30 Ankylosing Spondylitis diagnosed cases were considered. Data collected were analyzed and inferred with T test used to calculate. Result: The overall response of the treatment with the help of

10 Homoeopathic medicines. It was observed that out of 30 patients, 19 patient were cured, 7 patients improved, 4 patients showed no response. Conclusion: Homoeopathic constitutional remedies are very effective in treating s in Ankylosing Spondylitis. There were no side effects during the treatment.

Keywords: Ankylosing Spondylitis, Aesculus Hippocastanum, double blind randomized control study.

Introduction

Ankylosing spondylitis is a long term disease that causes inflammation of joints between the vertebral bones and the joints between the spine and the pelvis. It eventually causes the affected spinal bones to join together and results in restricted movements, such as peripheral arthritis and iritis. Sacroiliac joints are usually the first to be involved and as a rule they are bilaterally involved within six months from the onset of the disease. Sacroilitis produces sciatica – like pain, radiating down to one or both thighs. Ankylosing spondylitis is long term disease that causes inflammation of joints between the spinal bones and the joints between the spine and the pelvis. It eventually causes the affected spinal bones to join together. Ankylosing spondylitis is long term disease that causes inflammation of joints between the spinal bones and the joints between the spine and the pelvis¹⁻⁵. It eventually causes the affected spinal bones to join together. The cause of ankylosing spondylitis is unknown, but gene problems seem to play role. The majority of people with Ankylosing spondylitis have gene called HLA B27. There are theories on its link with some bacterial infection as a triggering factor. The disease most frequently begins between age 20 and 40, but may begin before age. It affects more males than females. Risk factors include a family history of ankylosing spondylitis and male gender. Ankylosing spondylitis is a systemic rheumatic disease and is one of the seronegative spondyloarthropathies⁶⁻¹⁴. About 90% of patients express the HLA B27 genotype. Tumour necrosis factor-alpha (TNF α) and IL-1 are also impli-

cated in Ankylosing Spondylitis. Although specific autoantibodies cannot be detected, its response to immunosuppressive medication has promoted its classification as an autoimmune disease. The disease always begins in the sacroiliac joints, and then extends upwards to involve the lumbar, thoracic and often cervical spine. The articular cartilage, synovia and ligaments show chronic inflammatory changes and eventually becomes ossified. Recently, two more genes have been identified that are associated with Ankylosing Spondylitis¹⁵. These genes are called ARTS1 and IL23R. These genes seem to play a role in influencing immune function. It is anticipated that by understanding the effects of each of these known genes researchers will make significant progress in discovering a cure for Ankylosing Spondylitis. As the disease extends up to the intervertebral joints, there is 'squaring' of the vertebral bodies and calcification of the annulus fibrous giving the characteristic syndesmophytes which fuse to form the classic 'bamboo spine'. This is caused by inflammation of the anterior corners of the vertebrae which extends into the outer layers of the annulus fibrosus. Signs and symptoms are pain, stiffness¹⁶.

Material And Methods

This study was conducted on the patients who attended the Out Patient department of Bharatesh Homoeopathic Medical College, Hospital and Research Center, Belagavi, Karnataka and the study was undertaken for a period of six months. Detailed case was taken, analysis and evaluation following Homoeopathic principles was done. The potency was selected on the basis of individual susceptibility. The outcomes were an improvement of symptoms recorded in monthly basis individual symptoms. A number of subgroups, homoeopathic potency, age group, were analyzed. Given Aesculus Hippocastanum 30 as per the guidelines and double blind randomized to all patients.

Inclusion Criteria: Cases of Ankylosing Spondylitis will be diagnosed clinically with articular manifestation. Hip pain and stiffness, Low back pain that is worse at night, in the morning or after inactivity and Stiffness and limited motion in the low back.

Exclusion Criteria: Extra articular manifestation, Progressive disease with deformities, Ankylosing Spondylitis secondary to any other systematic disease with gross pathology will be excluded. The study requires few investigations routine blood investigation with ESR,

HLA B27, X-ray (lumbar region), Other higher investigations as required like CT Scan and MRI. Reportorial result, rare, peculiar, uncommon symptoms and miasmatic diagnosis of the patient were considered for selecting the constitutional medicines, acute medicine on sector totality and intercurrent remedy was selected on symptomatology, follow-well relation and miasmatic predominance. The following para-meters were fixed according to type of the response obtained after the treatment.

Recovered – Feeling of mental and physical well being with disappearance of all the symptoms and signs for more than six months.

Improved – Feeling of mental and physical well beings with marked disappearance of symptoms and signs for a period less than six months.

Not-improved – No relief of symptoms and signs even after sufficient period of treatment.

Result

As shown in the result the maximum incidence seen in the age group 21- 30 i.e 46.66% in 14 cases. In 31-40 age group the incidence was 23.33%. i.e in 7 cases. Between the age group 41-50 i.e 16.66% in 5 cases. And in the age group 10-20 years i.e 13.33% in 4 cases. The above table shows statistical study of sex incidence in 30 patients with Ankylosing Spondylitis. As per the study, maximum sex incidence seen in male i.e 20 cases accounting 66.66% of total and minimum incidence of 33.34% of the total who where males in 10 cases. 30 patients the study shows 14 patients presented with low backache accounting to 46.66% of the total. 8 patients had stiffness accounting for 26.66%. Of the total 03 patients each presented with limitation in chest expansion accounting for 10.00%, of the total. 02 patients presented with constitutional symptoms accounting for 6.66%. Of the total. 03 patients presented with improvement in pain by exercise accounting for 10.00% of the total.

Table 01. Results

Sr. No	Result	No of cases	Percentage
1	Recovered	07	23.33%
2	Improved	19	63.33%
3	Not-improved	04	13.33%

Out of 30 cases 23.33% showed recovery i.e 7 cases. 63.33% of total cases showed improve-

ment i.e 19 cases and 13.33% of total cases showed no improvement i.e 04 cases.

Discussion

The maximum incidence seen in the age group 21-30 i.e 46.66% in 14 cases. In 31-40 age group the incidence was 23.33%. i.e in 7 cases. Between the age group 41-50 i.e 16.66% in 5 cases. And in the age group 10-20 years i.e 13.33% in 4 cases. Statistical study shows the sex incidence in 30 patients with Ankylosing Spondylitis. As reviewed in the literature male are more prone to have Ankylosing Spondylitis. As per the study, maximum sex incidence seen in male i.e 20 cases accounting 66.66% of total and minimum incidence of 33.34% of the total who were males in 10 cases. Out of 30 cases 23.33% showed recovery i.e 7 cases. 63.33% of total cases showed improvement i.e 19 cases and 13.33% of total cases showed no improvement i.e 04 cases.

Conclusion

The research shows that Aesculus Hippocastanum play an important role in the treatment Ankylosing Spondylitis. The study depicts that 60% of patients got relief from the Aesculus Hippocastanum and this is not a small number. There were no side effective during the treatment and it can be concluded that Aesculus Hippocastanum can be help the patient to take a new lease on life. During the study it was observed that in almost all the cases the Aesculus Hippocastanum responded well and the patient not only got rid of the main complaints of Ankylosing Spondylitis but also got rid of the associated complaints with restoration of health. With the help of use of homoeopathic medicines even allopathic management was avoided. Thus we can conclude that Homoeopathic medicines used with holistic approach are very effective in treating the cases of recurrent Ankylosing Spondylitis.

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