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AN AYURVEDIC APPROACH TO SYSTEMIC LUPUS ERYTHEMATOSUS: A CASE REPORT

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ABSTRACT

Systemic Lupus Erythematosus (SLE), a disorder having a disturbed tolerance auto-immune etiology. Lupus means 'wolf' and its name is derived from the characteristic malar rash which resembles wolf's snout. The prognosis of the disease depends on which organ systems are involved, how severely they are damaged and how rapidly the disease progresses. Herewith, presenting a pre-diagnosed case of SLE, which was re-evaluated thoroughly with Ayurvedic parameters on admission to the IPD of SJIIM Hospital. Based on *nidana-sampraapti-lakshana*, this case was diagnosed as *Agni-Visarpa (Pitta-Vatapradhana)* and treatment was started accordingly.

Keywords: SLE, *Agni Visarpa*, *Nityashodhana*

INTRODUCTION

Systemic Lupus Erythematosus(SLE) is a chronic autoimmune inflammatory disease involving multiple organ systems and marked by periodic episodes. The disease with unclear etiology is most prevalent in women of child bearing age.

In SLE, the body becomes unable to maintain the normal mechanisms of tolerance to self-antigens. The activation of T-helper cells and B-lymphocytes results in production of antibodies which attack its own body tissues, specifically the cytoplasm and nucleus of the cellsby stimulating neutrophil and macrophage phagocytic activity. When antibodies react with self-antigens it forms immune complexes. Such immune complexes are formed in such large numbers that it cannot be completely excreted; the immune complexes may precipitate in blood vessels. This debris causes inflammation at the site disrupting the flow of blood and oxygen to tissues. These deposits are particularly damaging the blood vessels and glomeruli.

A person is said to have SLE if any 4 or more of the following symptoms are present-Malar rash, Discoid rash, Photosensitivity, Oral ulcers, Non-reactive arthritis, Pleuritis/pericarditis, Renal Disorders (Lupus Nephritis), Neurologicalmanifestation, Hematological manifestation and positive ANA tests.[1]

CASE REPORT

An18-year-old, unmarried, female patient came to the OPD of SJIIM with chief complaints of small pustules over the face, arms, feet, neck and back, which, on bursting led to ulcer like reddish rashes, since 6 years.

Associated Complaints: Excessive burning sensation all over the body and inside the body. Reduced appetite, sleep and food intake. Evening rise of temperature with chills would last up to midnight and gradually subside, painless ulcers in the mouth and nose, hair loss and discoloration of toes and fingers from pale to reddish black. All the above complaints had gradually developed in the past 6 months.

History of present illness: The patient was apparently normal 6 years back when she suddenly started developing small pustules over the sun exposed parts of the body. These pustules which used to burst after a few days, were followed by a reddish ulcer-like lesion. Exposure to sun would flare it up and staying in the shade would gradually heal it. This cycle continued for about 3 years, without the manifestation of any other symptoms, during which she consulted allopathic physician and was treated for the same with an ointment for topical application and a few oral medicines. These medicines would subside the lesions within few days, but when the medication was stopped the lesions would flare up with double the intensity than before.Since 6 months the other associated symptoms mentioned earlier has gradually set in for which the patient approached our hospital for evaluation and treatment.

Past History: Not a known case of DM/HTN/BA/Epilepsy/Hyper/hypothyroidism

Drug History: Patient was on the following medications since 3 years which were mainly analgesic and antimalarial:

1. Topical Corticosteroids and sunblock creams
2. Hydroxychloroquine
3. Low doses of systemic glucocorticoids

Family History: No relevant family history noted

Occupational History: Agricultural field work for 5-6 hours in hot sun, before the onset of this condition.

Personal History: Diet-Mixed, Appetite-Reduced**,** Sleep-Disturbed**,** Micturition and Bowel-Normal**,** Habits-Nothing Significant

Menstrual History: Attained menarche 7 years back and cycles are regular and normal.

Table 1: Showing Examination findings

GENERAL EXAMINATION	
Consciousness	Intact
Appearance	Ill-look, fiery look
Orientation	Well
Nourishment	Moderately Nourished

Pallor	Present+
Icterus,Cyanosis,Clubbing, Lymphadenopathy	Absent
VITALS	
Heart rate and Pulse	82/min
Rhythm	Regular
Volume	Full
Respiratory Rate	20/min
BP	134/88mm/hg
Temperature	Always on a higher side with obvious evening rise of temperature
SYSTEMIC EXAMINATION	
CVS	NAD
RS	NAD
CNS	NAD
MUSCULOSKELETAL	NAD
GIT	ORAL CAVITY- Hygiene poorly maintained Teeth-Yellowish and stained Tongue-Whitish thick coating and Baldness noted Aphthous Stomatitis, Angular cheilitis noted Halitosis++
SKIN	Photosensitive malar rash Raised, circular, reddish patches with Pustules which on bursting would lead to ulceration and scarring. These lesions were warm and tender on touch. Raynaud's phenomenon noted over digits

Table 2: Showing values of Investigations done

CBC	Normocytic monochromic anemia-Hb- 7.6gm% WBC-12.4ths/dL Thrombocytopenia, Lymphocytopenia ESR-40mm/hr CRP+ve
ANA Titre	+ve

Diagnosis: This pre-diagnosed case of SLE was re-evaluated thoroughly with *Ayurvedic* parameters on admission to our hospital. Based on *nidana-sampraapti-lakshana,*this case was diagnosed as *Agni-Visarpa (Pitta-Vatapradhana)*[2] and treatment was started accordingly.

Treatment: *Chikitsa* was started based on the following treatment principles-

1. *Nidanaparivarjana*
2. *Jwarahara*
3. *Pittavatahara*
4. *Tiktamadhurapradhana*
5. *Sheetaprayoga*

When the patient got admitted, she presented with severe *Agnimandya*, *Aruchi*, *Bahyaab-hyantaradaha*, *Jwara*, irregular *Mala pravritti*, and *alpanidrata.* To address these symptoms, *Katuki*, *Amalaki*, *Musta*, *Draksha Kashaya* with *sita* was given hourly. This was given for *Nityashodhana* purpose and acted as *agnidee-paka, jwarahara and pitta rechaka*.

Externally, *AmalakiTalam* was put and retained for 5-6 hours.

This was given for 3 days after which the following external treatment was commenced:

1. *Panchavalkalakwathaprakshalana* of the lesions followed by *DashangaLepa* with rose water over extremities,chest and back.
2. *Yashtimadhulepa* with milk over face.
3. *Gairikachurna* with honey was used for *pratisarana.*
4. Later, to tackle Raynaud's phenomenon, *Dashangalepa* with *pindataila* was applied over digits.

Observations:

1. Symptoms of *Jwara, Daha* had reduced by 80%, patient had developed appetite and liking for food, Quality and duration of sleep had increased.
2. By *rukshasheetalalepas,* the process of *paaka* by *pitta* had reduced and the symptoms of *ushma, raga, toda* and *sraava* had remarkably reduced.
3. *Mala pravritta* had become regular but dark colored with burning sensation.

After *agni* and *mala pravritti* had improved, low doses of *Shamanasnehapana* with *Mahatiktaka Ghruta*-10 ml b.d with *Amalaki Kashaya anupana* was started.

Guduchyadigana Ksheerayapanabasti in *Karma basti* pattern and *Anuvasana Basti* with *Tiktaka Ghrita.*

Vardhamana Yashtimadhurasayana with *ksheeraanupana* in *rasayana kala* was given for 30 days.

Amalaki Rasayana was given on a regular basis.

Observations:

1. Skin manifestations had completely subsided.
2. The frequency and intensity of the relapse of symptoms had reduced to a great extent.
3. All the symptoms had got pacified over 80%.
4. General physical and mental well-being had improved.

DISCUSSION

Though *Vata-rakta* can be another probable diagnosis it was excluded here as the *samprapti* did not involve the *sandhis*.

The main line of *Sampraapti* involved in this case is *'Dhatupaaka'* by *pitta* and *vatadoshas*. As we know, *Pitta* is responsible for *paka* and here *vikruta pitta* started causing *paka of twak, rakta and maamsa*. The auto-immune pathology can be included under the broad spectrum of *dhatupaka*. Thus, in this case, the main line of treatment aimed at checking this process of *dhatupaka*. Since, a similar *sampraapti* is involved in *Visarpa* also, this case was treated on the lines of *Visarpa* and remarkable changes were noted.

In any auto-immune disease the drugs which are immune-modulatory,anti-inflammatory,anti-oxidants and free-radical scavengers should be chosen. For this, *rasayana* must be the choice which helps in correcting the *kha-vaigunya* and acts at the genetic level boosting the immune system.

Pathology of auto-immune disease involves non-clearance of the various apoptotic and tissue debris initiating harmful immune-responses. Hence, *nityaroopishodhana* is a must which does *srotoshuddhi*.

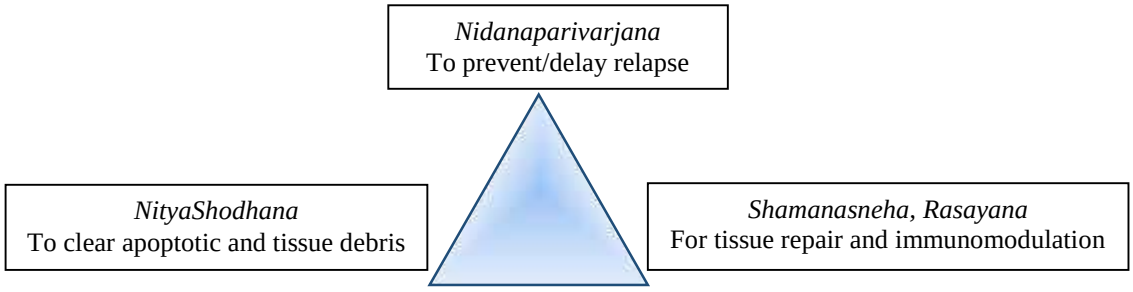
Stress becomes one of the main triggering factors, hence *AmalakiTalam* was regularly used to correct H-P-A axis.

There is marked inflammation,injury and destruction of tissues.For the repair and regeneration of tissues, suitable *ghrutaprayoga* and *sheetalalepas* are beneficial in auto-immune disorders.

In the context of *sadhyaasadhyata*, of *Agni Visarpa*, *Acharyas* have clearly said that it can only be managed with effective treatment, but after the *marmas* get involved it becomes fatal[3] and so in SLE; as long as it is limited to skin and joints it can be managed with palliative measures but once the CNS, kidneys and heart get involved, the prognosis is very poor.

CONCLUSION

Precise mapping of *Sampraapti* helps in designing the correct line of treatment with simple and cost-effective medicines. The main aim of the treatment here must be in checking the progression of the disease keeping in mind the prognosis. The triad of successful SLE treatment includes:



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