

AYURVEDIC MANAGEMENT OF SYSTEMIC LUPUS ERYTHEMATOSUS

Vatsal Dhudashiya¹, Radhikaba Zala², Pooja B.A³, Sangamitra Pattnaik⁴¹House Surgeon at Sushrutha Ayurvedic Medical College and Hospital, Bangalore, Karnataka, India²House Surgeon at Sushrutha Ayurvedic Medical College and Hospital, Bangalore, Karnataka, India³Associate Professor, Department of Panchakarma, at Sushrutha Ayurvedic Medical College and Hospital, Bangalore, Karnataka, India⁴Principal and HOD of Panchakarma, at Sushrutha Ayurvedic Medical College and Hospital, Bangalore, Karnataka, IndiaCorresponding Author: drpoojaba@gmail.com<https://doi.org/10.46607/iamj3809122021>

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ABSTRACT

Systemic Lupus Erythematosus is a systemic autoimmune connective tissue disease. Arthralgia is a common symptom, occurring in 90% of patients, and is often associated with early morning stiffness. Considering symptomatology, In *Ayurveda* classics, it can be compared with *amavata*¹. This is the case report of a female patient aged 19 years suffering from multiple joints pain associated with swelling and tenderness and finger deformities, Diagnosed as Systemic lupus erythematosus (SLE). Visited the Department of *Panchakarma*, SAMC&H, Bangalore for the treatment. *Virechana karma* followed by *Shamana Aushadhi* was administered. Significant improvement in the signs and symptoms was observed clinically.

Keywords: Systemic Lupus Erythematosus, SLE, *Amavata*, *Virechana*, *Shamana Auaushadhi*

INTRODUCTION

Systemic Lupus Erythematosus (SLE) is an autoimmune disease in which organs and cells undergo

damage mediated by tissue binding autoantibodies and immune complexes.² Some 90% of affected pa-

tients are female and the peak age at onset is between 20 and 30 years.³ Based on the clinical signs and symptoms of above said patient this can be correlated to *Amavata* of *Ayurveda* classics. Interactions between susceptibility genes and environmental factors result in abnormal immune responses. Several environmental stimuli may influence SLE. Exposure to ultraviolet light causes flares of SLE in approximately 70% of patients.⁴ SLE has relapsing and remitting phase. Treatment is aimed at controlling acute, severe flares and then developing maintenance strategies that suppress symptoms to an acceptable level and prevent organ damage. In *Ayurveda*, as *Amavata* is having *bahudosha lakshanas* hence *shodhana* is the best line of treatment.

Case Report:

A 19-year-old female patient visited our *Panchakarma* OPD with chief complaints of multiple joints pain associated with swelling and tenderness. Along with these complaints she reported deformities on fingers and general malaise.

History of Present Illness:

The patient was said to be normal before 8 years, later she developed fever and multiple joint pain. Gradually finger deformities developed. Fever use to start by evening and gradually increases during the night and comes down by morning which was accompanied by multiple joints pain. Then she visited a nearby higher medical centre and was diagnosed with SLE in 2014 and prescribed the following medication:

1. Tab wysolone 7.5 mg (1-0-0)
2. Tab HCQS 200 mg (1-0-0)
3. Tab MMF 500 mg (mycophenolate mofetil) (2-0-2).

With these medicines, she found slight relief. When medications were stopped periodic flare-up of pain used to develop. In 2019 she developed weakness and fatigue for which she got admitted to the hospital and found that Hb % was on the lower side so immediately blood transfusion was done, and the patient become stable. As the patient did not get much relief in joint pain and her symptoms so she visited our OPD and later she got admitted to our IPD for further treatment.

Personal History: Bowel: clear, Appetite: good, Micturition: normal frequency, Sleep: disturbed,

Family History: No supportive family history, in this case, was found., **Ashtavidha Pariksha:**, *Nadi:* 82/min, *Mala:* Prakrut, *Mutra:* Prakrut, *Jihwa:* Alip-ta, *Sparsha:* Anushnashita, *Drik:* prakrut, *Akriti:* Kashaya asyata, **Dashavidha Pariksha:** *Prakruti:* Pittavataja, *Vikruti:* Dosh – vata, Dooshya – rasa, rakta, *asthi Satwa:* Pravara, *Sara:* madhyama, *Samhanana:* avara, *Pramana:* avara, *Satmya:* sarva rasa, *Aharashakti:* madhyama, *Vyayamashakti:* avara, *Vaya:* 19 years

Diagnostic Criteria:

The diagnosis was based on American College of Rheumatology diagnostic criteria (ACR), 4 symptoms were present, which were:

1. Oral ulcer
2. Arthritis
3. Hematologic disorder
4. Antinuclear antibodies

Assessment Criteria:

1. DAS Score
2. SF-36
3. General health and disability index
4. Grading of *sandhishoola* (pain)

Sr. no.	Severity of pain	Grade
1	No pain	0
2	Mild pain	1
3	Moderate, but no difficulty in moving	2
4	Severe, with difficulty in moving the body parts	3

5. Grading of Sandhishotha (swelling)

Sr. no.	Severity of swelling	Grade
1	No swelling	0
2	Slight swelling	1
3	Moderate swelling	2
4	Severe swelling	3

6. Grading of Sparshaasahatwa (tenderness)

Sr. no.	Severity of tenderness	Grade
1	No tenderness	0
2	The subjective experience of tenderness	1
3	Wincing of the face on pressure	2
4	Wincing of face and withdrawal of the affected part on the pressure	3

Treatment protocol:

The treatment was planned for-

- A. *Yukti vyapashraya*: 1) *Virechana* 2) *Shamana Aushadhi*
 B. *Daiva vyapashraya*: 1) *Vishnu Sahasranamam* chanting

A. YUKTI VYAPASHRAYA:

1. VIRECHANA KARMA:

Sr. no.	Protocol	Medicine	Duration
1.	<i>Deepana and pachana</i>	1. <i>Chitrakadi vati</i> (1 tablet 2 times a day before food with luke-warm water) 2. <i>Aganitundi vati</i> (1 tablet 2 times a day after food with luke-warm water.)	3 days
2.	<i>Snehapana</i>	1. <i>Indukantam ghritam</i> (25ml to 100ml)	4 days
3.	<i>Mrudu abhyana and swedana</i>	1. <i>Kshreerabala taila</i>	4 days
4.	<i>Virechana</i>	1. <i>Trivrut lehya</i> 30 gms	1 day
5.	<i>Samsarjana krama</i>	1. <i>Peya</i> (liquid gruel) 2. <i>Vilepi</i> (gruel) 3. <i>Yusha</i> (green gram soup) 4. <i>Odana</i> (rice)	3 days

•Observation on the day of Virechana karma:

Sr. no.	Observations	Result
1	<i>Vegiki</i>	7 vegas
2	<i>Antiki</i>	<i>Kaphant Virechana</i>

2. SHAMANA AUSHADHI:

Sr. No.	Medicine	Dose
1	<i>Amrutadi Guggulu</i>	1-0-1 (A.F.)
2	Tab. Rhukot	1-0-1 (A.F.)
3	<i>Aragwadha amrutadi kashayam</i>	10ml-0-10ml (B.F.)
4	Flexfen liniment	(External application)

B. DAIVA VYAPASHRAYA:**1. VISHNU SAHASRANAMAM:**

The patient was recommended to chant *vish-nusahasranamam* as a form of psychological treatment.

Follow up: The patient was asked to revisit after 1 month.

Observation and Result:

Prescribed *Ayurvedic* treatment helped in managing the progressive signs and symptoms of the disease. Joints pain, tenderness and swelling is reduced. Improvement in performing day to day life activities was noted. The overall quality of life is improved.

1. Functional Improvement is noted in DAS Score, SF-36, General health and disability index after treatment.

2. Assessment of *sandhi shoola* (pain)

Left		Name of joint	Right	
before	after		before	after
3	1	<i>Parvasandhi</i>	3	1
2	0	<i>Manibandha</i>	2	1
1	0	<i>Kurpara sandhi</i>	2	0
0	0	<i>Amsa sandhi</i>	1	0
2	0	<i>Gulpha sandhi</i>	3	1
0	0	<i>Janusandhi</i>	2	0

5. Assessment of *sandhi shotha* (swelling)

Left		Name of joint	Right	
before	after		before	after
1	0	<i>Janusandhi</i>	2	0
0	0	<i>Kurpara sandhi</i>	2	0

6. Assessment of *sparshaasahatwa* (tenderness)

Left		Name of joint	Right	
before	after		before	after
2	0	<i>Parvasandhi</i>	3	1
2	0	<i>Manibandha</i>	2	1
0	0	<i>Kurpara sandhi</i>	1	0
0	0	<i>Amsa sandhi</i>	1	0
2	1	<i>Gulpha sandhi</i>	3	1
1	0	<i>Janusandhi</i>	2	0

DISCUSSION

SLE is one of the commonest autoimmune diseases, presenting with clinical symptoms like fever, arthralgia, myalgia, fatigue, proliferative glomerulonephritis and cutaneous manifestations. Having prevalence of 15-50 per 100,000. Similar symptoms have been explained under the heading of *Amavatarogaadhikara* in *Madhavanidana*. like *jwara*, *aruchi*, *angamarda*, *sandhishoola*, *sandhi shotha* etc.⁵ Considering the

prognosis and limitations in the line of treatment *virechana karma* were administered methodically, as text quotes: "जिताः संशोधनैर्ये तु न तेषां पुनरुद्भवः"⁶ by the administration of *shodhana* treatment it acts at root levels and does correction of *dooshyas* and elimination of vitiated *dosha* out of the body. As *asthi* and *sandhi* involvement is seen in this disease followed by *deepana pachana*, *Indukanta ghrita* was selected for *snehapana* further as the patient was *bala*, *suku-*

marā, avara sharira bala mrudu abhyanga with *swedana* was given for 4 days. Further, as *Trivrut* is considered *sukha virechaka dravya*, 30 gms of compound formulation that is *Trivrutlehya* was administered. After the procedure by assessing *vegiki* and *antiki lakshana* patient was advised with *samsarjana krama*.

The further patient was asked to continue *Amruthadi guggulu*, *Aragwadha amrutadi kashayam*, Flexofen liniment and tab. Rhukot as all this is going to alleviate the symptoms of *Amavata*. Along with the above treatment, as a part of psychological treatment patient was told to chant *Vishnu sahasranamam* as *dai-vavyapashraya chikitsa*.

CONCLUSION

A female patient aged 19 years diagnosed with SLE compared to *Amavata* as per *Ayurveda* classics was treated with *Virechana* and *Shamana aushadhi* effectively. Significant improvement was observed in the patient so *Virechana* along with *Shamana aushadhi* is found to be clinically effective in the management of signs and symptoms of SLE.

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