AYURVEDIC MANAGEMENT OF SCLERODERMA (UTTANA VATARAKTA) – A CASE STUDY

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ABSTRACT

Scleroderma is chronic systemic disorder of unknown etiology. There are many tools available for diagnosis of Scleroderma but lack of satisfactory treatment, so to develop protocol for treatment of Scleroderma is a need of today’s era. In Ayurveda, this can considered under the heading Uttana Vatarakta. A case of Scleroderma with Ayurvedic treatment was discussed here. Keywords: Scleroderma, etiology, Uttana Vatarakta.

INTRODUCTION

Scleroderma is chronic systemic disorder of unknown etiology characterized by thickening of skin and distinctive involvement of multiple internal organs lungs, GIT, heart and kidney1. In Ayurveda, this can considered under the heading Uttana Vatarakta2. Ayurveda gives the physicians opportunity to incorporate new medication in the explained conditions and name the newly diagnosed condition based on Dosha,Dhatu and Dushya. Keeping this point in mind a case study was done on Scleroderma (Uttana Vatarakta).

Case Report: A 58 year old female patient, residing in Jaipur, was visited Kayachikitsa OPD of Arogyashala, National Institute of Ayurveda, Jaipur on 5th May 2015, presented with chief complaints of tightness, roughness, hardness, hyper-pigmentation of skin, fore arm, fingers, toes that turn to bluish-blackish with hair loss, and mask like face with difficulty in opening the mouth, multiple joint pain with stiffness, breathlessness, occasional cough, constipation and difficulty in swallowing. All these symptoms started since last 3 years. All above mentioned symptoms were progressive in nature and in this period patient consulted many physicians, dermatologist and many other specialty clinics, but did not found relief in the disease. On the basis of sign and symptoms patients were diagnosed as Scleroderma and Vatarakta according to Ayurvedic view.

General Examination: Pallor-mild, Icterus-absent, Cyanosis-localized cyanosis present in distal part of the fingers, Clubbing-present, Lymphadenopathy-non palpabl, Edema-absent, BP-fluctuating but most of the normal blood pressure observed. Pulse-regular and thready in nature.

Systemic Examination: CVS – no abnormality detected in cardiovascular system, RS-no abnormality, P/A-soft, non-tender, mild hepato-spleenomegally on palpation, CNS-Higher mental function were intact.
Local examination of skin reveals that rough, hard and tightness of the skin and unable to open the mouth fully, only two fingers could be inserted in the mouth (fish type of mouth). A bluish and blackish discoloration of the skin was observed and calcinogenic changes in the skin were observed. Reynaud’s phenomenon was positive. [Figure 1]

USG reveals that mild hepatosplenomegaly, chest X-ray & ECG-WNL.

Hematological reports reveals that Anti nuclear antibody test (ANA test) – positive, Hb% -9.3 gm%, ESR-28 mm/hr, TLC, DLC and other hematological parameters were normal, renal parameters and blood sugar also within normal limits.

Figure 1: Before Treatment Images:

Picture showing: Mask like face & tightness of fingers, hand and fore arm with hyper-pigmentation of skin.

Treatment

1. Shodhana Therapy (Biopurificatory )- According to course of the disease and involvement of Vata dosha prakopavastha, Rakta dhatu Tvaka, Sira dhushti and Sharir Manas Bala of patient, we planned for Virechana karma (purgation). Initially we had given Deepan Pachanrtha Panchkol churna 2 gram two times in a day after meal for 2 days. Then Panchitika Ghritam Snehan in Vardhaman matra for 7 days. Then Sarvang Abhyanga and Swedana done for 2 days, then Virechana karma done by giving Trivrutta avaleha with the dose of 40 gms. After that Sansarjana karma followed for 7 days.

2. Shamana Therapy (Pacificatory) - Certain combination the drug had been used as follow and changed according to response of the disease. Internal medicine was given continuously for 2 month. (Table no 1.)

Table no. 1 Showing Shamana Therapy

<table>
<thead>
<tr>
<th>1]</th>
<th>Vatakulantak ras</th>
<th>125 mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Praval pishti</td>
<td>250 mg</td>
<td></td>
</tr>
<tr>
<td>Jaharmohara pishti</td>
<td>250 mg</td>
<td></td>
</tr>
<tr>
<td>Shudh Gandhaka</td>
<td>500 mg</td>
<td></td>
</tr>
<tr>
<td>Chopachini churna</td>
<td>2 gm</td>
<td></td>
</tr>
<tr>
<td>Triphala churna</td>
<td>2 gm</td>
<td></td>
</tr>
<tr>
<td>1 X 2 matra (Anupana- Ushnoudaka)</td>
<td></td>
<td></td>
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</tbody>
</table>
2. Cap. Abha 2/2/2
3. Sinhanad guggulu 2/2/2
4. Dashmool kwatha + Erand sneha 40 ml +10 ml BD
5. Panchhtikta ghritam 20 ml BD
6. Mashabaladi kwatha + Dashmool tailam Kavalartha
7. Sarvang Abhynaga – Ashwagandha tailam

**Improvement:** Improvement in Softness and glow of the skin, significant improvement in the breathing difficulty and swallowing, good improvement in blackish pigmentation over hand, improvement in digestion of food, evacuation of bowel and Quality of health.

**Figure 2:** After *Shodhana* and 1 month of *Shamana* therapy images:

**Picture show that** - After *Shodhana Shamana* therapy-Improvement in tightness of fingers, hand and hyper-pigmentation of skin.

**DISCUSSION**

Progressive systemic Scleroderma is a multisystem disorder of unknown etiology affecting skin, CVS, GIT, kidneys, musculo-skeleton system and lung. And anti nuclear antibody test as diagnostic criteria for scleroderma and on the basis of sign and symptoms that diagnosed as scleroderma and *Uttana Vatarakta*.

The disease Scleroderma is not curable as we know well but we can improve the life span and quality of life of the patient. Here some of the preparation selected on the basis of involvement of Doshas, Dushya of the disease. *Vatakulantaka rasa* is having *Rasayana* property and most effective in Vata Shamana activity. *Purified sulphar- Shudhha Gandhaka* is an excellent antiseptic. It is effective in treating liver disease and various skin disorders. By nature, it is digestive and carminative. *Triphala* is well known medicine for GIT as well as skin disorder. *Praval pishth* and *Jaharmohara pishth* both having *rakta –pitta shamaka* and *balya* property. *Chopachini* is most effective in skin disorder and having *rasayana* property. Cap. Abha guggulu contain *Laksha guggulu* and Kaishor guggulu both having *vata-rakta shamana* property. *Panchhtikta ghritam* has excellent *Vatashamaka and Rakta shodhaka* property and also help in digestion and enhancing liver function so used in various skin disorders. *Dashmool kwatha* and *Erand tailam* both are excellent *Vata shamaka, shothahara* activity.
and helpful in elimination of bio-toxin from the body.
During this internal medication Mashabaladi kwatha\textsuperscript{14} mixd with Dashmool tailam used for Kaval dharana (gargle) which help in pacification of local Vata dosha and improvement seen in the mouth opening. And Sarvang abhynaga was done by Ashwagandha tailam\textsuperscript{15}.
Course of Virechana also showed a very good effect in pigmentation of skin, GIT symptoms like constipation, loss of appetite, flatulence, etc. Even connective tissue symptoms like pain & stiffness of joint were found to be relieved. No progress of symptoms were seen during the course of the treatment now also she is on few oral medication and patient on regular follow up and satisfied with Ayurvedic treatment.
After complication of treatment (After 3 months) LFT and RFT investigation was done to rule out any adverse effect of drugs. LFT and RFT both with normal limit, so no adverse effects were found. Hence Ayurvedic drugs are more safe and effective in such diseases.

REFERENCES

5. Shrivastav Shailaja,\textit{Sharangadhara samhita, jeevanprada savimarsa hindivyakhasahita}
8. Ayurved- sarasangraha, \textit{Shodhan marana prakarana ; shri Baidhyanatha ,Ayurveda bhavan limited ,Ilahabad 2011;107.}
10. Ibidem \textit{Bhaishajya ratnavali siddhiprada hindivyakhasahita};Adhyaya 49/12-13;833.
11. Ibidem \textit{Bhaishajya ratnavali siddhiprada hindivyakhasahita};Adhyaya 27/104-110;582.
12. Ibidem \textit{Bhaishajya ratnavali siddhiprada hindivyakhasahita};Adhyaya 54/234-236;833.
14. Ibidem Bhaishajya ratnavali siddhiprada hindivyakhasahita; Adhyaya 42/06; 767.

15. Tripathi Indradev Commentator, Chakrapani krit Chakradutta, vatavyadhichikitsa prakaran 25/1, edition1 st, Chaukhabha Sanskrit Sansthan Varanasi. 2012; 166


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